Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

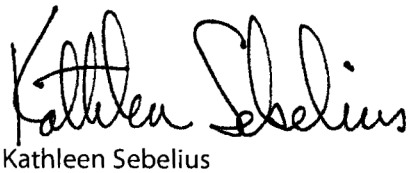
Foreword

Food allergies affect an estimated 4%–6% of U.S. children, most of whom attend federal- and state-supported schools or early care and education programs every weekday. Allergic reactions can be life threatening and have far-reaching effects on children and their families, as well as on the schools or early care and education programs they attend.

In 2011, Congress passed the FDA Food Safety Modernization Act to improve food safety in the United States by shifting the focus from response to prevention. Section 112 of the act calls for the Secretary of U.S. Department of Health and Human Services, in consultation with the Secretary of the U.S. Department of Education, to develop voluntary guidelines for schools and early childhood education programs to help them manage the risk of food allergies and severe allergic reactions in children. In response, the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, in consultation with the U.S. Department of Education, developed the Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.

Some children with food allergies face health challenges that can affect their ability to learn and their social and emotional development—and even pose a daily threat to their ability to live productive lives. These guidelines call for strong partnerships among families, medical providers, and staff in schools and early care and education programs to help children overcome the challenges that come from having a food allergy. These guidelines also call for strong leadership in schools and early care and education programs, comprehensive plans for protecting children with food allergies, and effective responses to food allergy emergencies.

There is no cure for food allergies. However, staff in schools and early care and education programs can take concrete actions to protect children with food allergies when they are not in the direct care of their parents or family members. When schools and early care and education programs develop and implement plans to effectively manage the risk of food allergies, they help keep children safe and remove one more health barrier that keeps some children from reaching their full potential.



Kathleen Sebelius
U.S. Secretary of Health
and Human Services

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These guidelines are based on expert panel guidance received in 2010 and subsequent review and comment provided by the following experts (2010 panelists identified by *):

* **Kelly Beckwith** (MPH)
Project Director
American Association of School Administrators

* **Martha Bergren** (DNS, RN, NCSN, FNASN, FASHA)
Director of Research (Former)
National Association of School Nurses

***Julia Bradsher** (PhD, MBA)
Chief Executive Officer (Former)
Food Allergy & Anaphylaxis Network

* **Mary Brasler** (EdD, MSN)
Director of Programs
Asthma and Allergy Foundation of America

* **Elizabeth Bugden** (MS)
Food Scientist
Bugden Solutions
Manchester, NH

Ralph Cash (PhD)
Assoc. Professor of School Psychology
Nova Southeastern University
Ft. Lauderdale, FL
President (Former)
National Association of School Psychologists

* **Margaret Cheeley** (EDS, NCC/NCSC, LPC)
Professional Counselor
Collins Hill High School
Lawrenceville, GA
Representing: American School Counselor Association

* **Peggy Eller**
Nutrition Services Director
Hudson School District
Hudson, WI
Representing: School Nutrition Association

* **Amy Garcia** (RN, MSN)
Executive Director (Former)
National Association of School Nurses

* **Eleanor Garrow**
VP of Education and Outreach (Former)
Food Allergy Research & Education

* **Brenda Z. Greene** (MFA)
Director of School Health Programs (Retired 2011)
National School Boards Association

* **Nora Howley** (MA)
Manager of Programs
National Education Association
Health Information Network

Raymond Lechner (PhD)
Superintendent
Wilmette Public Schools, District 39
Wilmette, IL

Harvey L. Leo (MD)
Assistant Research Scientist
Center for Managing Chronic Disease
University of Michigan School of Public Health
Ann Arbor, MI

* **Mary Jane Marchisotto** (MBA)
Senior Vice President of Research and Operations
Food Allergy Research & Education

* **Amanda K. Martinez** (MPH, MSN, RN)
Project Associate
National School Boards Association

* **Jane McLucas** (SNS)
Director of Nutrition
Norwood Public Schools
Norwood, MA

* **Jill Mindlin** (JD)
Support Group Leaders Executive Council
Food Allergy Research & Education

Anne Muñoz-Furlong
Founder & CEO (Former)
Food Allergy & Anaphylaxis Network

Michael Pistiner (MD, MMSc)
Pediatric Allergist
Harvard Vanguard Medical Associates
Boston, MA
Instructor of Pediatrics
Children's Hospital & Harvard Medical School
Boston, MA

* **Eddie Pollard** (MEd, EDS)
Principal
Tyrone Elementary School
Tyrone, GA
Representing: National Association of Elementary School Principals

Sally Schoessler (MEd, BSN, RN)
Director of Nursing Education
National Association of School Nurses

Anne Sheetz (MPH, RN NEA-BC)
Director of School Health Services
Massachusetts Department of Public Health
Representing: American School Health Association

* **Scott Sicherer** (MD)
Professor of Pediatrics
Mount Sinai School of Medicine
New York, NY
Representing: American Academy of Pediatrics

* **Barry Stark** (MS, EDS)
Principal
UNL Independent Study High School
Lincoln, NE
Representing: National Association of Secondary School Principals

Dana V. Wallace (MD, FACAAI, FAAAAI)
Associate Clinical Professor
Nova Southeastern University
Fort Lauderdale, FL
President (Former)
American College of Asthma, Allergy, and Immunology

* **Christopher Weiss** (PhD)
Vice President of Advocacy and Government Relations (Former)
Food Allergy & Anaphylaxis Network

* **Lani Wheeler** (MD, FAAP, FASHA)
Pediatric and School Health Consultant
Naples, FL
Representing: American School Health Association and American Academy of Pediatrics

* **Susan Wooley** (PhD, MCHES)
Executive Director (Former)
American School Health Association

Contents

Introduction

Overview

Food allergies are a growing food safety and public health concern that affect an estimated 4%–6% of children in the United States.[1,2] Children with food allergies are two to four times more likely to have asthma or other allergic conditions than those without food allergies.[1] The prevalence of food allergies among children increased 18% during 1997–2007, and allergic reactions to foods have become the most common cause of anaphylaxis in community health settings.[1,3] In 2006, about 88% of schools had one or more students with a food allergy.[4] Staff who work in schools and early care and education (ECE) programs should develop plans for how they will respond effectively to children with food allergies.

Although the number of children with food allergies in any one school or ECE program may seem small, allergic reactions can be life-threatening and have far-reaching effects on children and their families, as well as on the schools or ECE programs they attend. Any child with a food allergy deserves attention and the school or ECE program should create a plan for preventing an allergic reaction and responding to a food allergy emergency.

Studies show that 16%–18% of children with food allergies have had a reaction from accidentally eating food allergens while at school.[5,6] In addition, 25% of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of food allergy.[5,7] School and ECE program staff should be ready to address the needs of children with known food allergies. They also should be prepared to respond effectively to the emergency needs of children who are not known to have food allergies but who exhibit allergic signs and symptoms.

Until now, no national guidelines had been developed to help schools and ECE programs address the needs of the growing numbers of children with food allergies. However, 14 states and many school districts have formal policies or guidelines to improve the management of food allergies in schools.[8,9] Many schools and ECE programs have implemented some of the steps needed to manage food allergies effectively.[4] Yet systematic planning for managing the risk of food allergies and responding to food allergy emergencies in schools and ECE programs remain incomplete and inconsistent.[10,11]

FDA Food Safety Modernization Act

These guidelines, *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* (hereafter called the *Voluntary Guidelines for Managing Food Allergies*), were developed in response to Section 112 of the FDA Food Safety Modernization Act, which was enacted in 2011.[12] This act is designed to improve food safety in the United States by shifting the focus from response to prevention. Section 112(b) calls for the Secretary of Health and Human Services, in consultation with the Secretary of Education, to "develop guidelines to be used on a voluntary basis to develop plans for individuals to manage the risk of food allergy and anaphylaxis in schools[a] and early childhood education programs[b] " and "make such guidelines available to local educational agencies, schools, early childhood education programs, and other interested entities and individuals to be implemented on a voluntary basis only."[12] Each plan, described in the act to manage the risk of food allergy and anaphylaxis in schools and early childhood education programs, that is developed for an individual shall be considered an education record for the purpose of Section 444 of the General Education Provisions Act (commonly referred to as the Family Educational Rights and Privacy Act). The act specifies that nothing in the guidelines developed under its auspices should be construed to preempt state law. (A link to FDA Food Safety Modernization Act, including Section 112 statutory language is provided in Section 6, Resources.)

Specifically, the content of these guidelines should address the following:

- *Parental obligation to provide the school or early childhood education program, prior to the start of every school year, with documentation from their child's physician or nurse supporting a diagnosis of food allergy, and any risk of anaphylaxis, if applicable; identifying any food to which the child is allergic; describing, if appropriate, any prior history of anaphylaxis; listing any medication prescribed for the child for the treatment of anaphylaxis; detailing emergency treatment procedures in the event of a reaction; listing the signs and symptoms of a reaction; assessing the child's readiness for self-administration of prescription medication; and a list of substitute meals that may be offered to the child by school or early childhood education program food service personnel.*
- *The creation and maintenance of an individual plan for food allergy management, in consultation with the parent, tailored to the needs of each child with a documented risk for anaphylaxis, including any procedures for the self-administration of medication by such children in instances where the children are capable of self-administering medication; and such administration is not prohibited by state law.*
- *Communication strategies between individual schools or early childhood education programs and providers of emergency medical services, including appropriate instructions for emergency medical response.*
- *Strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school or early childhood education program areas such as cafeterias.*

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a. The term *school* is defined in the FDA Food Safety Modernization Act (FDA FSMA) to include public kindergartens, elementary schools, and secondary schools.[12]

b. The term *early childhood education program* is defined in the FDA Food Safety Modernization Act to include a Head Start program or an Early Head Start program carried out under the Head Start Act (42 U.S.C. 9831 et seq.), a state-licensed or state-regulated child care program or school, or a state prekindergarten program that serves children from birth through kindergarten.[12] Some of these early childhood education programs may provide early intervention and preschool services under the Individuals with Disabilities Education Act (IDEA). Some programs that provide these IDEA early intervention and preschool services may not fall under the FDA FSMA, but may still wish to consider these voluntary guidelines when developing procedures for children with food allergies.

- *The dissemination of general information on life threatening food allergies to school or early childhood education program staff, parents, and children.*
- *Food allergy management training of school or early childhood education program personnel who regularly come into contact with children with life-threatening food allergies.*
- *The authorization and training of school or early childhood education program personnel to administer epinephrine when the nurse is not immediately available.*
- *The timely accessibility of epinephrine by school or early childhood education program personnel when the nurse is not immediately available.*
- *The creation of a plan contained in each individual plan for food allergy management that addresses the appropriate response to an incident of anaphylaxis of a child while such child is engaged in extracurricular programs of a school or early childhood education program, such as non-academic outings and field trips, before- and afterschool programs or before- and after-early childhood education programs, and school-sponsored or early childhood education program-sponsored programs held on weekends.*
- *Maintenance of information for each administration of epinephrine to a child at risk for anaphylaxis and prompt notification to parents.*
- *Other elements determined necessary for the management of food allergies and anaphylaxis in schools and early childhood education programs.*[12]

Section 1 of the *Voluntary Guidelines for Managing Food Allergies* addresses these content requirements. Section 2 provides a list of recommended actions for school board members and administrators and staff at the district level. Section 3 provides a list of recommended actions for administrators and staff in schools, while Section 4 provides recommended actions for administrators and staff in ECE programs. Section 5 provides information about relevant federal laws that are enforced or administered by the U.S. Department of Education (ED), the U.S. Department of Justice (DOJ), and the U.S. Department of Agriculture (USDA). Section 6 provides a list of resources with more information and strategies.

In the *Voluntary Guidelines for Managing Food Allergies*, the term *school* applies to all public schools in the United States as defined by the FDA Food Safety Modernization Act. Although *early childhood education program* is used in the Food Safety Modernization Act, those working in professional practice in this field use the term *licensed early care and education programs*. To ensure relevance to practitioners, these guidelines use the term *early care and education (ECE) programs*, with the understanding that these programs meet licensure requirements and include all early childhood education programs (child care, preschool, and Head Start programs) described in the FDA Food Safety Modernization Act.

Methods

To develop these guidelines, staff at the Centers for Disease Control and Prevention (CDC) created a systematic process to collect, review, and compile expert advice, scientific literature, state guidelines, best practice documents, and position statements from individuals, agencies, and organizations.

In January 2010, CDC sponsored a meeting of experts to gather their input into the critical processes and actions needed to protect students with food allergies and to respond to food allergy emergencies in schools. This meeting included representatives from the following groups (see Acknowledgements for details):

- Federal agencies with expertise in food allergy management in the public health sector, including in schools (CDC, Food and Drug Administration, U.S. National Institute of Allergy and Infectious Diseases, U.S. Department of Education [ED], U.S. Department of Agriculture [USDA]).
- Organizations with expertise or experience in clinical food allergy management and food allergy advice to consumers (Food Allergy and Anaphylaxis Network, Food Allergy Initiative, Asthma and Allergy Foundation of America, American Academy of Pediatrics, and the American College of Asthma, Allergy, and Immunology).
- Organizations representing professionals who work in schools (National School Boards Association, National Education Association, National Association of School Nurses, National Association of School Administrators, National Association of Elementary School Principals, National Association of Secondary School Principals, School Nutrition Association, American School Counseling Association, and the American School Health Association).
- One state educational agency.
- One local school district.
- Two parents of children with food allergies.

Meeting participants provided input on the organization and content for food allergy guidelines. In terms of organization, they recommended that the guidelines should:

- Use a management framework that is similar to the framework used to address other chronic conditions in schools and ECE programs. This framework should include creation of a building-wide team and essential elements of a plan to manage food allergies.
- Make sure that management and support systems address the needs of children with food allergies and promote an allergen-safe[c] school or ECE program.
- Promote partnerships among schools and ECE programs, children with food allergies and their families, and health care providers.

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c. The term *allergen-safe* refers to an environment that is made as safe as possible from food allergens. The phrase should not be interpreted to mean an allergen-free environment totally safe from food allergens. There is no fail-safe way to prevent an allergen from inadvertently entering a school or ECE program facility. When guarding against exposures to food allergens, a school or ECE program should still 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.

- Emphasize the value of an onsite, full-time registered nurse to manage food allergies in children, but provide guidance for schools and ECE programs that don't have a full-time or part-time registered nurse.
- Convey scientific evidence and established clinical practice in terms that leaders and staff in schools and ECE programs understand. Make sure this information is consistent with regulatory and planning guidelines from other federal agencies.
- Emphasize the need to follow state laws, including regulations (such as Nurse Practice Acts and state food safety regulations) and school or ECE program policies when deciding which procedures and actions are permissible or allowed.

In terms of content, meeting participants recommended that the guidelines should:

- Recommend that children with food allergies be identified so an individual plan for managing their food allergies can be developed.
- Include essential practices for protecting children from allergic reactions and responding to reactions that occur at schools or ECE programs, at sponsored events, or during transport to and from schools or ECE programs.
- Develop strategies to reduce the risk of exposure to food allergens in classrooms, cafeterias, and other school or ECE program settings.
- Develop steps for responding to food allergy emergencies, including the administration of epinephrine, that are consistent with a school's or ECE program's "all-hazards" plan.
- Emphasize training for staff to improve their understanding of food allergies, their ability to help children prevent exposure to food allergens, and their ability to respond to food allergy emergencies (including administration of epinephrine). This training can help to create an environment of acceptance and support for children with food allergies.
- Emphasize the need to teach children about food allergies as part of the school's or ECE program's health education curriculum.
- Address the need to teach all parents about food allergies.
- Address the physical safety and emotional needs of children with food allergies (i.e., stigma, bullying, harassment).
- Include a list of actions for all staff working in schools and ECE programs that may have a role in managing risk of food allergy, including administrators, registered nurses, teachers, paraprofessional staff, counselors, food service staff, and custodial staff.

Meeting participants provided an initial set of data and literature sources for analysis. CDC staff then reviewed published literature from peer-reviewed and nonpeer-reviewed sources, including descriptive studies, epidemiologic studies, expert statements, policy statements, and relevant Web-based content from federal agencies. CDC scientists conducted an extensive search for scientific reports, using four electronic citation databases: PubMed, Medline, Web of Science, and ERIC. To ensure a comprehensive review of food allergy sources, CDC used search terms that included a combination of terms, such as "food allergy," "school," "anaphylaxis," "epinephrine," "peanut allergy," "child," "pediatric," "food allergy and

bullying," "emergencies," "life-threatening allergy," "school nurse," and "food allergy and child care." CDC staff reviewed all recommended documents and eliminated sources that were outdated (earlier than 2000), were superseded by more current data or recommendations, in conflict with current standards of clinical and school-based practice, reflected international recommendations not relevant to U.S. schools or ECE programs, or were limited to adult food allergies.

CDC staff relied heavily on the content and references in the 2010 *Guidelines for the Diagnosis and Management of Food Allergy in the United States*.[13] These 2010 guidelines reflect the most up-to-date, extensive systematic review of the literature and assessment of the body of evidence on the science of food allergies. They met the standards of rigorous systematic search and review methods, and they provide clear recommendations that are based on consensus among researchers, scientists, clinical practitioners, and the public. While the 2010 guidelines did not address the management of patients with food allergies outside of clinical settings (and thus did not directly address the management of food allergies in schools), they were deemed an important source for informing the clinical practice recommendations for managing risks for children with food allergies in the *Voluntary Guidelines for Managing Food Allergies*.

