

## **6. Create and maintain a healthy and safe school environment.**

- Encourage staff to support a broad range of school-based mental health promotion efforts to support all students that promote positive interactions between students, build a positive school climate, encourage diversity and acceptance, discourage bullying, and promote student independence.
- Reinforce the school's rules against bullying and discrimination.
- Take action to address all reports of bullying or harassment of a student with a food allergy.
- Tell parents if their child has been bullied, and report all cases of bullying to school administrators.

## **Bus Drivers and School Transportation Staff**

### **1. Participate in the school's coordinated approach to managing food allergies.**

- Ask the school nurse or school administrator for information on current policies and practices for managing students with food allergies, including how to manage medications and respond to a food allergy reaction.
- Support school's FAMPPs.

### **2. Help with the daily management of food allergies for individual students.**

- Be aware of students with food allergies and know how to respond to an allergic reaction if it occurs while the student is being transported to or from school.
- Enforce district food policies for all students riding a school bus.

### **3. Prepare for and respond to food allergy emergencies.**

- Read and regularly review the ECP for any student riding to and from school on a bus. Never hesitate to activate the plan in an emergency. If you are the person delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector if needed.
- Know procedures for communicating an emergency during the transporting of children to and from school. Make sure that other adults on the bus are aware of emergency communication protocol.
- Make sure communication devices are working so you can reach school officials, EMS, and others during a food allergy emergency.
- Call 911 or EMS to ask for emergency transportation of any student exhibiting signs of anaphylaxis. Notify the school administrator of your actions and the need for someone to contact the student's parents.
- After any food allergy emergency that occurs while a student is being transported to or from school, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and improve emergency response.

#### ***4. Participate in professional development on food allergies.***

- Complete training to help you recognize and understand the following:
  - Signs and symptoms of food allergies and how they are communicated by students.
  - How to respond to a food allergy emergency while transporting children to and from school. How to use an epinephrine auto-injector (if delegated and trained to do so).
  - How to deal with emergencies in a way that is consistent with a student's ECP or transportation emergency protocol.
  - Your role in implementing a child's ECP.
  - FERPA, USDA, and other federal and state laws that protect the privacy or confidentiality of student information and other legal rights of students with food allergies. (See Section 5 for more information about federal laws.)
  - Policies that prohibit discrimination and bullying against all students, including those with food allergies.

#### ***5. Create a healthy and safe environment.***

- Advocate for two-way communication systems between schools and transportation vehicles that are kept in working order.
- Enforce district food policies for all students riding a school bus.
- Encourage supportive and positive interactions between students.
- Reinforce the school's rules against discrimination and bullying.
- Report all cases of bullying or harassment of students, including those with food allergies, to the school administrator.

### **Facilities and Maintenance Staff**

This category includes custodial staff.

#### ***1. Participate in the school's coordinated approach to managing food allergies.***

- Help plan and implement the school's FAMPP.

#### ***2. Help with the daily management of food allergies for individual students.***

- Be aware of students with food allergies and know how to respond to an allergic reaction if it occurs while the student is at school.
- Help create a safe and healthy environment to prevent allergic reactions.

### **3. Prepare for and respond to food allergy emergencies.**

- Activate your school’s “all-hazard” emergency response practices if a student displays signs or symptoms of an allergic reaction.
- Know and understand your school’s communication protocols for an emergency.
- Make sure communication devices are working.
- After each food allergy emergency, participate in a review of how it was handled with the school administrator, school doctor (if applicable), school nurse, parents, staff members involved in the response, EMS responders, and the student to identify ways to prevent future allergic reactions and improve emergency response.

### **4. Participate in professional development on food allergies.**

- Complete training to help you recognize and understand the following:
  - Signs and symptoms of food allergies and how they are communicated by students.
  - How to respond to emergencies at the school.
  - Your role in supporting a child’s ECP.
  - Policies that prohibit discrimination and bullying against all students, including those with food allergies.
  - Policies and standards for washing hands and cleaning surfaces to reduce food allergens on surfaces.

### **5. Create and maintain a healthy and safe environment.**

- Promote a safe and healthy physical environment through the following actions:
  - Advocate for two-way communication systems throughout school buildings that are kept in working order.
  - Enforce district food policies.
  - Clean floors, surfaces, and food-handling areas with approved soap and water or all-purpose cleaning products.
- Promote a positive psychosocial climate through the following actions:
  - Encourage supportive and positive interactions between students.
  - Reinforce the school’s rules against discrimination and bullying.
  - Report all cases of bullying or harassment of students, including those with food allergies, to the school administrator.

See Section 6 for more resources and tools that might assist in managing food allergies and allergy-related emergencies in schools.

## Section 4.

# Putting Guidelines into Practice: Actions for Early Care and Education Administrators and Staff

Effective management of food allergies in early care and education (ECE) programs requires the participation of many people. This section presents the actions that ECE program staff can take to implement the recommendations in Section 1. Some actions duplicate responsibilities required under applicable federal and state laws, including regulations, and policies. Although many responsibilities presented here are not required by statute, they can contribute to better management of food allergies in ECE programs.

If the ECE program participates in USDA's Child Nutrition Programs, the ECE program must follow USDA statutes, regulations, and guidance for providing meal accommodations for children with food allergy disabilities.

Some actions are intentionally repeated for different staff positions to ensure that critical actions are addressed even if a particular position does not exist in the ECE program. This duplication also reinforces the need for different staff members to work together to manage food allergies effectively. All actions are important, but some will have a greater effect than others. Ultimately, each ECE program must determine which actions are most practical and necessary to implement and who should be responsible for those actions.

Although these guidelines are specifically for licensed ECE programs, many of the recommendations can be used in unlicensed child care settings.

