VOLUNTARY GUIDELINES FOR MANAGING FOOD ALLERGIES IN SCHOOLS AND EARLY CARE AND EDUCATION PROGRAMS

WHAT THE PEDIATRICIAN NEEDS TO KNOW

Scott H. Sicherer MD, FAAP  Lani Wheeler, MD, FAAP
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<table>
<thead>
<tr>
<th>Name/Role</th>
<th>Relevant Financial Relationship (Please indicate Yes, or No)</th>
<th>Name of Commercial Interest(s)* (Please list name(s) of entity) AND Nature of Relevant Financial Relationship(s) (Please list: Research Grant, Speaker’s Bureau, Stock/Bonds excluding mutual funds, Consultant, Other - identify)</th>
<th>Disclosure of Off-Label (Unapproved)/Investigational Uses of Products (Do intend to discuss or Do not intend to discuss)</th>
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<tbody>
<tr>
<td>Scott Sicherer, MD, FAAP/ Faculty</td>
<td>Yes</td>
<td>Food Allergy Research and Education (FARE)- Consultant and Grant Novartis- Consultant NIH/NIAD- Grants</td>
<td>Do not intend to discuss</td>
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<tr>
<td>Lani Wheeler, MD, FAAP/ Faculty</td>
<td>No</td>
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<td>Do not intend to discuss</td>
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<tr>
<td>Florence Stevens MPH/ Staff</td>
<td>No</td>
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<td>Do not intend to discuss</td>
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</tbody>
</table>
Consultant, Food Allergy Research and Education (FARE); Novartis

Boards and Organizations: AAP Section on Allergy and Immunology Immed Past Chair; Chair, Board of Allergy and Immunology

Royalties: Johns Hopkins University Press, CRC Press, UpToDate

Grants: NIAID/NIH; FARE

I do not intend to discuss off label use of medications
Learning Objectives

- Understand the general approaches, practical issues, and best practice for the pediatrician regarding children with food allergies.
- Be able to provide schools with the necessary documentation and advice for individual children with food allergies as requested by the CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Centers.
- Understand the role of a school based physician with regard to the CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Centers.
Importance of the Problem

- Food allergy affects up to 8% of children.
- The prevalence appears to have increased.
- 16-18% of children with food allergies have a reaction in school.
- About 25% of food-induced anaphylactic reactions in schools occurred in a child without a prior diagnosis.

CDC’s Voluntary Guidelines

- Result of 2011 FDA Food Safety Modernization Act.
- To support implementation of food allergy management and prevention.
- Multiple consultants/contributors.
- Addresses: Parental obligations (relates to physician diagnosis and plans), individualized plans, communication strategies, risk reduction, education of stakeholders, response to anaphylaxis, etc.
Definitions

- **Food Allergy**: an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food.

  - Focus on IgE mediated

- **Anaphylaxis**: a severe allergic reaction that is rapid in onset and may cause death.


Almost 6 year old Dara has been diagnosed with a peanut allergy, has been prescribed self-injectable epinephrine and is about to start school. Her mother is terrified.

What role does the pediatrician/allergist play in establishing a safe transition to school?
Her Mother’s Concerns

- How will she avoid the food?
- Who will watch her?
- Should they ban peanuts?
- How many epinephrine injectors?
- How will they know to give epinephrine?
- Will she be safe?
- What will she eat?
- What about parties?
- What about touching peanut?
- What about the bus?
The Physician is a Partner

- Provides a diagnosis.
- Provides prescriptions and emergency action plans.
- Assists in training about medication use, storage, aspects of food allergy.
- Assists in educating about prevention strategies.
- Assists in developing school plans.
Diagnosis

- Based on history, tests
- Suggest consultation with a Board-Certified Allergist-Immunologist
- Guidance in:
Protein is “seen” by the immune system in the “wrong way”

- **IgE-Mediated**
  - IgE-receptor
  - Mast cell
  - Histamine
    - Release of mediators after cross linking of IgE
    - Sudden Reactions

- **Non-IgE-mediated**
  - Eosinophil
  - T cell
  - Chronic Disorders (late onset, delayed-type Hypersensitivity)

**IgE antibodies**
Tests Available for IgE Mediated Allergic Reactions

- Skin prick test
- Serum IgE (allergen specific)
  - Extracted whole proteins
  - Components
- Provocation tests
  - Food challenge
- Avoid: “Unproven/experimental”

