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August 1, 2014

MEMORANDUM

To: Superintendents

Fr: Ashley Garcia, School Medicaid/ Health Services Coordinator *AG*

RE: **How to Address Possible Food Allergies in the Schools**

“In 2011, Congress passed the FDA Food Safety Modernization Act to improve food safety in the United States (U.S.) by shifting the focus from response to prevention. Section 112 of the act calls for the Secretary of U.S. Department of Health and Human Services (HHS), in consultation with the Secretary of the U.S. Department of Education (USDE), to develop voluntary guidelines for schools and early childhood education programs to help them manage the risk of food allergies and severe allergic reactions in children. In response, the Centers for Disease Control and Prevention (CDC), in consultation with the USDE, developed the “Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs,” (CDC, 2013) hereinafter referred to as “The Guidelines.” The following guidance has been created in accordance with this CDC publication.

Food allergy is defined as “an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food” (CDC, 2013). The most common food allergens (allergy triggers) seen in the U.S. are milk, eggs, fish, shellfish, wheat, soy, peanuts and tree nuts. In fact, according to the CDC, these eight items account for 90% of severe allergic reactions. Federal law mandates that all food labels should clearly specify whether or not products contain or may have come in contact with these allergens. School staff should recognize that some non-food items may also contain allergens, and companies are not legally required to list these allergens on the label. Ingredients should be confirmed by contacting the manufacturer before use.

Food allergies affect between 4-6% of children in the U.S., resulting in severe and life threatening reactions for some. In the case of anaphylaxis, symptom onset is rapid and can cause death. Information on symptoms of allergies can be found at <http://www.foodallergy.org/symptom>. Increasing knowledge and improving awareness of food allergies can help lead to prevention of allergic reactions, early recognition of symptoms, and response to emergency situations in a timely and effective manner.

Suggestions for assisting schools and other youth programs in creating a safe environment for children with food allergies include having a written plan in place at the facility they are attending. This plan is to be utilized by staff to act appropriately on the child's behalf to prevent exposure to the allergen as well as respond to an emergency situation if exposure does occur.

Many children with food allergies may qualify for a Section 504 plan or an Individualized Education Program (IEP). A child with a history of a life-threatening food allergy, documented by a licensed physician, would qualify as having a disability under Section 504 of the 1973 Rehabilitation Act. According to Section 504, "individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities" (HHS, 2006). Severe allergic reactions qualify due to the potential occurrence of anaphylaxis, which affects breathing, as well as potentially affecting other major life activities. For more information on 504 plans please visit <http://ped.state.nm.us/RtI/dl10/Section504.pdf>.

"Accommodating Children with Special Dietary Needs in School Nutrition Programs," from the United States Department of Agriculture (USDA, 2013), states that Regulation 7 CFR Part 15b, requires schools to modify their meals to meet the individual needs of the students whose disabilities restrict their diets. Documentation from a licensed physician must include:

- the child's disability;
- the explanation of why the disability restricts the child's diet;
- the major life activity affected by the disability;
- the food(s) to be eliminated from the child's diet; and
- the food or choice of foods that must be substituted.

Children who do not have a disability, but may have other special dietary needs (non-life threatening allergies, food intolerances such as milk or gluten, religious/cultural beliefs), can request that schools make meal and snack accommodations. The decision to accommodate non-disability related dietary needs is at the discretion of the school, and is to be made on a case-by-case basis.

