



# Guidelines for Managing Allergies and Anaphylaxis in Schools

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Office of Student Support Services



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## Table of Contents

Foreword .....	1
Glossary of Terms .....	2
Introduction .....	4
Legislative Background.....	5
Planning.....	8
School Policy Development.....	8
The Importance of Prevention .....	9
Overview of Common Allergens .....	9
Food Allergies .....	9
Insect Allergies.....	10
Latex Allergies.....	10
Medication/Drug Allergies .....	10
Overview of Allergic Reactions .....	11
Student Functional Categories .....	12
Implementation .....	14
Health History .....	14
Diagnosis.....	14
Treatment .....	14
Medications .....	15
Medication Storage Considerations .....	16
Training of Unlicensed School Personnel.....	16
Individual Student Plans .....	17
Field trips, Athletics, or School Event Considerations .....	19
The Student’s Team .....	19
Team Member Responsibilities.....	20
Resources .....	34

## Foreword

New York State Education Department in consultation with the New York State Department of Health has updated these guidelines to assist all schools in the development, implementation and updating of their local anaphylactic policy.

This guidance document is intended to be used by school boards of education or other governing bodies, administrators, school personnel, school health professionals, and parents/guardians in developing plans to provide a safe environment for students with life-threatening allergies. While this resource contains recommendations that represent best practice, the school and health professionals must determine the appropriateness of plans developed for each individual student in the unique situation in which they practice within the parameters of existing laws and regulation.

The New York State Department of Health (NYSDOH) and the New York State Education Department (NYSED) have made every attempt to ensure that the information and resources contained in this document reflect best practice in the field of school health.

## Glossary of Terms

**Allergy** – An abnormal reaction of the body to a previously encountered allergen introduced by inhalation, ingestion, injection, or skin contact, often manifested by itchy eyes, runny nose, wheezing, skin rash, or diarrhea.

**Allergen** – A substance either protein or nonprotein, capable of inducing specific hypersensitivity in the body.

**Americans with Disabilities Act (ADA)** – A federal law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.

**Antihistamine** – Any of various compounds that counteract histamine in the body and that are used for treating allergic reactions and cold symptoms.

**Anaphylaxis** – A type of allergic reaction, in which the immune system responds to otherwise harmless substances from the environment. Unlike other allergic reactions, however, anaphylaxis can kill. Reaction may begin within minutes or even seconds of exposure, and rapidly progress to cause airway constriction, skin, and intestinal irritation, and altered heart rhythms.

**Antigen** – Any substance foreign to the body that evokes an immune response.

**Auto-Injector** – A medication delivery device for injecting with a single, preloaded dose of a drug that typically consists of a spring-loaded syringe activated when the device is pushed firmly against the body.

**Epinephrine** – A hormone that increases blood pressure the heart rate, and cardiac output.

**Emergency Protocols** – A highly defined procedure, placed into a reference system, designed to lead a person through a predictable, repeatable, verifiable process for a specific situation.

**Emergency Medical Services (EMS)** – A system that provides emergency medical care.

**Exposure** - the condition of being subject to some effect or influence.

**Family Educational Rights and Privacy Act (FERPA)** – A federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the United States (U.S.) Department of Education.

**Individualized Education Plan (IEP)** – An IEP is a plan developed to ensure that a child with an identified disability who is attending an elementary or secondary educational institution receives specialized instruction and related services.

**Non-Patient Specific Orders** – A healthcare provider order that covers a group of individuals. New York law allows registered professional nurses (RNs) to execute non-patient specific orders and protocols, ordered by a physician or nurse practitioner, for administering certain medications, tests, or protocols pursuant to Commissioner’s regulations §64.7. The ordering physician or nurse practitioner is not required to examine or have a treatment relationship with the recipient of the ordered tests or treatments.

**Procedure** – A series of steps followed in a regular definite order.

**Section 504** – A federal law which protects the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education. 504 regulations require a school district to provide a “free and appropriate public education” to each qualified student with a disability who is in a school’s jurisdiction.