Gold standard

Office Based Evaluation of Food Allergy

- **Primary Care**
  - History (symptoms, food, reaction consistency, alternative explanations, determination if likely IgE mediated, etc)
  - Physical
  - Serum tests for food-specific IgE

- **Allergist**
  - History/physical
  - Serum and/or skin prick tests for food-specific IgE antibodies
  - Diagnostic elimination diets
  - Physician-supervised oral food challenges
  - Additional modalities
When to Test/What to Test

IgE associated clinical disorder?  
(Is testing for food allergy appropriate?)

Yes  ↓

Determination of potential triggers
- Requires careful history, consideration of epidemiology, pathophysiology
- Foods tolerated (should not be tested)
- Foods not often ingested, more likely triggers
- Foods commonly associated with severe reactions:
  Peanut, nuts from trees, fish, shellfish, seeds
- Common allergens for children:
  Egg, milk, wheat, soy

No  →  Alternative tests/advice

Selection of in vitro tests
- select tests to confirm/exclude suspicions
- avoid “panels” of food allergens
- avoid testing tolerated foods
Food-Specific IgE Antibody Concentrations (or skin test size) Correlate with Risk of Clinical Reactivity

Probability of a reaction (%)

Food-specific IgE Antibody Concentration (or Skin Test Wheal Size)

Curve varies by:
• Food
• Disease
• Age
• Assay (brand)

At certain high IgE values, the chance of a clinical reaction approaches certainty

Negative test is not zero risk
IgE Test Limitations

- Few studies available that correlate clinical reaction to test results.
  - Results vary by food, age, and, to some extent, research center

- **Reactions could occur despite a “negative” test.**
  - Several studies show reaction rates over 20% in patients with “undetectable” food specific serum IgE (with suspected allergy by history)
  - Allergist may perform prick skin test with commercial extract and/or fresh food for increased sensitivity. May undertake supervised oral food challenge to confirm allergy or tolerance

- **Cross-reactivity (among foods/with pollen) may result in clinically irrelevant positive tests.**

- **Results do not predict severity.**

- **THEREFORE:**
  1) Avoid indiscriminate “panels” of screening tests
  2) Apply “prior probability” (reasoning from the history) for test selection/interpretation
Unproven and Experimental Diagnostic tests

- Provocation/Neutralization
- IgG/IgG-4
- Cytotoxic testing
- Applied kinesiology
- LISTEN method
Summary

- Utility: Allergy testing is an excellent means to confirm or refute suspected IgE mediated allergies.
- Selection: Need to consider history, exposure, pathophysiology.
- Interpretation: Need to consider history, intrinsic test limitations.
Anaphylaxis Management
Fatal and Near Fatal Food Allergic Reactions

- Case reports-6 deaths, 7 near deaths
- Peanut (4), nuts (6), milk (2), egg (1)

<table>
<thead>
<tr>
<th></th>
<th>Fatal</th>
<th>Near-Fatal</th>
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<tbody>
<tr>
<td>Ages</td>
<td>2-16 yrs</td>
<td>9-17 yrs</td>
</tr>
<tr>
<td>Time to Sx</td>
<td>1-30 min (25)</td>
<td>1-5 min (3)</td>
</tr>
<tr>
<td>Time to Epi</td>
<td>25-180 min (70)</td>
<td>10-130 min (13)</td>
</tr>
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</table>

Location:  
- School | 4 | 0
- Home    | 1 | 3
- Other   | 1 | 4

Sampson et al *NEJM* 1992;327:380
Fatalities From Food Induced Anaphylaxis

- 32 fatalities reviewed through registry (9 in school)
- Age range 2-33 years
- 50% male:female
- 96% Asthma
- 94% prior reaction
- Only 10% had epi at time of reaction

Importance of Prompt Epinephrine

- Review of epinephrine use in children (prior anaphylaxis/have Rx)
- Referral population to allergy clinic (n=94)
- 45 episodes anaphylaxis (reaction at school-17%)

Gold & Sainsbury *J Allergy Clin Immunol* 2000 106;171-6
Time Course of Anaphylaxis

• Onset in minutes
• Rarely, onset after 30 minutes
• Quiescent period may occur followed by progression 60 - 120 minutes
• If severe, may recur 3-6 hours later
• Rarely, prolonged (days)

