



Keeping Children with Food Allergies Safe at School

50%

Food allergies among children increased by 50 percent between 1997 and 2011, according to a 2013 study released by the Centers for Disease Control and Prevention (CDC).

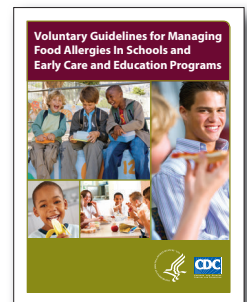
40%

Today, one in 13 children has food allergies, and nearly 40 percent of these children have already experienced a severe allergic reaction. Many of these reactions happen at school.

The CDC recently published National Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, available at www.foodallergy.org/CDC. The information in these guidelines helps schools to avoid, recognize and treat allergic reactions while ensuring that students with food allergies are safely included in all school activities.

Important highlights and recommendations from the CDC National Guidelines:

1. Every school should have a Food Allergy Management and Prevention Plan (FAMPP) that outlines the school or district's overall policy and procedures for managing food allergies.
2. Every child at risk for anaphylaxis should have an individual written accommodation plan. In public schools, this plan will often be a Section 504 plan. In private schools, a similar written plan will serve the same purpose.
3. A child's accommodations plan (504 plan or other written plan) has two parts:
 - a. The accommodations or services needed for the child to be safely included in activities.
 - b. The emergency care plan that explains how to treat an allergic reaction.
4. Common accommodations (e.g. allergen-free classroom) and recommended practices can be found in pages 41-43 of the guidelines.
5. Food allergies may constitute a disability under the law. This is important because schools cannot exclude children with food allergies from activities (e. g. science experiments, classroom celebrations, field trips etc.) because of their food allergies.



Additional Resources:

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

www.foodallergy.org/CDC

Trends in Allergic Condition: Data Brief from the Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/nchs/data/databriefs/db121.pdf>

Protecting Students with Disabilities—Guidance from the Office for Civil Rights (OCR)

<http://www2.ed.gov/about/offices/list/ocr/504faq.html>

Food Allergy & Anaphylaxis Emergency Care Plan

<http://www.foodallergy.org/document.doc?id=234>





Food Allergies: What PTOs and PTAs Need to Know

Food Allergy Tips for Parent-Teacher Organizations (PTOs) and Parent-Teacher Associations (PTAs)

Today, one in 13 children has food allergies, and nearly 40 percent of these children have experienced a severe or life-threatening reaction. Many of these reactions happen at school. Parent-Teacher Organizations (PTOs) and Parent-Teacher Associations (PTAs) are a vital part of the school community, providing an organized family and community component. As a PTO or PTA leader, you can be a powerful voice for your children and other children, advocating for their health, safety, education and overall well-being.

Children with food allergies need your support to ensure their safety and inclusion. From classroom parties, to school family nights, to after-school fundraisers, keep in mind that all students in the community should be able to participate safely.

The Centers for Disease Control and Prevention (CDC) has published National Guidelines for Managing Food Allergies in Schools, available at www.foodallergy.org/CDC. The recommendations below are a few examples of recommended practices to help ensure students with food allergies are safely included. We encourage you to review the complete list of the CDC's Recommended Practices, on pages 41–43 of the guidelines available at www.foodallergy.org/CDC.

- Avoid the use of identified allergens in class parties, holidays, celebrations, crafts, snacks or rewards.
- Use non-food incentives for prizes, gifts, awards, and fundraisers.
- When possible, avoid ordering foods from restaurants because food allergens may be present, but unrecognized. Have ingredient information readily available for all pre-packaged and/or catered food items.
- Do not exclude children with food allergies from events or extra-curricular activities.
- Make sure that food allergy policies and practices address foods available during fundraisers, class parties, at athletic events and during after-school programs.
- Have rapid access to epinephrine auto-injectors in cases of emergency and train staff to use them.

Did you know?

Food allergies may constitute a disability under the law. Children with food allergies are entitled to an equal opportunity to participate in all school programs and events including extra-curricular activities. This usually applies to activities held by groups such as PTOs and PTAs. (See Section 5 of the CDC guidelines for more information on federal laws that pertain to food allergies.)