**Treatment Plan** – A documented plan that describes the patient’s condition and procedure that will be needed, detailing the treatment to be provided and expected outcome and expected duration of the treatment prescribed by the health care provider.

## Introduction

Students come to school with diverse health conditions, including allergic reactions, which can be serious and even life threatening. For example, exposure to an allergen can create an emergent situation where the student faces anaphylaxis, which is an acute life-threatening allergic reaction, within moments.

Any student with a life-threatening health condition such as a severe allergy should have a team approach to manage their needs. The process begins with written verification of a serious or life-threatening allergy by a healthcare provider with specific information and written orders for management during the school day. It is vital for the school to work in partnership with parent(s)/guardian(s) in the development of a comprehensive plan of care at school for the student with allergies. Schools should also develop plans to address managing an allergic reaction in a student or staff member who has not been previously diagnosed as having an allergy. The school's health professionals should coordinate care and training of school personnel to handle and respond to life-threatening allergies.

The Centers for Disease Control and Prevention and the United States Department of Education recommend that five priority areas be included in a school's Food Allergy Management Prevention Plan. These same priority areas can be applied to include allergies to insect stings, latex, medications, etc. The priority areas are:

- Ensure the daily management of food and other allergies in individual students;
- Prepare for food and other allergy emergencies;
- Provide professional development to staff members related to food, other allergies, and treatment of allergic reactions;
- Educate students and family members about food and other allergies; and
- Create and maintain a safe and healthy educational environment.<sup>1</sup>

While this document contains information specific to students with life-threatening allergies, all students with serious health issues should have a comprehensive plan in place. A comprehensive plan of care should include emergency care plans, environmental accommodations, and in-service education for staff. Collaboration among parent(s)/guardian(s) and all school departments, including directors of school health services (a.k.a., medical directors) and school nursing personnel, teachers, administration, food service, transportation services, custodial staff, and after school personnel, is essential for a successful school experience for students with life-threatening allergies and other serious health issues.

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<sup>1</sup> <https://www.cdc.gov/healthyschools/foodallergies/index.htm>



## Legislative Background

[Public Health Law Article 25 section 2500-H\\*2](#) requires the New York State (NYS) Commissioner of Health in consultation with the NYS Commissioner of Education to establish an anaphylactic policy for school districts, setting forth guidelines and procedures to be followed for both the prevention of anaphylaxis and to be used during a medical emergency resulting from anaphylaxis. Such policy must include:

- A procedure and treatment plan, including emergency protocols and responsibilities for school nurses and other appropriate school personnel, for responding to anaphylaxis;
- A training course for appropriate school personnel for preventing and responding to anaphylaxis;
- A procedure and appropriate guidelines for the development of an individualized emergency health care plan for children with a food or other allergy which could result in anaphylaxis;
- A communication plan for intake and dissemination of information provided by the state regarding children with a food or other allergy which could result in anaphylaxis, including a discussion of methods, treatments, and therapies to reduce the risk of allergic reactions, including anaphylaxis;
- A procedure for notification to parents/guardians to make them aware of the allergy and anaphylaxis policies developed by DOH;
- Strategies for the reduction of the risk of exposure to anaphylactic causative agents, including food and other allergens; and
- A communication plan for discussion with children that have developed adequate verbal communication and comprehension skills and with the parents or guardians of all children about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food.

School districts must implement or update as appropriate their anaphylactic policy within 6 months of receipt of this document.

[The Dignity for All Students Act \(DASA\) | New York State Education Department \(nysed.gov\)](#) requires all New York State (NYS) public elementary and secondary schools provide students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment and bullying on school property, a school bus and/or at a school function, and cyberbullying. Schools need to ensure that any/all students who have allergies and/or other serious medical conditions are safe and supported and free from discrimination.

