

Highlights from the

CDC National Guidelines for Managing Food Allergies in Schools and Early Care Education Programs

September 2014

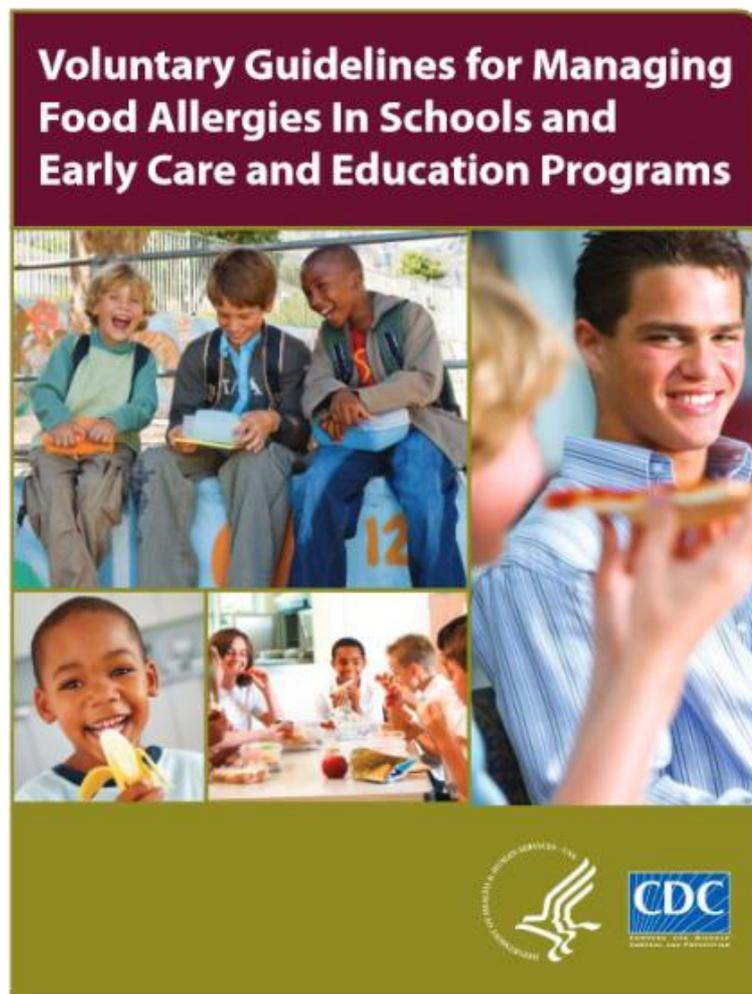
Today's Presenter



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Food Allergy Research & Education

CDC Food Allergy Guidelines

- Published in October 2013
- Result of 2011 FDA Food Safety Modernization Act
- Multiple consultants and contributors



Need for National Guidelines

- Food allergies are a growing food safety and public health concern that affect an estimated 4-6 percent of children in the United States.
- Studies show that 16 – 18 percent of children with food allergies have had a reaction from accidentally eating food allergens while at school.
- Nearly 25 percent of severe reactions experienced at school are among children having no previous diagnosis of a food allergy.



How the Guidelines can Help

- Support implementation of Food Allergy Management and Prevention Plans (FAMPPs) in schools
- Provide practical information, planning steps, and strategies
- Guide improvements in existing plans and practices
- Help schools develop a plan where none currently exists
- Ensure that policies are inline with federal and state laws

“Schools will not need to change their organization or structure or incorporate burdensome practices to respond effectively... should not have to incur significant financial costs where basic health and emergency services are already provided.”

CDC Guidelines Highlights

- **Essential First Steps for Schools**
 1. Use a coordinated approach
 2. Provide clear leadership
 3. Develop a Food Allergy Management and Prevention Plan (FAMPP)
- **Follow Federal Laws**
 - Individual plans and FAMPPs must follow federal laws & regulations
- **Recommendations for Safety and Inclusion**
 - Practices and Accommodations for a safe and healthy school environment
- **Putting Guidelines into Practice**
 - Actions District and School Administrators and Staff

Food Allergy Management and Prevention Plan (FAMPP)



1. Ensure 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

Priorities for Managing Food Allergies

Priority ONE:

Ensure the daily management of food allergies for individual children.

