

Guidelines for the Management of Life-Threatening Food Allergies in Schools

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FOREWORD

In 2007, recognizing the growing number of students enrolling in New Jersey schools with potentially life-threatening food allergies, the New Jersey legislature amended *N.J.S.A.* 18A:40-12.3-12.6 and added 12.6a-d. The revised legislation required the Department of Education (DOE), in consultation with the Department of Health and Senior Services (DHSS), medical experts, school nurses, principals, teachers and the food allergy community, to establish and disseminate guidelines for the development of a policy by a school district or nonpublic school for the management of food allergies in the school setting and for the emergency administration of epinephrine to students for anaphylaxis. According to the legislation, each board of education and chief school administrator of a nonpublic school is required to implement these guidelines, which have been developed in accordance with the statutory requirements.

This document is intended to guide school district and nonpublic school staff in the development of policies that appropriately address the specific needs of food allergic students and in the creation of a safe environment for students with life-threatening food allergies. Although medical and health-related needs are unique for each child, districts and nonpublic schools should establish consistent, systemic policies and practices that support students and their families while providing a safe and healthy learning environment. Further, districts and nonpublic schools have a responsibility to develop appropriate health plans for students with food allergies, which detail emergency treatment while proactively addressing conditions to prevent exposure to specific allergens. In unique situations, districts and nonpublic schools may have to give special consideration to inventive resolutions that are appropriately designed for the food-allergic student. While this resource contains recommendations that represent good practice, school and district staff, parents and healthcare professionals must work collaboratively to determine the appropriateness of care delivered to each student within the parameters of statutory and regulatory requirements.

STATUTORY AND REGULATORY REQUIREMENTS

- ❖ *N.J.S.A.* 18A:40-12.3-Self-administration of medication
- ❖ *N.J.S.A.* 18A:40-12.5-Policy for the emergency administration of epinephrine
- ❖ *N.J.S.A.* 18A:40-12.6-Policy for the administration of epinephrine
- ❖ *N.J.A.C.* 6A:16-1.4-School district policies and procedures
- ❖ *N.J.A.C.* 6A:16-2.1-2.3-Role of the certified school nurse in delegation
- ❖ *N.J.A.C.* 6A:16-2.3(b)5xii- Development of Individualized Emergency Healthcare Plans
- ❖ *N.J.A.C.* 6A:16-7.9-Intimidation, harassment and bullying

POLICY FRAMEWORK

Districts and nonpublic schools should develop comprehensive yet flexible policies that address different allergens, varying ages and maturity levels of students, and the physical properties and organizational structures of schools. While these policies may differ in detail, they should all address common concerns relative to the management of food allergies. The components below are critical to the creation of effective food allergy policies.

I. *Medical Management*

- a) The development and implementation of an Individualized Healthcare Plan (IHP) and an Individualized Emergency Healthcare Plan (IEHP) for each student at risk for a life-threatening allergic reaction;
- b) The placement and accessibility of epinephrine in accordance with *N.J.S.A. 18A:40-12.5*;
- c) The student's ability to possess and potentially self-administer his or her prescribed epinephrine in accordance with *N.J.S.A. 18A:40-12.3*;
- d) The recruitment and training of designees who volunteer to administer epinephrine during school and school-sponsored functions when the school nurse is not available in accordance with *N.J.S.A. 18A:40-12.6*; and
- e) The education of all school staff to understand the school's general emergency procedures and steps to take should a life-threatening allergic reaction occur.

II. *Risk Reduction*

- a) Strategies for the reduction of risk of exposure to food allergens throughout the school day, during before- and after-school programs, at all school-sponsored activities, in the cafeteria or wherever food is present, and
- b) When appropriate, strategies specific to the unique needs of food-allergic teens (See Appendix A).

III. *Communication and Implementation*

- a) A description of the roles of parents, staff and students in the prevention of allergic reactions and during allergic reactions (Appendix B);
- b) A procedure for reporting an incident involving a life-threatening allergic reaction that includes notifying emergency responders, administrators, the school physician and the school board; and
- c) A statement of how the policy is to be disseminated and communicated to ensure its full implementation.

