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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

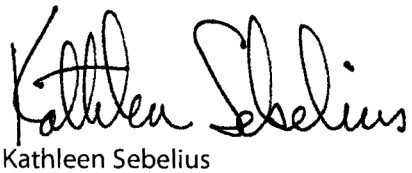
Foreword

Food allergies affect an estimated 4%–6% of U.S. children, most of whom attend federal- and state-supported schools or early care and education programs every weekday. Allergic reactions can be life threatening and have far-reaching effects on children and their families, as well as on the schools or early care and education programs they attend.

In 2011, Congress passed the FDA Food Safety Modernization Act to improve food safety in the United States by shifting the focus from response to prevention. Section 112 of the act calls for the Secretary of U.S. Department of Health and Human Services, in consultation with the Secretary of the U.S. Department of Education, to develop voluntary guidelines for schools and early childhood education programs to help them manage the risk of food allergies and severe allergic reactions in children. In response, the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, in consultation with the U.S. Department of Education, developed the Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.

Some children with food allergies face health challenges that can affect their ability to learn and their social and emotional development—and even pose a daily threat to their ability to live productive lives. These guidelines call for strong partnerships among families, medical providers, and staff in schools and early care and education programs to help children overcome the challenges that come from having a food allergy. These guidelines also call for strong leadership in schools and early care and education programs, comprehensive plans for protecting children with food allergies, and effective responses to food allergy emergencies.

There is no cure for food allergies. However, staff in schools and early care and education programs can take concrete actions to protect children with food allergies when they are not in the direct care of their parents or family members. When schools and early care and education programs develop and implement plans to effectively manage the risk of food allergies, they help keep children safe and remove one more health barrier that keeps some children from reaching their full potential.



Kathleen Sebelius
U.S. Secretary of Health
and Human Services

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Introduction

Overview

Food allergies are a growing food safety and public health concern that affect an estimated 4%–6% of children in the United States.[1,2] Children with food allergies are two to four times more likely to have asthma or other allergic conditions than those without food allergies.[1] The prevalence of food allergies among children increased 18% during 1997–2007, and allergic reactions to foods have become the most common cause of anaphylaxis in community health settings.[1,3] In 2006, about 88% of schools had one or more students with a food allergy.[4] Staff who work in schools and early care and education (ECE) programs should develop plans for how they will respond effectively to children with food allergies.

Although the number of children with food allergies in any one school or ECE program may seem small, allergic reactions can be life-threatening and have far-reaching effects on children and their families, as well as on the schools or ECE programs they attend. Any child with a food allergy deserves attention and the school or ECE program should create a plan for preventing an allergic reaction and responding to a food allergy emergency.

Studies show that 16%–18% of children with food allergies have had a reaction from accidentally eating food allergens while at school.[5,6] In addition, 25% of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of food allergy.[5,7] School and ECE program staff should be ready to address the needs of children with known food allergies. They also should be prepared to respond effectively to the emergency needs of children who are not known to have food allergies but who exhibit allergic signs and symptoms.

Until now, no national guidelines had been developed to help schools and ECE programs address the needs of the growing numbers of children with food allergies. However, 14 states and many school districts have formal policies or guidelines to improve the management of food allergies in schools.[8,9] Many schools and ECE programs have implemented some of the steps needed to manage food allergies effectively.[4] Yet systematic planning for managing the risk of food allergies and responding to food allergy emergencies in schools and ECE programs remain incomplete and inconsistent.[10,11]

FDA Food Safety Modernization Act

These guidelines, *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* (hereafter called the *Voluntary Guidelines for Managing Food Allergies*), were developed in response to Section 112 of the FDA Food Safety Modernization Act, which was enacted in 2011.[12] This act is designed to improve food safety in the United States by shifting the focus from response to prevention. Section 112(b) calls for the Secretary of Health and Human Services, in consultation with the Secretary of Education, to "develop guidelines to be used on a voluntary basis to develop plans for individuals to manage the risk of food allergy and anaphylaxis in schools[a] and early childhood education programs[b] " and "make such guidelines available to local educational agencies, schools, early childhood education programs, and other interested entities and individuals to be implemented on a voluntary basis only."[12] Each plan, described in the act to manage the risk of food allergy and anaphylaxis in schools and early childhood education programs, that is developed for an individual shall be considered an education record for the purpose of Section 444 of the General Education Provisions Act (commonly referred to as the Family Educational Rights and Privacy Act). The act specifies that nothing in the guidelines developed under its auspices should be construed to preempt state law. (A link to FDA Food Safety Modernization Act, including Section 112 statutory language is provided in Section 6, Resources.)