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____
 Allergy to: _____
 Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS
 If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

LUNG Short or breath, wheezing, repetitive cough	HEART Pale, slow, faint, weak pulse, dizzy	THROAT Tight, hoarse, trouble breathing/ swelling	MOUTH Swelling of the tongue and/or lips
SKIN Many hives over body, widespread redness	GUT Repetitive vomiting or severe diarrhea	OR A COMBINATION of mild or severe symptoms from different body areas.	

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
 2. **Call 911.** Request ambulance with epinephrine.
 • Consider giving additional medications (following with or without the epinephrine):
 • Antihistamine
 • Inhaler (bronchodilator) if asthma
 • Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 • If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 • Alert emergency contacts.
 • Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS
 If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

NOSE Itchy/runny nose, sneezing	MOUTH Itchy mouth
SKIN A few hives, mild itch	GUT Mild nausea/discomfort

1. **GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
 2. Stay with student, alert emergency contacts.
 3. Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

MEDICATIONS/DOSES

Epinephrine Brand: _____
 Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____
 Antihistamine Dose: _____

Other (e.g., inhaler bronchodilator if asthma): _____

FARE FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 8/2013

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

- Remove the EpiPen Auto-Injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Swing and firmly push orange tip against mid-outer thigh.
- Hold for approximately 10 seconds.
- Remove and massage the area for 10 seconds.

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- Pull off red safety guard.
- Place black end against mid-outer thigh.
- Press down hard until needle penetrates.
- Remove from thigh.

ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

- Remove the outer case.
- Remove grey caps labeled "1" and "2".
- Place red rounded tip against mid-outer thigh.
- Press down hard until needle penetrates.
- Hold for 10 seconds. Remove from thigh.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat someone before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

PERSON'S NAME: _____	PHONE: _____	OTHER EMERGENCY CONTACTS
ADDRESS: _____	PHONE: _____	NAME AND ADDRESS: _____
PHYSICIAN/ALLERGENIC: _____	PHONE: _____	PHONE: _____

FARE FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 4/2014

1. Ensure daily management of food allergies for individual children

- Identify children with food allergies
- Develop an individualized written accommodation plan
 - A section 504 plan, or other individual written plan, outlines any accommodations needed so that the child can be safely included in school activities
 - The Emergency Care Plan (ECP) or Individual Healthcare Plan (IHCP) explains how to recognize and treat an allergic reaction.
- Have immediate access to medication
 - Make sure students have quick access to an epinephrine auto-injector, both at school and during school-related events

Priorities for Managing Food Allergies

Priority TWO:

Prepare for food allergy emergencies.



2. Prepare for food allergy emergencies

- Setup communication systems
- Make sure staff can get to epinephrine quickly and easily
- Make sure to use epinephrine when needed and to call 911
- Identify the role of each staff member in an emergency
- Prepare for food allergy reactions in children without a prior history of food allergies
- Document response to food allergy emergency

Priorities for Managing Food Allergies

Priority THREE:

Provide professional development on food allergies to faculty & staff.



3. Provide professional development to staff members on food allergies

- General training on food allergies:
 - School policies and practices
 - An overview of food allergies
 - Signs and symptoms of a food allergy reaction and anaphylaxis
 - Strategies for reducing and preventing exposure to allergens
 - Emotional impact on children with food allergies
- In-Depth training on food allergies:
 - Federal laws such as the ADA, Section 504, and FERPA
 - How to administer epinephrine
 - Specific strategies for fully integrating children with food allergies into school and class activities

Priorities for Managing Food Allergies

Priority FOUR:

Educate children and family members about food allergies.



4. Educate children and family members about food allergies

- Teach all children about food allergies
 - Increase awareness and understanding of food allergies and build support and acceptance of people with food allergies
 - Identify signs and symptoms of anaphylaxis
 - Understand why it is wrong to tease or bully others
 - Understand the importance of finding a staff member who can help respond to suspected emergencies
- 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

Priorities for Managing Food Allergies

Priority FIVE:

Create and maintain a healthy and safe educational environment.