Additional Resources:

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care Programs*. 2013.

www.cdc.gov/healthyyouth/foodallergies

Food Allergy & Anaphylaxis Emergency Care Plan by Food Allergy Research & Education

www.foodallergy.org/document.doc?id=234

Protecting Students with Disabilities—Guidance from the Office for Civil Rights (OCR)

www2.ed.gov/about/offices/list/ocr/504faq.html

U.S. Department of Education “Dear Colleague Letter”—School obligations under Section 504

www2.ed.gov/about/offices/list/ocr/letters/colleague-201301-504.html



Ideas for Non-Food Treats

The Centers for Disease Control & Prevention's (CDC) [“Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs”](#) recommend avoiding the use of known allergens in classroom activities, such as arts and crafts, counting, science projects, parties, holidays and celebrations, or cooking. The guidelines advise using nonfood items for rewards or incentives to help create and maintain a healthy, safe, and inclusive environment for students.

Here are some ideas for nonfood rewards or treats:

Low Cost Non-food Treats/Rewards

- Glow sticks, glow bracelets or necklaces
- Friendship bracelets or silly rings
- Pencils, pens, crayons or markers
- Bubbles
- Erasers or pencil toppers
- Mini Slinkies
- Whistles, kazoos, or noisemakers
- Bouncy balls
- Finger puppets or novelty toys
- Mini notepads
- Activity or coloring books
- Playing cards
- Bookmarks or books
- Stickers
- Stencils
- Jump rope
- Yo-yo
- Marbles or jacks
- Hair accessories or sunglasses
- Jigsaw puzzle
- Crazy straw
- Trophy, medal, certificate or note of recognition
- Praise on school announcements or positive call home to parents

No Cost Treats/Rewards

Children can help their teachers develop rewards for good behavior or activities to celebrate special occasions. Here are some ideas for zero cost classroom rewards:

- Special privileges or “no homework” pass
- Extra recess, free time or computer time
- Sit with friend or extra social time
- Watch a video, listen to music or play a game
- Teacher challenge (wear a silly outfit or wig, etc.)

For more ideas, visit:

- http://michigan.gov/documents/mde/foodrewards_290201_7.pdf
- <http://www.interventioncentral.org/behavioral-interventions/rewards/jackpot-ideas-classroom-rewards>

Prevent Cross-Contact

Keep diners with food allergies safe. Even a tiny amount of an allergen can cause a severe and potentially life-threatening allergic reaction.

| Cross-Contact | Cross-Contamination |
|--|---|
| Occurs when an allergen is unintentionally transferred from one food to another | Occurs when microorganisms like bacteria contaminate food |
| Can cause food allergy reactions | Can cause foodborne illnesses |
| Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction | Proper cooking may reduce or eliminate the chances of foodborne illness |



Always wash hands and change gloves between preparing different menu items



Clean and sanitize surfaces between every menu item: countertops, cutting boards, flat-top grills, etc.



Always use clean kitchen tools for food preparation: pots, baking sheets, utensils, cutting boards, etc.



Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.



Remember: If a mistake is made, you must start over and remake the allergy-friendly meal

Proper Cleaning to Remove Allergens



Wash with warm, soapy water



Rinse with clean water



Air dry



MILK



WHEAT



EGGS



SOY



SHELLFISH



PEANUTS



TREE NUTS



FISH

Top 8 Allergens

But over 170 foods have caused food allergy reactions

Sources of Cross-Contact

Cross-contact occurs when an allergen is unintentionally transferred from one food to another. Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction.

