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## COLLEGE & UNIVERSITY GUIDELINES FOR MANAGING STUDENTS WITH FOOD ALLERGIES

Food allergies can be life threatening.<sup>1</sup> It is estimated that food allergy reactions account for 30,000 hospital visits and 150-200 deaths each year.<sup>2</sup> While most food allergies are outgrown, allergies to peanuts, tree nuts, fish, and shellfish are considered life long.<sup>3</sup> Currently, there is no cure for food allergy, strict avoidance of the food is the only way to avoid a reaction.<sup>4</sup>

Once a reaction occurs, quick action, including administration of epinephrine can be the difference between life and death.<sup>5</sup> Reactions in schools are not uncommon.<sup>6</sup> The risk of accidental exposure to foods can be reduced on campuses if schools work with students and physicians to minimize risks and provide a safe environment for food-allergic students.

### **Student's Responsibility**

- Notify the college/university of his or her allergies.
- Work with the school to develop a plan that accommodates his or her needs.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan (available through FAAN) as a guide.
- Be proficient in the self-management of his or her food allergy including:
  - avoidance of unsafe foods
  - recognition of symptoms of allergic reactions
  - how and when to tell someone they may be having an allergy-related problem
  - knowledge of proper use of medications to treat an allergic reaction

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### **Student's Responsibility (continued)**

- Review policies/procedures with the school staff and his or her physician after a reaction has occurred.
- Provide emergency contact information.
- Carry prescribed medications at all times.

### **College/University's Responsibility**

- Be knowledgeable about and follow applicable federal laws including ADA, and any state laws that apply.
  - Review the health records submitted by students and physicians.
  - Identify a core team of, but not limited to, staff in health services, dining services, residence living, and security to work with the student and to establish a food allergy management plan. Changes to the plan should be made with core team participation.
  - Resident Assistants (RAs) of students with food allergy should be able to identify such students and know how to access emergency assistance quickly.
  - Appropriate staff members, including RAs should be taught food allergy basics, including symptoms, instructions for administering medications, and Emergency Medical Service procedures.
  - Designate school personnel who are properly trained to administer medications
  - Review policies/prevention plan with the core team members, and student after a reaction has occurred.
  - Follow federal/state/district laws and regulations regarding sharing medical information about the student.
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**References:**

1. Bock SA. The incidence of severe adverse reactions to food in Colorado. *J Allergy Clin Immunol* 1992;90:683-5.
2. Yocum MW, Butterfield JH, Klein JS, Volcheck GW, Schroeder DR, Silverstein MD. Epidemiology of anaphylaxis in Oldmstead County: a population-based study. *J Allergy Clin Immunol* 1999;104:452-6.
3. Bock SA, Atkins FM. The natural history of peanut allergy. *J Allergy Clin Immunol* 1989;83:900-4.
4. Sampson HA. Immediate reactions to foods in infants and children. In: Metcalfe DD, Sampson HA, Simon RA. 2nd edition. *Food Allergy: Adverse Reactions to Foods and Food Additives*. Cambridge MA:Blackwell;1997:169-82.
5. Sampson HA, Mendelson LM, Rosen JP. Fatal and near-fatal anaphylactic reactions to food in children and adolescents. *N Engl J Med* 1992;327:380-4.
6. Sicherer SH, Furlong TJ, DeSimone J, Sampson HA. The US peanut and tree nut allergy registry: characteristics of reactions in schools and day care. *J Pediatr* 2001;138:560-5

**Additional Resources**

American Academy of Pediatrics. Guidelines for Emergency Medical Care in School (RE9954) *Pediatrics* 2001;107:435-6

American Academy of Allergy, Asthma & Immunology Board of Directors. Position Statement 34: Anaphylaxis in schools and other child-care settings. August 1998.