5. Create and maintain a healthy and safe education environment

- Reduce the risk of exposure
- Develop food-handling policies and procedures
 - Prepare food separately for children with food allergies
- Train all staff who prepare, handle, or serve food how to read labels
- Clean and sanitize with soap and water or all-purpose cleaners
- Make outside groups aware of food allergy policies and rules when they use school facilities

Food Allergy Management and Prevention Plan Checklist

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:
<input type="checkbox"/>	Developing and using specific procedures to identify children with food allergies?
<input type="checkbox"/>	Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)?
<input type="checkbox"/>	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:
<input type="checkbox"/>	Setting up communication systems that are easy to use in emergencies?
<input type="checkbox"/>	Making sure staff can get to epinephrine auto-injectors quickly and easily?
<input type="checkbox"/>	Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services?
<input type="checkbox"/>	Identifying the role of each staff member in a food allergy emergency?
<input type="checkbox"/>	Preparing for food allergy reactions in children without a prior history of food allergies?
<input type="checkbox"/>	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:
<input type="checkbox"/>	Providing general training on food allergies for all staff?
<input type="checkbox"/>	Providing in-depth training for staff who have frequent contact with children with food allergies?
<input type="checkbox"/>	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:
<input type="checkbox"/>	Teaching all children about food allergies?
<input type="checkbox"/>	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:
<input type="checkbox"/>	Creating an environment that is as safe as possible from exposure to food allergens?
<input type="checkbox"/>	Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food?
<input type="checkbox"/>	Making outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours?
<input type="checkbox"/>	Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies?

Follow Federal Laws

- A life-threatening food allergy may be considered a disability under certain federal laws
- Schools have a responsibility to ensure that children are not subject to discrimination on the basis of their disability.



Federal Laws that Protect Students with Food Allergies

- **Section 504 of the Rehabilitation Act of 1973**
 - 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 include public school districts, other state and local educational agencies, and postsecondary educational institutions.



Federal Laws that Protect Students with Food Allergies (cont'd)

- **Americans with Disabilities Act (ADA)**
 - 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.
- **Department of Agriculture (USDA)**
 - USDA has oversight for providing meals in a variety of Child Nutrition Programs such as the National School Lunch, School Breakfast, and Afterschool Snack Program.

Federal Laws that Protect Students with Food Allergies (cont'd)

- **Individuals with Disabilities Act (IDEA)**
 - A child could be found eligible for services under IDEA because of a food allergy only if it adversely affects the child's educational performance, and the child needs special education because of the food allergy.
- **Family Educational Rights and Privacy Act (FERPA)**
 - FERPA applies to educational agencies or institutions that receive federal funds under a program administered by the Department of Education.
 - FERPA generally prohibits schools and school districts from disclosing personally identifiable information from a student's education record unless the student or the student's parent provides prior, written consent for the disclosure.

Recommendations for Safety and Inclusion

It is no longer enough to just keep a child safe. We must also keep them included.

- Students with disabilities must be educated with typical children to the maximum extent possible in the least restrictive environment.



Reducing the Risk of Exposure to Food Allergens Recommendations from the Centers for Disease Control and Prevention (CDC)

On October 30, 2013, the CDC published national guidelines for food allergy management in schools. The recommended practices below can be found on p.41-43 of the CDC Guidelines.

Classroom

- 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.
- Use non-food incentives for prizes, gifts, and awards.
- Avoid ordering food from restaurants because food allergens may be present, but unrecognized.
- Encourage children to wash hands before and after handling or consuming food.
- Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.
- 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.
- Consider designated allergy-friendly seating arrangements.
- Support parents of children with food allergies who wish to provide safe snack items for their child in the event of unexpected circumstances.
- Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.

Cafeteria

- Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food.
- Wash all tables and chairs with soap and water or all-purpose cleaning agents before each meal period.
- Consider designated allergy-friendly seating during meals (open to any child eating foods free of identified allergens).
- 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.)
- 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.*
- 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.
- Keep current contact information for vendors and suppliers so you can get food ingredient information.
- Read all food labels and re-check with each purchase for potential food allergens.
- Designate an allergen-safe food preparation area.
- Keep food labels from all foods served to children with allergies for at least 24 hours after serving the food in case the child has a reaction.
- Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents.
- Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

Classroom Practices and Accommodations

- Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards.
 - **Tip:** Skin contact or ingestion of food allergens used in classroom projects are a frequent cause of allergic reactions. Even used food containers (such as egg cartons) may pose a risk that is easily avoided.
- Use nonfood incentives for prizes, gifts, and awards.
 - **Tip:** A classroom movie, extra recess, a fun guest speaker or field trip can motivate students without endangering or excluding those with food allergies.