| Source of Cross-Contact | Example: |
|--|---|
| Hands | <ul style="list-style-type: none"> Handling shrimp and then preparing a salad Touching almonds and then making pasta |
| Utensils, cutting boards, baking sheets, pots & pans | <ul style="list-style-type: none"> Using the same spatula to flip a hamburger after a cheeseburger Slicing cheese and then vegetables on the same cutting board |
| Preparation and cooking surfaces | <ul style="list-style-type: none"> Preparing different kinds of sandwiches on the same countertop Cooking fish and chicken on the same flat top grill |
| Steam, splatter, flour dust and crumbs | <ul style="list-style-type: none"> Steam from cooking fish or shellfish touches nearby foods Baking flour from pancake mix splatters onto bacon |
| Refrigerators, freezers and storage areas | <ul style="list-style-type: none"> Ranch dressing drips onto a vinaigrette stored on a lower shelf Milk leaks onto margarine stored on the same shelf |
| Deep fryers and cooking oils | <ul style="list-style-type: none"> Making french fries in a deep fryer after chicken tenders Reusing cooking oil to sauté green beans after sautéing fish |
| Condiments, nut butters and jelly/jams | <ul style="list-style-type: none"> Dipping a knife used to spread peanut butter into a jelly jar Touching the tip of a squeeze ketchup bottle to a breaded chicken breast |
| Shortcuts | <ul style="list-style-type: none"> Picking croutons off a salad Scraping eggs off a plate |

Proper Cleaning to Remove Allergens



Wash with warm, soapy water



Rinse with clean water



Air dry

For each new item, use clean:

Hands
Latex-Free Gloves

Utensils
Surfaces

Oil and Water
Pots/Pans/Baking Sheets



MILK



WHEAT



EGGS



SOY



SHELLFISH



PEANUTS



TREE NUTS



FISH

Top 8 Allergens

But over 170 foods have caused food allergy reactions



How to Avoid Cross-Contact

What is cross-contact?

Cross-contact happens when one food comes into contact with another food and their proteins mix. As a result, each food then contains small amounts of the other food. These amounts are so small that they usually can't be seen.

Even this tiny amount of food protein has caused reactions in people with food allergies!

The term "cross-contact" is fairly new. Some people may call this "cross-contamination."

Why don't we use the term cross-contamination?

Cross-contamination usually refers to bacteria or viruses that get on food and make it unsafe to eat. In cross-contamination, cooking the food will lower the chance of a person getting sick.

This is not the same with food allergies and cross-contact. Cooking does not remove an allergen from a food!

The only way to stop you from having a reaction is to avoid the food and carefully clean anything that came in contact with it using soap and water.

Examples of cross-contact

| Direct Cross-Contact (allergen was directly applied and then removed) | Indirect Cross-Contact (allergen was not directly applied) |
|---|---|
| Peeling cheese off a cheeseburger to make it a hamburger | Using the same spatula that flipped a cheeseburger to flip a hamburger |
| Removing shrimp from a salad | Not washing hands after handling shrimp before making the next salad |
| Scraping peanut butter off a piece of bread and using it to make a different sandwich | Wiping off—not properly cleaning—a knife used to spread peanut butter before using it to spread jelly |

Tips to avoid cross-contact

- Use utensils, cutting boards and pans that have been thoroughly washed with soap and water. Consider using separate utensils and dishes for making and serving safe foods. Some families choose a different color to identify the safe kitchen tools.
- If you are making several foods, cook the allergy-safe foods first.
- Keep the safe foods covered and away from other foods that may splatter.
- If you make a mistake, you can't just remove an allergen from a meal. Even a small amount of cross-contact makes a food unsafe.
- Wash your hands with soap and water before touching anything else if you have handled a food allergen. Soap and water or commercial wipes will remove a food allergen. Sanitizing gels or water alone will not remove an allergen.
- Scrub down counters and tables with soap and water after making meals.
- Do not share food, drinks or utensils. Teach children not to share these when they are at school or with friends.

Name: _____ D.O.B.: _____

Allergy to: _____

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

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

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. 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 patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

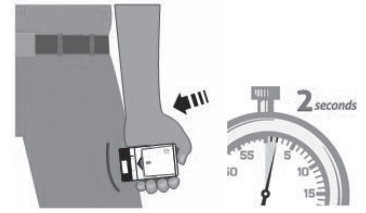
Antihistamine Dose: _____

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

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



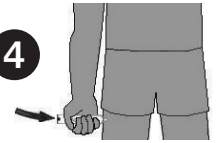
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



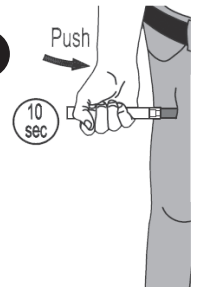
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HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

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

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____