## Program Directors and Family Child Care Providers

### ***1. Lead the ECE program's coordinated approach to managing food allergies.***

- Coordinate planning and implementation of a comprehensive Food Allergy Management and Prevention Plan (FAMPP). Work with staff, parents, food services, and the children's health care providers.
- Designate a qualified person (e.g., health manager, health consultant) to lead development of the program's FAMPP and designate responsibilities for implementing the plan as appropriate.
- Make sure staff understand the ECE program's responsibilities under applicable federal laws, including regulations, and policies and the need to be familiar with any applicable state and local laws and policies. Make sure they understand the need to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA) (if receiving funds from a program administered by the U.S. Department of Education) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). ECE program staff should consider the requirements in Section 504 and the ADA and, if appropriate, Parts B and C of the IDEA. (See Section 5 for information about applicable federal laws and Section 6 for other resources that provide information about federal regulations and early care and education programs.)

## **2. Ensure the daily management of food allergies for individual children.**

- Make sure that mechanisms—such as health forms, registration forms, USDA-required doctor’s statement and parent interviews—are in place to identify children with food allergies.
- Work with the parents of children with food allergies and the child’s primary health care provider or allergist to obtain a written Emergency Care Plan (ECP) to manage and monitor children with food allergies on a daily basis.
- Share information about children with food allergies with all staff who need to know. Make sure they are aware of what actions are needed to manage each child’s food allergy on a daily basis.

## **3. Prepare for and respond to food allergy emergencies.**

- Make sure that all ECPs include the following:
  - A doctor’s statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA’s Child Nutrition Programs.
  - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
  - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medications and how they should be used. It should also include specific symptoms that would indicate the need to give one or more medications or take the child to an emergency medical facility.
- Make sure that parents of children with food allergies provide epinephrine auto-injectors to use in food allergy emergencies if their use is called for in the child’s ECP.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily.
- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- Contact parents immediately after any suspected allergic reaction. You also should contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child’s primary health care provider or allergist.
- If epinephrine is given, contact emergency medical services (EMS) and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child’s location and condition.
- Conduct periodic emergency response drills and practice how to handle a food allergy emergency.
- Be ready to respond to severe allergic reactions in children with no history of diagnosed food allergies or anaphylaxis.
- Review data and information (e.g., when and where medication was used) from incident reports of food allergy emergencies and assess the effect on affected children. Modify policies and practices as needed.

#### ***4. Support professional development on food allergies for staff.***

- Make sure staff receive professional development and training on food allergies.
- Make sure that training helps your program meet any applicable Head Start Program Performance Standards and Other Regulations.
- Coordinate training with licensed health care professionals.
- Invite parents of children with food allergies to participate in training for staff.

#### ***5. Educate children and family members about food allergies.***

- Communicate your program's responsibilities, expectations, and practices for managing food allergies to all parents through newsletters, announcements, and other methods.

#### ***6. Create and maintain a healthy and safe ECE program environment.***

- Increase awareness of food allergies and food allergy disabilities throughout the program environment.
- Make sure that children with food allergies have an equal opportunity to participate in all program activities and events.

### **Child Care Providers, Preschool Teachers, Teaching Assistants, Volunteers, Aides, and Other Staff**

#### ***1. Participate in the ECE program's coordinated approach to managing food allergies.***

- Help plan and implement the program's FAMPP.

#### ***2. Help with the daily management of food allergies for individual children.***

- Make sure all children with food allergies have an ECP. In programs that participate in USDA's Child Nutrition Programs, include a doctor's statement of disability.
- Make sure you understand the essential actions that you need to take to help manage food allergies and food allergy disabilities in children when they are under your supervision.
- Enforce hand washing practices and make sure tables and surfaces are cleaned before and after meals with approved soap and water or all-purpose cleaning products to reduce cross-contact of allergens.
- Work with parents to determine if any modifications are needed to make sure that children with food allergies can participate fully in all program activities.

### ***3. Prepare for and respond to food allergy emergencies.***

- Make sure that all ECPs include the following:
  - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
  - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
  - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medications and how they should be used. It should also include specific symptoms that would indicate the need to give one or more medications or take the child to an emergency medical facility.
- Make sure that parents of children with food allergies provide epinephrine auto-injectors to use in food allergy emergencies if their use is called for in the child's ECP.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily.
- Never hesitate to activate a child's ECP in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- Keep copies of ECPs for children in your care in a secure place that you can get to quickly and easily in an emergency.
- Provide feedback on the child's ECP and participate in a debriefing meeting after a food allergy reaction or emergency.
- Contact parents immediately after any suspected allergic reactions. You also should contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child's primary health care provider or allergist.
- If epinephrine is given, contact EMS, tell them when epinephrine was administered, and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child's location and condition.
- After each food allergy emergency, review how it was handled with the ECE program administrator, registered nurse, parents, staff members involved in the response, EMS responders, and the child to identify ways to prevent future emergencies and improve emergency response.

### ***4. Participate in professional development on food allergies.***

- Complete training to help you recognize and understand the following:
  - Signs and symptoms of allergic reactions and how they are communicated by young children.
  - How to read food label and identify allergens.
  - Your role in implementing a child's ECP.

- How to use an epinephrine auto-injector (if delegated and trained to do so).
- General strategies for reducing or preventing exposure to food allergens in the program setting and during field trips or other program-sponsored events.
- Policies that prohibit discrimination and bullying against children with food allergies.

## **5. Create and maintain a healthy and safe ECE program environment.**

- Promote a safe physical environment through the following actions:
  - Create rules and practices for dealing with food allergies, including preventing exposure to allergens. Tell parents about these rules and practices each year or when you find out that a child with a food allergy will be in your care.
  - Create ways for children with food allergies to participate in all class activities.
  - Avoid using known allergens in program activities, such as arts and crafts, counting, science projects, parties, holidays and celebrations, or cooking.
  - Enforce hand washing before and after eating.
  - Clean tables and chairs before and after eating with approved soap and water or all-purpose cleaning products.
  - Use nonfood items for rewards or incentives.
  - Encourage the use of allergen-safe foods or nonfood items for birthday parties or other celebrations. Support parents of children with food allergies who wish to send allergen-safe snacks for their children.
  - Discourage trading or sharing of food.
- Manage food allergies on field trips through the following actions:
  - Determine if the intended location is safe for children with food allergies.
  - Make sure that field trips and other events are consistent with the program's food allergy policies.
  - Plan for meals and snacks.
  - Make sure you have quick access to an epinephrine auto-injector or other medications and that you know where the nearest medical facilities are located. If a food allergy emergency occurs, activate the child's ECP and notify the parents.
  - Make sure that a person who is certified in first aid and trained to use an epinephrine auto-injector is available.
- Promote a positive psychosocial climate through the following actions:
  - Be a role model by respecting the needs of children with food allergies.