*There may be no skin symptoms!*
Autoinjector Dosing

- Manufacturer says 0.15 mg for 33-66 lbs and 0.3 mg for 66 lbs and over
- For infants, ampules/syringe may be too awkward
- Conclusion: Switch from 0.15 mg to 0.3 mg at about 55 lbs (25 kg)

<table>
<thead>
<tr>
<th>Weight</th>
<th>Options (fixed dose injectors)</th>
<th>Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10 kg</td>
<td>0.15 mg dose</td>
<td>At least 1.5 fold overdose</td>
</tr>
<tr>
<td>15 kg</td>
<td>0.15 mg dose</td>
<td>Perfect</td>
</tr>
<tr>
<td>20 kg</td>
<td>0.15 mg dose 0.3 mg dose</td>
<td>1.3 fold under-dose 1.5 fold overdose</td>
</tr>
<tr>
<td>25 kg</td>
<td>0.15 mg dose 0.3 mg dose</td>
<td>1.7 fold under-dose 1.2 fold over-dose</td>
</tr>
<tr>
<td>&gt;=30 kg</td>
<td>0.3 mg dose</td>
<td>Perfect, with increasing underdose</td>
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Written Plan and Medical Jewelry

Consider cetirizine
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 of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/swallowing

MOUTH
Significant 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.

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.
1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Request ambulance with epinephrine.
   - 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.

### MEDICATIONS/DOSES

<table>
<thead>
<tr>
<th>Epinephrine Brand:</th>
<th>[ ] 0.15 mg IM</th>
<th>[ ] 0.3 mg IM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine Dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihistamine Brand or Generic:</td>
<td></td>
<td></td>
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<tr>
<td>Antihistamine Dose:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (e.g., inhaler-bronchodilator if asthmatic):</td>
<td></td>
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</tbody>
</table>

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

**SKIN**
- Many hives over body, widespread redness
- GUT
- Repetitive vomiting or severe diarrhea
- OTHER
- Feeling something bad is about to happen, anxiety, confusion

**COMBINATION**
- of mild or severe symptoms from different body areas.

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.**

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**PARENT/GUARDIAN AUTHORIZATION SIGNATURE**

**DATE**

**PHYSICIAN/HCP AUTHORIZATION SIGNATURE**

**DATE**

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

- Should be available promptly, but within reason (e.g., not in every classroom).
  - Not locked up
- If allowable, child might carry but discuss risk/benefit.
- Instructions must address health professional versus delegates.
- Antihistamines are comfort care, does not stop anaphylaxis.
- Bronchodilators should not be depended upon to treat anaphylaxis.
- Argument for having an unassigned dose available (25% of school anaphylaxis without a prior diagnosis*).
  - Check with state and local laws governing non-patient specific prescriptions

Risk Reduction Strategies

- Class
- Cafeteria
- Transportation
- Field trips/recess
Dietary Elimination

- Hidden ingredients (peanut in sauces or egg rolls)
- Labeling issues ("spices", changes, errors)
  - Labeling laws cover plain English for milk, egg, wheat, soy, peanut, tree nuts, fish, Crustacean shellfish
  - Advisory labeling is voluntary ("may contain")
- Cross contamination (shared equipment)
- "Code words" ("Natural flavor")
Cafeteria/Eating in School

- Cross-contact
- No food sharing (MAIN POINT)
- Extra supervision?
- Bring your own food
- Have non-perishable snacks available
- Age-related decision making
  - Dear School: Please have Jane sit at the allergy-aware table, she is allergic to peanuts
  - Dear School: Please let Jane sit anywhere she wants, she should be fine if she does not eat peanuts
Cross-contamination in the cafeteria food service

Consider anything used for more than 1 food and not cleaned completely!

