HCA GUIDELINES FOR MANAGING STUDENTS w/ FOOD ALLERGIES

Generally, why aren’t middle schools or high schools Nut Restricted?

Pediatric allergists generally suggest that as students with severe allergies enter middle school, they are much more independent and therefore become more capable of self-monitoring their allergy. Therefore, middle and high schools, often times, can have less restriction and support more of a Nut Awareness Level (i.e. nut free table in the cafeteria, nut free classrooms).

What is Harpswell Coastal Academy approach?

Harpswell Coastal Academy is a Nut Aware school. In addition to educating students and faculty about food allergens and the risk they pose to some students, HCA will provide a nut allowed table during lunch. Students eating foods containing nuts during lunch may do so only at this table. This will allow students to consume foods containing nut products without segregating students with nut allergies from their peers.

In the classroom, students and faculty will work to ensure snack debris and trash will be properly disposed of, tables properly cleaned after eating, and hands washed after the consumption of foods containing nuts. Though students may bring snacks containing nuts to school for consumption, students are not allowed to bring shelled nuts to school as they are too challenging to contain and clean up effectively.

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced in the school setting if schools work with students, parents, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

Family’s Responsibility

- Notify the school of the child’s allergies.
- Work with the school team to develop a plan that accommodates the child’s needs throughout the school including in the classroom, in the cafeteria, in after-school programs, during school-sponsored activities, and on the school bus, as well as a Food Allergy Action Plan.
- Provide written medical documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on written form.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
- safe and unsafe foods
- strategies for avoiding exposure to unsafe food
- symptoms of allergic reactions
- how and when to tell an adult they may be having an allergy-related problem
- how to read food labels
- Review policies/procedures with the school staff, the child’s physician, and the child after a reaction has occurred.
- Provide emergency contact information.

School’s Responsibility

- Be knowledgeable about and follow applicable federal laws including ADA, IDEA, Section 504, and FERPA and any state laws or district policies that apply.
- Review the health records submitted by parents and physicians.
- Include food-allergic students in school activities. Students should not be excluded from school activities solely based on their food allergy.
- Identify a core team of, but not limited to, school nurse, teacher, principal, school food service and nutrition manager/director, and counselor (if available) to work with parents and the student (age appropriate) to establish a prevention plan. Changes to the prevention plan to promote food allergy management should be made with core team participation.
- Assure that all staff who interact with the student on a regular basis understands food allergy, can recognize symptoms, knows what to do in an emergency, and works with other school staff to eliminate the use of food allergens in the allergic student’s meals, educational tools, arts and crafts projects, or incentives.
- Practice the Food Allergy Action Plans before an allergic reaction occurs to assure the efficiency/effectiveness of the plans.
- Coordinate with the school nurse to be sure medications are appropriately stored, and be sure that an emergency kit is available that contains a physician’s standing order for epinephrine. In states where regulations permit, medications are kept in a easily accessible secure location central to designated school personnel, not in locked cupboards or drawers. Students should be allowed to carry their own epinephrine, if age appropriate after approval from the students physician/clinic, parent and school nurse, and allowed by state or local regulations.
- Designate school personnel who are properly trained to administer medications in accordance with the State Nursing and Good Samaritan Laws governing the administration of emergency medications.
- Be prepared to handle a reaction and ensure that there is a staff member available who is properly trained to administer medications during the school day regardless of time or location.
- Review policies/prevention plan with the core team members, parents/guardians, student, and physician after a reaction has occurred.
- Work with the district transportation administrator to assure that school bus driver training includes symptom awareness and what to do if a reaction occurs.
- Recommend that all buses have communication devices in case of an emergency.
- Enforce a “no eating” policy on school buses with exceptions made only to accommodate special needs under federal or similar laws, or school district policy. Discuss appropriate management of food allergy with family.
● Discuss field trips with the family of the food-allergic child to decide appropriate strategies for managing the food allergy.
● Follow federal/state/district laws and regulations regarding sharing medical information about the student.
● Take threats or harassment against an allergic child seriously.

**Student’s Responsibility**

● Should not trade food with others.
● Should not eat anything with unknown ingredients or known to contain any allergen.
● Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
● Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

More detailed suggestions for implementing these objectives and creating a specific plan for each individual student in order to address his or her particular needs are available in The Food Allergy & Anaphylaxis Network’s (FAAN) School Food Allergy Program. The School Food Allergy Program has been endorsed and/or supported by the Anaphylaxis Committee of the American Academy of Allergy Asthma and Immunology, the National Association of School Nurses, and the Executive Committee of the Section on Allergy and Immunology of the American Academy of Pediatrics. FAAN can be reached at: 800/929-4040.

The following organizations participated in the development of this document: American School Food Service Association, National Association of Elementary School Principals National Association of School Nurses National School Boards Association, The Food Allergy & Anaphylaxis Network.