- Encourage supportive and positive interactions between children.
- Take action to address all reports of bullying or harassment of a child with a food allergy.
- Tell parents if you see negative changes in their child's behavior.

## Nutrition Services Staff

### **1. Participate in the ECE program's coordinated approach to managing food allergies.**

- Help plan and implement the program's FAMPP.

### **2. Help with the daily management of food allergies for individual children.**

- Read and regularly review each child's ECP. Make sure you understand the essential actions that you need to take to help manage food allergies in children during meals.
- Make sure you get the dietary orders and other relevant medical information that you need to accommodate children with food allergies.
- Document information about meal substitutions as outlined in each child's ECP. Make sure that the information needed to meet the U.S. Department of Agriculture's (USDA's) Child Nutrition Program regulations and state regulations is documented.
- Work with the state agency that administers USDA programs, the local health department, and dietitians in the community to get the information and resources you need to make sure your program is following all federal and state regulations and you are responding to a child's dietary requirements.
- Take the food allergies of the children in your program into account when you buy food and formula.
- Establish and follow policies and procedures to prevent allergic reactions and cross-contact of potential food allergens during food preparation and service.

### **3. Prepare for and respond to food allergy emergencies.**

- Make sure all ECPs include the following:
  - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
  - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food. If your program participates in the USDA's Child Nutrition Program, make sure you have the proper documentation to meet USDA and state regulations.
  - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medication and how they should be used.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily.

- Never hesitate to activate a child's ECP in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- Keep copies of ECP for children in your care in a secure place that you can get to quickly and easily in an emergency.
- Provide feedback on the child's ECP and participate in a debriefing meeting after a food allergy reaction or emergency.
- Contact parents immediately after any suspected allergic reactions. You also should contact parents immediately after a child ingests a potential allergen or has contact with a potential allergen, even if an allergic reaction does not occur. If the child needed treatment, recommend that the parents notify the child's primary health care provider or allergist.
- If epinephrine is given, contact EMS, tell them when epinephrine was administered, and have the child transported to an emergency room by ambulance. Contact the parents to tell them the child's location and condition.
- Make sure that a food service staff member who has been trained to respond to a food allergy reaction is available during all meals and snack times.

#### ***4. Participate in professional development on food allergies.***

- Complete training to help you recognize and understand the following:
  - Signs and symptoms of food allergies and how they are communicated by young children.
  - How to read food labels and identify food allergens.
  - How to use an epinephrine auto-injector (if delegated and trained to do so).
  - How to deal with emergencies in the ECE program setting in ways that are consistent with a child's ECP.
  - Legal rights of children with food allergies.
  - USDA's statutes, regulations, and guidance (for ECE programs participating in USDA's Child Nutrition Programs).
  - State, and local laws and policies for food services and food safety.
  - General strategies for reducing or preventing exposure to food allergens in the kitchen or area where food is served.
  - The role of nutrition staff in implementing a child's ECP, including the specific duties outlined in Head Start Program Performance Standards and Other Regulations.

## Health Services Staff

### **1. Participate in the ECE program's coordinated approach to managing food allergies.**

- Help plan and implement the program's FAMPP.

### **2. Ensure the daily management of food allergies for individual children.**

- Make sure children with food allergies are identified in a way that complies with Head Start Program Performance Standards and Other Regulations and established enrollment practices but does not compromise their confidentiality rights.
- Read and regularly review medical records and emergency information for all children with food allergies.
- Communicate with parents and health care providers (with parental consent) about any allergic reactions, changes in a child's health, and exposures to allergens.
- Read and regularly review each child's ECP. Make sure that all ECPs include the following:
  - A doctor's statement addressing the meal accommodation needs of particular child with a food allergy disability as required for USDA's Child Nutrition Programs.
  - Written instructions about food(s) to which the child is allergic and steps that should be taken to avoid that food.
  - A detailed treatment plan to be implemented if an allergic reaction occurs. This plan should include the names and doses of medications and how they should be used. It should also include specific symptoms that would indicate the need to give one or more medications or take the child to an emergency medical facility.
- Work with parents and health care providers to make sure that the medical needs of children with food allergies are met and that all necessary accommodations are made.
- Refer parents of children who do not have access to health care to State Children's Health Insurance Program providers.

### **3. Prepare for and respond to food allergy emergencies.**

- Keep copies of ECPs for children in your care in a secure place that you can get to quickly and easily in an emergency.
- Make sure that parents of children with food allergies provide epinephrine auto-injectors to use in food allergy emergencies if their use is called for in the child's ECP.
- Make sure that medications are kept in a secure place and that staff who are delegated and trained to use epinephrine auto-injectors can get to them quickly and easily. Regularly inspect the expiration date of epinephrine auto-injectors.

- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- If allowed by state and local laws, work with the program director to get extra epinephrine auto-injectors or nonpatient-specific prescriptions or standing orders for auto-injectors that can be used by a registered nurse and those delegated and trained to administer epinephrine during allergy emergencies.
- Never hesitate to activate a child's ECP in an emergency. If you are delegated and trained according to state laws, including regulations, be ready to use an epinephrine auto-injector.
- After each food allergy emergency, review how it was handled with the ECE program administrator, parents, staff members involved in the response, EMS responders, and the child to identify ways to prevent future emergencies and improve emergency response. Make revisions to the child's ECP as appropriate.