To ensure that recommendations for managing the risk of food allergies were consistent with those recommended for other chronic conditions, CDC staff added search terms that included "school" and "asthma," "diabetes," "epilepsy," "chronic condition," and "management." In particular, they used information from the following three documents: *Students with Chronic Illness: Guidance for Families, Schools, and Students,*[14] *Managing Asthma: A Guide for Schools*,[15] and *Helping the Student with Diabetes Succeed: A Guide for School Personnel*.[16]

CDC staff analyzed best practice documents, state school food allergy guidelines (n = 14), and relevant health and education organizations' position statements for compatibility with the priorities outlined by experts, common themes, and the accuracy and clarity of recommendations or positions based on clinical standards and scientific evidence.

To ensure that these *Voluntary Guidelines for Managing Food Allergies* were compatible with existing federal laws, federal regulations, and current guidelines for schools and ECE programs, CDC solicited expertise and input from the following sources:

- Office of the General Counsel; Office of Safe and Healthy Students, Office of Elementary and Secondary Education; Office for Civil Rights; and Office of Special Education and Rehabilitative Services, U.S. Department of Education (ED).
- Civil Rights Division, U.S. Department of Justice (DOJ).
- Office of the Deputy Assistant Secretary for Early Childhood, Administration for Children and Families, U.S. Department of Health and Human Services (HHS).

In addition to the input from the experts meeting, the analysis of research and practice documents, and the technical advice and assistance provided by regulatory federal agencies, CDC conducted three formal rounds of expert review and comment. During the first round, CDC staff worked with meeting participants and agency partners to get concurrence with recommendations. Second and third round reviews were used to refine the content. Reviewers included participants from the first meeting and additional reviewers added after each round to ensure input from at least one new person who had not previously reviewed the document. In addition to these formal reviews, CDC staff asked for multiple reviews from select experts in food allergy management, schools, and ECE programs to ensure the accuracy of the information and relevance of the recommendations to professional practice. During the review process, CDC staff reviewed and accepted additional references that supported changes made in draft recommendations.

The resulting *Voluntary Guidelines for Managing Food Allergies* include recommendations for practice in the following five priority areas that should be addressed in each school's or ECE program's Food Allergy Management Prevention Plan:

1. Ensure the daily management of food allergies in 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.

Purpose

The *Voluntary Guidelines for Managing Food Allergies* are intended to support implementation of food allergy management and prevention plans and practices in schools and ECE programs. They provide practical information, planning steps, and strategies for reducing allergic reactions and responding to life-threatening reactions for parents, district administrators, school administrators and staff, and ECE program administrators and staff. They can guide improvements in existing food allergy management plans and practices. They can help schools and ECE programs develop a plan where none currently exists. Schools and ECE programs will not need to change their organization or structure or incorporate burdensome practices to respond effectively. They also should not have to incur significant financial costs where basic health and emergency services are already provided.

Although the practices in these guidelines are voluntary, any actions taken for individual children must be implemented consistent with applicable federal and state laws and local policies. Many of the practices reinforce relevant federal laws and regulations administered or enforced by ED, HHS, DOJ, and USDA. How these laws apply case by case will depend upon the facts in each situation. These guidelines also do not address state and local laws or local school district policies because the requirements of these laws and policies vary from state to state and from school district to school district. References to state guidelines reflect support for and consistency with the recommendations in the *Voluntary Food Allergy Guidelines*, but do not suggest federal endorsement of state guidelines. While these guidelines provide information related to certain applicable laws, they should not be construed as giving legal advice. Schools and ECE programs should consult local legal professionals for such advice. Although schools and ECE programs have some common characteristics, they operate under different laws and regulations and serve children with different developmental and supervisory needs. Different practices are needed in each setting to manage the risk of food allergies. These guidelines include recommendations that apply to both settings, and they identify how the recommendations should be applied differently in each setting when appropriate. These guidelines do not provide specific guidance for unlicensed child care settings, although many recommendations can be used in these settings.

If a school or ECE program participates in the Child Nutrition Programs (CNPs), then USDA Food and Nutrition Service is the federal agency with oversight of the meals served. The CNPs include the National School Lunch and School Breakfast Programs, the Special Milk Program, the Fresh Fruit and Vegetable Program, the Child and Adult Care Food Program, and the Summer Food Service Program. Schools, institutions, and sites participating in the CNPs are required under relevant statutes to make accommodations to program meals for children that are determined to have a food allergy disability. A food related disability can be a food allergy if the allergy is acknowledged to be a disability by a licensed doctor. These guidelines can assist CNP program operators in providing safe meals and a safe environment for this population of children.

Because every recommendation in these guidelines may not be appropriate or feasible for every school or ECE program, users should first determine what must be implemented based on federal and state law and local policies, and implement those recommendations. Because these guidelines are voluntary, users may consider them in determining what actions may be appropriate for an individual child. However, any actions that school districts or ECE programs take for individual children must be implemented consistent with applicable federal and state laws, including regulations.

About Food Allergies

A *food allergy* is defined as an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food.[13] The immune response can be severe and life-threatening. Although the immune system normally protects people from germs, in people with food allergies, the immune system mistakenly responds to food as if it were harmful. One way that the immune system causes food allergies is by making a protein antibody called immunoglobulin E (IgE) to the food. The substance in foods that cause this reaction is called the *food allergen*. When exposed to the food allergen, the IgE antibodies alert cells to release powerful substances, such as histamine, that cause symptoms that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system and lead to a life-threatening reaction called *anaphylaxis*.[17] The *Voluntary Guidelines for Managing Food Allergies* focuses not on all food allergies but on food allergies associated with IgE because those are the food allergies that are associated with the risk of anaphylaxis.

There are other types of food-related conditions and diseases that range from the frequent problem of digesting lactose in milk, resulting in gas, bloating, and diarrhea, to reactions caused by cereal grains (celiac disease) that can result in severe malabsorption and a variety of other serious health problems. These conditions and diseases may be serious but are not immediately life-threatening and are not addressed in these guidelines.[13, 17–19]

More than 170 foods are known to cause IgE mediated food allergies. In the United States, the following eight foods or food groups account for 90% of serious allergic reactions: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.[13] Federal law requires food labels in the United States to clearly identify the food allergen source of all foods and ingredients that are (or contain any protein derived from) these common allergens.[20] Some nonfood products used in schools and ECE programs—such as clay, paste, or finger paints—can also contain allergens that may or may not be identified as ingredients on product labels.[21]

The symptoms of allergic reactions to food vary both in type and severity among individuals and even in one individual over time. Symptoms associated with an allergic reaction to food include the following:

- **Mucous Membrane Symptoms:** red watery eyes or swollen lips, tongue, or eyes.
- **Skin Symptoms:** itchiness, flushing, rash, or hives.
- **Gastrointestinal Symptoms:** nausea, pain, cramping, vomiting, diarrhea, or acid reflux.
- **Upper Respiratory Symptoms:** nasal congestion, sneezing, hoarse voice, trouble swallowing, dry staccato cough, or numbness around mouth.
- **Lower Respiratory Symptoms:** deep cough, wheezing, shortness of breath or difficulty breathing, or chest tightness.
- **Cardiovascular Symptoms:** pale or blue skin color, weak pulse, dizziness or fainting, confusion or shock, hypotension (decrease in blood pressure), or loss of consciousness.
- **Mental or Emotional Symptoms:** sense of "impending doom," irritability, change in alertness, mood change, or confusion.

Food Allergy Symptoms in Children

Children with food allergies might communicate their symptoms in the following ways:

- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling (or burning).
- My tongue (or mouth) itches.
- My tongue feels like there is hair on it.
- My mouth feels funny.
- There's a frog in my throat; there's something stuck in my throat.
- My tongue feels full (or heavy).
- My lips feel tight.
- It feels like there are bugs in there (to describe itchy ears).
- It (my throat) feels thick.
- It feels like a bump is on the back of my tongue (throat).

Source: The Food Allergy & Anaphylaxis Network. Food Allergy News. 2003;13(2).

Children sometimes do not exhibit overt and visible symptoms after ingesting an allergen, making early diagnosis difficult.[13,22] Some children may not be able to communicate their symptoms clearly because of their age or developmental challenges. Complaints such as abdominal pain, itchiness, or other discomforts may be the first signs of an allergic reaction (see Food Allergy Symptoms in Children).

Signs and symptoms can become evident within a few minutes or up to 1–2 hours after ingestion of the allergen, and rarely, several hours after ingestion. Symptoms of breathing difficulty, voice hoarseness, or faintness associated with change in mood or alertness or rapid progression of symptoms that involve a combination of the skin, gastrointestinal tract, or cardiovascular symptoms signal a more severe allergic reaction (anaphylaxis) and require immediate attention.

The severity of reactions to food allergens is difficult to predict and varies depending on the child's particular sensitivity to the food and on the type and amount of exposure to the food. Ingesting a food allergen triggers most severe reactions, while inhaling or having skin contact with food allergens generally

causes mild reactions.[23,24,25] The severity of reaction from food ingestion also can be influenced by the child's age, how quickly the allergen is absorbed (e.g., absorption is faster if food is taken on an empty stomach or ingestion is associated with exercise), and by co-existing health conditions or factors.[17] For example, a person with asthma might be at greater risk of having a more severe anaphylactic reaction. Exercise and certain medications also can increase the harmful effects of certain food allergens.[13,26,27]

Food Allergies and Asthma

One-third of children with food allergies also have asthma, which increases their risk of experiencing a severe or fatal reaction.[28] Data also suggest that children with asthma and food allergies have more visits to hospitals and emergency departments than children who don't have asthma.[2,29,30]

Because asthma can pose serious risks to the health of children with food allergies, schools and ECE programs must consider these risks when they develop plans for managing food allergies.

Allergic Reactions and Anaphylaxis

Anaphylaxis is best described as a severe allergic reaction that is rapid in onset and may cause death.[31] Not all allergic reactions will develop into anaphylaxis. In fact, most are mild and resolve without problems. However, early signs of anaphylaxis can resemble a mild allergic reaction. Unless obvious symptoms—such as throat hoarseness or swelling, persistent wheezing, or fainting or low blood pressure—are present, it is not easy to predict whether these initial, mild symptoms will progress to become an anaphylactic reaction that can result in death.[13] Therefore, all children with known or suspected ingestion of a food allergen and the appearance of symptoms consistent with an allergic reaction must be closely monitored and possibly treated for early signs of anaphylaxis.

Characteristics and Risk Factors

Food allergies account for 35%–50% of all cases of anaphylaxis in emergency care settings.[32] Many different food allergens (e.g., milk, egg, fish, shellfish) can cause anaphylaxis. In the United States, fatal or near fatal reactions are most often caused by peanuts (50%–62%) and tree nuts (15%–30%).[33]

Results of studies of fatal allergic reactions to food found that a delay in administering epinephrine was one of the most significant risk factors associated with fatal outcomes.[13,26] Some population groups, including children with a history of anaphylaxis, are at higher risk of having a severe reaction to food (see Fatal Food Allergy Reactions).

Fatal Food Allergy Reactions

Risk Factors

- Delayed administration of epinephrine.
- Reliance on oral antihistamines alone to treat symptoms.
- Consuming alcohol and the food allergen at the same time.

Groups at Higher Risk

- Adolescents and young adults.
- Children with a known food allergy.
- Children with a prior history of anaphylaxis.
- Children with asthma, particularly those with poorly controlled asthma.

Timing of Symptoms

In general, anaphylaxis caused by a food allergen occurs within minutes to several hours after food ingestion.[13] Death due to food-induced anaphylaxis may occur within 30 minutes to 2 hours of exposure, usually from cardiorespiratory compromise.[13] By the time symptoms of an allergic reaction are recognized, a child is likely to already be experiencing anaphylaxis. Symptoms of anaphylaxis can begin with mild skin symptoms (e.g., hives, flushing) that progress slowly, appear rapidly with more severe symptoms, or appear (in rare circumstances) with shock in the absence of other symptoms. In fact, many fatal anaphylaxis cases caused by food do not follow a predictable pattern that starts with mild skin symptoms.

Even if initial symptoms are successfully treated or resolve completely, up to 20% of anaphylactic reactions recur within 4–8 hours (called *biphasic reaction*). In other cases, symptoms do not completely resolve and require additional emergency care. For these reasons, children with food-induced anaphylaxis must be monitored closely and evaluated as soon as possible in an emergency care setting.

Treatment of Anaphylaxis and Use of Epinephrine

No treatment exists to prevent reactions to food allergies or anaphylaxis. Strict avoidance of the food allergen is the only way to prevent a reaction. However, avoidance is not always easy or possible, and staff in schools and ECE programs must be prepared to deal with allergic reactions, including anaphylaxis. Early and quick recognition and treatment of allergic reactions that may lead to anaphylaxis can prevent serious health problems or death.

The recommended first line of treatment for anaphylaxis is the prompt use of epinephrine. Early use of epinephrine to treat anaphylaxis improves a person's chance of survival and quick recovery.[13,34]

Epinephrine, also called adrenaline, is naturally produced by the body. When given by injection, it rapidly improves breathing, increases heart rate, and reduces swelling of the face, lips, and throat. Epinephrine is typically available in the form of an autoinjector, a spring loaded syringe used to deliver a measured dose of epinephrine, designed for self-administration by patients, or administration by persons untrained in other needle-based forms of epinephrine delivery. In a clinical setting, patients may receive epinephrine through other needle-based delivery methods.

Allergens that May Result in Anaphylaxis that Require Use of Epinephrine

- Foods such as peanuts, tree nuts, milk, eggs, fish, or shellfish.
- Medications such as penicillin or aspirin.
- Bee venom or insect stings, such as from yellow jackets, wasps, hornets, or fire ant).
- Latex, such as from gloves.

Epinephrine can quickly improve a person's symptoms, but the effects are not long lasting. If symptoms recur (biphasic reaction), additional doses of epinephrine are needed. Even when epinephrine is used, 911 or other emergency medical services (EMS) must be called so the person can be transported quickly in an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation.[13]

It is not possible to set one guideline for when to use epinephrine to treat allergic reactions caused by food. A person needs clinical experience and judgment to recognize the symptoms associated with anaphylaxis, and not all school or ECE program staff have this experience. Clinical guidelines for how to manage food-induced allergic reactions have mainly focused on the health care setting. They emphasize the need to watch patients closely and give the proper treatment, including epinephrine.

Treatment decisions are based on the progression or increased severity of symptoms and whether the patient has a history of risk factors for anaphylaxis (see Fatal Food Allergy Reactions).[13] For example, the clinical guidelines favor quick and early use of epinephrine as soon as even mild symptoms appear for children who have had severe allergic reactions in the past.

Some schools and ECE programs offer clinical services from a doctor or registered nurse. In these cases, the doctor or nurse can use the clinical guidelines to assess children and make decisions about treatment, including if or when to use epinephrine. However, many schools and most ECE programs do not have a doctor or nurse onsite to make such an assessment. In these cases, a staff person at the scene should call 911 or EMS immediately. If staff are trained to recognize symptoms of an allergic reaction or anaphylaxis and are delegated and trained to administer epinephrine, they also should administer epinephrine by auto-injector at the first signs of an allergic reaction, especially if the child's breathing changes. In addition, school or ECE program staff should make sure that the child is transported without delay in an emergency vehicle to the nearest hospital emergency department for further medical treatment and observation.[24,35]

These actions may result in administering epinephrine and activating emergency response systems for a child whose allergic reaction does not progress to life-threatening anaphylaxis. However, the delay or failure to administer epinephrine and the lack of medical attention have contributed to many fatal anaphylaxis cases from food allergies.[25,36–38] The risk of death from untreated anaphylaxis outweighs the risk of adverse side effects from using epinephrine in these cases.

Emotional Impact on Children with Food Allergies and Their Parents[d]

The health of a child with a food allergy can be compromised at any time by an allergic reaction to food that is severe or life threatening. Many studies have shown that food allergies have a significant effect on the psychosocial well-being of children with food allergies and their families.[39–45]

Parents of a child with a food allergy may have constant fear about the possibility of a life-threatening reaction and stress from constant vigilance needed to prevent a reaction. They also have to trust their child to the care of others, make sure their child is safe outside the home, and help their child have a normal sense of identity.

Children with food allergies may also have constant fear and stress about the possibility of a life-threatening reaction. The fear of ingesting a food allergen without knowing it can lead to coping strategies that limit social and other daily activities. Children can carry emotional burdens because they are not accepted by other people, they are socially isolated, or they believe they are a burden to others. They also may have anxiety and distress that is caused by teasing, taunting, harassment, or bullying by peers, teachers, or other adults. School and ECE program staff must consider these factors as they develop plans for managing the risk of food allergy for children with food allergies.

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d. For the purposes of this document, the word *parent* is used to refer to the adult primary caregiver(s) of a child's basic needs (e.g., feeding, safety). This includes biological parents; other biological relatives such as grandparents, aunts, uncles, or siblings; and non-biological parents such as adoptive, foster, or stepparents.

