



Asthma and Allergy  
Foundation of America®

**NEW ENGLAND CHAPTER**

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## **How to Manage Life-Threatening Food Allergies in Schools: A Checklist for Parents\***

Every child with a life-threatening food allergy should have an **Individual Health Care Plan (IHCP)** that spells out how to avoid exposures to their food allergens and manage food-allergy emergencies at school. The following checklist is offered to help parents work with school nurses and other school personnel to develop an IHCP.

### ***1. How common are food allergies in schools?***

- Food allergies affect 6%-8% of school-age children; about half have a high risk of developing life-threatening anaphylaxis.
- Peanuts and tree nuts account for 92% of severe and fatal reactions, but other foods such as soy, fish, shellfish, and even mustard can also cause severe reactions.
- One in five children with food allergies will have a reaction while in school.

### ***2. What is the school's legal responsibility for preventing and managing life-threatening food allergy reactions?***

- A food allergy that may result in anaphylaxis (as determined by a physician) meets the definition of disability and is covered under the federal Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.
- Such a disability may also be covered under the Individuals with Disabilities Education Act (IDEA) if the allergy management affects the student's ability to make educational progress.

### ***3. Who should develop the Individual Health Care Plan (IHCP)?***

- Every school with a child at risk for anaphylaxis should have a full-time school nurse responsible for overseeing the development of the IHCP for each student diagnosed with a life-threatening allergic condition.
- Prior to entry into school (or, for a student who is already in school, immediately after the diagnosis of a life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an IHCP.

### ***4. What should the parent/guardian provide?***

- Documentation and description of the food allergy, signed by a licensed health care provider.
- Licensed provider order for epinephrine by auto-injector (or EpiPen®) as well as other medications needed. Medication orders must be renewed at least annually and should be from an asthma/allergy specialist.
- A minimum of 2 up-to-date EpiPens®.
- Parent's signed consent to administer all medications.
- Parent's signed consent to share information with other school staff.

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\*This checklist is based on 2002 guidelines titled *Managing Life-Threatening Food Allergies in Schools*, which AAFA/NE helped the Massachusetts Department of Education to develop. To view or download the complete guidelines find the link from our website or go to <http://www.doe.mass.edu/cnp>.

- A description of the child's past allergic reactions, including symptoms and the child's emotional response to the condition and need for support.
- A photo of the child.
- A medical alert bracelet for the child.
- The name/telephone number of the child's primary-care provider and allergist.
- The parent's emergency contact number.
- Age-appropriate ways to include the child in implementing the plan, including an assessment for self-administration of epinephrine.

#### ***5. How should the IHCP be developed?***

- The IHCP should spell out a school-wide plan for avoiding food allergens and being prepared for emergencies in classrooms, in the cafeteria, in the gymnasium, on the school bus, on field trips, and during extracurricular school events.**
- The school nurse should develop the IHCP in collaboration with the parents and a multidisciplinary team consisting of all staff members who have contact with the child, including the principal, teachers, food service staff, counselors, physical education teachers, coaches, custodians, bus drivers, and the child when appropriate. The school nurse may choose to meet individually with these staff members or call a team meeting to develop the IHCP.
- Local Emergency Medical Service staff should be contacted to determine whether they carry epinephrine and to notify them of the allergic child's presence at the school.
- As part of the IHCP, a concise one-page **Allergy Action Plan (AAP)** should also be developed that will be posted (with the parent's permission) in the classrooms, cafeteria, gymnasium, and any other areas of the school where the student will be present. The AAP should include the student's photo, name, specific offending allergens, warning signs of reactions, and emergency management procedures, including medications and the names of individuals trained to administer them.
- The IHCP should be signed by the parent, the school nurse, and, if possible, the student's physician.

#### ***6. How should the IHCP be implemented at school?***

- All staff, including teachers, aides, substitutes, volunteers, food service personnel, bus drivers, and coaches should (1) be educated about the risk of food allergies, (2) receive a copy of the student's IHCP, and (3) be prepared to respond to emergencies according to the emergency protocol documented in the IHCP.
- All areas, including classrooms, buses, gymnasiums, and outdoor or after-school events should be equipped with a communication device such as a cell phone or walkie-talkie for emergencies.
- At all times, a current epinephrine auto-injector or Epi-Pen® should be readily accessible, and an adult staff member on site should be trained in its use.
- All possible steps should be taken to avoid exposure to allergens at school, including food allergens, bee stings, and any other potentially life-threatening substances. Protecting a student from exposure to offending allergens is the most important way to prevent anaphylaxis.**