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

- Stay up-to-date on best practices for managing food allergies. Sources for this information include allergists who are treating children with food allergies and local health departments.
- Educate other staff about food allergies and the needs of children with food allergies in a way that does not compromise their confidentiality rights.
- Use each child's ECP to train other staff members how to recognize the specific signs of an allergic reaction in each child and how to respond to a food allergy emergency.
- Coordinate annual training for all staff on relevant federal and state regulations for managing food allergies in children.
- Coordinate annual training for all staff on emergency response protocol and practices, including how to respond to food allergy emergencies.
- Provide or coordinate training for delegated staff on how to use an epinephrine auto-injector.

See Section 6 for more resources and tools that might assist in managing food allergies and allergy-related emergencies in ECE programs.

## **Section 5.**

# **Federal Laws and Regulations that Govern Food Allergies in Schools and Early Care and Education Programs**

The federal laws and regulations described in this section address the responsibilities of schools and early care and education (ECE) programs to help children and adolescents manage food allergies that may constitute a disability under federal law and to ensure that children are not subject to discrimination on the basis of their disability. This section also addresses privacy and confidentiality requirements that apply to the education records of students with food allergies, regardless of whether they have been found to have a disability under federal law. Schools and ECE programs are encouraged to copy and distribute relevant laws to appropriate staff and to reinforce relevant laws and regulations in all training provided to staff. For information on how to get copies of relevant federal laws and regulations, see Section 6.<sup>g</sup>

The federal laws described in this section 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 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA)<sup>h</sup>**

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 from ED include public school districts, other state and local educational agencies, and postsecondary educational institutions. The Department of Education's Office for Civil Rights (OCR) enforces Section 504 as it applies to these recipients. The USDA enforces Section 504 as it applies to recipients of federal financial assistance from USDA.

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. For public schools, OCR shares Title II enforcement responsibilities with the U.S. Department of Justice (DOJ).

Section 504 and Title II of the ADA require that qualified individuals with disabilities, including students, parents, and other program participants, not be excluded from or denied the benefits of services, programs, or activities or otherwise subjected to discrimination by reason of a disability. Public school districts that receive federal financial assistance are covered by both Section 504 and Title II. As a general rule, because Title II does not provide less protection than Section 504, violations of Section 504 also constitute violations of Title II. To the extent that Title II provides greater protections, schools must also comply with Title II and provide those additional protections.

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g. In addition to becoming familiar with these relevant federal laws, schools and ECE programs should determine which applicable state statutes, policies, and regulations and local statutes and policies should be considered when developing management plans for children with food allergies.

h. Both the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA) were amended by the ADA Amendments Act of 2008, Pub L No. 110-325.

If a student's food allergy is a disability, that student is entitled to the protections of Section 504 and the ADA. Both laws define a disability as a physical or mental impairment that substantially limits a major life activity. Children with food allergies may be substantially limited in major life activities such as eating, breathing, or the operation of major bodily functions such as the respiratory or gastrointestinal system. The U.S. Congress has made clear that the definition of disability under Section 504 and the ADA is to be construed broadly.<sup>i</sup>

Under both Section 504 and Title II, students with disabilities in public schools must be given an equal opportunity to participate in academic, nonacademic, and extracurricular activities. ED's Section 504 regulation outlines a process for schools to use to determine whether a student has a disability and to determine what services a student with a disability needs.<sup>j</sup> This evaluation process must be tailored individually because each student is different, and his or her needs will vary. The Section 504 regulations specify that school districts must identify all students with disabilities and provide them with a free appropriate public education (FAPE).

Under ED's Section 504 regulation, FAPE is the provision of regular or special education and related aids and services designed to meet the individual educational needs of students with disabilities as adequately as the needs of students who do not have disabilities are met. A student does not have to receive special education services, however, in order to receive related aids and services under Section 504. The most common practice is to include these related aids and services, as well as any needed special education services, in a written document, sometimes called a Section 504 plan. Even if a school district does not believe that a student needs special education or related aids and services, Section 504 and Title II require the district to consider whether it can reasonably modify policies, practices, or procedures to ensure that a student with a disability has an equal opportunity to participate in and benefit from the school's services and programs. ED's Section 504 regulation also states that public preschool and day care programs operated by recipients of federal funds may not, on the basis of disability, exclude students with disabilities and must take their needs into account when determining the aid, benefits, or services to be provided.<sup>k</sup>

Under ED's Section 504 regulation, private schools that receive federal financial assistance may not exclude an individual student with a disability if the school can, with minor adjustments; provide an appropriate education to that student. Private, nonreligious schools and ECE programs are covered by Title III of the ADA. Title III prohibits public accommodations such as these from discriminating against individuals with disabilities in the full and equal enjoyment of the entity's services and activities. Under Title III, private schools and ECE programs must make reasonable modifications to policies, practices, and procedures when necessary to give children with disabilities, including those with food allergies, full and equal access to and participation in programs and services unless the entity can show that the modification would result in a fundamental alteration of those programs and services.

Under Section 504 and the ADA, children with food allergy disabilities in schools and ECE programs must be provided with the services and modifications they need in order to attend. Examples of these services and modifications might include implementing allergen-safe food plans, administering epinephrine according to a doctor's orders (even if the school or ECE program has a no-medication policy), allowing students to carry their own medication, and providing an allergen-safe environment in which the student can eat meals.

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i. ADA Amendments Act of 2008, Pub L No. 110-325.

j. 34 CFR 104.35.

k. 34 CFR 104.38.

Disability harassment is a form of discrimination prohibited by Section 504 and Titles II and III of the ADA. Harassment creates a hostile environment when the conduct is sufficiently serious so as to interfere with or limit a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school. When student-on-student disability harassment occurs and the school knows or reasonably should know about the harassment, a school must take prompt and effective steps reasonably calculated to end the harassment, prevent its recurrence, and eliminate any hostile environment created by the harassment. Section 504 and Title II require schools to take such steps and prohibit schools from encouraging, tolerating, or ignoring peer harassment based on disability that creates a hostile environment. Bullying, teasing, or harassment about an allergy can lead to psychological distress for children with food allergies which could lead to a more severe reaction when the allergen is present. And exposing an allergic child to the allergen (e.g., putting the allergen in the child's food or forcing the child to ingest the allergen) can have very serious—even fatal—consequences. School districts, in developing and implementing policies on bullying and harassment, should instruct staff and students as to how such policies apply to children with food allergies, including the possible disciplinary consequences for bullying and harassment that target or place food-allergic children at risk. Additional consequences could be to separate the harasser from the target and to provide counseling for the target or the harasser. Finally, a school should take steps to stop further harassment and prevent any retaliation against the person who made the complaint (or was the subject of the harassment) or against those who provided information as witnesses.