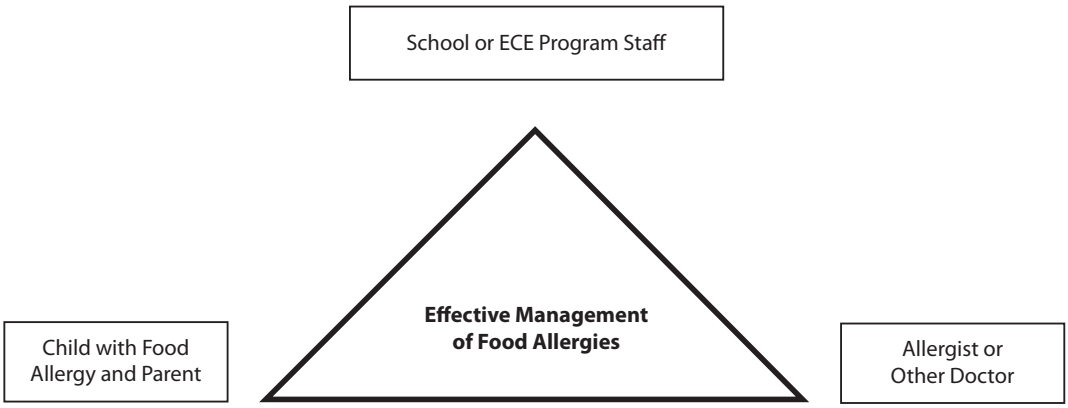
Section 1.
Food Allergy Management in Schools and Early Care and Education Programs

Essential First Steps

School and ECE program staff should develop a comprehensive strategy to manage the risk of food allergy reactions in children. This strategy should include (1) a coordinated approach, (2) strong leadership, and (3) a specific and comprehensive plan for managing food allergies.

1. Use a coordinated approach that is based on effective partnerships.

The management of any chronic health condition should be based on a partnership among school or ECE program staff, children and their families, and the family's allergist or other doctor.[11,42,46]



The collective knowledge and experience of a licensed doctor, children with food allergies, and their families can guide the most effective management of food allergies in schools or ECE programs for each child. Close working relationships can help ease anxiety among parents, build trust, and improve the knowledge and skill of school or ECE program staff members.[10,14,42]

In schools, all staff members play a part in protecting the health and safety of children with chronic conditions. These staff members include administrators, school nurses or school doctors, food service staff (including food service 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. In ECE programs, staff members include the center director, health consultants, nutrition and food service staff, Head Start and child care providers, preschool teachers, teaching assistants, aides, volunteers, and transportation staff.

A team structure allows for collective management of food allergies, with coordinated planning and communication to ensure that staff responsibilities are carried out in a clear and consistent manner. Instead of creating a new team to address the food allergy-related needs of a particular student with a food allergy, schools and ECE programs can use an existing team such as the student's Section 504 committee (which addresses Section 504 of the Rehabilitation Act of 1973), the student's Individualized Education Program (IEP) team [which addresses special education and related services under Part B of the Individuals With Disabilities Education Act (IDEA)], the school improvement team, child and learning support team, school health or wellness team, or Head Start Health Services Advisory Committee.

Involving the school doctor (if applicable), an allergist in the community, or the child's doctor can help the school or ECE program reduce the risk of accidental exposure to allergens.[47] A doctor's diagnosis of a food allergy is necessary to accurately inform plans for avoiding food allergens and managing allergic reactions. The doctor can also give advice on the best practices to control or manage food allergies.[24,25] An allergist is a licensed doctor with specialty training in the diagnosis and treatment of allergic diseases, asthma, and diseases of the immune system.

Children with food allergies and their parents have firsthand experience with allergic reactions and are most familiar with a child's unique signs and symptoms. Parents should give the school or ECE program documentation that supports a doctor's diagnosis of food allergy, as well as information about prior history and current risk of anaphylaxis. This information is critical to preventing risk of exposure to allergens and outlining the actions that must be taken if a food allergen exposure occurs. Parents should be continually involved in helping to build a learning environment that is responsive to their child's unique health condition.[47] By working together, parents and school or ECE program staff can communicate better and make sure they have the same expectations. This partnership also shows a shared commitment to the child's well-being and builds parental support and confidence in the ability of school or ECE program staff to manage food allergies.

Many parents give their ECE program an Emergency Care Plan (ECP) developed by the child's allergist or other doctor. This plan may be the only information ECE program staff members have to manage the child's food allergy. When multiple children have food allergies, the result can be multiple approaches for addressing and managing food allergies and reactions. Instead, ECE programs should use a coordinated approach that is built on partnerships among ECE program staff, parents, and doctors. With a coordinated approach, staff can create one consistent plan of action for responding to any child with a food allergy and to any allergic reaction.[10,44,48]

2. Provide clear leadership to guide planning and ensure implementation of food allergy management plans and practices.

Successful coordination of food allergy planning requires strong school and ECE program leadership. The support of school principals and ECE program administrators is critical, but it may make more sense for the person who provides or coordinates health services for children to lead the food allergy planning process.[49,50] For example, most schools and some ECE programs have a school or district nurse, school doctor, or health consultant or manager. Nationwide, about 85% of schools have either a part-time or full-time nurse to provide health services to students (37% have a full-time nurse).[8] In Head Start programs, health services must be supervised by staff members or consultants with training in health-related fields.[50,51]

School nurses, school doctors, and health consultants or managers should have the expertise to help schools and ECE programs develop plans to manage food allergies. Specifically, these staff members can:

- Work with families and doctors to obtain or create an Emergency Care Plan (ECP) for children with food allergies.
- Make sure that each child's plan for managing food allergies is consistent with federal laws and regulations, state laws, including regulations, local policies, and standards of professional practices.
- Act as a liaison between school and district policy makers, ECE program administrators, health services staff members, food service staff members, community health service providers, and emergency responders.
- Make sure that education records that include personally-identifiable information about a student's food allergy are generally not disclosed without the prior written consent of the parent (or eligible student) in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232g and its implementing regulations in 34 CFR part 99, and any other applicable federal and state laws that protect the privacy or confidentiality of student information. (FERPA may not require parental consent in all circumstances.) FERPA also includes an emergency exception to the prior consent requirement if there is an articulable and significant threat to the health or safety of the student or others. (See Section 5 for more information about FERPA.)
- Monitor the use of medication in the school or ECE program setting.
- Obtain an epinephrine auto-injector and make sure it is rapidly available to designated and trained staff members to respond to a child's food allergy emergency.
- Recognize and handle medical emergencies.
- Learn about best practices for managing food allergies.
- Help schools and ECE programs develop a comprehensive approach to managing food allergies. Coordinate a team to put the resulting plan into action.
- Work with food service staff on parts of the plan that involve meal and snack preparation and services.
- Identify internal resources and community partners that can support the planning process.
- Share general information about food allergies with staff members, parents, and others who need it.
- Make sure staff receive the training they need, including how to administer an epinephrine auto-injector. A doctor or registered nurse can provide this training.
- Talk with staff members, doctors, children, and their families about food allergies and how they should be managed. Share concerns from parents and children with the food allergy management team.
- Review the school or ECE program plan on a regular basis to look for ways to reduce exposure to food allergens and better manage allergic reactions. Recommend changes when needed to make the plans better.[49,50,52]

The many responsibilities outlined in this section demonstrate the benefit of having a full- or part-time registered nurse (and a doctor part-time) and ECE programs having a medically trained and knowledgeable health consultant or manager. However, if a registered nurse, doctor, or health consultant or manager is not available, the school or ECE program administrator can develop a comprehensive plan that may include delegating some critical responsibilities to other trained professional staff. This plan should also include seeking advice from the child's primary doctor or allergist and training guidance and assistance from health services staff at the district level[47] (See Sections 2 and 3.)

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.[14]

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.[24,25,48,52–60] (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.[39,47,52,61] 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.[62]

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.[12,50] (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.[48,54,63,64]

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.[13] 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.[63] 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.[64] 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.[13] 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.[63,65,66] (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.[67] This plan should go beyond each child's ECP to include building-level planning, communication, training, and emergency response procedures.[68]

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.[13] 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.[24,25,37] 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.[63,68–70] 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*."[51] 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.[54]

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.[70]

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.[25,36,37] 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.[39,71]

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.[13] 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.[63,65,66,72]

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.[24,68] 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.[70,71] 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.[50] All ECE program staff should get annual first aid training that teaches them how to recognize and respond to pediatric emergencies.[49] This training should include how to recognize the signs and symptoms of an allergic reaction and how to give epinephrine through an auto-injector.[23] 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.[12,65,68] 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.[63,70] 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.[25,38,73] 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.[23,24,39,49,54–60,73,74] 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.[16] 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.[41,45, 67,69,75,76] 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.[59,76]
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.[48]

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.[45,76] 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.[77,78]

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.[24,39,54–59,74] 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.[12]

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.[45]

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,[79] 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.[6, 45, 77]

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.[78]

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.[22,43,44] 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.[43,44]

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.[78] 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.[22] 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.[80,81]

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.

Table 1. Recommended Practices for Reducing the Risk of Exposure to Food Allergens and Responding to Food Allergies in Schools and ECE Programs

	Classroom	Cafeteria	Transportation	School or ECE Program Events (Field Trips, Activities Before or After School)	Physical Education and Recess
School or ECE Program Policy or Environment	• Consider designated allergy-friendly seating arrangements. • Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards. Modify class materials as needed. • Avoid ordering food from restaurants because food allergens may be present, but unrecognized. • Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.	• Consider designated allergy-friendly seating during meals (open to any child eating foods free of identified allergens). • Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.	• Train transportation staff in how to respond to food allergy emergencies. • Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.	• When planning a field trip, find out if the location is safe for children with food allergies. • Make sure that events and field trips are consistent with food allergy policies. • Do not exclude children with food allergies from field trips, events, or extra-curricular activities. • Invite, but do not require, parents of children with food allergies to accompany their child in addition to the regular chaperone. • Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.	• Do not exclude children with food allergies from physical education or recess activities. • Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

Table 1. (continued)

	Classroom	Cafeteria	Transportation	School or ECE Program Events (Field Trips, Activities Before or After School)	Physical Education and Recess
Meals and Snacks	• Use nonfood incentives for prizes, gifts, and awards. • Help students with food allergies read labels of foods provided by others so they can avoid ingesting hidden food allergens. • Consider methods (such as assigned cubicles) to prevent cross-contact of food allergens from lunches and snacks stored in the classroom. • Support parents of children with food allergies who wish to provide safe snack items for their child in the event of unexpected circumstances. • Encourage children to wash hands before and after handling or consuming food. • Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.	• Make reasonable meal accommodations after receiving approval from a doctor or allergist through dietary orders or as stated in the child's Emergency Care Plan (ECP). For more information, see the USDA Web site.[a] • With parental cooperation, create standard procedures for identifying children with food allergies. For example, a recent picture of each child could be kept in a location that is not visible to other children or the public. Procedures must follow the requirements in FERPA. (See Section 5 for more information about FERPA.) • Designate an allergen-safe food preparation area. • Provide advanced copies of menus for parents to use in planning. • Be prepared to share food labels, recipes, or ingredient lists used to prepare meals and snacks with others.	• Do not allow food to be eaten on buses except by children with special needs such as those with diabetes. • Encourage children to wash hands before and after handling or consuming food.	• Identify special needs before field trips or events. • Package meals and snacks appropriately to prevent cross-contact. • Encourage children to wash hands before and after handling or consuming food.	• Encourage hand washing before and after handling or consuming food.

Table 1. (continued)

	Classroom	Cafeteria	Transportation	School or ECE Program Events (Field Trips, Activities Before or After School)	Physical Education and Recess
Meals and Snacks		• Keep food labels from all foods served to children with allergies for at least 24 hours after servicing the food in case the child has a reaction. • Keep current contact information for vendors and suppliers so you can get food ingredient information. • Read all food labels and recheck with each purchase for potential food allergens. • Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents. • Wash all tables and chairs with soap and water or all-purpose cleaning agents before each meal period. • Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food.			

[a] USDA Web site: www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf.

Food Allergy Management and Prevention Plan Checklist

Use this checklist to determine if your school or ECE program has appropriate plans in place to promote the health and well-being of children with food allergies. For each priority, check the box to the left if you have plans and practices in place. Develop plans to address the priorities you did not check.

You can also use the checklist to evaluate your response to food allergy emergencies. Ongoing evaluation and improvement can help you improve your plans and actions.

Review the full descriptions of the five priorities (pages 25-40) to make sure that your plans and practices are complete and that your plans for improvement will meet the needs of children, their families, administrators, and staff.

Check If You Have Plans or Procedures	**Priorities for a Food Allergy Management and Prevention Plan**
	1. Does your school or ECE program ensure the daily management of food allergies for individual children by:
❒	Developing and using specific procedures to identify children with food allergies?
❒	Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)?
❒	Helping students manage their own food allergies? (Does not apply to ECE programs.)
	2. Has your school or ECE program prepared for food allergy emergencies by:
❒	Setting up communication systems that are easy to use in emergencies?
❒	Making sure staff can get to epinephrine auto-injectors quickly and easily?
❒	Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services?
❒	Identifying the role of each staff member in a food allergy emergency?
❒	Preparing for food allergy reactions in children without a prior history of food allergies?
❒	Documenting the response to a food allergy emergency?
	3. Does your school or ECE program train staff how to manage food allergies and respond to allergy reactions by:
❒	Providing general training on food allergies for all staff?
❒	Providing in-depth training for staff who have frequent contact with children with food allergies?
❒	Providing specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis?
	4. Does your school or ECE program educate children and family members about food allergies by:
❒	Teaching all children about food allergies?
❒	Teaching all parents and families about food allergies?
	5. Does your school or ECE program create and maintain a healthy and safe educational environment by:
❒	Creating an environment that is as safe as possible from exposure to food allergens?
❒	Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food?
❒	Making outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours?
❒	Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies?

Section 2.
Putting Guidelines into Practice: Actions for School Boards and District Staff

This section presents the actions that school district leaders can take to implement the voluntary recommendations in Section 1. Although the focus of the recommendations is on the management of food allergies at the school building level, district-level leadership and policy and staff support are essential for the success of school-level food allergy management.

School District Policy Support

School boards can adopt written policies that direct and support clear, consistent, and effective practices for managing the risk of food allergies and response to food allergy emergencies. Data from CDC's 2006 *School Health Policies and Programs Study* indicate that only slightly more than 40% of school districts have model food allergy policies.[8]

A comprehensive and uniform set of district policies for managing food allergies in schools can:

- Communicate the district's commitment to effectively managing food allergies to school administrators and staff members, parents, and the community.
- Promote consistency of priorities, actions, and options for managing food allergies across the district to avoid confusion and haphazard responses.
- Align food allergy management plans in schools with federal and state laws, including regulations, and policies, as well as other established school policies.
- Make protective practices and strategies for managing food allergies in schools an integral part of ongoing school activities.
- Support the food allergy management decisions and practices of school administrators and staff members.
- Increase public knowledge about food allergies and applicable laws and public support for implementation of effective food allergy management practices in schools.[82–85]

Section 6 provides a list of resources with more information and strategies to inform school policymakers.

School District Staff Support

District policies are implemented with the support of board members, the district superintendent, and district-level staff members.[82] District leaders and staff can:

- Communicate policy requirements and school system directives.
- Help schools implement and comply with applicable federal and state laws, including regulations, and policies.
- Help communicate lines of authority for managing food allergies in school buildings.

- Provide standardized forms, procedures, tools, and plans, including a sample Food Allergy Management and Prevention Plan (FAMPP), to schools.
- Coordinate training to improve consistency of practices across the district.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, during class parties, at athletic events, and during after-school programs.
- Help schools plan and implement their FAMPPs.

District staff might also provide direct assistance to schools to help them meet the needs of students with food allergies, especially when the school does not have key staff, such as a doctor or full-time registered nurse, working at the building level. District staff sometimes communicate directly with parents and doctors who might need additional information about a school's food allergy policies and practices. They also may communicate directly with parents whose children need help managing their food allergy as they move from one school to the next within the district.

School Board Members

1. Set the direction for the school district's coordinated approach to managing food allergies.

- Develop a comprehensive set of school district policies to manage food allergies in school settings. Work with a variety of school staff, including school administrators, Section 504 coordinators, licensed health care professionals (e.g., doctors, registered nurses), school health advisory council members, teachers, paraeducators, school food service staff, bus drivers and other transportation staff, custodians and maintenance staff, after-school program staff, students, parents, community experts, and others who will implement policies. Section 6 provides a list of resources with more information and strategies to inform school policymakers.
- Align food allergy policies and practices with the district's "all-hazards" approach to emergency planning and with policies on the care of students with chronic health conditions.
- Be familiar with federal and state laws, including regulations, and policies relevant to the obligations of schools to students with food allergies and make sure local school policies and practices follow these laws and policies.
- Use multiple mechanisms, such as newsletters and Web sites, to disseminate and communicate food allergy policies to appropriate district staff, families, and the community.
- Give parents and students information about the school district's procedures they can use if they disagree with the food allergy policies and plans implemented by the school district.
- On a regular schedule, review and evaluate the district's food allergy-related policies and revise as needed.

2. Prepare for food allergy emergencies.

- Make sure that responding to life-threatening food allergy reactions is part of the school district's "all-hazards" approach to emergency planning.
- Support and allocate resources to trained and appropriately certified or licensed staff members to respond to food allergy emergencies in all schools.
- Review data and information (e.g., when and where medication was used) from incident reports of food allergy reactions and assess the effect of the incident on all students involved. Modify your policies as needed.

3. Support professional development on food allergies for staff.

- Support and allocate resources and time for professional development and training on food allergies.
- Identify professional development and training needs to make sure that district and school staff, especially those on food allergy management teams, are adequately trained, competent, and confident to perform assigned responsibilities to help students with life-threatening food allergies and respond to an emergency.

4. Educate students and family members about food allergies.

- Encourage the inclusion of information about food allergies in the district's health education or other curriculum for students to raise awareness.
- Support and allocate resources for awareness education for students and parents.