IV. *Definitions*

- a) Definitions of food allergies, anaphylaxis, and related terms. (Appendix C)

When developing policies and procedures for food-allergy management in schools, particular attention should be paid to the following statutorily required documents:

- ❖ *Training Standards for the Administration of Epinephrine Via Auto-Injectors*
- ❖ *Recruiting Delegates for the Management of Anaphylaxis in the School Setting*

POLICY DEVELOPMENT

Districts and nonpublic schools should implement the following steps when developing food allergy policies:

- I.** Assess the overall health needs of the student population at risk for anaphylaxis, particularly students with food allergies;
- II.** Assess current and relevant policies and/or protocols regarding the care of students with life-threatening allergies and identify areas in need of development or improvement; and
- III.** Develop the policies and accompanying procedures using a multidisciplinary team that may include:
 - ❖ District Superintendent or Nonpublic School Administrator
 - ❖ Principal or Assistant Principal
 - ❖ Director of Health Services, Support Services or Special Education
 - ❖ School Nurse and/or Nurse Supervisor
 - ❖ Teachers
 - ❖ Parents of students with food allergies
 - ❖ Parents of students who do *not* have food allergies
 - ❖ Students (middle or high school level)
 - ❖ School Social Worker, Psychologist, or Counselor
 - ❖ School Physician
 - ❖ School Food Service Director
 - ❖ Athletic Directors/Coaches
 - ❖ Transportation Coordinator
 - ❖ Supervisor of Custodial Staff
 - ❖ Local Community Health Care Provider(s), e.g., Pediatrician, Pediatric Allergist, APN, Dietitian, Local EMS Representative

After developing and implementing food-allergy policies, the district or nonpublic school should:

- ❖ Educate staff and the community regarding the policies;
- ❖ Obtain feedback on the implementation and effectiveness of the policies; and
- ❖ Annually review, evaluate and update the policies where needed.

PREVENTION MEASURES

The multidisciplinary team should consider the factors below when developing the district or nonpublic school's food-allergy policy.

I. Considerations for the cafeteria

The district or nonpublic school should work to make the cafeteria environment as safe as possible for food-allergic students. This process includes making determinations about serving foods with known allergens and identifying steps that can be taken to reduce the chance of accidental exposure, such as:

- a) Provide training to food service personnel on food label reading and safe handling, as well as safe meal substitutions for food-allergic children.
- b) Educate cafeteria staff and monitors about food-allergy management and make them aware of the students who have life-threatening food allergies.
- c) Develop standard procedures for cleaning tables, chairs, and trays, particularly those designated as allergen-safe, after lunch periods using dedicated and disposable supplies to avoid cross contact.
- d) When possible, share ingredient/allergen information for food provided by the school to students and parents.
- e) Make allergen-safe table(s) an available option for allergic students.
- f) Consider allergen-full table(s) (i.e., all those eating peanut butter sit together).
- g) Discourage students from sharing or trading food/snack items, drinks, straws, or utensils.
- h) Encourage students to wash hands before and after eating.
- i) Consider the benefits and ramifications of serving and/or removing allergen-containing foods or removing a particular food item from the school menu.

Note: Some students cannot be in direct proximity to certain allergens that are being cooked/boiled/steamed.

II. Considerations for the classroom

A safe classroom environment is critical to the continuous growth and development of a student's educational experience. This is particularly important for the food-allergic student, who may face offending allergens in the classroom. Provisions should be made to develop safeguards for the protection of these students in the classroom. The school nurse should work with the classroom teacher(s) so that the teacher understands and is able to initiate the student's Individualized Emergency Healthcare Plan, as necessary.

- a) If possible, consider prohibiting the use or consumption of allergen-containing foods in the classroom.
- b) Conduct training for teachers, aides, volunteers, substitutes, and students about food allergies.
- c) Develop a procedure that will alert substitute teachers to the presence of any students with food allergies and any accompanying instructions.
- d) Develop a letter to parents/guardians of classmates of the food-allergic student (without identifying the student), particularly in lower grades, explaining any prohibitions on food in

- the classroom.
- e) Discourage the use of food allergens for classroom projects/activities, classroom celebrations, etc.
 - f) Encourage the use of non-food items for all classroom events/activities, as a way to avoid the potential presence of major food allergens.
 - g) Notify parents of classroom celebrations that involve food with particular attention to notification of parents of food-allergic children.
 - h) Encourage students to wash hands before and after eating.
 - i) Develop standard procedures for cleaning desks, tables and the general classroom area.

III. General Considerations for the School Environment

The district or nonpublic school should work to make the school environment as safe as possible for the food-allergic student. The school nurse, cafeteria staff, and custodial staff are important resources when developing procedures and protocols for this area.

- a) Develop cleaning procedures for common areas (i.e., libraries, computer labs, music and art rooms, hallways, etc.).
- b) Develop guidelines for food fundraisers like bake sales, candy sales, etc. that are held on school grounds.
- c) Avoid the use of food products as displays or components of displays in hallways.
- d) Develop protocols for appropriate cleaning methods following events held at the school, which involve food.