## **Governing Statutes and Regulation for U.S. Department of Agriculture's (USDA) Child Nutrition Programs (CNPs)**

Child Nutrition Programs include the National School Lunch, School Breakfast, and Special Milk Programs, and the Child and Adult Care Food Program, Summer Food Service Program, Fresh Fruit and Vegetable Program, and Afterschool Snack Program.

The ADA, as amended, Section 504 of the Rehabilitation Act, The Richard B. Russell National School Lunch Act 42 USC 1758(a), the Child Nutrition Act, CNP regulations, and USDA's Non-discrimination regulations at 7 CFR 15b, govern meal accommodations for children with food related disabilities in schools and ECE programs that participate in the CNPs. USDA has oversight for providing meals in these programs. Program operators in the CNPs must make meal accommodations to regular program meals for children identified by a licensed doctor as having a food allergy disability that prevents them from consuming a meal as prepared. For purposes of discussion in these guidelines, if a child has a food allergy that is identified as a disability by a licensed doctor, meal accommodations must be provided.

Additionally, a school, institution, and site participating in USDA's Child Nutrition Programs, is not required to establish a Section 504 plan, IEP, IHP, ICP (or any plan that may be used by a child with special dietary needs) to make an accommodation to a program meal for a child with a food related disability. Instead, the CNPs require a written statement from a licensed doctor which identifies the following requirements:

- The child's disability (according to pertinent statutes).
- An explanation of why the disability restricts the child's diet.
- The major life activity affected by the disability.
- The food or foods to be omitted from the child's diet.
- The food or choice of foods that must be substituted.<sup>62</sup>

A statement signed by a licensed doctor addressing the points above is sufficient. However, the written statement from a licensed doctor may be incorporated in any of the plans discussed above.

## Individuals with Disabilities Education Act (IDEA)

IDEA Part B<sup>l</sup> provides federal funds to help states make FAPE available to eligible children with disabilities in the least restrictive environment. The obligation to make FAPE available in the least restrictive environment begins at the child's third birthday and could last until the child's twenty-second birthday, depending on state law or practice.<sup>m</sup> FAPE under IDEA Part B refers to the provision of special education and related services at no cost to the parents that include an appropriate preschool, elementary school, or secondary school education at the state level. Eligibility determinations under IDEA Part B are made at the state and local school district level on an individual, case-by-case basis in light of applicable IDEA Part B requirements and state education standards. At the federal level, IDEA is administered by the Office of Special Education Programs in the Office of Special Education and Rehabilitative Services in the ED.

A child could be found eligible for services under IDEA Part B because of a food allergy only if it adversely affects the child's educational performance, and the child needs special education and related services because of the food allergy. If determined eligible, the school district must develop an Individualized Education Program (IEP) for the child, or if appropriate, an Individualized Family Service Plan (IFSP) for a child age three through five.<sup>n</sup> An IEP is a written document developed by a team that includes the child's parents and school officials. It sets out, among other elements, the special education and related services and supplementary aids and services to be provided to the child. If parents place their disabled child at a private school at their own expense, IDEA Part B generally would not require the school district to develop an IEP for the child at the private school. In general, if a child with a food allergy only needs a related service and does not need special education, that child would not be eligible for services under IDEA Part B. Such a child might still be eligible for services or modifications under Section 504 or Title II.

In addition, IDEA Part C provides federal funds to assist states in identifying and providing early intervention services to children with disabilities from birth to age three and, at the state's discretion, through five or when the child enters kindergarten. Under IDEA Part C, a child is eligible based on a developmental delay, diagnosed condition, or, at the state's discretion, at-risk status. An IFSP is a document written by a team that includes the child's parents that identifies the specific early intervention services needed by the child.<sup>o</sup>

## Family Educational Rights and Privacy Act (FERPA) of 1974

FERPA applies to educational agencies or institutions that receive federal funds under a program administered by ED.<sup>p</sup> FERPA generally prohibits schools and school districts from disclosing personally identifiable information from a student's education record unless the student's parent or the eligible student (a student who is aged 18 years or older or who attends an institution of postsecondary education) provides prior, written consent for the disclosure. This requirement has several exceptions.<sup>q</sup>

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l. IDEA Part B is codified at 20 U.S.C. 1401 through 1407 and 1411 through 1419, and the IDEA part B regulations are at 34 C.F.R. Part 300.

m. 34 C.F.R. §§300.101–300.102.

n. 34 C.F.R. §§300.323 (b) (IEP or IFSP for children aged three through five).

o. Part C of the IDEA is codified at 20 U.S.C. §§1401 – 1407 and 1431 through 1443 and the Part C regulations are at 34 C.F.R. Part 303.

p. 20 U.S.C. 1232g. 34 C.F.R. Part 99.

q. In general and consistent with FERPA, IDEA's confidentiality protections require prior written consent for disclosures of personally identifiable information contained in a child's early intervention or education records, unless a specific exception applies. See, 20 U.S.C. 1417(c) and 1442; 34 C.F.R. §§300.610-300.626 of the IDEA Part B regulations; and 34 C.F.R. §§303.401-303.417 of the IDEA Part C regulations.



One exception permits schools to disclose personally identifiable information from a student's education record without obtaining prior written consent to school officials, including teachers, who have legitimate educational interests in the information, including the educational interests of the child. Schools must use reasonable methods, such as physical, technological, or administrative access controls, to ensure that school officials obtain access only to those education records in which they have legitimate educational interests. To use this exception, schools must include in their annual notification of FERPA rights to parents and eligible students the criteria for determining who constitutes a school official and what constitutes a legitimate educational interest.