Specifically, the content of these guidelines should address the following:

- *Parental obligation to provide the school or early childhood education program, prior to the start of every school year, with documentation from their child's physician or nurse supporting a diagnosis of food allergy, and any risk of anaphylaxis, if applicable; identifying any food to which the child is allergic; describing, if appropriate, any prior history of anaphylaxis; listing any medication prescribed for the child for the treatment of anaphylaxis; detailing emergency treatment procedures in the event of a reaction; listing the signs and symptoms of a reaction; assessing the child's readiness for self-administration of prescription medication; and a list of substitute meals that may be offered to the child by school or early childhood education program food service personnel.*
- *The creation and maintenance of an individual plan for food allergy management, in consultation with the parent, tailored to the needs of each child with a documented risk for anaphylaxis, including any procedures for the self-administration of medication by such children in instances where the children are capable of self-administering medication; and such administration is not prohibited by state law.*
- *Communication strategies between individual schools or early childhood education programs and providers of emergency medical services, including appropriate instructions for emergency medical response.*
- *Strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school or early childhood education program areas such as cafeterias.*

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a. The term *school* is defined in the FDA Food Safety Modernization Act (FDA FSMA) to include public kindergartens, elementary schools, and secondary schools.[12]

b. The term *early childhood education program* is defined in the FDA Food Safety Modernization Act to include a Head Start program or an Early Head Start program carried out under the Head Start Act (42 U.S.C. 9831 et seq.), a state-licensed or state-regulated child care program or school, or a state prekindergarten program that serves children from birth through kindergarten.[12] Some of these early childhood education programs may provide early intervention and preschool services under the Individuals with Disabilities Education Act (IDEA). Some programs that provide these IDEA early intervention and preschool services may not fall under the FDA FSMA, but may still wish to consider these voluntary guidelines when developing procedures for children with food allergies.

- *The dissemination of general information on life threatening food allergies to school or early childhood education program staff, parents, and children.*
- *Food allergy management training of school or early childhood education program personnel who regularly come into contact with children with life-threatening food allergies.*
- *The authorization and training of school or early childhood education program personnel to administer epinephrine when the nurse is not immediately available.*
- *The timely accessibility of epinephrine by school or early childhood education program personnel when the nurse is not immediately available.*
- *The creation of a plan contained in each individual plan for food allergy management that addresses the appropriate response to an incident of anaphylaxis of a child while such child is engaged in extracurricular programs of a school or early childhood education program, such as non-academic outings and field trips, before- and afterschool programs or before- and after-early childhood education programs, and school-sponsored or early childhood education program-sponsored programs held on weekends.*
- *Maintenance of information for each administration of epinephrine to a child at risk for anaphylaxis and prompt notification to parents.*
- *Other elements determined necessary for the management of food allergies and anaphylaxis in schools and early childhood education programs.*[12]

Section 1 of the *Voluntary Guidelines for Managing Food Allergies* addresses these content requirements. Section 2 provides a list of recommended actions for school board members and administrators and staff at the district level. Section 3 provides a list of recommended actions for administrators and staff in schools, while Section 4 provides recommended actions for administrators and staff in ECE programs. Section 5 provides information about relevant federal laws that are enforced or administered by the U.S. Department of Education (ED), the U.S. Department of Justice (DOJ), and the U.S. Department of Agriculture (USDA). Section 6 provides a list of resources with more information and strategies.

In the *Voluntary Guidelines for Managing Food Allergies*, the term *school* applies to all public schools in the United States as defined by the FDA Food Safety Modernization Act. Although *early childhood education program* is used in the Food Safety Modernization Act, those working in professional practice in this field use the term *licensed early care and education programs*. To ensure relevance to practitioners, these guidelines use the term *early care and education (ECE) programs*, with the understanding that these programs meet licensure requirements and include all early childhood education programs (child care, preschool, and Head Start programs) described in the FDA Food Safety Modernization Act.

Methods

To develop these guidelines, staff at the Centers for Disease Control and Prevention (CDC) created a systematic process to collect, review, and compile expert advice, scientific literature, state guidelines, best practice documents, and position statements from individuals, agencies, and organizations.

