

School Guidelines for Managing Students with Food Allergies and Other Concerns

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family's Responsibility

- Notify the school of the child's allergies.
- Work with the school team to develop a plan that accommodates the child's needs throughout the school including in the classroom, in the cafeteria, in after-care programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
 - Safe and unsafe foods
 - Strategies for avoiding exposure to unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy-related problem
 - How to read food labels (age appropriate)
- Review policies/procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, art and crafts projects, or incentives.
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician's standing order for epinephrine. Keep the medications easily accessible in a secure location central to designated school personnel.

- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws or school district policy. Discuss appropriate management of food allergy with family.
- Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- Follow federal/state/district laws and regulations regarding sharing medical information about the student.
- Take threats or harassment against an allergic child seriously.

Student’s Responsibility

- Should not trade food with others
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network’s (FAAN) *School Food Allergy Program*. The *School Food Allergy Program* has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at 800-929-4040.

The following organizations participated in the development of this document:

American School Food Service Association
National Association of Elementary School Principals
National Association of School Nurses
National School Boards Association
The Food Allergy & Anaphylaxis Network

The Child with Food Allergies:

Symptoms: The initial symptoms may appear within a few seconds or up to two hours after exposure. Symptoms that signal onset of an extreme allergic reaction include:

- Itching of the skin and raised rash (hives)
- Complaining of a tingling, or a metallic taste in the mouth

- Flushing, swelling of the tissues of the lips, throat, tongue, hands and feet
- Difficulty breathing – wheezing, shortness of breath, coughing, hoarseness
- Headache, nausea, vomiting, diarrhea and abdominal cramps
- Paleness (drop in blood pressure)
- Sense of impending doom, loss of consciousness

If you see a child showing any of these symptoms - **ACT FAST**; implement the emergency action plan, **CALL 911**, give **Epi-pen** if available.

The child with Bee sting Allergies:

Symptoms are the same as food allergy:

- Swelling
- Hives, itching of the skin, raised rash
- Difficulty breathing – wheezing, shortness of breath, coughing & hoarseness
- Flushing, swelling of the tissues of the lips, throat, tongue, hands and feet.
- Headache, nausea, vomiting, diarrhea and abdominal cramping & stomach pains

If you see a child showing any of these symptoms - **ACT FAST**; **CALL 911**, give **Epi-pen**.

The Child with Epilepsy:

About one in every 100 children has epilepsy, although any child may have one or more seizures related to high fever or other temporary condition. That means there may be a child who has a seizure in one of your classes. If it is due to epilepsy, you may not be informed that he or she is subject to seizures because the parents themselves are unaware. This is particularly true when the child has the Petit Mal or Psychomotor type of epilepsy.

First Aid for Seizure:

There is nothing you can do for petit mal seizures except explain the seizure to the other pupils. Psychomotor seizures are mostly handled by keeping dangerous objects out of the child's way. Never catch hold or try to restrain the child unless he/she is heading into obvious hazard. He/she may struggle or lash out under restraint, but this is unconscious behavior. The child may sometimes respond to directions during the psychomotor seizure if spoken to calmly, gently and with reassurance.

For Grand Mal Seizures:

1. Keep calm. Ease the child to the floor and loosen the collar. You cannot stop the seizure. Let it run its course and do not try to revive the child.
2. Remove sharp, hard, or hot objects, which may injure the child, but do not interfere with his/her movements.
3. Do not force anything between his or her teeth.
4. Turn the head to the side for release of saliva. Place something soft under his/her head.
5. When the child regains consciousness, let him/her rest if they wish.
6. If the seizure lasts beyond a few minutes, or the child seems to pass from one seizure to another without gaining consciousness, call the nurse, call 0\911 and notify the parents. This rarely happens, but should be tatted immediately.

The Child with Diabetes

Symptoms to be aware of when a child's blood glucose is low.

Goal range: 70 – 180 mg/d.

Often children with low blood sugars have the following symptoms:

Feeling weak or tired	Blurry vision
Shakiness	Fast heartbeat
Pale complexion	Irritability or anxiety
Sweating	Dizziness or confusion
Headache	“Clingy” and more quiet than usual
Belly aches	Hunger

Symptoms of hypoglycemia (low blood sugar) may change over time. The symptoms that a child reports today may be different in the future.

Treatment of low blood sugar level:

If the student has any of the above symptoms or a blood glucose level less than 70mg/dl, he/she should immediately take a fast acting carbohydrate, i.e., juice, soda, sugar, candy, etc. The fast acting carbohydrate should raise the blood glucose level within 15 minutes and the child should feel better.

A low blood glucose can occur if:

The insulin dose is too big

A meal or snack is missed, late, or is smaller than usual

The child is more physically active than usual

The child is sick with vomiting and/or diarrhea