This exception for school officials also applies to a contractor, consultant, volunteer, or other party to whom a school has outsourced institutional services or functions provided that the outside party:

- Performs an institutional service or function for which the school would otherwise use employees.
- Is under the direct control of the school with respect to the use and maintenance of education records.
- Is subject to the requirements in FERPA that govern the use and redisclosure of personally identifiable information from education records.

Another exception to the requirement of prior written consent permits schools to disclose personally identifiable information from an education record to appropriate parties, including the parent of an eligible student, in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. Under this exception, a school may take into account the totality of the circumstances pertaining to a threat to the health or safety of a student or other individuals. If a school determines that there is an articulable and significant threat to the health or safety of a student or other individuals, it may disclose information from education records to any person whose knowledge of the information is necessary to protect the health or safety of the student or other individuals. If the information available at the time of the incident forms a rational basis for the decision to disclose information, ED will not substitute its judgment for that of the school in evaluating the circumstances and making its determination. When disclosures are made under this exception, a school must record the articulable and significant threat to the health or safety of a student or other individual that formed the basis for the disclosure and the parties to whom the information was disclosed.

In addition, under FERPA, the parent or eligible student must be given the opportunity to inspect and review the student's education records. A school must comply with a request for access to the student's education records within a reasonable period of time, but not more than 45 days after it has received the request.

Additional information and resources, including how to access copies of federal laws, are provided in Section 6.

## Section 6.

# Food Allergy Resources

### Federal Resources

#### Food Allergy Overview

[www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/default.aspx](http://www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/default.aspx)

U.S. Department of Health and Human Services (HHS), National Institute of Allergies and Infectious Diseases. These resources are designed to improve understanding of food allergies, share information about food allergy research, and present current guidelines for clinical diagnosis and management of food allergies in the United States. General information about food allergies is also available in PDF format at [www.niaid.nih.gov/topics/foodallergy/documents/foodallergy.pdf](http://www.niaid.nih.gov/topics/foodallergy/documents/foodallergy.pdf).

#### Food Allergies: What You Need to Know

[www.fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm](http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm)

U.S. Department of Health and Human Services (HHS), Food and Drug Administration. These resources are designed to improve understanding of food allergies and labeling of food products that contain proteins derived from the eight most common food allergens. Information also includes food allergy updates for consumers.

#### Guidance for Early Care and Education Programs

[www.ehsnrc.org/Publications](http://www.ehsnrc.org/Publications)

U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Head Start. Early Head Start Tip Sheet 3. Formula at EHS Socializations, August 2010.

<http://eclkc.ohs.acf.hhs.gov/hslc/mr/monitoring>

U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Head Start. FY 2011 Office of Head Start Monitoring Protocol and Guides: Nutrition Services. FY 2013 Office of Head Start Monitoring Protocol.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements>

U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Head Start. Head Start Program Performance Standards and Other Regulations.

<http://nrckids.org/CFOC3/index.htm>

U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration, Maternal and Child Health Bureau; American Academy Of Pediatrics; American Public Health Association; National Resource Center for Health and Safety in Child Care and Early Education. *Caring For Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. 3rd edition.

## **Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center**

<http://rems.ed.gov>

Sponsored by the U.S. Department of Education (ED) the REMS TA Center's primary goal is to support schools, school districts, and institutions of higher education in school emergency management, including the development and implementation of comprehensive all-hazards emergency management plans. The TA Center disseminates information about school emergency management to help individual schools, school districts, and institutions of higher education learn more about developing, implementing, and evaluating comprehensive, all-hazards school emergency management plans. In addition, the TA Center helps ED coordinate technical assistance meetings and share school emergency management information, and responds to direct requests for technical assistance and training.

## **The National Center on Safe Supportive Learning Environments**

<http://safesupportiveschools.ed.gov>

Supported by the U.S. Department of Education, (ED) the National Center on Safe Supportive Learning Environments (NCSSE) provides information and technical assistance to states, districts, schools, institutions of higher education, communities, and other federal grantees programs on how to improve conditions for learning.

To improve conditions for learning, the Center assists others in measuring school climate and conditions for learning and implementing appropriate programmatic interventions, so that all students have the opportunity to realize academic success in safe and supportive environments. The Center also specifically addresses issues related to bullying, violence and substance abuse prevention that often negatively impact learning environments.

## **Guidance Related to Federal Laws**

### **FDA Food Safety Modernization Act**

<http://www.fda.gov/Food/GuidanceRegulation/FSMA/default.htm>

The U.S. Department of Health and Human Services (HHS), Food and Drug Administration provides extensive information about the FDA Food Safety Modernization Act (FSMA). Even though CDC rather than FDA has implemented Section 112, Food Allergy and Anaphylaxis Management, this FDA website provides access to the full text of the law, including Section 112, Food Allergy and Anaphylaxis Management.

### **FERPA**

[www.ed.gov/fpco/doc/ferpa-hipaa-guidance.pdf](http://www.ed.gov/fpco/doc/ferpa-hipaa-guidance.pdf)

The U.S. Department of Education (ED) and U.S. Department of Health and Human Services (HHS), *Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records*, November 2008.

### **Federal Statutes and Regulations**

The following statutes are in the U.S. Code (U.S.C.). Regulations implementing these statutes are in the Code of Federal Regulations (CFR).

[www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html](http://www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html)

Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. §794, implementing regulations at 34 CFR Part 104.

[www2.ed.gov/policy/rights/reg/ocr/edlite-28cfr35.html](http://www2.ed.gov/policy/rights/reg/ocr/edlite-28cfr35.html) and [www.ada.gov](http://www.ada.gov)

Title II of the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12131 et seq., implementing regulations at 28 CFR Part 35.

[www.ada.gov](http://www.ada.gov)

Title III of the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12181 et. seq., and its implementing regulations at 28 CFR Part 36.

[www.eeoc.gov/laws/statutes/adaaa.cfm](http://www.eeoc.gov/laws/statutes/adaaa.cfm)

Americans with Disabilities Act Amendments Act of 2008.

<http://idea.ed.gov>

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1400 et seq., implementing regulations at 34 CFR Part 300.