"The Guidelines" address five priority areas that schools should consider when approaching food allergy management. They are as follows:

- **Ensure the daily management of food allergies in individual children.**
 - Have a system in place that can effectively identify students with allergies.
 - Ensure proper medical documentation is in place to allow for dietary accommodations.
 - Work collaboratively with the parents, student, and medical professionals to establish a plan for prevention of exposure to allergens.
 - Encourage children, when appropriate, to actively participate in their personal allergy management.
 - Always refer to federal and state laws and regulations when making decisions.
- **Prepare for food allergy emergencies.**
 - An Emergency Care Plan (ECP) should be developed by the child's primary care provider (PCP). School nurses may write this plan as long as it is reviewed by parents and PCP.
 - The plan may include a photo of the child, allergen information, written diagnosis of allergy, history of signs and symptoms the child experiences, appropriate treatment, other relevant conditions (i.e. asthma), and emergency contact numbers.
 - CDC (2013) states, "for children not covered by federal disability laws, schools can use the ECP and Individualized Health Plan (IHP) to manage each child's food allergy." Remember, IHP and ECP are subject to Family Educational Rights and Privacy Act (FERPA).

- ECP may include need for the child to carry his/her own epinephrine for treatment. (Please see the NM School Health Manual for further guidance on student self-administration at http://nmschoolhealthmanual.org/shm_06.pdf).
- Ensure working communication with individuals involved in ECP, ease of access to emergency medication, and clearly defined roles with knowledge of specific functions at time of need. This will allow for timely delivery of epinephrine to the student.
- ALWAYS dial 9-1-1 immediately. Inform them of the allergic reaction, time and amount of epinephrine given, and if additional epinephrine dose may be needed. Parents must also be notified of the situation in a timely manner.
- Document the outcome of the emergency for future process improvement. Inform parents of any necessary revisions.
- **Provide professional development on food allergies for staff members (At least once a year and as needed after a reaction and/or allergy emergency occurs).**
 - Provide general/basic training for all staff to include: an overview of allergies, key terms, signs/symptoms, strategies for preventing exposure, preventing bullying and harassment of children with allergies, how and who to contact in case of an emergency.
 - More specific and in-depth training (responding to an allergy emergency, epinephrine administration, etc.) should be provided to all staff who are directly involved in the daily oversight of the child, such as coaches or food service workers.
 - Specialized training should be required for all health staff involved in the child's allergy management to include: how to develop and maintain an ECP or IHP, store medication, administer and delegate administration of epinephrine, assist children with allergy management, document allergy related encounters, and evaluate emergency responses and staff's ability to respond.
- **Educate children and family members about food allergies.**
 - Teach all children about food allergies. This teaching may include signs and symptoms of anaphylaxis, why it's wrong to tease or bully, how to contact staff in case of an emergency, hand washing, avoiding food sharing, and allergen safe-zones.
 - Parents and family members should be informed by staff of practices that are in place to protect their children.
- **Create and maintain a healthy and safe educational environment.**
 - Create an environment that allows children to avoid exposure.
 - Avoid cross-contact of food by developing standardized food handling policies.
 - Create a process for staff to check all food labels prior to use of product.
 - Teach everyone to wash hands with soap and water before and after handling food.
 - Enforce the same policies for all groups utilizing facilities (before and after school programs, sporting events, concession stands, etc.).
 - Foster a positive psychosocial environment. Encourage acceptance of differences, safety and respect for all students.

Some schools are excelling in the area of food allergy management. A remarkable video example can be found on the National Food Service Management Institute (NFSMI) website below: <http://www.nfsmi.org/ResourceOverview.aspx?ID=490>.

For more information on what your school can do to improve allergy management, please refer to the attachments found in this email. Questions may be directed to Ashley Garcia at (505) 827-1467 or ashley.garcia@state.nm.us.

Enclosures (3)

“Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs”- CDC Publication

“Accommodating Children with Special Dietary Needs in School Nutrition Programs”- USDA Publication

Allergy and Emergency Action Plan Worksheet- Food Allergy Research and Education (FARE)

cc: Hanna Skandera, Secretary of Education
Hipolito “Paul” Aguilar, Deputy Secretary, Finance and Operations
Denise Koscielniak, Director, Federal Programs Division
Jennie Lusk, Assistant General Counsel
Dean Hopper, Director, Coordinated School Health and Wellness Bureau
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