- Utensils, dishes
- Cutting boards
- Grinders, blenders
- Hands
- Gloves (no latex)
- Processors
- Salad bars
- Pots, pans
- Fryers
- Seats
- Grills
- Splatter, etc.
Peanut Exposure

- Casual contact study to peanut butter
  - 30 highly allergic children
  - Touch X 1 min, sniff X 10 minutes
  - No reactions (beyond site of touch)

- No serious reactions to skin contact 1 gram for 15 minutes in 281 children with positive skin tests/subset with proven systemic allergy

Simonte JACI 2003; 112:180-5
Wainstein Clin Exp Allergy 2007;37:839-45)
Peanut Residue

- **Hand cleaning**
  - No peanut after water/soaps or wipes
  - Plain water/antibacterial liquid left residue 3/10 hands

- **Table tops**
  - Common cleaners-fine
  - Dishwashing liquid left residue 2/10

- **School locations (6 schools)**
  - 1/13 water fountains (130 ng)
  - 0/22 desks, 0/33 cafeteria tables

- **Airborne**
  - None detected

Perry et al JACI 2004;113:973-6
Strategies for Food Allergy in School: Avoidance

- Increased supervision during meals, snacks
- No sharing (food, containers, utensils)
- Clean tables, toys, hands
- Substitutions: meals, cooking, crafts, science
- Ingredient labels for foods brought in
- Education of staff
- Isolated bans in particular circumstances(?)
  - Allergy friendly seating
- Don’t miss the bus

Review Tables on pages 41-43 in CDC Guidelines
http://www.cdc.gov/healthyyouth/foodallergies/
Strategies for Food Allergy in School: Treatment

- Physician-directed protocols
- Review of protocols, assignment of roles
- Medications readily available (not locked)
  - Age, circumstance appropriate carry/self-inject
- Education and review:
  - signs of reaction
  - technique of medication administration
  - basic first aid
  - notification of emergency medical system (911)
Talk About Bullies

- Take bullying seriously: zero tolerance
- Studies suggest ~ double rate of bullying for children with food allergy, up to 50%
  - Lower quality of life, increased anxiety
  - Parents usually not aware
  - If parents aware, less impact on quality of life
- Discuss bullying
- Encourage child not to retaliate, but to inform an adult (telling, not tattling)

Lieberman JA Ann Allergy Asthma Immunol 2010;105:282-6
Shemesh E Pediatrics 2013;131:e10-17
Dara’s Mother Needs Advice

- Confirm the allergy
- Discuss relative risks ingestion/contact
- Suggest to see what the school is already doing
- Provide written plans and review medications
- Suggest resources, e.g., [www.foodallergy.org](http://www.foodallergy.org) (Food Allergy Research & Education) and [www.cofargroup.org](http://www.cofargroup.org) (NIH/NIAID Sponsored food allergy educational materials, validated [Sicherer J Pediatr 2012;160:651-6])
What You Can Do to Improve Practice

- Make time to review school issues
  - Think ahead of starting school
- Educate (age-appropriate)
- Emergency plans
- Have resources ready
Key References


- Sicherer SH, Mahr T, and Section on Allergy and Immunology. Management of Food Allergy in the School Setting. *Pediatrics* 2010;126(6):1232-1239.


Disclosures (Wheeler)

- Boards and Organizations: AAP Council on School Health (former EC member), member of the CDC Expert Panel for the Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs

- I do not intend to discuss off label use of medications.
Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs

www.cdc.gov/healthyouth/foodallergies

- Development
- Key Points and Terminology
  - Essential Steps
  - Priority Areas
  - Roles for School Doctors
How the CDC Guidance was developed

- Expert panel convened by CDC
  - Federal agencies
  - Food Allergy Organizations
  - Professional organizations
  - State Educational Agency, local school district
  - Parents of children with food allergies

- CDC:
  - Conducted literature review, analyzed best practice documents, solicited expertise
  - Conducted three rounds of expert review & comment
1. Use a coordinated approach based on effective partnerships

- School Staff and Faculty
- Child with Food Allergy & Parent
- Effective Management of Food Allergies
- Allergist or Other Primary Care Provider
2. Provide clear leadership to guide planning and ensure implementation of food allergy management plans and practices.