[www2.ed.gov/policy/gen/guid/fpco/index.html](http://www2.ed.gov/policy/gen/guid/fpco/index.html)

Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, implementing regulations at 34 CFR Part 99.

For copies of Section 504 and Title II regulations, contact the Customer Service Team of the Office for Civil Rights, U.S. Department of Education, toll-free at 1-800-421-3481. For TTY, call 1-877-521-2172.

For copies of the IDEA regulations, contact EdPubs at 1-877-433-7827.

## **FDA Food Code**

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/default.htm>

Issued in accordance with FDA's Good Guidance Practices regulation (21 CFR 10.115; 65 FR 56468; September 19, 2000; revised as of April 1, 2008), the Food Code is a model that assists food control jurisdictions at all levels of government by providing them with a scientifically sound technical and legal basis for regulating the retail and food service segment of the industry. It serves as a reference document for state, city, county and tribal agencies that regulate restaurants, retail food stores, vending operations and food service operations in institutions such as schools, hospitals, nursing homes and child care centers.

## **Richard B. Russell National School Lunch Act, Section 9(a) [42 U.S.C. 1751]**

<http://www.fns.usda.gov/cnd/Governance/Legislation/NSLA.pdf>

Issued to assist States in the establishment, maintenance, operation and expansion of school lunch programs and for other purposes. The Act includes the Summer Food Service Program at Section 13, [42 U.S.C. 1771], Child and Adult Care Food Program Section 17 [U.S.C. 1766], Meal Supplements for Children in Afterschool Care, Section 17A [42 U.S.C. 1766a].

[http://www.fns.usda.gov/cnd/Governance/Legislation/CNA\\_1966\\_12-13-10.pdf](http://www.fns.usda.gov/cnd/Governance/Legislation/CNA_1966_12-13-10.pdf)

Child Nutrition Act of 1966, The purpose being to strengthen and expand food service programs for children. Section 15(6)(7) [42 U.S.C. 1771] to include the Special Milk Program, Section 3, [42 U.S.C. 1772], School Breakfast Program, Section 4 [42 U.S.C. 1773].

## USDA Regulations

[http://www.fns.usda.gov/cnd/governance/regulations/7cfr220\\_13.pdf](http://www.fns.usda.gov/cnd/governance/regulations/7cfr220_13.pdf)

National School Lunch Program, 7 CFR 210.10(m).

[http://www.fns.usda.gov/cnd/governance/regulations/7cfr220\\_13.pdf](http://www.fns.usda.gov/cnd/governance/regulations/7cfr220_13.pdf)

School Breakfast Program, 7 CFR 220.23(d).

[www.fns.usda.gov/cnd/governance/regulations/7cfr245\\_13.pdf](http://www.fns.usda.gov/cnd/governance/regulations/7cfr245_13.pdf)

Determining Eligibility for Free and Reduced Priced Price Meals and Free Milk, 7 CFR 245.5(a)(1)(ix).

Child and Adult Care Food Program, 7 CFR Part 226.6 (b) and (m), 226.20(h), and 226.23(b).

Summer Food Service Program, 7 CFR Part 225.3, 225.7, and 225.16.

<http://www.gpo.gov/fdsys/pkg/CFR-2005-title7-vol1/pdf/CFR-2005-title7-vol1-part15.pdf>

USDA's Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance, & CFR Part 15(b).

## Technical Assistance and Answers About Federal Laws

The Office for Civil Rights (OCR) and the Office of Special Education Programs (OSEP) in the U.S. Department of Education, as well as the U.S. Department of Justice, can answer questions and provide technical assistance.

For more information about the applicable legal standards and OCR's approach to investigating allegations of disability harassment, see the *Joint Dear Colleague Letter*, issued by OCR and ED's Office of Special Education and Rehabilitative Services, on Prohibited Disability Harassment (July 25, 2000), available at <http://www2.ed.gov/about/offices/list/ocr/docs/disabharassltr.html>, and OCR's *Dear Colleague Letter* on Harassment and Bullying (October 26, 2010), available at <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.html>.

For more information about bullying of students with disabilities under the IDEA, see the *Dear Colleague Letter*, issued by ED's Office of Special Education and Rehabilitative Services, on Bullying (August 20, 2013) available at <http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/bullyingdcl-8-20-13.doc>.

For more information from OSEP, call 202-245-7459. For TTY, call 202-205-5637. Information is also available online at [www2.ed.gov/about/offices/list/osers/osep/contact.html](http://www2.ed.gov/about/offices/list/osers/osep/contact.html).

More information about the Family Educational Rights and Privacy Act (FERPA) of 1974 is available at [www2.ed.gov/policy/gen/guid/fpco/index.htm](http://www2.ed.gov/policy/gen/guid/fpco/index.htm).

For more information about the Americans with Disabilities (ADA) Act from the U.S. Department of Justice, contact the ADA Information Line toll-free at 1-800-514-0301. For TTY, call 1-800-514-0383. Information is also available online at [www.ada.gov](http://www.ada.gov).

# USDA Food and Nutrition Service, Child Nutrition Programs Resources for Meal Accommodations

## Policy Memorandum

<http://www.fns.usda.gov/cnd/governance/Policy-Memos/2013/SP36-2013os.pdf>

Guidance Related to the ADA Amendments Act of 2008.

## USDA Guidance

[http://www.fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)

Accommodating Children with Special Dietary Needs in the School Nutrition Programs/Guidance for School Food Service Staff.

## USDA Food and Nutrition Service Food Allergy Resources

<http://www.fns.usda.gov/food-safety/food-allergy-resources>

Program Operators of the Child Nutrition Programs: For questions regarding meeting the dietary needs of children with food related disabilities please contact the agency in your state that administers these programs. State agency contacts are found at: <http://www.fns.usda.gov/office-type/child-nutrition-programs>.

## National Nongovernmental Resources

Web site addresses of nonfederal organizations are provided solely as a service to our readers. Provision of an address does not constitute an endorsement of this organization by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of other organizations' Web pages.