In January 2010, CDC sponsored a meeting of experts to gather their input into the critical processes and actions needed to protect students with food allergies and to respond to food allergy emergencies in schools. This meeting included representatives from the following groups (see Acknowledgements for details):

- Federal agencies with expertise in food allergy management in the public health sector, including in schools (CDC, Food and Drug Administration, U.S. National Institute of Allergy and Infectious Diseases, U.S. Department of Education [ED], U.S. Department of Agriculture [USDA]).
- Organizations with expertise or experience in clinical food allergy management and food allergy advice to consumers (Food Allergy and Anaphylaxis Network, Food Allergy Initiative, Asthma and Allergy Foundation of America, American Academy of Pediatrics, and the American College of Asthma, Allergy, and Immunology).
- Organizations representing professionals who work in schools (National School Boards Association, National Education Association, National Association of School Nurses, National Association of School Administrators, National Association of Elementary School Principals, National Association of Secondary School Principals, School Nutrition Association, American School Counseling Association, and the American School Health Association).
- One state educational agency.
- One local school district.
- Two parents of children with food allergies.

Meeting participants provided input on the organization and content for food allergy guidelines. In terms of organization, they recommended that the guidelines should:

- Use a management framework that is similar to the framework used to address other chronic conditions in schools and ECE programs. This framework should include creation of a building-wide team and essential elements of a plan to manage food allergies.
- Make sure that management and support systems address the needs of children with food allergies and promote an allergen-safe[c] school or ECE program.
- Promote partnerships among schools and ECE programs, children with food allergies and their families, and health care providers.

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c. The term *allergen-safe* refers to an environment that is made as safe as possible from food allergens. The phrase should not be interpreted to mean an allergen-free environment totally safe from food allergens. There is no fail-safe way to prevent an allergen from inadvertently entering a school or ECE program facility. When guarding against exposures to food allergens, a school or ECE program should still properly plan for children with any life-threatening food allergies, to educate all school personnel accordingly, and ensure that school staff are trained and prepared to prevent and respond to a food allergy emergency.

- Emphasize the value of an onsite, full-time registered nurse to manage food allergies in children, but provide guidance for schools and ECE programs that don't have a full-time or part-time registered nurse.
- Convey scientific evidence and established clinical practice in terms that leaders and staff in schools and ECE programs understand. Make sure this information is consistent with regulatory and planning guidelines from other federal agencies.
- Emphasize the need to follow state laws, including regulations (such as Nurse Practice Acts and state food safety regulations) and school or ECE program policies when deciding which procedures and actions are permissible or allowed.

In terms of content, meeting participants recommended that the guidelines should:

- Recommend that children with food allergies be identified so an individual plan for managing their food allergies can be developed.
- Include essential practices for protecting children from allergic reactions and responding to reactions that occur at schools or ECE programs, at sponsored events, or during transport to and from schools or ECE programs.
- Develop strategies to reduce the risk of exposure to food allergens in classrooms, cafeterias, and other school or ECE program settings.
- Develop steps for responding to food allergy emergencies, including the administration of epinephrine, that are consistent with a school's or ECE program's "all-hazards" plan.
- Emphasize training for staff to improve their understanding of food allergies, their ability to help children prevent exposure to food allergens, and their ability to respond to food allergy emergencies (including administration of epinephrine). This training can help to create an environment of acceptance and support for children with food allergies.
- Emphasize the need to teach children about food allergies as part of the school's or ECE program's health education curriculum.
- Address the need to teach all parents about food allergies.
- Address the physical safety and emotional needs of children with food allergies (i.e., stigma, bullying, harassment).
- Include a list of actions for all staff working in schools and ECE programs that may have a role in managing risk of food allergy, including administrators, registered nurses, teachers, paraprofessional staff, counselors, food service staff, and custodial staff.

Meeting participants provided an initial set of data and literature sources for analysis. CDC staff then reviewed published literature from peer-reviewed and nonpeer-reviewed sources, including descriptive studies, epidemiologic studies, expert statements, policy statements, and relevant Web-based content from federal agencies. CDC scientists conducted an extensive search for scientific reports, using four electronic citation databases: PubMed, Medline, Web of Science, and ERIC. To ensure a comprehensive review of food allergy sources, CDC used search terms that included a combination of terms, such as "food allergy," "school," "anaphylaxis," "epinephrine," "peanut allergy," "child," "pediatric," "food allergy and