3. Develop and implement a comprehensive plan for managing food allergies.
   - Develop a comprehensive Food Allergy Management and Prevention Plan (FAMPP)
Five Priority Areas for each school’s Food Allergy Management Prevention Plan

1. Ensure the daily management of food allergies in individual children.
2. Prepare for food allergy emergencies.
3. Provide professional development on food allergies for staff and faculty 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

1. Ensure the daily management of food allergies for individual children
   - Identify children with food allergies
   - Develop a plan to manage & reduce the risk of food allergy reactions in individual children
     - Emergency Care Plans
     - Individualized Healthcare Plans
     - IDEA and Section 504
   - Help students manage their own food allergies
Priorities for Managing Food Allergies

2. Prepare for food allergy emergencies

- Set up communication systems that are easy to use.
- Make sure faculty & staff can get to epinephrine auto-injectors quickly and easily.
- Make sure:
  - Epinephrine is used when needed
  - Emergency medical services are contacted immediately
Priorities for Managing Food Allergies

2. Prepare for food allergy emergencies
   - Identify the role of each faculty & staff member in an emergency.
   - Prepare for food allergy reactions in children without a prior history of food allergies.
   - Document the response to a food allergy emergency.
3. Provide professional development on food allergies to faculty & staff.

- Provide general training on food allergies for all staff (signs & symptoms, how to access help).
- Provide in-depth training for staff who have frequent contact with children with food allergies.
- Provide specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis (how to provide emergency care, administer epinephrine).
4. Educate children and family members about food allergies.

Teach all children about food allergies
- Signs and symptoms
- Self-management strategies

Teach all parents and families about food allergies
5. Create and maintain a healthy and safe educational environment

- Create an environment that prevents unintended exposures to food allergens.
- Develop food-handling policies & procedures to prevent food allergens from unintentionally contacting another food.
- Make outside groups aware of food allergy policies & rules when they use school facilities.
- Create a positive psychosocial climate.
Food Allergy Management and Prevention Plan Checklist

Use this checklist to determine if your school or ECE program has appropriate plans in place to promote the health and well-being of children with food allergies. For each priority, check the box to the left if you have plans and practices in place. Develop plans to address the priorities you did not check.

You can also use the checklist to evaluate your response to food allergy emergencies. Ongoing evaluation and improvement can help you improve your plans and actions.

<table>
<thead>
<tr>
<th>Check if you have plans or procedures</th>
<th>Priorities for a Food Allergy Management and Prevention Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Does your school or ECE program ensure the daily management of food allergies for individual children by</td>
<td></td>
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<tr>
<td>- a. Developing and using specific procedures to identify children with food allergies?</td>
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<tr>
<td>- b. Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)?</td>
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<tr>
<td>- c. Helping students manage their own food allergies? (Does not apply to ECE programs.)</td>
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</tr>
<tr>
<td><strong>2.</strong> Has your school or ECE program prepared for food allergy emergencies by</td>
<td></td>
</tr>
<tr>
<td>- a. Setting up communication systems that are easy to use in emergencies?</td>
<td></td>
</tr>
<tr>
<td>- b. Making sure staff can get to epinephrine auto-injectors quickly and easily?</td>
<td></td>
</tr>
<tr>
<td>- c. Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services?</td>
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<tr>
<td>- d. Identifying the role of each staff member in a food allergy emergency?</td>
<td></td>
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<tr>
<td>- e. Preparing for food allergy reactions in children without a prior history of food allergies?</td>
<td></td>
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<tr>
<td>- f. Documenting the response to a food allergy emergency?</td>
<td></td>
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<tr>
<td><strong>3.</strong> Does your school or ECE program train staff how to manage food allergies and respond to allergy reactions by</td>
<td></td>
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<tr>
<td>- a. Providing general training on food allergies for all staff?</td>
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<tr>
<td>- b. Providing in-depth training for staff who have frequent contact with children with food allergies?</td>
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<tr>
<td>- c. Providing specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis?</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Does your school or ECE program educate children and family members about food allergies by</td>
<td></td>
</tr>
<tr>
<td>- a. Teaching all children about food allergies?</td>
<td></td>
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<tr>
<td>- b. Teaching all parents and families about food allergies?</td>
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<tr>
<td><strong>5.</strong> Does your school or ECE program create and maintain a healthy and safe educational environment by</td>
<td></td>
</tr>
<tr>
<td>- a. Creating an environment that is as safe as possible from exposure to food allergens?</td>
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</tr>
<tr>
<td>- b. Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food?</td>
<td></td>
</tr>
<tr>
<td>- c. Keeping outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours?</td>
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<tr>
<td>- d. Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies?</td>
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## Roles of School Boards and District Staff

- School Board Members
- School District Superintendent
- Health Services Director
- Student Support Services Director
- District Food Service Director
Priorities for Managing Food Allergies