5. Create and maintain a healthy and safe school environment.

- Endorse the use of signs and other strategies to increase awareness about food allergies throughout the school environment.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, during class parties, at athletic events, and during after-school programs.
- Support collaboration with district and community experts to integrate the management of food allergies with the management of other chronic health conditions.
- Support collaboration with district and community experts to make sure schools have healthy and safe physical environments.
- Develop and consistently enforce policies that prohibit discrimination and bullying against all students, including those with food allergies.

School District Superintendent

1. Lead the school district's coordinated approach to managing food allergies.

- Provide leadership and designate school district resources to implement the school district's comprehensive approach to managing food allergies.
- Promote, disseminate, and communicate food allergy-related policies to all school staff, families, and the community.
- Make sure that each school has a team that is responsible for food allergy management.
- Be familiar with federal and state laws, including regulations, and policies relevant to the obligations of schools to students with food allergies and make sure your policies and practices follow these laws and policies.
- Give parents and students information about the school district's procedures they can use if they disagree with the food allergy policies and plans implemented by the school district.
- On a regular schedule, review and evaluate the school district's food allergy policies and practices and revise as needed.
- Establish evaluation strategies for determining when the district's food allergy policies and practices or the school's FAMPP are not effectively implemented.

2. Prepare for food allergy emergencies.

- Make sure that responding to life-threatening food allergy reactions is part of the school district's all-hazards approach to emergency planning.
- Make sure that each school has trained and appropriately certified or licensed staff members develop and implement written Emergency Care Plans (ECPs) for students with food allergies. Additional plans can include Individualized Healthcare Plans (IHPs), Section 504 plans, or, if appropriate, Individualized Education Programs (IEPs).
- Encourage periodic emergency response drills and practice on how to handle a food allergy emergency in schools.
- Review data and information (e.g., when and where medication was administered) from incident reports of food allergy reactions and assess the effect of the incident on all students involved. Modify policies as needed.

3. Support professional development on food allergies for staff.

- Make sure that district and school staff, especially those responsible for implementing the FAMPP, have professional development and training opportunities to become adequately trained, competent, and confident to perform assigned responsibilities to help students with food allergies and respond to an emergency.

4. Educate students and family members about food allergies.

- Help ensure that information about food allergies is included in the district's health education curriculum for students to raise awareness.
- Communicate with parents about the district's policies and practices to protect the health of students with food allergies.

5. Create and maintain a healthy and safe school environment.

- Increase awareness of food allergies throughout the school environment.
- Collaborate with school board members, school administrators, and other school staff to create a safe environment for students with food allergies. Provide oversight of schools with children who have food allergies.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, during class parties, at athletic events, and during after-school programs.
- Consistently enforce policies that prohibit discrimination and bullying against all students, including those with food allergies.

Health Services Director

The health services director can be a doctor or registered nurse working at the district level.

1. Participate in the school's coordinated approach to managing food allergies.

- Help develop a school district's comprehensive approach to managing life-threatening food allergies that will support the FAMPP used in each school.
- Provide leadership and obtain the resources needed to implement the district's comprehensive approach to managing food allergies.
- Promote, disseminate, and communicate the food allergy policies and practices to all school staff, families, the school community, and the local medical community.
- Know and educate others about federal and state laws, including regulations and policies relevant to the obligations of schools to students with food allergies and make sure policies and practices follow these laws.
- Make sure a doctor or registered nurse reviews all FAMPPs and ECPs. Create other plans as needed.
- Provide direct assistance to help schools develop procedures and plans for monitoring students with food allergies, including, if appropriate, through Section 504 plans, or IEPs.
- Coordinate with other district staff, including the food service director, curriculum coordinator, and student support services director.

- Make sure that food allergy policies and practices address competitive foods (foods and beverages sold outside of the federal reimbursable school meals program), such as those available in vending machines, in school stores, during class parties, at athletic events, and during after-school programs.
- On a regular schedule, review and evaluate the school district's food allergy policies and practices and revise as needed.

2. Ensure the daily management of food allergies for individual students.

- Help the school team responsible for the FAMPP write this plan. If a student is eligible to receive services under Section 504 or, if appropiate, IDEA, make sure all provisions of these federal laws are met.
- Create standard forms, such as health forms, school registration forms, and ECPs, for schools to use to identify students[e] with food allergies and develop individual management plans for them. Establish protocols for tasks related to developing management plans, such as how to interview parents, get appropriate documentation from doctors, and coordinate meals with food service staff.
- Help schools implement policies and procedures for managing student medications. These policies should include how epinephrine auto-injectors are stored and accessed, how their use is monitored, and the schedule for regularly inspecting auto-injector expiration dates. They should also include plans for supporting students who are permitted and capable of managing their own food allergies by carrying and using epinephrine auto-injectors.
- Help schools that do not have a registered nurse on site develop plans to manage food allergies in individual students, provide health services when needed, and respond to food allergy emergencies.
- Help schools link students with food allergies and their families to community health services and family support services when needed.

3. Prepare for food allergy emergencies.

- Develop protocols for responding to food allergy emergencies that can guide practices at the building level.
- If allowed by state laws, including regulations, and district policy, obtain or write nonpatient-specific prescriptions and standing orders for epinephrine auto-injectors that can be used to respond to anaphylaxis emergencies.
- Work directly with local emergency responders to confirm that they carry epinephrine auto-injectors for anaphylaxis emergencies.
- Review school emergency response plans to make sure they include the actions needed to respond to food allergy emergencies.
- Help schools conduct periodic emergency response drills and practice how to handle food allergy emergencies.
- Help schools conduct debriefing meetings after a food allergy reaction or emergency.

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e. Regardless of what forms schools use, school districts must comply with Federal requirements to locate, identify, and evaluate children who may have disabilities because of a food allergy and may be eligible for services under Federal law. Under Section 504 of the Rehabilitation Act of 1973, these requirements are found in 34 C.F.R. §§104.32 and 104.35. See also 34 C.F.R. §300.111 and §§300.301 through 300.311 of the Individuals with Disabilities Education Act regulations.

- Review data and information (e.g., when and where medication was administered) from incident reports of food allergy reactions and assess the effect of the incident on all students involved. Provide input to modify policies and practices as needed.
- Collect school data to monitor and track food allergy emergencies across the district. Use these data to guide improvements in policies and practices.

4. Support professional development on food allergies for staff.

- Seek professional development opportunities to learn updated information about managing food allergies.
- Educate district and school staff about food allergies so they are adequately trained, competent, and confident to perform assigned responsibilities to help students with food allergies and respond to an emergency.
- Coordinate district training for school nurses and others who might lead school teams responsible for implementing FAMPPs to make sure they have the information they need to develop effective plans.
- Know and educate others about federal and state laws, including regulations, and policies relevant to the obligations of schools to students with food allergies and make sure district policies and practices follow these laws and policies.
- Help school building leaders plan and provide food allergy training for staff, parents, and students.
- Help train delegated staff members on how to store, access, and administer epinephrine auto-injectors.

5. Educate students and family members about food allergies.

- Work collaboratively with the curriculum coordinator or health education coordinator at the district level to identify appropriate food allergy content for the district's health education curriculum.
- Help school administrators communicate the district's policies and practices for managing food allergies to parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Work collaboratively with district staff to enforce policies that promote healthy physical environments.
- Work collaboratively with student support services staff at the district level to enforce policies that prohibit discrimination and bullying against all students, including those with food allergies.

Student Support Services Director

The student support services director can be a school psychologist, school counselor, or child and family services director.

1. Participate in the school's coordinated approach to managing food allergies.

- Help develop a school district's comprehensive approach to managing food allergies that will support the FAMPP used in each school.
- Promote, disseminate, and communicate food allergy policies to all school staff, families, and the community.
- Know and inform others about federal and state laws, including regulations, and policies relevant to the obligations of schools to students with food allergies and make sure district policies and practices follow these laws and policies.
- Provide direct assistance to help schools establish procedures and plans for monitoring students with food allergies, including, if appropriate, through Section 504 plans or IEPs.
- Coordinate with other district staff, including the food service director, curriculum coordinator, and health services director.
- On a regular schedule, review and evaluate the school district's food allergy policies and practices and revise as needed.

2. Ensure the daily management of food allergies for individual students.

- Help the school team responsible for implementing the FAMPP write this plan. If a student is eligible to receive services under Section 504 or, if appropiate, IDEA, make sure all provisions of these federal laws are met.
- Help schools link students with food allergies and their families to community health services and family support services when needed.

3. Prepare for food allergy emergencies.

- Help develop protocols for responding to food allergy emergencies that can guide practices in district schools.
- Review school emergency response plans to make sure they include the actions needed to respond to food allergy emergencies.
- Help schools conduct periodic emergency response drills and practice how to handle a food allergy emergency.
- Review data and information (e.g., when and where medication was administered) from incident reports of food allergy reactions and assess the effect of the incident on affected students. Provide input to modify policies and practices as needed.

4. Support professional development on food allergies for staff.

- Help educate district and school staff about food allergies so they are adequately trained, competent, and confident to perform assigned responsibilities to help students with food allergies and respond to an emergency.
- Help develop district training for all school staff to help them improve their FAMPPs.
- Know and educate others about federal and state laws, including regulations, and policies relevant to the obligations of schools to students with food allergies and make sure district and school policies and practices follow these laws and policies.
- Help school building leaders plan and provide food allergy training for staff, parents, and students.

5. Educate students and family members about food allergies.

- Help school administrators communicate the district's policies and practices for preventing food allergy reactions to parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Work collaboratively with district staff to enforce policies that promote healthy physical environments.
- Work collaboratively with district health services staff, school principals, school counselors, and others to help enforce policies that prohibit discrimination and bullying against all students, including those with food allergies.

District Food Service Director

1. Participate in the school's coordinated approach to managing food allergies.

- Help develop a school district's comprehensive approach to managing food allergies that will support the FAMPP used in each school.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- Access and use resources and guidance from local health departments and the state agency that administers child nutrition programs.
- Promote, disseminate, and communicate the food allergy policies to school staff, families, and the community.
- Know and educate others about federal and state laws, including regulations, and policies on food allergies and the need to follow these laws and policies, including those regulations that pertain to the U.S. Department of Agriculture's (USDA's) Child Nutrition Program.

- Ensure that food service staff understand USDA's required doctor's statement as written and that the statement provides sufficient information to provide a safe meal.
- Help establish school-level procedures and plans for monitoring students with food allergies, including plans for accommodating the special nutritional needs of individual students when necessary.
- Coordinate with other district staff, including the student support services director, curriculum coordinator, and health services director.
- On a regular schedule, review and evaluate the school district's food allergy policies and practices and revise as needed.

2. Ensure the daily management of food allergies for individual students.

- Develop and implement procedures in each school for identifying students with food allergies in school cafeterias. Make sure that procedures governing access to personally identifiable information from education records are consistent with student rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and any other federal and state laws that protect the privacy or confidentiality of student information. (See Section 5 for more information about FERPA.)
- Work with the health services director, principals and other school staff responsible for implementing FAMPPs to set up procedures for handling food allergies in the cafeteria. These plans should be consistent with the student's IHP, Section 504 plan, or, if appropriate, IEP, and USDA regulations on meals and food substitutions, as reflected in the USDA's Accommodating Children with Special Dietary Needs in the School Nutrition Programs. Procedures should be established for children who participate in school meals programs and those who bring food from home.
- Work with school teams responsible for developing ECPs for students with food allergies. For schools that participate in the USDA's Child Nutrition programs, make sure that documents that list appropriate food substitutions for a student with a food allergy disability are signed by a licensed doctor. The doctor's statement must identify:
    - The child's food allergy.
    - An explanation of why the allergy restricts the child's diet.
    - The major life activity affected by the allergy.
    - The food or foods to be omitted from the child's diet and the foods or choices that can be substituted.
- Establish procedures for obtaining information to clarify food substitutions and other relevant medical information from a student's doctor as needed.
- Coordinate food substitutions for all schools with students who have food allergies, in consultation as necessary with each child's doctor, and manage the documentation of these activities. When possible, use foods that are already served in school meals or snacks to make appropriate substitutions.

- Provide oversight and tracking of each student's dietary plans, including tracking allergic reactions that occur during school meals.
- Develop and implement policies and procedures to prevent allergic reactions and cross-contact during meal preparation and service. Communicate these policies and procedures to school food service staff.
- Keep information about ingredients for all foods bought and served by school food service programs and keep labels of foods given to food-allergic children for at least 24 hours so that the labels can be reviewed if needed.
- Be prepared to share information about ingredients in recipes and foods served by food service programs with parents.

3. Prepare for food allergy emergencies.

- Help develop protocols for responding to food allergy emergencies that can guide practices in district schools.
- Help the health services director communicate the appropriate ways to avoid exposure to food allergens and respond to food allergy emergencies to all staff members who are involved in managing a student's food allergy in the cafeteria.
- Make sure that food service staff are able to respond to a food allergy emergency in the cafeteria and implement an ECP.
- Review school emergency response plans to make sure they include the actions needed to respond to food allergy emergencies during school meals.
- Help schools conduct periodic emergency response drills and practice how to handle a food allergy emergency.
- Review data and information (e.g., when and where medication was administered) from incident reports on any food allergy reactions and assess the effect of the incident on affected students. Provide input to modify policies and practices as needed.

4. Support professional development on food allergies for staff.

- Help educate district and school staff about food allergies so they are adequately trained, competent, and confident to perform assigned responsibilities to help students with food allergies and respond to an emergency.
- Provide training opportunities for school food service staff to help them understand how to follow policies and procedures for preparing and serving safe meals and snacks for students with food allergies.
- Make sure that school food service staff participate in district training on food allergies.
- Make sure that all school staff understand their role in preventing and responding to emergencies in the school cafeteria.
- Help school building leaders plan and provide food allergy training for staff, parents, and students.

5. Educate students and family members about food allergies.

- Help the curriculum coordinator or health education coordinator integrate food allergy lessons, such as how to read food labels, into the district's health education curriculum.
- Communicate with parents about any foods that might be served as part of school meals programs such as the School Breakfast Program or the Fresh Fruit and Vegetable Program.
- Share information about options for food substitutions with the parents of students with food allergies. Schools are encouraged to make substitutions with foods that have already been bought, when possible.
- Work with administrators, classroom teachers, and parent-teacher organizations to offer food allergy education to parents in schools.
- Help school administrators communicate the policies and procedures used in food service programs to prevent food allergy reactions to parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Work collaboratively with district staff to help enforce policies that promote healthy physical environments.
- Work collaboratively with district health services staff, school principals, school food service staff, and others to help enforce policies that prohibit discrimination and bullying against students with food allergies.
- Provide guidance to school food service staff that helps them to meet the dietary needs of students with food allergies and protect their health during school meals, while guarding against practices that could result in alienation of or discrimination against these students.

See Section 6 for more resources and tools that might assist in managing food allergies and allergy-related emergencies in schools.

Section 3.
Putting Guidelines into Practice: Actions for School Administrators and Staff

Effective management of food allergies in schools requires the participation of many people. This section presents the actions that school building administrators and staff can take to implement the recommendations in Section 1. Some actions duplicate responsibilities required under applicable federal and state laws, including regulations, and policies. Although many of the actions presented here are not required by statute, they can contribute to better management of food allergies in schools.

Some actions are intentionally repeated for different staff positions to ensure that critical actions are addressed even if a particular position does not exist in the district or school (e.g., school doctor). This duplication also reinforces the need for different staff members to work together to manage food allergies effectively. All actions are important, but some will have a greater effect than others.

Some actions may be most appropriately carried out by district-level staff members whose roles are to support food allergy management plans and practices across schools or to provide specific services to schools that do not have an on-site staff person to provide these services. Ultimately, each school district or school must determine which actions are most practical and necessary to implement and who should be responsible for those actions.

School Administrator

The school administrator can be a principal or assistant principal.

1. Lead the school's coordinated approach to managing food allergies.

- Coordinate planning and implementation of a comprehensive Food Allergy Management and Prevention Plan (FAMPP) for your school. If your school has an on-site registered nurse, work with this person and the members of any relevant team—such as the school wellness team, school health team, or school improvement team—to plan and implement the FAMPP. Designate a qualified person (e.g., the registered nurse) to lead development of the FAMPP and designate responsibilities for implementing the plan as appropriate. If your school does not have an on-site nurse, ask for help from a registered nurse at the district level or from a public health nurse in the community.
- Make sure staff understand the school's responsibilities under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and the Richard B. Russell National School Lunch Act to students who are or may be eligible for services under those laws. Make sure they understand the need to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) and any other federal and state laws that protect the privacy of student information. (See Section 5 for information about applicable federal laws.)
- Communicate school district policies and the school's practices for managing food allergies to all school staff, substitute teachers, classroom volunteers, and families.
- Make sure staff implement school district policies for managing food allergies.

- Help staff implement the school's FAMPP.
- On a regular basis, review and evaluate your school's FAMPP and revise as needed.

2. Ensure the daily management of food allergies for individual students.

- Make sure that mechanisms—such as health forms, registration forms, and parent interviews—are in place to identify students with food allergies.
- If your school does not have an on-site registered nurse, work with the parents of children with food allergies and their doctor to develop a written Emergency Care Plan (ECP) (sometimes called a Food Allergy Action Plan). This plan is needed to manage and monitor students with food allergies on a daily basis, whether they are at school or at school-sponsored events. If a student has been determined to be eligible for services under Section 504 or, if appropriate, IDEA, make sure that all provisions of these federal laws are met.
- Share information about students with food allergies with all staff members who need to know, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information. (See section 5 for more information about FERPA.) Make sure these staff members are aware of what actions are needed to manage each student's food allergy on a daily basis.