### Food Allergy

[www.aaaai.org/conditions-and-treatments/allergies/food-allergies.aspx](http://www.aaaai.org/conditions-and-treatments/allergies/food-allergies.aspx)

Sponsored by the American Academy of Allergy Asthma and Immunology, this site provides basic information about food allergy diagnosis, treatment, and management and helpful tips for people with food allergies. Resources include a sample Anaphylaxis Emergency Action Plan, guidance for schools, and *Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel*.

### Food Allergy Research and Education

[www.foodallergy.org](http://www.foodallergy.org)

This site provides information and resources about food allergies and anaphylaxis to help people with food allergies and their families. Information includes educational and resource materials for use in schools, child care settings, and communities.

### About Food Allergies: Overview

<http://www.foodallergy.org/home>

Sponsored by the Food Allergy Initiative, this site provides information to raise awareness and understanding of food allergies and to help those who support people with food allergies.

## **Food Allergy and Anaphylaxis: An NASN Tool Kit**

[www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis](http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis)

Sponsored by the National School Nurses Association, this site provides a variety of tools and templates to educate and help people who are responsible for managing students with food allergies as an integral part of the delivery of health care services in schools.

## **Food Allergies: What School Employees Need to Know**

<http://neahin.org/foodallergies>

Developed by the NEA (National Education Association) Health Information Network, with support from the U.S. Department of Agriculture, this booklet is designed to educate school employees about food allergies and how they can help to prevent and respond to allergic reactions in schools. Booklets are available in print and online in both English and Spanish.

## **National Food Service Management Institute Resources**

<http://www.nfsmi.org/foodallergy>

Located in the School of Applied Science at The University of Mississippi the National Food Service Management Institute's (NFSMI) mission is to provide information and services that promote the continuous improvement of child nutrition programs. With funding support from the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) since 1991, NFSMI has continued apply research and provide education, training, and technical assistance to those working in child nutrition programs. The specific duties of the NFSMI are described in Section 21 of the Richard B. Russell National School Lunch Act.

## **National Nongovernmental Resources: School Policy**

### **Safe at School and Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies**

[www.nsba.org/foodallergyguide.pdf](http://www.nsba.org/foodallergyguide.pdf)

Developed by the National School Boards Association, this guide is designed to help school leaders, especially school boards, make sure that policies at the district and school level support the safety, well-being, and success of students with life-threatening food allergies. It includes a checklist that school can use to assess the extent to which the guide's components are included in their food allergy policies and used in practice. It also has examples of state and local education policies.

### **Statewide Guidelines for Schools**

<http://www.foodallergy.org/laws-and-regulations/statewide-guidelines-for-schools>

Hosted by Food Allergy Research & Education (FARE), this site provides state guidelines for managing food allergies in schools.

## National Nongovernmental Resources: Food Allergy Training

### How to CARE for Students with Food Allergies: What Every Educator Should Know

<http://allergyready.com>

This free online course, developed by Food Allergy Research & Education (F.A.R.E.), is designed to help teachers, administrators, and other school staff members prevent and manage potentially life-threatening allergic reactions. Educational materials include guidance for people who might be training staff how to use an epinephrine auto-injector.

### Managing Food Allergies in Schools: Food Allergy Education for the School Community

[www.allergyhome.org/schools](http://www.allergyhome.org/schools)

This resource was developed in partnership with Kids with Food Allergies, the Asthma and Allergy Foundation of America New England Chapter, the Association of Camp Nurses, and the American Camping Association. It was modified for and approved by the Massachusetts Department of Public Health's School Health Services. It provides practical teaching tools, including presentations with audio to assist in nurse, staff, parent and student education. This resource provides school nurses with tools to assist in the training their school community, including students and parents without food allergies, and includes guidance for school nurses who will train staff on administration of epinephrine by auto-injector. It includes links to other allergy education sites, materials for families of children with food allergies, and materials for others working in child care and camp programs.

## National Nongovernmental Resources: Parent Education

### Nutrition and Food Allergies

[www.healthychildren.org/English/healthy-living/nutrition/Pages/default.aspx](http://www.healthychildren.org/English/healthy-living/nutrition/Pages/default.aspx)

Information provided for parents by the American Academy of Pediatrics. This site includes articles on common food allergies and food allergies in children.

Managing Food Allergies in Schools: Guidance for Parents

<http://www.foodallergy.org/document.doc?id=123>

Developed by Food Allergy Research & Education (formerly The Food Allergy and Anaphylaxis Network) the National School Boards Association, and the National Association of School Nurses, this document can help parents prepare to send children with food allergies to school.



## Glossary of Abbreviations and Acronyms

<b>Abbreviation or Acronym</b>	<b>Description</b>
<b>ACF</b>	HHS' Administration of Children and Families
<b>ADA</b>	Americans with Disabilities Act
<b>CDC</b>	HHS' Centers for Disease Control and Prevention
<b>CNP</b>	Child Nutrition Program
<b>DOJ</b>	United States Department of Justice
<b>ECE</b>	Early Care and Education
<b>ECP</b>	Emergency Care Plan
<b>ED</b>	United States Department of Education
<b>EMS</b>	emergency medical services
<b>FAMPP</b>	Food Allergy Management and Prevention Plan
<b>FAPE</b>	free appropriate public education
<b>FERPA</b>	Family Educational Rights and Privacy Act of 1974
<b>FDA</b>	HHS' Food and Drug Administration
<b>FSMA</b>	Food Safety Modernization Act of 2011
<b>HIPAA</b>	Health Insurance Portability and Accountability Act of 1996
<b>HHS</b>	United States Department of Health and Human Services
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IEP</b>	Individualized Education Program
<b>IgE</b>	Refers to the protein antibody immunoglobulin E.
<b>IHP</b>	Individualized Health Plan
<b>NCCDPHP</b>	CDC's National Center for Chronic Disease Prevention and Health Promotion
<b>NIAID</b>	HHS' National Institute of Allergy and Infectious Diseases
<b>OCR</b>	ED's Office for Civil Rights
<b>USDA</b>	United States Department of Agriculture

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