IV. Field Trips and Other School Functions

N.J.S.A. 18A:40-12.6 requires a nurse or delegate to be available during school and school-sponsored functions in the event of anaphylaxis. Students with food allergies should participate in all school activities and must not be excluded based on their condition.

- a) Communicate (with parent/guardian permission) relevant aspects of the Individualized Emergency Healthcare Plan to staff, as appropriate, for field trips, school-sponsored functions, and before- and after-school programs.
- b) Encourage long-term planning of field trips in order to ensure that food-allergic students receive needed services while away from school.
- c) Evaluate appropriateness of trips when considering the needs of students e.g., a trip to a dairy farm should not be scheduled for a class with a milk-allergic student.
- d) Encourage, but do not require, parents/guardians of food-allergic students to accompany their child on school trips.
- e) Establish district- or school-wide procedures for the emergency administration of medications.
- f) Assess procedure for emergency staff communications on field trips.
- g) Inform parents, when possible, of school events at which food will be served or used.

V. Bus Transportation

The district or nonpublic school should consider the needs of students with life-threatening allergies while being transported to and from school and to school-sponsored activities.

- a) Advise bus drivers of the students that have food allergies, symptoms associated with food-allergic reactions, and how to respond appropriately.

- b) Assess the emergency communications systems on buses.
- c) Consider assigned bus seating i.e., students with food allergies can sit at the front of the bus or can be paired with a “bus buddy.”
- d) Assess existing policies regarding food on buses.

VI. Preparing for an Emergency

Establish emergency protocols and procedures in advance of an emergency and be prepared to follow them.

- a) Provide training for school personnel about life-threatening allergic conditions.
- b) Create a list of volunteer delegates trained by the nurse in the administration of epinephrine, and disseminate the list appropriately.
- c) Ensure that epinephrine is quickly and readily accessible in the event of an emergency. If appropriate, maintain a backup supply of the medication.
- d) Coordinate with local EMS on emergency response in the event of anaphylaxis.
- e) Consider conducting anaphylaxis drills as part of the district- or school-wide emergency response plan.
- f) Ensure access to epinephrine and allergy-free foods when developing plans for fire drills, lockdowns, etc.
- g) Ensure that reliable communication devices are available in the event of an emergency.
- h) Adhere to Occupational Safety and Health Administration (OSHA) and Universal Precautions Guidelines for disposal of epinephrine auto-injectors after use.

VII. Sensitivity and Bullying

A food-allergic student may become victim to threats of bullying related to his/her condition. *N.J.A.C. 6A:16-7.9* requires each district board of education to develop, adopt and implement a policy prohibiting harassment, intimidation or bullying on school grounds, including on a school bus or at a school-sponsored function, pursuant to *N.J.S.A. 18A:37-15*.

- a) Remind students and staff that bullying or teasing food-allergic students will not be tolerated and violators should be disciplined appropriately.
- b) Offer professional development for faculty and staff regarding confidentiality to prevent open discussion about the health of specific students.
- c) Discourage needless labeling of food-allergic students in front of others. A food-allergic student should not be referred to as “the peanut kid,” “the bee kid” or any other name related to the student’s condition.

Appendix A

SPECIAL CONSIDERATIONS FOR FOOD-ALLERGIC TEENS

Food-allergic teens have unique needs because of the turbulent nature of the teenage years and the characteristics of a typical day of a middle or high school student. As a result, additional factors need to be regarded at the secondary school level in order to provide the best care for food-allergic teens. The multidisciplinary team should consider the factors below when developing the school or district or nonpublic school's food-allergy policy, as it pertains to food-allergic teens.

- ❖ Students move to different classrooms, frequently in larger buildings and campuses, presenting needs for updated avoidance strategies, epinephrine availability, and designated assistance.
- ❖ Students may have open lunch periods and accompany friends to local eateries.
- ❖ Students may have access to vending machines.
- ❖ Certain classes give rise to new avoidance issues, e.g., chemistry/biology labs, home economics/culinary class, etc.
- ❖ The number of off-site school-sponsored functions increases, e.g., travel, sometimes to other states and foreign countries; athletic games and competitions, sometimes in other towns; dances; etc.
- ❖ Risk-taking behaviors frequently accompany the independence of adolescent years.
- ❖ *N.J.S.A.* provides for a delegate for the emergency administration of epinephrine even when a student is able to self-administer life-saving medication. Although teenage students will more than likely be permitted to carry and self-administer emergency medications, those students should not be expected to have complete responsibility for the administration of epinephrine. A severe allergic reaction can completely incapacitate a student and inhibit the ability to self-administer emergency medication. The school nurse or volunteer delegate should be available during school and school-sponsored functions to administer epinephrine in an emergency.