3. Prepare for and respond to food allergy emergencies.

- Make sure that responding to life-threatening food allergy reactions is part of the school's "all-hazards" approach to emergency planning.
- Make sure that parents of students with food allergies provide epinephrine auto-injectors to use in food allergy emergencies, if their use is called for in a student's ECP.
- Set up communication systems that are easy to use for staff who need to respond to food allergy reactions and emergencies.
- Make sure that staff who are delegated and trained to administer epinephrine auto-injectors can get to them quickly and easily.
- Make sure that local emergency responders know that epinephrine may be needed when they are called to respond to a school emergency.
- Prepare for food allergy reactions in students without a prior history of food allergies or anaphylaxis.
- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- Conduct periodic emergency response drills and practice how to handle a food allergy emergency.
- Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.

- Document all responses to food allergy emergencies. Review data and information (e.g., when and where medication was used) from incident reports of food allergy emergencies and assess the effect on affected students. Provide input to modify your school district's emergency response policies and practices as needed.

4. Support professional development on food allergies for staff.

- Make sure staff receive professional development and training on food allergies.
- Coordinate training with licensed health care professionals, such as school or district doctors or nurses or local health department staff, and with other essential school or district professionals, such as the district's food service director, if appropriate. Invite parents of students with food allergies to help develop the content for this training.

5. Educate students and family members about food allergies.

- Make sure that the school's curricular offerings include information about food allergies to raise awareness among students.
- Communicate the school's responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Increase awareness of food allergies throughout the school environment.
- Emphasize and support practices that protect and promote the health of students with food allergies across the school environment, during before- and after-school activities, and during transportation of students.
- Make sure that students with food allergies have an equal opportunity to participate in all school activities and events.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- Reinforce the school's rules that prohibit discrimination and bullying as they relate to students with food allergies.

Registered School Nurses

1. Participate in the school's coordinated approach to managing food allergies.

- Take the lead in planning and implementing the school's FAMPP or help the school administrator with this task.
- Support partnerships among school staff and the parents and doctors (e.g., pediatricians or allergists) of students with food allergies.
- Consult state and local Nurse Practice Acts and guidelines to guide the roles and responsibilities of school nurses.

2. Supervise the daily management of food allergies for individual students.

- Make sure that students with food allergies are identified. Share information with other staff members as needed, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information.
- Obtain or develop an ECP for each student with a food allergy or food allergy disability. Get the medical information needed to care for children with food allergies when they are at school, such as medical records and emergency information. Communicate with parents and health care providers (with parental consent) about known food allergies, signs of allergic reactions, relevant use of medications, complicating conditions, and other relevant health information.
- Make sure that USDA's required doctor's statement is completed and provides clear information to assist in the preparation of a safe meal accommodation. This statement can be part of an ECP or a separate document.
- Use a team approach to develop an Individualized Healthcare Plan (IHP) for each student with a food allergy, and, if required by Federal law, a Section 504 plan, or an Individualized Education Program (IEP), if appropriate.
- Monitor each student's ECP or other relevant plan on a regular basis and modify plans when needed.
- Refer parents of children who do not have access to health care to services in the community.
- For students who have permission to carry and use their own epinephrine auto-injectors, regularly assess their ability to perform these tasks.

3. Prepare for and respond to food allergy emergencies.

- Develop instructions for responding to an emergency if a school nurse is not immediately available. Add these instructions to the school's FAMPP.
- File ECPs in a place where staff can get to them easily in an emergency. Distribute ECPs to staff on a need-to-know basis.
- Make sure that the administration of an epinephrine auto-injector follows school policies and state mandates. Make sure that medications are kept in a secure place that staff can get to quickly and easily. Keep back-up epinephrine auto-injectors for students who carry their own. Regularly inspect the expiration date on all stored epinephrine auto-injectors.
- Train and supervise delegated staff members how to administer an epinephrine auto-injector and recognize the signs and symptoms of food allergy reactions and anaphylaxis.
- If allowed by state and local laws, work with school leaders to get extra epinephrine auto-injectors or nonpatient-specific prescriptions or standing orders for auto-injectors to keep at school for use by staff delegated and trained to administer epinephrine in an anaphylaxis emergency.
- Assess whether students can reliably carry and use their own epinephrine auto-injectors and encourage self-directed care when appropriate.

- Make sure that school emergency plans include procedures for responding to any student who experiences signs of anaphylaxis, whether the student has been identified as having a food allergy or not.
- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.
- After each food allergy emergency, review how it was handled with the school administrator, school doctor or nurse (if applicable), parents, staff members involved in the response, emergency medical services (EMS) responders, and the student to identify ways to prevent future emergencies and improve emergency response.
- Help students with food allergies transition back to school after an emergency.
- Talk with students who may have witnessed a life-threatening allergic reaction in a way that does not violate the privacy rights of the student with the food allergy.

4. Help provide professional development on food allergies for staff.

- Stay up-to-date on best practices for managing food allergies. Sources for this information include allergists or other doctors who are treating students with food allergies, local health department staff, national school nursing resources, and the district's food service director or registered dietitian.
- Educate teachers and other school staff about food allergies and the needs of specific students with food allergies in a manner consistent with FERPA, USDA, and any other federal and state laws that protect the privacy or confidentiality of student information. (See Section 5 for more information about FERPA.)
- Advise staff to refer students to the school nurse when food allergy symptoms or side effects interfere with school activities so that medical and educational services can be properly coordinated.

5. Provide food allergy education to students and parents.

- Teach students with food allergies about food allergies and help them develop self-management skills.
- Make sure that students who are able to manage their own food allergies know how to recognize the signs and symptoms of their own allergic reactions, are capable of using an epinephrine auto-injector, and know how to notify an adult who can respond to a food allergy reaction.
- Help classroom teachers add food allergy lessons to their health and education curricula.
- Find ways for the parents of students with food allergies to share their knowledge and experience with other parents.
- Work with administrators, classroom teachers, and parent-teacher organizations to offer food allergy education for parents at school.
- Help the school administrator communicate the school's policies and practices for preventing food allergy reactions to parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Work with other school staff and parents to create a safe environment for students with food allergies. On a regular basis, assess the school environment, including the cafeteria and classrooms, to identify allergens in the environment that could lead to allergic reactions. Work with appropriate staff to develop strategies to help children avoid identified allergens.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- Work with school counselors and other school staff to provide emotional support to students with food allergies.
- Promote an environment that encourages students with food allergies to tell a staff member if they are bullied because of their allergy.

School Doctors

A school doctor works full-time or part-time to provide consultation and a wide range of health services to the school population.

1. Participate in the school's coordinated approach to managing food allergies.

- Lead or help plan and implement the school's FAMPP.
- Support partnerships among school staff and the parents and doctors (e.g., allergists, pediatricians) of students with food allergies.
- Keep current on federal, state, and local guidance on food allergy management.
- Consult state and local Nurse Practice Acts to make sure the roles and responsibilities of school nurses are appropriate.
- Guide and support the food allergy management practices of school nursing staff.
- Help evaluate school FAMPPs.

2. Ensure the daily management of food allergies for individual students.

- Help the school nurse perform the actions necessary to manage students with food allergies on a daily basis. (See the items under Action 2 for Registered School Nurses.)

3. Prepare for and respond to food allergy emergencies.

- Help the school nurse make sure that all students with food allergies have an ECP.
- If allowed by state and local laws, write prescriptions or standing orders for nonpatient-specific epinephrine auto-injectors so the school can stock back-up medication for use in food allergy emergencies.
- Help the school nurse assess whether students can reliably carry and use their own epinephrine auto-injector and encourage self-directed care when appropriate.
- Help the school nurse train staff how to use epinephrine auto-injectors and recognize the signs and symptoms of food allergy reactions and anaphylaxis.
- Help the school nurse and health assistants regularly inspect the expiration date on all stored epinephrine auto-injectors.
- Make sure that school emergency plans include procedures for responding to any student who experiences signs of anaphylaxis, whether diagnosed with a food allergy or not.
- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.
- After each food allergy emergency, review how it was handled with the school administrator, school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future emergencies and improve emergency response.

4. Help provide professional development on food allergies for staff.

- Share current and relevant knowledge of best practices for managing food allergies with school leaders (e.g., school administrator, school nurse).
- Help educate teachers and other school staff about food allergies and the needs of specific students with food allergies, in a manner consistent with FERPA, USDA, and any other federal and state laws that protect the privacy or confidentiality of student information. (See Section 5 for more information about FERPA.)
- Advise staff to refer students to the school doctor or nurse when symptoms or side effects of a food allergy interfere with school activities so that medical and educational services can be coordinated.

5. Provide food allergy education to students and parents.

- Help teach students with food allergies about food allergies and help them develop self-management skills.

- Help the school nurse make sure that students who are able to manage their food allergies know how to recognize the signs and symptoms of their own allergic reactions, are capable of using an epinephrine auto-injector, and know how to notify an adult who can respond to a food allergy reaction.
- Help classroom teachers add food allergy lessons to their health and education curricula.
- Help find ways for parents of students with food allergies to share their knowledge and experience with other parents.
- Work with administrators, the school nurse, classroom teachers, and parent-teacher organizations to offer food allergy education for parents at school.
- Help the school administrator communicate the school's policies and practices for preventing food allergy reactions to parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Work with other school staff and parents to create a safe environment for students with food allergies.
- On a regular basis, assess the school environment, including the cafeteria and classrooms, to identify allergens in the environment that could lead to allergic reactions. Work with appropriate staff to manage identified allergens.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- Work with school counselors, the school nurse, and other school staff to provide emotional support to students with food allergies.
- Promote an environment that encourages students with food allergies to tell a staff member if they are bullied or harassed because of their allergy.

Health Assistants, Health Aides, or Other Unlicensed Personnel

These staff members work with the school or district nurse or doctor.

1. Help with the daily management of food allergies for individual students.

- Help the school nurse identify students with food allergies. Review the medical records and emergency information of all students.
- Talk with the school nurse about any allergic reactions and changes in a student's health status.

2. Prepare for and respond to food allergy emergencies.

- Get a copy of the ECP for every student with food allergies. Make sure the plan includes information about signs and symptoms of an allergic reaction, how to respond, and whether medications should be given.
- File ECPs in a place where staff can get to them easily in an emergency.
- Be ready to respond to a food allergy emergency if a nurse is not immediately available. If school policies and state mandates allow you to give medication and you are delegated to perform this task, complete training on how to administer epinephrine, regularly review instructions, and practice this task. Make sure that medications are kept in a secure place that you or other delegated staff members can get to quickly and easily. Regularly inspect the expiration date on all stored epinephrine auto-injectors.
- After each food allergy emergency, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future emergencies and improve emergency response.

3. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of allergic reactions and how they are communicated by students.
    - How to read food labels and identify allergens.
    - How to use an epinephrine auto-injector (if delegated and trained to do so).
    - How to deal with emergencies in the school in ways that are consistent with a student's ECP.
    - Your role in implementing a student's ECP.
    - When and how to call EMS and parents.
    - How FERPA, USDA, and other federal and state laws that protect the privacy and confidentiality of student information apply to students with food allergies and food allergy disabilities.
    - General strategies for reducing or preventing exposure to food allergens in the classroom, such as cleaning surfaces, using nonfood items for celebrations, and getting rid of nonfood items that contain food allergens (e.g., clay, paste).
    - Policies on bullying and discrimination against all students, including those with food allergies.

4. Provide food allergy education to students and parents.

- Get help from the school counselor or other mental health professionals to teach students about bullying of and discrimination against students with food allergies.
- Help communicate policies on bullying and discrimination to parents.

5. Create and maintain a healthy and safe school environment.

- Work with other school staff and parents to create a safe environment for students with food allergies.
- Promote an environment that encourages support for students with food allergies and promotes positive interactions between students.
- Report all cases of bullying against students, including those with food allergies, to the school administrator, school nurse, or school counselor.

Classroom Teachers

This category includes classroom teachers in all basic subjects, as well as physical education teachers, instructional specialists such as music or art teachers, paraeducators, student teachers, long-term substitute teachers, classroom aides, and classroom volunteers.

1. Participate in the school's coordinated approach to managing food allergies.

- Ask the school nurse or school administrator for information on current policies and practices for managing students with food allergies, including how to manage medications and respond to a food allergy reaction.
- Help plan and implement the school's FAMPP.

2. Help with the daily management of food allergies for individual students.

- Make sure you understand the essential actions that you need to take to help manage food allergies when students with food allergies are under your supervision, including when meals or snacks are served in the classroom, on field trips, or during extracurricular activities. Seek guidance and help from the school administrator, school nurse, or school food service director as needed.
- Be available and willing to help students who manage their own food allergies.
- Work with parents and the school nurse and other appropriate school personnel to determine if any classroom modifications are needed to make sure that students with food allergies can participate fully in class activities.
- With parental consent, share information and responsibilities with substitute teachers and other adults who regularly help in the classroom (e.g., paraeducators, volunteers, instructional specialists). (Depending on a school district's FERPA notice as to which individuals would constitute school officials with legitimate educational interests, FERPA may not require parental consent in these circumstances. FERPA also includes an emergency exception to the prior consent requirement if there is an articulable and significant threat to the health or safety of the student or others. See Section 5 for more information about FERPA.)
- Refer students with undiagnosed but suspected food allergies to the school nurse for follow-up.[f]

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f. See footnote e. infra.

- If your school does not have a nurse on-site, talk with parents about the signs and symptoms you have seen and recommend that they discuss them with their primary health care provider.
- If you suspect a severe food allergy reaction or anaphylaxis, take immediate action, consistent with your school's FAMPP or "all-hazards" emergency response protocol.

3. Prepare for and respond to food allergy emergencies.

- Read and regularly review each student's ECP. Never hesitate to activate the plan in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- Keep copies of ECPs for your students in a secure place that you can get to easily in an emergency. With parental consent, share information from the ECP with substitute teachers and other adults who regularly help in the classroom to help them know how to respond to a food allergy emergency. (Depending on a school district's FERPA notice as to which individuals would constitute school officials with legitimate educational interests, FERPA may not require parental consent in these circumstances. FERPA also includes an emergency exception to the prior consent requirement if there is an articulable and significant threat to the health or safety of the student or others. See Section 5 for more information about FERPA.)
- Support and help students who have permission to carry and use their own epinephrine in cases of an allergic reaction.
- Make sure that the needs of students with food allergies are met during class field trips and during other extracurricular activities.
- Immediately contact the school administrator and if available, the school nurse after any suspected allergic reaction.
- After each food allergy emergency, review how it was handled with the school administrator, school nurse, parents, other staff members involved in the response, EMS responders, and the student to identify ways to prevent future emergencies and improve emergency response.
- Help students with food allergies transition back to school after an emergency.
- Address concerns with students who witness a life-threatening allergic reaction in a way that does not compromise the confidentiality rights of the student with the allergy.

4. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of food allergies and how they are manifested in and communicated by students.
    - How to read food labels and identify allergens.
    - How to use an epinephrine auto-injector (if delegated and trained to do so).
    - How to respond to food allergy emergencies in ways that are consistent with a student's ECP, if appropriate, a Section 504 Plan, or IEP, if appropriate.

- When and how to call EMS and parents.
- Your role in implementing a student's ECP.
- FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information, and other legal rights of students with food allergies. (See Section 5 for more information about federal laws.)
- General strategies for reducing or preventing exposure to food allergens in the classroom, such as cleaning surfaces, using nonfood items for celebrations, getting rid of nonfood materials that contain food allergens (e.g., clay, paste), and preventing cross contact of allergens when meals or snacks are served in the classroom.
- Policies that prohibit discrimination and bullying against all students, including those with food allergies.

5. Provide food allergy education to students and parents.

- Look for ways to add information about food allergies to your curriculum. Work with other teachers to plan lessons and activities to teach students how they can prevent allergic reactions.
- Work with the school nurse to educate parents about the presence and needs of students with food allergies in the classroom. Raise awareness and educate the parents of children without food allergies about "food rules" for the classroom. Ask parents to help you keep certain foods out of the classroom during meals, celebrations, and other activities that might include food.
- Ask the school counselor or other mental health professionals for help or resources to teach students about policies that prohibit discrimination and bullying against all students, including those with food allergies.
- Communicate policies on bullying and discrimination to all parents.

6. Create and maintain a healthy and safe school environment.

- Promote a safe physical environment through the following actions:
  - Create classroom rules and practices for dealing with food allergies. Tell parents about these rules and practices at the beginning of the school year or when you find out that a student with a food allergy will be in your class.
  - Create ways for students with food allergies to participate in all class activities.
  - Avoid using known allergens in classroom activities, such as arts and crafts, counting, science projects, parties, holidays and celebrations, or cooking.
  - Enforce hand washing before and after eating, particularly for younger students.
  - Use nonfood items for rewards or incentives.
  - Encourage the use of allergen-safe foods or nonfood items for birthday parties or other celebrations in the classroom. Support parents of students with food allergies who wish to send allergen-safe snacks for their children.

- Discourage trading or sharing of food with a student with a food allergy in the classroom, particularly for younger students.
- Enforce food allergy prevention practices while supervising students in the cafeteria.