4. Educate children and family members about food allergies.
   - Teach all children about food allergies
     - Signs & symptoms
     - Self-management strategies

Teach all parents and families about food allergies
5. Create and maintain a healthy and safe educational environment

- Create an environment that prevents unintended exposures to food allergens.
- Develop food-handling policies & procedures to prevent food allergens from unintentionally contacting another food.
- Make outside groups aware of food allergy policies & rules when they use school facilities.
- Create a positive psychosocial climate.
### Food Allergy Management and Prevention Plan Checklist

Use this checklist to determine if your school or ECE program has appropriate plans in place to promote the health and well-being of children with food allergies. For each priority, check the box to the left if you have plans and practices in place. Develop plans to address the priorities you did not check.

You can also use the checklist to evaluate your response to food allergy emergencies. Ongoing evaluation and improvement can help you improve your plans and actions.

<table>
<thead>
<tr>
<th>Check If You Have Plans or Procedures</th>
<th>Priorities for a Food Allergy Management and Prevention Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your school or ECE program ensure the daily management of food allergies for individual children by</td>
<td></td>
</tr>
<tr>
<td>a. Developing and using specific procedures to identify children with food allergies?</td>
<td></td>
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<tr>
<td>b. Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)?</td>
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<tr>
<td>c. Helping students manage their own food allergies? (Does not apply to ECE programs.)</td>
<td></td>
</tr>
<tr>
<td>2. Has your school or ECE program prepared for food allergy emergencies by</td>
<td></td>
</tr>
<tr>
<td>a. Setting up communication systems that are easy to use in emergencies?</td>
<td></td>
</tr>
<tr>
<td>b. Making sure staff can get to epinephrine auto-injectors quickly and easily?</td>
<td></td>
</tr>
<tr>
<td>c. Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services?</td>
<td></td>
</tr>
<tr>
<td>d. Identifying the role of each staff member in a food allergy emergency?</td>
<td></td>
</tr>
<tr>
<td>e. Preparing for food allergy reactions in children without a prior history of food allergies?</td>
<td></td>
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<tr>
<td>f. Documenting the response to a food allergy emergency?</td>
<td></td>
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<tr>
<td>3. Does your school or ECE program train staff how to manage food allergies and respond to allergy reactions by</td>
<td></td>
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<tr>
<td>a. Providing general training on food allergies for all staff?</td>
<td></td>
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<tr>
<td>b. Providing in-depth training for staff who have frequent contact with children with food allergies?</td>
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<tr>
<td>c. Providing specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis?</td>
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<tr>
<td>4. Does your school or ECE program educate children and family members about food allergies by</td>
<td></td>
</tr>
<tr>
<td>a. Teaching all children about food allergies?</td>
<td></td>
</tr>
<tr>
<td>b. Teaching all parents and families about food allergies?</td>
<td></td>
</tr>
<tr>
<td>5. Does your school or ECE program create and maintain a healthy and safe educational environment by</td>
<td></td>
</tr>
<tr>
<td>a. Creating an environment that is as safe as possible from exposure to food allergens?</td>
<td></td>
</tr>
<tr>
<td>b. Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food?</td>
<td></td>
</tr>
<tr>
<td>c. Making outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours?</td>
<td></td>
</tr>
<tr>
<td>d. Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies?</td>
<td></td>
</tr>
</tbody>
</table>
Putting Guidelines into Practice

Roles of School Boards and District Staff

- School Board Members
- School District Superintendent
- Health Services Director
- Student Support Services Director
- District Food Service Director
Putting Guidelines into Practice

Roles of School Community Members

- School Administrator
- **School Doctors**
- Classroom Teachers
- Counselors/Mental Health Services
- Facilities / Maintenance
- Registered School Nurses
- Health Assistants, Health Aides, Unlicensed Personnel
- Food Services
- Bus Drivers/Transportation
School Doctor Role & Support

1. Participate in school’s coordinated approach to managing food allergies.

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

3. Prepare for and respond to food allergy emergencies.
School Doctor Role & Support

4. Help provide professional development on food allergies for staff.

5. Provide food allergy education to students & parents.

6. Create and maintain a healthy & safe environment.
Additional Document:

- Food Allergy Guidelines FAQs

www.cdc.gov/healthyyouth/foodallergies/