*In Classrooms:*

- Information should be kept in the classroom about students' food allergies. These foods should not be used for class projects, parties, holidays and celebrations, arts and crafts, science experiments, cooking, snacks, or other purposes. For rewards, non-food items should be used instead of candy. For birthday parties, consider a once-a-month celebration, with a non-food treat.
- Sharing or trading food in the classroom should be prohibited. If a student inadvertently brings a restricted food to the classroom, he/she must not be allowed to eat that snack in the classroom.
- Parents of the student with food allergies are responsible for providing safe classroom snacks for their child. These snacks should be kept in a separate snack box or chest.
- Tables should be washed with soap and water in the morning if an event has been held in the classroom the night before.
- Proper handwashing technique by adults and children should be taught and required **before and after** the handling/consumption of food. If handwashing is not possible, vigorously rubbing the hands with hand-sanitizing gel or wipes will help to remove food particles, although it will not destroy the allergen.

*On School Field Trips:*

- Field trips need to be chosen carefully; no child should be excluded from a field trip due to risk of allergen exposure. The school nurse should be responsible for determining the appropriateness of each field trip for the student with life-threatening allergies.
- Whenever students travel on field trips for school, the name and phone number of the nearest hospital should be part of the chaperone's emergency plan. Parents of a child at risk for anaphylaxis should be invited to accompany their child on school trips, in addition to the chaperone. In the absence of accompanying parents or a registered nurse, another individual must be trained and assigned the task of watching out for the student's welfare and handling any emergency.
- Meals that may be food allergy-related should be avoided on field trips. Meals should be packaged appropriately to avoid cross-contamination and provided with two hand wipes per meal (for cleaning hands before and after meals).

*On the School Bus:*

- Eating food should be prohibited on school buses. School bus drivers should be trained by appropriate personnel in risk-reduction procedures, recognition of allergic reactions, and implementation of emergency plan procedures.

*At Gym and Recess:*

- Teachers and staff responsible for gym or recess should be trained to recognize and respond to both exercise-induced and food-related or other allergen-related anaphylaxis. If for safety reasons medical alert identification (i.e., ID bracelet) needs to be removed during specific activities, the student should be reminded to replace this identification immediately after the activity is completed.

*At After-School Activities:*

- After-school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening allergies.
- Instructions for accessing Emergency Medical Services should be posted in all areas.
- An individual who is responsible for keeping and administering medication during sporting events or other activities must be identified.

*In the Cafeteria:*

- The food service director should be prepared to discuss menus, recipes, food products and ingredients, a la carte items, vending machine contents, food handling practices, cleaning and sanitation practices, and responsibilities of various food service staff.
- Food labels from each food served to a child with allergies should be saved for at least 24 hours following service in case the student has a reaction. All food service staff should be trained in how to read product labels and recognize food allergens.
- Cross-contamination of a food allergen (the cooking or serving of different foods with the same utensils and surfaces, as well as the clean-up of different foods with the same sponge) poses a serious risk to a child with food allergies. Training for all food service personnel about cross-contamination should be a part of the regularly scheduled sanitation program.
- A “peanut-free” or “peanut-only” table should be established and maintained. Cafeteria monitors should be trained to take note of the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying.
- All students eating meals in the cafeteria should be encouraged to wash hands before and after eating so that no traces of allergens will be left on their hands. (If handwashing is not possible, hands should be rubbed vigorously with hand-sanitizing gel or wipes.) After each meal service, all tables and chairs should be thoroughly washed with soap and water.

**7. What plans should be in place for emergencies?**

- A minimum of two current EpiPens® should be kept available, along with a medication plan that states where the pens will be stored (they should never be kept in a locked cabinet) and who is trained to administer them.
- Practice drills should be conducted periodically.

The IHCP shall identify personnel who, in an emergency situation, will:

- Assess the emergency and activate the emergency response team.
- Remain with the student.
- Refer to the student’s Allergy Action Plan (AAP), if available.
- Immediately administer the epinephrine. (The school nurse is responsible for training designated staff in administration of epinephrine in emergencies.)
- Notify the school nurse.
- Notify local Emergency Medical Services and direct them to the student.
- Notify the parent/guardian.
- Notify school administration.
- Notify the student’s primary care provider and/or allergy specialist.
- Attend to student’s classmates.
- Assist in follow-up and managing the student’s re-entry into school following a life-threatening reaction.