- Manage food allergies on field trips through the following actions:
  - Determine if the intended location is safe for students with food allergies. If it is not safe, the field trip might have to be changed or cancelled if accommodations cannot be made. Students cannot be excluded from field trips because of food allergies.
  - Invite the parents of students with food allergies to chaperone or go with their child on the field trip. Many parents may want to go, but they cannot be required to go.
  - Work with school food service staff to plan meals and snacks.
  - Make sure you include someone who is delegated and trained to administer epinephrine, that you have quick access to an epinephrine auto-injector, and that you know where the nearest medical facilities are located. If a food allergy emergency occurs, activate the student's ECP and notify the parents.
  - Make sure there are appropriate emergency protocols and mechanisms in place to respond to a food allergy emergency when away from the school.
  - Make sure that communication devices are working so you can respond quickly during an emergency.
- Promote a positive psychosocial climate through the following actions:
  - Be a role model by respecting the needs of students with food allergies.
  - Help students make decisions about and manage their own food allergies.
  - Encourage supportive and positive interactions between students.
  - Reinforce the school's rules against discrimination and bullying.
  - Take action to address all reports of bullying or harassment of a student with a food allergy.
  - Tell parents if their child has been bullied, and report all cases of bullying to the school administrator.
  - Tell parents and the school nurse if you see negative changes in a student's academic performance or behavior.

School Food Service Managers and Staff

1. Participate in the school's coordinated approach to managing food allergies.

- Use resources and guidance from the district food service director, local board of health, USDA, and dietitians to reduce exposure to food allergens.
- Help plan and implement the school's FAMPP. Make sure that it includes specific practices for managing food allergens in school meals served inside and outside of the cafeteria.

2. Help with the daily management of food allergies for individual students.

- Identify students with food allergies in a way that does not compromise students' privacy or confidentiality rights.
- Make sure you have and understand dietary orders, or the doctor's statement, and other relevant medical information that you need to make meal accommodations for students with food allergies and food allergy disabilities.
- Consult with the district foodservice director to help develop individual dietary and cafeteria management plans for each student with a food allergy and food allergy disability. These plans should be consistent with the student's IHP, and if the student has a food allergy, the student's Section 504 plan, or, if appropriate, IEP, and USDA regulations on meals and food substitutions, as reflected in the USDA's *Accommodating Children with Special Dietary Needs in the School Nutrition Programs*.
- Help communicate appropriate actions to avoid allergic reactions and respond to food allergy emergencies to all staff members and food service staff who are expected to help manage a student's food allergy in the cafeteria.
- Follow policies and procedures to prevent allergic reactions and cross-contact of potential food allergens during food preparation and service.
- Understand how to read labels to identify allergens in foods and beverages served in school meals. Work with the school foodservice director, the district food service director, or the food manufacturer if additional information or clarification is needed on the product's ingredients.
- Manage food substitutions for students with food allergies and food allergy disabilities and manage the documentation of these activities. Work with the school administrator or school nurse and the district food service director to make sure that the information needed to meet USDA and state regulations for food service is documented as required.
- Be prepared to share information about ingredients in recipes and foods served by the school food service program with parents.

3. Prepare for and respond to food allergy emergencies.

- Be familiar with student's ECPs and the doctor's statement required by USDA, what actions must be taken if a food allergy emergency occurs in the cafeteria. Make sure that food service staff are able to respond to a food allergy emergency in the cafeteria and implement an ECP.

- If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- If appropriate and allowed by state laws, including regulations, school policy, and the school's FAMPP, keep an epinephrine auto-injector in a secure place in the cafeteria that you can get to quickly and easily.
- Provide support and help to students who carry and use their own medication.
- After each food allergy emergency, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future emergencies and improve emergency response.

4. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of food allergies and how they are communicated by student.
    - How to read food labels and identify allergens.
    - How to plan meals for students with food allergies and allergy disabilities and how to prevent cross-contact of allergens. Consult with the district school food service director when necessary.
    - How to deal with emergencies in the school in ways that are consistent with a student's ECP.
    - The role of the food service manager and staff in implementing a child's doctor statement under USDA requirements and ECP, if applicable.
    - How to use an epinephrine auto-injector (if delegated and trained to do so).
    - FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information and other legal rights of students with food allergies. (See Section 5 for more information about federal laws.)
    - General strategies for reducing or preventing allergic reactions in the cafeteria.
    - Policies on bullying and discrimination against all students, including those with food allergies.

5. Provide food allergy education to students and parents.

- Help classroom teachers add food allergy lessons into their health and education curriculum, including teaching students how to read food labels.
- Share menu ideas with parents of students with food allergies to identify potential allergens and improve healthy eating.
- Find ways for parents of students with food allergies to share their knowledge and experience with other parents.
- Help the school administrator communicate the policies and practices used by the food service staff to prevent food allergy reactions to parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe school environment.

- Reduce the potential for allergic reactions through the following actions:
    - Be able to recognize students with food allergies and food allergy disabilities in the cafeteria.
    - Follow procedures for handling food allergies in the cafeteria, even if a student is not participating in the Child Nutrition Program school meals program.
    - Read food labels to identify allergens.
    - Follow policies and procedures to prevent cross-contact of potential food allergens during food preparation and service.
    - Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- Promote a positive psychosocial climate in the cafeteria through the following actions:
    - Encourage supportive and positive interactions between students.
    - Reinforce the school's rules against bullying and discrimination.
    - Take action to address all reports of bullying or harassment of a student with a food allergy.
    - Report all cases of bullying and harassment against students, including those with food allergies, to the school administrator, school nurse, or school counselor.

School Counselors and Other Mental Health Services Staff

This category includes school psychologists and school social workers.

1. Participate in the school's coordinated approach to managing food allergies.

- Help plan and implement the school's FAMPP.

2. Help with the daily management of food allergies for individual students.

- Address immediate and long-term mental health problems, such as anxiety, depression, low self-esteem, negative behavior, or eating disorders, among students with food allergies.
- Address adolescent oppositional behavior, such as noncompliance with IHPs.
- Make referrals to mental health services and professionals outside the school for students who need them, consistent with applicable requirements of Section 504 and IDEA, if appropriate.
- Work with school health service staff (e.g., school doctor, school nurse) to develop consistent protocols for referrals.

3. Prepare for and respond to food allergy emergencies.

- Read and regularly review each student's ECP. Never hesitate to activate the plan in an emergency. If you are the person delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector if needed.
- After each food allergy emergency, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and to improve emergency response.
- Help students with food allergies transition back to school after an emergency.
- Be prepared to respond to the emotional needs of students who witness a life-threatening allergic reaction in a way that does not compromise the students' privacy or confidentiality rights.

4. Participate in professional development on food allergies.

- Work with the school or district nurse and other health professionals to support training and education for staff on the mental and emotional health issues faced by a student with food allergies.
- Complete training to help you recognize and understand the following:
    - Signs and symptoms of food allergies and how they are communicated by students.
    - How to read food labels and identify allergens.
    - How to use an epinephrine auto-injector (if delegated and trained to do so).
    - How to deal with emergencies in the school in ways that are consistent with a student's ECP.
    - Your role in implementing a child's ECP.
    - FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information and other legal rights of students with food allergies. (See Section 5 for more information about federal laws.)
    - Policies that prohibit discrimination and bullying against students with food allergies.

5. Provide food allergy education to students and parents.

- Work with classroom teachers and other school staff to educate parents and students about bullying and discrimination against students with food allergies.

6. Create and maintain a healthy and safe school environment.

- Encourage staff to support a broad range of school-based mental health promotion efforts to support all students that promote positive interactions between students, build a positive school climate, encourage diversity and acceptance, discourage bullying, and promote student independence.
- Reinforce the school's rules against bullying and discrimination.
- Take action to address all reports of bullying or harassment of a student with a food allergy.
- Tell parents if their child has been bullied, and report all cases of bullying to school administrators.

Bus Drivers and School Transportation Staff

1. Participate in the school's coordinated approach to managing food allergies.

- Ask the school nurse or school administrator for information on current policies and practices for managing students with food allergies, including how to manage medications and respond to a food allergy reaction.
- Support school's FAMPPs.

2. Help with the daily management of food allergies for individual students.

- Be aware of students with food allergies and know how to respond to an allergic reaction if it occurs while the student is being transported to or from school.
- Enforce district food policies for all students riding a school bus.

3. Prepare for and respond to food allergy emergencies.

- Read and regularly review the ECP for any student riding to and from school on a bus. Never hesitate to activate the plan in an emergency. If you are the person delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector if needed.
- Know procedures for communicating an emergency during the transporting of children to and from school. Make sure that other adults on the bus are aware of emergency communication protocol.
- Make sure communication devices are working so you can reach school officials, EMS, and others during a food allergy emergency.
- Call 911 or EMS to ask for emergency transportation of any student exhibiting signs of anaphylaxis. Notify the school administrator of your actions and the need for someone to contact the student's parents.
- After any food allergy emergency that occurs while a student is being transported to or from school, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and improve emergency response.

4. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of food allergies and how they are communicated by students.
    - How to respond to a food allergy emergency while transporting children to and from school. How to use an epinephrine auto-injector (if delegated and trained to do so).
    - How to deal with emergencies in a way that is consistent with a student's ECP or transportation emergency protocol.
    - Your role in implementing a child's ECP.
    - FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information and other legal rights of students with food allergies. (See Section 5 for more information about federal laws.)
    - Policies that prohibit discrimination and bullying against all students, including those with food allergies.

5. Create a healthy and safe environment.

- Advocate for two-way communication systems between schools and transportation vehicles that are kept in working order.
- Enforce district food policies for all students riding a school bus.
- Encourage supportive and positive interactions between students.
- Reinforce the school's rules against discrimination and bullying.
- Report all cases of bullying or harassment of students, including those with food allergies, to the school administrator.

Facilities and Maintenance Staff

This category includes custodial staff.

1. Participate in the school's coordinated approach to managing food allergies.

- Help plan and implement the school's FAMPP.

2. Help with the daily management of food allergies for individual students.

- Be aware of students with food allergies and know how to respond to an allergic reaction if it occurs while the student is at school.
- Help create a safe and healthy environment to prevent allergic reactions.

3. Prepare for and respond to food allergy emergencies.

- Activate your school's "all-hazard" emergency response practices if a student displays signs or symptoms of an allergic reaction.
- Know and understand your school's communication protocols for an emergency.
- Make sure communication devices are working.
- After each food allergy emergency, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and improve emergency response.

4. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of food allergies and how they are communicated by students.
    - How to respond to emergencies at the school.
    - Your role in supporting a child's ECP.
    - Policies that prohibit discrimination and bullying against all students, including those with food allergies.
    - Policies and standards for washing hands and cleaning surfaces to reduce food allergens on surfaces.

5. Create and maintain a healthy and safe environment.

- Promote a safe and healthy physical environment through the following actions:
    - Advocate for two-way communication systems throughout school buildings that are kept in working order.
    - Enforce district food policies.
    - Clean floors, surfaces, and food-handling areas with approved soap and water or all-purpose cleaning products.
- Promote a positive psychosocial climate through the following actions:
    - Encourage supportive and positive interactions between students.
    - Reinforce the school's rules against discrimination and bullying.
    - Report all cases of bullying or harassment of students, including those with food allergies, to the school administrator.

See Section 6 for more resources and tools that might assist in managing food allergies and allergy-related emergencies in schools.

Section 4.
Putting Guidelines into Practice: Actions for Early Care and Education Administrators and Staff

Effective management of food allergies in early care and education (ECE) programs requires the participation of many people. This section presents the actions that ECE program staff can take to implement the recommendations in Section 1. Some actions duplicate responsibilities required under applicable federal and state laws, including regulations, and policies. Although many responsibilities presented here are not required by statute, they can contribute to better management of food allergies in ECE programs.

If the ECE program participates in USDA's Child Nutrition Programs, the ECE program must follow USDA statutes, regulations, and guidance for providing meal accommodations for children with food allergy disabilities.

Some actions are intentionally repeated for different staff positions to ensure that critical actions are addressed even if a particular position does not exist in the ECE program. This duplication also reinforces the need for different staff members to work together to manage food allergies effectively. All actions are important, but some will have a greater effect than others. Ultimately, each ECE program must determine which actions are most practical and necessary to implement and who should be responsible for those actions.

Although these guidelines are specifically for licensed ECE programs, many of the recommendations can be used in unlicensed child care settings.

Program Directors and Family Child Care Providers

1. Lead the ECE program's coordinated approach to managing food allergies.

- Coordinate planning and implementation of a comprehensive Food Allergy Management and Prevention Plan (FAMPP). Work with staff, parents, food services, and the children's health care providers.
- Designate a qualified person (e.g., health manager, health consultant) to lead development of the program's FAMPP and designate responsibilities for implementing the plan as appropriate.
- Make sure staff understand the ECE program's responsibilities under applicable federal laws, including regulations, and policies and the need to be familiar with any applicable state and local laws and policies. Make sure they understand the need to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) (if receiving funds from a program administered by the U.S. Department of Education) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). ECE program staff should consider the requirements in Section 504 and the ADA and, if appropriate, Parts B and C of the IDEA. (See Section 5 for information about applicable federal laws and Section 6 for other resources that provide information about federal regulations and early care and education programs.)

2. Ensure the daily management of food allergies for individual children.

- Make sure that mechanisms—such as health forms, registration forms, USDA-required doctor's statement and parent interviews—are in place to identify children with food allergies.
- Work with the parents of children with food allergies and the child's primary health care provider or allergist to obtain a written Emergency Care Plan (ECP) to manage and monitor children with food allergies on a daily basis.
- Share information about children with food allergies with all staff who need to know. Make sure they are aware of what actions are needed to manage each child's food allergy on a daily basis.

3. Prepare for and respond to food allergy emergencies.

- Make sure that all ECPs include the following:
    - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
    - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
    - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medications and how they should be used. It should also include specific symptoms that would indicate the need to give one or more medications or take the child to an emergency medical facility.
- Make sure that parents of children with food allergies provide epinephrine auto-injectors to use in food allergy emergencies if their use is called for in the child's ECP.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily.
- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- Contact parents immediately after any suspected allergic reaction. You also should contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child's primary health care provider or allergist.
- If epinephrine is given, contact emergency medical services (EMS) and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child's location and condition.
- Conduct periodic emergency response drills and practice how to handle a food allergy emergency.
- Be ready to respond to severe allergic reactions in children with no history of diagnosed food allergies or anaphylaxis.
- Review data and information (e.g., when and where medication was used) from incident reports of food allergy emergencies and assess the effect on affected children. Modify policies and practices as needed.

4. Support professional development on food allergies for staff.

- Make sure staff receive professional development and training on food allergies.
- Make sure that training helps your program meet any applicable Head Start Program Performance Standards and Other Regulations.
- Coordinate training with licensed health care professionals.
- Invite parents of children with food allergies to participate in training for staff.

5. Educate children and family members about food allergies.

- Communicate your program's responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods.

6. Create and maintain a healthy and safe ECE program environment.

- Increase awareness of food allergies and food allergy disabilities throughout the program environment.
- Make sure that children with food allergies have an equal opportunity to participate in all program activities and events.

Child Care Providers, Preschool Teachers, Teaching Assistants, Volunteers, Aides, and Other Staff

1. Participate in the ECE program's coordinated approach to managing food allergies.

- Help plan and implement the program's FAMPP.

2. Help with the daily management of food allergies for individual children.

- Make sure all children with food allergies have an ECP. In programs that participate in USDA's Child Nutrition Programs, include a doctor's statement of disability.
- Make sure you understand the essential actions that you need to take to help manage food allergies and food allergy disabilities in children when they are under your supervision.
- Enforce hand washing practices and make sure tables and surfaces are cleaned before and after meals with approved soap and water or all-purpose cleaning products to reduce cross-contact of allergens.
- Work with parents to determine if any modifications are needed to make sure that children with food allergies can participate fully in all program activities.

3. Prepare for and respond to food allergy emergencies.

- Make sure that all ECPs include the following:
    - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
    - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
    - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medications and how they should be used. It should also include specific symptoms that would indicate the need to give one or more medications or take the child to an emergency medical facility.
- Make sure that parents of children with food allergies provide epinephrine auto-injectors to use in food allergy emergencies if their use is called for in the child's ECP.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily.
- Never hesitate to activate a child's ECP in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- Keep copies of ECPs for children in your care in a secure place that you can get to quickly and easily in an emergency.
- Provide feedback on the child's ECP and participate in a debriefing meeting after a food allergy reaction or emergency.
- Contact parents immediately after any suspected allergic reactions. You also should contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child's primary health care provider or allergist.
- If epinephrine is given, contact EMS, tell them when epinephrine was administered, and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child's location and condition.
- After each food allergy emergency, review how it was handled with the ECE program administrator, registered nurse, parents, staff members involved in the response, EMS responders, and the child to identify ways to prevent future emergencies and improve emergency response.

4. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of allergic reactions and how they are communicated by young children.
    - How to read food label and identify allergens.
    - Your role in implementing a child's ECP.

- How to use an epinephrine auto-injector (if delegated and trained to do so).
- General strategies for reducing or preventing exposure to food allergens in the program setting and during field trips or other program-sponsored events.
- Policies that prohibit discrimination and bullying against children with food allergies.