Classroom (cont'd)

Practices and Accommodations

- Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.
 - **Tip:** Substitute teachers should be aware of student's food allergies and special dietary needs.
- Encourage children to wash hands before and after handling or consuming food.
 - **Tip:** Use appropriate hand-washing procedures that emphasize the use of soap and water. Hand sanitizers are not effective in removing food allergens.

Cafeteria

Practices and Accommodations

- With parental cooperation, create standard procedures for identifying children with food allergies.
 - **Tip:** Some schools require that these students identify themselves to food service staff; others specially code lunch tickets as a way of alerting staff to a food allergy.
- Procedures must follow FERPA requirements.
 - **Tip:** FERPA prohibits schools from disclosing personally identifiable information unless the student's parent provides prior, written consent.
- Provide advanced copies of menus for parents to use in planning.
 - **Tip:** Meal substitutions must be made for children whose food allergies constitute a disability.

Cafeteria (cont'd)

Practices and Accommodations

- Be prepared to share food labels, recipes, or ingredient lists used to prepare meals and snacks.
 - **Tip:** Do not rely on lists of "safe" prepackaged food, because ingredients can change often, making such lists out-of-date quickly.
- Keep food labels from all foods served to children with allergies for at least 24 hours after serving in case the child has a reaction.
 - **Tip:** Develop a system for checking ingredient labels carefully for every food item to be served to the student with the allergy.
- Designate an allergen-safe food preparation area.
 - **Tip:** Cafeteria staff must be trained to avoid cross-contact or cross-contamination of safe foods with allergens.

Transportation

Practices and Accommodations

- Train transportation staff in how to respond to food allergy emergencies.
 - **Tip:** Include how to manage medications
- Do not allow food to be eaten on buses except by children with special needs such as those with diabetes.
 - **Tip:** Enforce district food policies for ALL students riding a school bus.
- Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.
 - **Tip:** Bus drivers and transportation staff should be trained on how to use an epinephrine autoinjector (if delegated to do so).

School Events

Practices and Accommodations

- Do not exclude children with food allergies from field trips, events, or extra-curricular activities.
 - **Tip:** When planning a field trip, find out if the location is safe for children with food allergies.
- Invite, but do not require, parents of children with food allergies to accompany their child in addition to the regular chaperone.
 - **Tip:** Make sure there are appropriate emergency protocols and mechanisms in place to respond to a food allergy emergency when away from school.



Physical Education and Recess Practices and Accommodations

- Do not exclude children with allergies from physical education or recess activities.
 - **Tip:** Treat the student with food allergies the same as other students
- Encourage hand washing before and after handling or consuming food.
 - **Tip:** Use appropriate hand-washing procedures that emphasize the use of soap and water.
- Have rapid access to epinephrine auto-injectors in cases of food allergy emergency.
 - **Tip:** Ensure that staff are trained on how to use them.

Putting Guidelines into Practice

- ❖ Use a coordinated approach based on effective partnerships
- ❖ Understand school's responsibilities under Section 504, the ADA, the IDEA, and FERPA
- ❖ District-level and School-level active participation

School Staff and Faculty

**Effective
Management of
Food Allergies**

Child with
Food Allergy &
Parent

Allergist or
Other Primary
Care Provider

Roles for District and School Administrators and Staff

1

- Lead or Participate in the school or school district's coordinated approach to managing food allergies.

2

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

3

- Prepare for food allergy emergencies.

4

- Support or Participate in professional development on food allergies.

5

- Provide food allergy education to students and parents.

6

- Create and maintain a healthy and safe school environment.