Appendix B

ROLES & RESPONSIBILITIES FOR MANAGING FOOD ALLERGIES IN SCHOOLS

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

Family's Role

- ❖ Notify the school of the student's allergies.
- ❖ Work with the school team to develop a plan that accommodates the student's needs throughout the school, including the classroom, the cafeteria, after-care programs, during school-sponsored activities, and on the school bus, as well as an Individualized Emergency Healthcare Plan (IEHP).
- ❖ 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.
- ❖ Provide properly labeled medications and promptly 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; and
 - how to read food labels (age appropriate).
- ❖ Review policies and procedures with the school staff, the child's physician, and the child (if age appropriate) after a reaction has occurred.
- ❖ Provide current emergency contact information and update regularly.

School's Role

- ❖ Review the health records submitted by parents and physicians.
- ❖ Identify a core team including the school nurse, teacher, principal, school food service and nutrition manager/director to work with parents and the student (age appropriate) to establish an IEHP. Changes to the IEHP that promote food allergy management should be made with core team participation.
- ❖ Assure that all staff who interact with the student on a regular basis understand food allergies, can recognize symptoms, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives.
- ❖ Coordinate with the school nurse to ensure medications are appropriately stored, and ensure sure that an emergency kit is available that contains a physician's standing order for epinephrine. Epinephrine should be kept in a secure but unlocked location that is easily accessible to delegated school personnel.

- ❖ Students who are permitted to self-administer should be permitted to carry their own epinephrine, in accordance with state regulations and district and nonpublic school policies.
- ❖ Designate school personnel who volunteer to administer epinephrine in an emergency.
- ❖ 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 and prevention plans with the core team members, parents/guardians, student (age appropriate), and physician after a reaction has occurred.
- ❖ Work with the transportation administrator to:
 - insure that school bus drivers receive training that includes symptom awareness and what to do if a reaction occurs, and
 - assess the means by which bus driver can communicate during an emergency, including proper devices and equipment.
- ❖ Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
- ❖ Follow federal and/or state laws and regulations regarding sharing medical information about the student.
- ❖ Take threats or harassment against an allergic child seriously.

Student's Role

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

These roles were adapted from
SCHOOL GUIDELINES FOR MANAGING STUDENTS WITH FOOD ALLERGIES
developed by the Food Allergy and Anaphylaxis Network in conjunction with:
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

Appendix C

DEFINITIONS

Anaphylaxis - A serious allergic reaction that is rapid in onset and may cause death. (Summary Report of the Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium on the definition and management of anaphylaxis, *Journal of Allergy and Clinical Immunology*, February 2006).

Auto-injector - A pre-measured, spring-loaded pen-like device used to administer epinephrine and designed for ease of use by non-medical persons.

Certified School Nurse - A person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Endorsement, school nurse or school nurse/noninstructional from the Department of Education pursuant to *N.J.A.C.* 6A:9-13.3 and 13.4.

Delegation - Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

Delegator - The person making the decision to delegate the administration of epinephrine.

Delegate/Designee - The person receiving designation to administer epinephrine.

Epinephrine (adrenaline) - A drug that can be successfully utilized to counteract anaphylaxis.

Food Allergy - Food allergy is a group of disorders characterized by immunologic responses to specific food proteins. In the United States, the most likely common allergens in adults and children are cow's milk, eggs, peanuts, wheat, soy, fish, shellfish, and nuts.

Individualized Emergency Healthcare Plan (IEHP) - A personalized healthcare plan written by the certified school nurse that specifies the delivery of accommodations and services needed by a student in the event of an emergency.

Individualized Healthcare Plan (IHP)- A plan written by the certified school nurse that details accommodations and/or nursing services to be provided to a student because of the student's medical condition based on medical orders written by a health care provider in the student's medical home.

School-Sponsored Function - Any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized and/or supported by the school.

Appendix D

RESOURCES

Food Allergy & Anaphylaxis Network
<http://www.foodallergy.org/anaphylaxis/index.html>

Food Allergy Initiative
http://faiusa.org/section_home.cfm?section_id=4

EpiPen[®] training and instructions
<http://www.epipen.com/howtouse.aspx>

Twinject training and instructions
http://twinject.com/patients/twinject_training.html

American Red Cross
<http://www.redcross.org/services/hss/courses/>

American Academy of Pediatrics
<http://www.aap.org/sections/allergy/child.cfm>

American Academy of Allergy, Asthma, & Immunology
<http://www.aaaai.org/patients/gallery/foodallergy.asp>