5. Create and maintain a healthy and safe ECE program environment.

- Promote a safe physical environment through the following actions:
  - Create rules and practices for dealing with food allergies, including preventing exposure to allergens. Tell parents about these rules and practices each year or when you find out that a child with a food allergy will be in your care.
  - Create ways for children with food allergies to participate in all class activities.
  - Avoid using known allergens in program activities, such as arts and crafts, counting, science projects, parties, holidays and celebrations, or cooking.
  - Enforce hand washing before and after eating.
  - Clean tables and chairs before and after eating with approved soap and water or all-purpose cleaning products.
  - Use nonfood items for rewards or incentives.
  - Encourage the use of allergen-safe foods or nonfood items for birthday parties or other celebrations. Support parents of children with food allergies who wish to send allergen-safe snacks for their children.
  - Discourage trading or sharing of food.
- Manage food allergies on field trips through the following actions:
  - Determine if the intended location is safe for children with food allergies.
  - Make sure that field trips and other events are consistent with the program's food allergy policies.
  - Plan for meals and snacks.
  - Make sure you have quick access to an epinephrine auto-injector or other medications and that you know where the nearest medical facilities are located. If a food allergy emergency occurs, activate the child's ECP and notify the parents.
  - Make sure that a person who is certified in first aid and trained to use an epinephrine auto-injector is available.
- Promote a positive psychosocial climate through the following actions:
  - Be a role model by respecting the needs of children with food allergies.

- Encourage supportive and positive interactions between children.
- Take action to address all reports of bullying or harassment of a child with a food allergy.
- Tell parents if you see negative changes in their child's behavior.

Nutrition Services Staff

1. Participate in the ECE program's coordinated approach to managing food allergies.

- Help plan and implement the program's FAMPP.

2. Help with the daily management of food allergies for individual children.

- Read and regularly review each child's ECP. Make sure you understand the essential actions that you need to take to help manage food allergies in children during meals.
- Make sure you get the dietary orders and other relevant medical information that you need to accommodate children with food allergies.
- Document information about meal substitutions as outlined in each child's ECP. Make sure that the information needed to meet the U.S. Department of Agriculture's (USDA's) Child Nutrition Program regulations and state regulations is documented.
- Work with the state agency that administers USDA programs, the local health department, and dietitians in the community to get the information and resources you need to make sure your program is following all federal and state regulations and you are responding to a child's dietary requirements.
- Take the food allergies of the children in your program into account when you buy food and formula.
- Establish and follow policies and procedures to prevent allergic reactions and cross-contact of potential food allergens during food preparation and service.

3. Prepare for and respond to food allergy emergencies.

- Make sure all ECPs include the following:
  - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
  - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food. If your program participates in the USDA's Child Nutrition Program, make sure you have the proper documentation to meet USDA and state regulations.
  - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medication and how they should be used.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily.

- Never hesitate to activate a child's ECP in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- Keep copies of ECP for children in your care in a secure place that you can get to quickly and easily in an emergency.
- Provide feedback on the child's ECP and participate in a debriefing meeting after a food allergy reaction or emergency.
- Contact parents immediately after any suspected allergic reactions. You also should contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child's primary health care provider or allergist.
- If epinephrine is given, contact EMS, tell them when epinephrine was administered, and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child's location and condition.
- Make sure that a food service staff member who has been trained to respond to a food allergy reaction is available during all meals and snack times.

4. Participate in professional development on food allergies.

- Complete training to help you recognize and understand the following:
    - Signs and symptoms of food allergies and how they are communicated by young children.
    - How to read food labels and identify food allergens.
    - How to use an epinephrine auto-injector (if delegated and trained to do so).
    - How to deal with emergencies in the ECE program setting in ways that are consistent with a child's ECP.
    - Legal rights of children with food allergies.
    - USDA's statutes, regulations, and guidance (for ECE programs participating in USDA's Child Nutrition Programs).
    - State, and local laws and policies for food services and food safety.
    - General strategies for reducing or preventing exposure to food allergens in the kitchen or area where food is served.
    - The role of nutrition staff in implementing a child's ECP, including the specific duties outlined in Head Start Program Performance Standards and Other Regulations.

Health Services Staff

1. Participate in the ECE program's coordinated approach to managing food allergies.

- Help plan and implement the program's FAMPP.

2. Ensure the daily management of food allergies for individual children.

- Make sure children with food allergies are identified in a way that complies with Head Start Program Performance Standards and Other Regulations and established enrollment practices but does not compromise their confidentiality rights.
- Read and regularly review medical records and emergency information for all children with food allergies.
- Communicate with parents and health care providers (with parental consent) about any allergic reactions, changes in a child's health, and exposures to allergens.
- Read and regularly review each child's ECP. Make sure that all ECPs include the following:
    - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
    - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
    - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medications and how they should be used. It should also include specific symptoms that would indicate the need to give one or more medications or take the child to an emergency medical facility.
- Work with parents and health care providers to make sure that the medical needs of children with food allergies are met and that all necessary accommodations are made.
- Refer parents of children who do not have access to health care to State Children's Health Insurance Program providers.

3. Prepare for and respond to food allergy emergencies.

- Keep copies of ECPs for children in your care in a secure place that you can get to quickly and easily in an emergency.
- Make sure that parents of children with food allergies provide epinephrine auto-injectors to use in food allergy emergencies if their use is called for in the child's ECP.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily. Regularly inspect the expiration date of epinephrine auto-injectors.

- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- If allowed by state and local laws, work with the program director to get extra epinephrine auto-injectors or nonpatient-specific prescriptions or standing orders for auto-injectors that can be used by a registered nurse and those delegated and trained to administer epinephrine during allergy emergencies.
- Never hesitate to activate a child's ECP in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- After each food allergy emergency, review how it was handled with the ECE program administrator, parents, staff members involved in the response, EMS responders, and the child to identify ways to prevent future emergencies and improve emergency response. Make revisions to the child's ECP as appropriate.

4. Help provide professional development on food allergies for staff.

- Stay up-to-date on best practices for managing food allergies. Sources for this information include allergists who are treating children with food allergies and local health departments.
- Educate other staff about food allergies and the needs of children with food allergies in a way that does not compromise their confidentiality rights.
- Use each child's ECP to train other staff members how to recognize the specific signs of an allergic reaction in each child and how to respond to a food allergy emergency.
- Coordinate annual training for all staff on relevant federal and state regulations for managing food allergies in children.
- Coordinate annual training for all staff on emergency response protocol and practices, including how to respond to food allergy emergencies.
- Provide or coordinate training for delegated staff on how to use an epinephrine auto-injector.

See Section 6 for more resources and tools that might assist in managing food allergies and allergy-related emergencies in ECE programs.

Section 5.
Federal Laws and Regulations that Govern Food Allergies in Schools and Early Care and Education Programs

The federal laws and regulations described in this section address the responsibilities of schools and early care and education (ECE) programs to help children and adolescents manage food allergies that may constitute a disability under federal law and to ensure that children are not subject to discrimination on the basis of their disability. This section also addresses privacy and confidentiality requirements that apply to the education records of students with food allergies, regardless of whether they have been found to have a disability under federal law. Schools and ECE programs are encouraged to copy and distribute relevant laws to appropriate staff and to reinforce relevant laws and regulations in all training provided to staff. For information on how to get copies of relevant federal laws and regulations, see Section 6.[g]

The federal laws described in this section are enforced or administered by the U.S. Department of Education (ED), the U.S. Department of Justice (DOJ), and the U.S. Department of Agriculture (USDA).

Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA)[h]

Section 504 is a federal law that prohibits discrimination on the basis of disability in programs and activities that receive federal financial assistance. Recipients of federal financial assistance from ED include public school districts, other state and local educational agencies, and postsecondary educational institutions. The Department of Education's Office for Civil Rights (OCR) enforces Section 504 as it applies to these recipients. The USDA enforces Section 504 as it applies to recipients of federal financial assistance from USDA.

Title II of the ADA prohibits discrimination on the basis of disability by public entities, including public elementary, secondary, and postsecondary educational institutions, whether or not they receive federal financial assistance. For public schools, OCR shares Title II enforcement responsibilities with the U.S. Department of Justice (DOJ).

Section 504 and Title II of the ADA require that qualified individuals with disabilities, including students, parents, and other program participants, not be excluded from or denied the benefits of services, programs, or activities or otherwise subjected to discrimination by reason of a disability. Public school districts that receive federal financial assistance are covered by both Section 504 and Title II. As a general rule, because Title II does not provide less protection than Section 504, violations of Section 504 also constitute violations of Title II. To the extent that Title II provides greater protections, schools must also comply with Title II and provide those additional protections.

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g. In addition to becoming familiar with these relevant federal laws, schools and ECE programs should determine which applicable state statutes, policies, and regulations and local statues and policies should be considered when developing management plans for children with food allergies.

h. Both the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) were amended by the ADA Amendments Act of 2008, Pub L No. 110-325.

If a student's food allergy is a disability, that student is entitled to the protections of Section 504 and the ADA. Both laws define a disability as a physical or mental impairment that substantially limits a major life activity. Children with food allergies may be substantially limited in major life activities such as eating, breathing, or the operation of major bodily functions such as the respiratory or gastrointestinal system. The U.S. Congress has made clear that the definition of disability under Section 504 and the ADA is to be construed broadly.[i]

Under both Section 504 and Title II, students with disabilities in public schools must be given an equal opportunity to participate in academic, nonacademic, and extracurricular activities. ED's Section 504 regulation outlines a process for schools to use to determine whether a student has a disability and to determine what services a student with a disability needs.[j] This evaluation process must be tailored individually because each student is different, and his or her needs will vary. The Section 504 regulations specify that school districts must identify all students with disabilities and provide them with a free appropriate public education (FAPE).

Under ED's Section 504 regulation, FAPE is the provision of regular or special education and related aids and services designed to meet the individual educational needs of students with disabilities as adequately as the needs of students who do not have disabilities are met. A student does not have to receive special education services, however, in order to receive related aids and services under Section 504. The most common practice is to include these related aids and services, as well as any needed special education services, in a written document, sometimes called a Section 504 plan. Even if a school district does not believe that a student needs special education or related aids and services, Section 504 and Title II require the district to consider whether it can reasonably modify policies, practices, or procedures to ensure that a student with a disability has an equal opportunity to participate in and benefit from the school's services and programs. ED's Section 504 regulation also states that public preschool and day care programs operated by recipients of federal funds may not, on the basis of disability, exclude students with disabilities and must take their needs into account when determining the aid, benefits, or services to be provided.[k]

Under ED's Section 504 regulation, private schools that receive federal financial assistance may not exclude an individual student with a disability if the school can, with minor adjustments; provide an appropriate education to that student. Private, nonreligious schools and ECE programs are covered by Title III of the ADA. Title III prohibits public accommodations such as these from discriminating against individuals with disabilities in the full and equal enjoyment of the entity's services and activities. Under Title III, private schools and ECE programs must make reasonable modifications to policies, practices, and procedures when necessary to give children with disabilities, including those with food allergies, full and equal access to and participation in programs and services unless the entity can show that the modification would result in a fundamental alteration of those programs and services.

Under Section 504 and the ADA, children with food allergy disabilities in schools and ECE programs must be provided with the services and modifications they need in order to attend. Examples of these services and modifications might include implementing allergen-safe food plans, administering epinephrine according to a doctor's orders (even if the school or ECE program has a no-medication policy), allowing students to carry their own medication, and providing an allergen-safe environment in which the student can eat meals.

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i. ADA Amendments Act of 2008, Pub L No. 110-325.

j. 34 CFR 104.35.

k. 34 CFR 104.38.

Disability harassment is a form of discrimination prohibited by Section 504 and Titles II and III of the ADA. Harassment creates a hostile environment when the conduct is sufficiently serious so as to interfere with or limit a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school. When student-on-student disability harassment occurs and the school knows or reasonably should know about the harassment, a school must take prompt and effective steps reasonably calculated to end the harassment, prevent its recurrence, and eliminate any hostile environment created by the harassment. Section 504 and Title II require schools to take such steps and prohibit schools from encouraging, tolerating, or ignoring peer harassment based on disability that creates a hostile environment. Bullying, teasing, or harassment about an allergy can lead to psychological distress for children with food allergies which could lead to a more severe reaction when the allergen is present. And exposing an allergic child to the allergen (e.g., putting the allergen in the child's food or forcing the child to ingest the allergen) can have very serious—even fatal— consequences. School districts, in developing and implementing policies on bullying and harassment, should instruct staff and students as to how such policies apply to children with food allergies, including the possible disciplinary consequences for bullying and harassment that target or place food-allergic children at risk. Additional consequences could be to separate the harasser from the target and to provide counseling for the target or the harasser. Finally, a school should take steps to stop further harassment and prevent any retaliation against the person who made the complaint (or was the subject of the harassment) or against those who provided information as witnesses.

Governing Statutes and Regulation for U.S. Department of Agriculture's (USDA) Child Nutrition Programs (CNPs)

Child Nutrition Programs include the National School Lunch, School Breakfast, and Special Milk Programs, and the Child and Adult Care Food Program, Summer Food Service Program, Fresh Fruit and Vegetable Program, and Afterschool Snack Program.

The ADA, as amended, Section 504 of the Rehabilitation Act, The Richard B. Russell National School Lunch Act 42 USC 1758(a), the Child Nutrition Act, CNP regulations, and USDA's Non-discrimination regulations at 7 CFR 15b, govern meal accommodations for children with food related disabilities in schools and ECE programs that participate in the CNPs. USDA has oversight for providing meals in these programs. Program operators in the CNPs must make meal accommodations to regular program meals for children identified by a licensed doctor as having a food allergy disability that prevents them from consuming a meal as prepared. For purposes of discussion in these guidelines, if a child has a food allergy that is identified as a disability by a licensed doctor, meal accommodations must be provided.

Additionally, a school, institution, and site participating in USDA's Child Nutrition Programs, is not required to establish a Section 504 plan, IEP, IHP, ICP (or any plan that may be used by a child with special dietary needs) to make an accommodation to a program meal for a child with a food related disability. Instead, the CNPs require a written statement from a licensed doctor which identifies the following requirements:

- 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.[62]

A statement signed by a licensed doctor addressing the points above is sufficient. However, the written statement from a licensed doctor may be incorporated in any of the plans discussed above.

Individuals with Disabilities Education Act (IDEA)

IDEA Part B[l] provides federal funds to help states make FAPE available to eligible children with disabilities in the least restrictive environment. The obligation to make FAPE available in the least restrictive environment begins at the child's third birthday and could last until the child's twenty-second birthday, depending on state law or practice.[m] FAPE under IDEA Part B refers to the provision of special education and related services at no cost to the parents that include an appropriate preschool, elementary school, or secondary school education at the state level. Eligibility determinations under IDEA Part B are made at the state and local school district level on an individual, case-by-case basis in light of applicable IDEA Part B requirements and state education standards. At the federal level, IDEA is administered by the Office of Special Education Programs in the Office of Special Education and Rehabilitative Services in the ED.

A child could be found eligible for services under IDEA Part B because of a food allergy only if it adversely affects the child's educational performance, and the child needs special education and related services because of the food allergy. If determined eligible, the school district must develop an Individualized Education Program (IEP) for the child, or if appropriate, an Individualized Family Service Plan (IFSP) for a child age three through five.[n] An IEP is a written document developed by a team that includes the child's parents and school officials. It sets out, among other elements, the special education and related services and supplementary aids and services to be provided to the child. If parents place their disabled child at a private school at their own expense, IDEA Part B generally would not require the school district to develop an IEP for the child at the private school. In general, if a child with a food allergy only needs a related service and does not need special education, that child would not be eligible for services under IDEA Part B. Such a child might still be eligible for services or modifications under Section 504 or Title II.

In addition, IDEA Part C provides federal funds to assist states in identifying and providing early intervention services to children with disabilities from birth to age three and, at the state's discretion, through five or when the child enters kindergarten. Under IDEA Part C, a child is eligible based on a developmental delay, diagnosed condition, or, at the state's discretion, at-risk status. An IFSP is a document written by a team that includes the child's parents that identifies the specific early intervention services needed by the child.[o]

Family Educational Rights and Privacy Act (FERPA) of 1974

FERPA applies to educational agencies or institutions that receive federal funds under a program administered by ED.[p] FERPA generally prohibits schools and school districts from disclosing personally identifiable information from a student's education record unless the student's parent or the eligible student (a student who is aged 18 years or older or who attends an institution of postsecondary education) provides prior, written consent for the disclosure. This requirement has several exceptions.[q]

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l. IDEA Part B is codified at 20 U.S.C. 1401 through 1407 and 1411 through 1419, and the IDEA part B regulations are at 34 C.F.R. Part 300.

m. 34 C.F.R. §§300.101–300.102.

n. 34 C.F.R. §§300.323 (b) (IEP or IFSP for children aged three through five).

o. Part C of the IDEA is codified at 20 U.S.C. §§1401 – 1407 and 1431 through 1443 and the Part C regulations are at 34 C.F.R. Part 303.

p. 20 U.S.C. 1232g. 34 C.F.R. Part 99.

q. In general and consistent with FERPA, IDEA's confidentiality protections require prior written consent for disclosures of personally identifiable information contained in a child's early intervention or education records, unless a specific exception applies. See, 20 U.S.C. 1417(c) and 1442; 34 C.F.R. §§300.610-300.626 of the IDEA Part B regulations; and 34 C.F.R. §§303.401-303.417 of the IDEA Part C regulations.

One exception permits schools to disclose personally identifiable information from a student's education record without obtaining prior written consent to school officials, including teachers, who have legitimate educational interests in the information, including the educational interests of the child. Schools must use reasonable methods, such as physical, technological, or administrative access controls, to ensure that school officials obtain access only to those education records in which they have legitimate educational interests. To use this exception, schools must include in their annual notification of FERPA rights to parents and eligible students the criteria for determining who constitutes a school official and what constitutes a legitimate educational interest.