Actions for District-Level Personnel

School Board Members	School District Superintendent	Health Services Director	Student Services Director	District Food Service Director
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- Develop a comprehensive set of school district policies to manage food allergies
- Ensure that each school has a team that is responsible for food allergy management
- Support and allocate resources and time for professional development and training on food allergies
- Help schools without a registered nurse on site develop plans
- Consistently enforce policies that prohibit discrimination and bullying against all students, including those with food allergies
- Know and educate others about federal and state laws

Actions for School-Level Personnel

School Administrators	School Nurses	Teachers	Health Aids	Bus Drivers
School Doctors	Food Service Managers	Maintenance Staff	School Counselors	Other Mental Health Staff

- Help plan and implement the school's FAMPP
- Read, review, and be familiar with each student's individual written plan
- Provide and participate in professional development and training on food allergies – tailored to each specific job function
- Know how to respond to an allergic reaction if it occurs while the student is at school
- Prepare for food allergy reactions in children without a prior history of food allergies
- Reinforce the school's rules against bullying and discrimination

Food Allergy Bullying and Social Isolation

About one-third of kids with food allergies report that they have been bullied specifically because of their allergies

Bullying

- Food allergic children are often teased, taunted, and harassed
 - waving the allergen in front of the child
 - being forced to touch the food they are allergic to
 - having the food they are allergic to thrown at them

Social Isolation

- Acceptance by peers is essential for a child's emotional and social development
 - When children with food allergies cannot participate, and are not included in classroom and school activities, it can cause emotional distress



To Recap...

- **Food Allergy Management and Prevention Plan (FAMPP)**
 1. Ensure 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
- **Follow Federal Laws**
 - Section 504, ADA, USDA, IDEA, FERPA
- **Recommendations for Safety and Inclusion**
 - Classroom, Cafeteria, Transportation, School Events, PE & Recess
- **Putting Guidelines into Practice**
 - Actions for District and School Staff

Successful Food Allergy Management in Schools

- ❖ Where food allergic children are safe and included; protected by the law, and free from social isolation, bullying and discrimination.
- ❖ Where school staff and administrators are trained in daily food allergy management and how to respond to a food allergy emergency.



Additional Food Allergy Resources

- To access the CDC Guidelines directly from the CDC, go to www.cdc.gov/healthyyouth/foodallergies/index.htm
- To access the CDC Guidelines and additional training materials from FARE, go to www.FoodAllergy.org/CDC

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

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 8/2013

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____ PLACE STUDENT'S PICTURE HERE

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

LUNG Short of breath, wheezing, repetitive cough	HEART Pale, blue, faint, weak pulse, dizzy	THROAT Tight, hoarse, swallowing	MOUTH Swelling of the tongue and/or lips
SKIN Many hives over body, widespread redness	GUT Repetitive vomiting or severe diarrhea	OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of mild or severe symptoms from different body areas.

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. INJECT EPINEPHRINE IMMEDIATELY.
2. Call 911. Request ambulance with epinephrine.
3. Consider giving additional medications (following or with the epinephrine):
 - Antihistamine
 - Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

NOSE Itchy/runny nose, sneezing	MOUTH Itchy mouth
SKIN A few hives, mild itch	GUT Mild nausea/discomfort

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2. Stay with student, alert emergency contacts.
3. Watch student closely for changes. If symptoms worsen, GIVE EPINEPHRINE.

MEDICATIONS/DOSES

Epinephrine Brand: _____
Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____
Antihistamine Dose: _____

Other (e.g., inhaler/bronchodilator if asthma): _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE: _____ DATE: _____ PHYSICIAN/PA/NP AUTHORIZATION SIGNATURE: _____ DATE: _____

Reducing the Risk of Exposure to Food Allergens
Recommendations from the Centers for Disease Control and Prevention (CDC)

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- Include information about children with special needs, including those with known food allergies, in instructors to substitute teachers.

Cafeteria

- Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food.
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- Provide advanced copies of menus for parents to use in planning.
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- Keep current contact information for vendors and suppliers so you can get food ingredient information.
- Read all food labels and re-check with each purchase for potential food allergens.
- Designate an allergen-safe food preparation area.
- Keep food labels from all foods served to children with allergies for at least 24 hours after serving the food in case the child has a reaction.
- Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents.
- Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

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Our Next Webinar

The Balancing Act: Nutrition and Food Allergy

Mary Beth Feuling, MS, RD, CSP, CD

Children's Hospital of Wisconsin

Wednesday, October 8

1:00 – 2:00 PM ET



Member registration opens

Friday, September 12

Open registration begins

Monday, September 22

Questions ?