This exception for school officials also applies to a contractor, consultant, volunteer, or other party to whom a school has outsourced institutional services or functions provided that the outside party:

- Performs an institutional service or function for which the school would otherwise use employees.
- Is under the direct control of the school with respect to the use and maintenance of education records.
- Is subject to the requirements in FERPA that govern the use and redisclosure of personally identifiable information from education records.

Another exception to the requirement of prior written consent permits schools to disclose personally identifiable information from an education record to appropriate parties, including the parent of an eligible student, in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. Under this exception, a school may take into account the totality of the circumstances pertaining to a threat to the health or safety of a student or other individuals. If a school determines that there is an articulable and significant threat to the health or safety of a student or other individuals, it may disclose information from education records to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals. If the information available at the time of the incident forms a rational basis for the decision to disclose information, ED will not substitute its judgment for that of the school in evaluating the circumstances and making its determination. When disclosures are made under this exception, a school must record the articulable and significant threat to the health or safety of a student or other individual that formed the basis for the disclosure and the parties to whom the information was disclosed.

In addition, under FERPA, the parent or eligible student must be given the opportunity to inspect and review the student's education records. A school must comply with a request for access to the student's education records within a reasonable period of time, but not more than 45 days after it has received the request.

Additional information and resources, including how to access copies of federal laws, are provided in Section 6.

Section 6.
Food Allergy Resources

Federal Resources

Food Allergy Overview

www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/default.aspx
U.S. Department of Health and Human Services (HHS), National Institute of Allergies and Infectious Diseases. These resources are designed to improve understanding of food allergies, share information about food allergy research, and present current guidelines for clinical diagnosis and management of food allergies in the United States. General information about food allergies is also available in PDF format at www.niaid.nih.gov/topics/foodallergy/documents/foodallergy.pdf.

Food Allergies: What You Need to Know

www.fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm
U.S. Department of Health and Human Services (HHS), Food and Drug Administration. These resources are designed to improve understanding of food allergies and labeling of food products that contain proteins derived from the eight most common food allergens. Information also includes food allergy updates for consumers.

Guidance for Early Care and Education Programs

www.ehsnrc.org/Publications
U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Head Start. Early Head Start Tip Sheet 3. Formula at EHS Socializations, August 2010.

http://eclkc.ohs.acf.hhs.gov/hslc/mr/monitoring
U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Head Start. FY 2011 Office of Head Start Monitoring Protocol and Guides: Nutrition Services. FY 2013 Office of Head Start Monitoring Protocol.

http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements
U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Head Start. Head Start Program Performance Standards and Other Regulations.

http://nrckids.org/CFOC3/index.htm
U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration, Maternal and Child Health Bureau; American Academy Of Pediatrics; American Public Health Association; National Resource Center for Health and Safety in Child Care and Early Education. *Caring For Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs.* 3rd edition.

Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center

http://rems.ed.gov
Sponsored by the U.S. Department of Education (ED) the REMS TA Center's primary goal is to support schools, school districts, and institutions of higher education in school emergency management, including the development and implementation of comprehensive all-hazards emergency management plans. The TA Center disseminates information about school emergency management to help individual schools, school districts, and institutions of higher education learn more about developing, implementing, and evaluating comprehensive, all-hazards school emergency management plans. In addition, the TA Center helps ED coordinate technical assistance meetings and share school emergency management information, and responds to direct requests for technical assistance and training.

The National Center on Safe Supportive Learning Environments

http://safesupportiveschools.ed.gov
Supported by the U.S. Department of Education, (ED) the National Center on Safe Supportive Learning Environments (NCSSLE) provides information and technical assistance to states, districts, schools, institutions of higher education, communities, and other federal grantees programs on how to improve conditions for learning.

To improve conditions for learning, the Center assists others in measuring school climate and conditions for learning and implementing appropriate programmatic interventions, so that all students have the opportunity to realize academic success in safe and supportive environments. The Center also specifically addresses issues related to bullying, violence and substance abuse prevention that often negatively impact learning environments.

Guidance Related to Federal Laws

FDA Food Safety Modernization Act

http://www.fda.gov/Food/GuidanceRegulation/FSMA/default.htm
The U.S. Department of Health and Human Services (HHS), Food and Drug Administration provides extensive information about the FDA Food Safety Modernization Act (FSMA). Even though CDC rather than FDA has implemented Section 112, Food Allergy and Anaphylaxis Management, this FDA website provides access to the full text of the law, including Section 112, Food Allergy and Anaphylaxis Management.

FERPA

www.ed.gov/fpco/doc/ferpa-hipaa-guidance.pdf
The U.S. Department of Education (ED) and U.S. Department of Health and Human Services (HHS), *Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records*, November 2008.

Federal Statutes and Regulations

The following statutes are in the U.S. Code (U.S.C.). Regulations implementing these statutes are in the Code of Federal Regulations (CFR).

www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html
Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. §794, implementing regulations at 34 CFR Part 104.

www2.ed.gov/policy/rights/reg/ocr/edlite-28cfr35.html and www.ada.gov
Title II of the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12131 et seq., implementing regulations at 28 CFR Part 35.

www.ada.gov
Title III of the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12181 et. seq., and its implementing regulations at 28 CFR Part 36.

www.eeoc.gov/laws/statutes/adaaa.cfm
Americans with Disabilities Act Amendments Act of 2008.

http://idea.ed.gov
Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1400 et seq., implementing regulations at 34 CFR Part 300.

www2.ed.gov/policy/gen/guid/fpco/index.html
Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, implementing regulations at 34 CFR Part 99.

For copies of Section 504 and Title II regulations, contact the Customer Service Team of the Office for Civil Rights, U.S. Department of Education, toll-free at 1-800-421-3481. For TTY, call 1-877-521-2172.

For copies of the IDEA regulations, contact EdPubs at 1-877-433-7827.

FDA Food Code

http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/default.htm
Issued in accordance with FDA's Good Guidance Practices regulation (21 CFR 10.115; 65 FR 56468; September 19, 2000; revised as of April 1, 2008), the Food Code is a model that assists food control jurisdictions at all levels of government by providing them with a scientifically sound technical and legal basis for regulating the retail and food service segment of the industry. It serves as a reference document for state, city, county and tribal agencies that regulate restaurants, retail food stores, vending operations and food service operations in institutions such as schools, hospitals, nursing homes and child care centers.

Richard B. Russell National School Lunch Act, Section 9(a) [42 U.S.C. 1751]

http://www.fns.usda.gov/cnd/Governance/Legislation/NSLA.pdf
Issued to assist States in the establishment, maintenance, operation and expansion of school lunch programs and for other purposes. The Act includes the Summer Food Service Program at Section 13, [42 U.S.C. 1771], Child and Adult Care Food Program Section 17 [U.S.C. 1766], Meal Supplements for Children in Afterschool Care, Section 17A [42 U.S.C. 1766a].

http://www.fns.usda.gov/cnd/Governance/Legislation/CNA_1966_12-13-10.pdf
Child Nutrition Act of 1966, The purpose being to strengthen and expand food service programs for children. Section 15(6)(7) [42 U.S.C. 1771] to include the Special Milk Program, Section 3, [42 U.S.C. 1772], School Breakfast Program, Section 4 [42 U.S.C. 1773].

USDA Regulations

http://www.fns.usda.gov/cnd/governance/regulations/7cfr220_13.pdf
National School Lunch Program, 7 CFR 210.10(m).

http://www.fns.usda.gov/cnd/governance/regulations/7cfr220_13.pdf
School Breakfast Program, 7 CFR 220.23(d).

www.fns.usda.gov/cnd/governance/regulations/7cfr245_13.pdf
Determining Eligibility for Free and Reduced Priced Price Meals and Free Milk, 7 CFR 245.5(a)(1)(ix).

Child and Adult Care Food Program, 7 CFR Part 226.6 (b) and (m), 226.20(h), and 226.23(b).

Summer Food Service Program, 7 CFR Part 225.3, 225.7, and 225.16.

http://www.gpo.gov/fdsys/pkg/CFR-2005-title7-vol1/pdf/CFR-2005-title7-vol1-part15.pdf
USDA's Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, & CFR Part 15(b).

Technical Assistance and Answers About Federal Laws

The Office for Civil Rights (OCR) and the Office of Special Education Programs (OSEP) in the U.S. Department of Education, as well as the U.S. Department of Justice, can answer questions and provide technical assistance.

For more information about the applicable legal standards and OCR's approach to investigating allegations of disability harassment, see the *Joint Dear Colleague Letter*, issued by OCR and ED's Office of Special Education and Rehabilitative Services, on Prohibited Disability Harassment (July 25, 2000), available at http://www2.ed.gov/about/offices/list/ocr/docs/disabharassltr.html, and OCR's *Dear Colleague Letter* on Harassment and Bullying (October 26, 2010), available at http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.html.

For more information about bullying of students with disabilities under the IDEA, see the *Dear Colleague Letter*, issued by ED's Office of Special Education and Rehabilitative Services, on Bullying (August 20, 2013) available at http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/bullyingdcl-8-20-13.doc.

For more information from OSEP, call 202-245-7459. For TTY, call 202-205-5637. Information is also available online at www2.ed.gov/about/offices/list/osers/osep/contact.html.

More information about the Family Educational Rights and Privacy Act (FERPA) of 1974 is available at www2.ed.gov/policy/gen/guid/fpco/index.htm.

For more information about the Americans with Disabilities (ADA) Act from the U.S. Department of Justice, contact the ADA Information Line toll-free at 1-800-514-0301. For TTY, call 1-800-514-0383. Information is also available online at www.ada.gov.

USDA Food and Nutrition Service, Child Nutrition Programs Resources for Meal Accommodations

Policy Memorandum

http://www.fns.usda.gov/cnd/governance/Policy-Memos/2013/SP36-2013os.pdf
Guidance Related to the ADA Amendments Act of 2008.

USDA Guidance

http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf
Accommodating Children with Special Dietary Needs in the School Nutrition Programs/Guidance for School Food Service Staff.

USDA Food and Nutrition Service Food Allergy Resources

http://www.fns.usda.gov/food-safety/food-allergy-resources
Program Operators of the Child Nutrition Programs: For questions regarding meeting the dietary needs of children with food related disabilities please contact the agency in your state that administers these programs. State agency contacts are found at: http://www.fns.usda.gov/office-type/child-nutrition-programs.

National Nongovernmental Resources

Web site addresses of nonfederal organizations are provided solely as a service to our readers. Provision of an address does not constitute an endorsement of this organization by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of other organizations' Web pages.

Food Allergy

www.aaaai.org/conditions-and-treatments/allergies/food-allergies.aspx
Sponsored by the American Academy of Allergy Asthma and Immunology, this site provides basic information about food allergy diagnosis, treatment, and management and helpful tips for people with food allergies. Resources include a sample Anaphylaxis Emergency Action Plan, guidance for schools, and *Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel*.

Food Allergy Research and Education

www.food allergy.org

This site provides information and resources about food allergies and anaphylaxis to help people with food allergies and their families. Information includes educational and resource materials for use in schools, child care settings, and communities.

About Food Allergies: Overview

http://www.foodallergy.org/home
Sponsored by the Food Allergy Initiative, this site provides information to raise awareness and understanding of food allergies and to help those who support people with food allergies.

Food Allergy and Anaphylaxis: An NASN Tool Kit

www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis
Sponsored by the National School Nurses Association, this site provides a variety of tools and templates to educate and help people who are responsible for managing students with food allergies as an integral part of the delivery of health care services in schools.

Food Allergies: What School Employees Need to Know

http://neahin.org/foodallergies
Developed by the NEA (National Education Association) Health Information Network, with support from the U.S. Department of Agriculture, this booklet is designed to educate school employees about food allergies and how they can help to prevent and respond to allergic reactions in schools. Booklets are available in print and online in both English and Spanish.

National Food Service Management Institute Resources

http://www.nfsmi.org/foodallergy

Located in the School of Applied Science at The University of Mississippi the National Food Service Management Institute's (NFSMI) mission is to provide information and services that promote the continuous improvement of child nutrition programs. With funding support from the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) since 1991, NFSMI has continued apply research and provide education, training, and technical assistance to those working in child nutrition programs. The specific duties of the NFSMI are described in Section 21 of the Richard B. Russell National School Lunch Act.

National Nongovernmental Resources: School Policy

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

www.nsba.org/foodallergyguide.pdf
Developed by the National School Boards Association, this guide is designed to help school leaders, especially school boards, make sure that policies at the district and school level support the safety, well-being, and success of students with life-threatening food allergies. It includes a checklist that school can use to assess the extent to which the guide's components are included in their food allergy policies and used in practice. It also has examples of state and local education policies.

Statewide Guidelines for Schools

http://www.foodallergy.org/laws-and-regulations/statewide-guidelines-for-schools
Hosted by Food Allergy Research & Education (FARE), this site provides state guidelines for managing food allergies in schools.

National Nongovernmental Resources: Food Allergy Training

How to CARE for Students with Food Allergies: What Every Educator Should Know

http://allergyready.com
This free online course, developed by Food Allergy Research & Education (F.A.R.E.), is designed to help teachers, administrators, and other school staff members prevent and manage potentially life-threatening allergic reactions. Educational materials include guidance for people who might be training staff how to use an epinephrine auto-injector.

Managing Food Allergies in Schools: Food Allergy Education for the School Community

www.allergyhome.org/schools
This resource was developed in partnership with Kids with Food Allergies, the Asthma and Allergy Foundation of America New England Chapter, the Association of Camp Nurses, and the American Camping Association. It was modified for and approved by the Massachusetts Department of Public Health's School Health Services. It provides practical teaching tools, including presentations with audio to assist in nurse, staff, parent and student education. This resource provides school nurses with tools to assist in the training their school community, including students and parents without food allergies, and includes guidance for school nurses who will train staff on administration of epinephrine by auto-injector. It includes links to other allergy education sites, materials for families of children with food allergies, and materials for others working in child care and camp programs.

National Nongovernmental Resources: Parent Education

Nutrition and Food Allergies

www.healthychildren.org/English/healthy-living/nutrition/Pages/default.aspx
Information provided for parents by the American Academy of Pediatrics. This site includes articles on common food allergies and food allergies in children.

Managing Food Allergies in Schools: Guidance for Parents

http://www.foodallergy.org/document.doc?id=123
Developed by Food Allergy Research & Education (formerly The Food Allergy and Anaphylaxis Network) the National School Boards Association, and the National Association of School Nurses, this document can help parents prepare to send children with food allergies to school.

Glossary of Abbreviations and Acronyms

Abbreviation or Acronym	Description
ACF	HHS' Administration of Children and Families
ADA	Americans with Disabilities Act
CDC	HHS' Centers for Disease Control and Prevention
CNP	Child Nutrition Program
DOJ	United States Department of Justice
ECE	Early Care and Education
ECP	Emergency Care Plan
ED	United States Department of Education
EMS	emergency medical services
FAMPP	Food Allergy Management and Prevention Plan
FAPE	free appropriate public education
FERPA	Family Educational Rights and Privacy Act of 1974
FDA	HHS' Food and Drug Administration
FSMA	Food Safety Modernization Act of 2011
HIPAA	Health Insurance Portability and Accountability Act of 1996
HHS	United States Department of Health and Human Services
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IgE	Refers to the protein antibody immunoglobulin E.
IHP	Individualized Health Plan
NCCDPHP	CDC's National Center for Chronic Disease Prevention and Health Promotion
NIAID	HHS' National Institute of Allergy and Infectious Diseases
OCR	ED's Office for Civil Rights
USDA	United States Department of Agriculture

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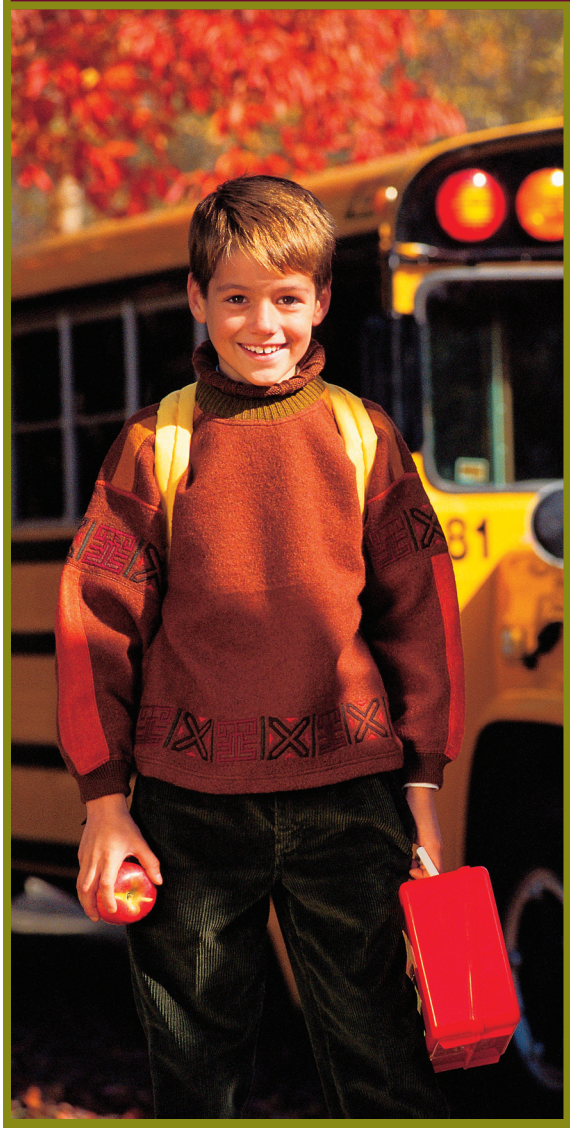

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

www.cdc.gov/healthyyouth

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