[Education Law Article 139 §6909](#) permits RNs to execute written non-patient specific orders and protocols, issued by a physician or nurse practitioner, for administering emergency anaphylaxis treatment. Directors of School Health Services (a.k.a. medical directors who are the physician or nurse practitioner public schools are required to employ) are encouraged to write nonpatient specific orders for the school nurse to follow to ensure treatment of *any person* experiencing anaphylaxis regardless of history at school, on school property and at school events. Medical directors and school nurses should review the information from the NYSED Office of Professions on [Non-Patient Specific Orders and Protocols](#).

[Education Law Article 19 § 916-a](#) provides that schools must allow students who have been diagnosed by a physician or other duly authorized health care provider with an allergy to carry and use a prescribed epinephrine auto injector for the emergency treatment of allergic reactions during the school day, on school property, and at any school function with the written permission of a physician or other duly authorized health provider and written parental consent. The written

permission shall include an attestation by the physician or the health care provider confirming the following:

- (a) The student's diagnosis of an allergy for which an epinephrine auto injector is needed; and
- (b) The student has demonstrated that they can self-administer the prescribed epinephrine auto injector effectively.

The written permission shall also include the circumstances which may warrant the use of the epinephrine auto injector. A record of such consent and permission shall be maintained in the student's cumulative health record.

In addition, upon the written request of a parent/guardian, schools must allow such students to maintain an extra epinephrine auto injector for the emergency treatment of allergies in the care and custody of a licensed nurse, nurse practitioner, physician assistant, or physician employed by such district or board of cooperative educational services which shall be readily accessible to the student.

[Education Law §921](#) permits schools to allow school registered professional nurses, nurse practitioners, physician assistants, and physicians to train unlicensed school personnel to administer epinephrine auto injectors in emergency situations where an appropriately licensed health professional is not available, to pupils who have the written permission of a physician or other duly authorized health care provider, along with written parental consent, for the administration of injectable glucagon or emergency epinephrine auto injector during the school day on school property and at any school function.

The training must be in accordance with [Commissioner's regulation §136.7\(f\)\(1\)](#):

(1) Prescribed Epinephrine Auto-Injectors. Designated unlicensed school personnel employed by school districts, BOCES, and non-public schools must complete an annual course of training prior to the administration of prescribed epinephrine auto-injectors to a student with a patient specific order. Such training must be provided and documented by an authorized licensed health professional as described in subdivision (c) of this section. Components of such training shall include, but not be limited to:

- (i) identification of the specific allergen(s) of the student(s), including review of each student's emergency action plan, if available;
- (ii) signs and symptoms of a severe allergic reaction warranting administration of epinephrine;
- (iii) how to access emergency services per school policy;
- (iv) the steps for administering the prescribed epinephrine auto-injector;
- (v) observation of the trainee using an epinephrine auto-injector training device;
- (vi) steps for providing ongoing care while waiting for emergency services;
- (vii) notification of appropriate school personnel; and
- (viii) methods of safely storing, handling, and disposing of epinephrine auto-injectors.

[Education Law §921-a](#) permits school districts, BOCES, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state to choose to provide and maintain on-site in each instructional school facility, epinephrine auto-injectors for use during emergencies to any student or staff in a school facility having anaphylactic symptoms regardless of whether there is a previous history of severe allergic reactions. Schools choosing this option must provide teachers with written informational materials on the use of an

epinephrine auto-injector that has been created and approved by the Commissioner of Health.

# Planning

## School Policy Development

The Allergy and Anaphylaxis Management Act of 2007 (Public Health Law Section 2500-H\*2, amended in 2020) requires the Commissioner of the NYS Department of Health in consultation with the Commissioner of the NYS Education Department, to establish an anaphylactic policy for public schools setting forth guidelines and procedures for both the prevention of anaphylaxis and for use during a medical emergency resulting from anaphylaxis. The law further requires local school boards of education, charter schools, and BOCES to implement or update as appropriate their anaphylactic policy within 6 months of receipt of the State policy. Nonpublic schools are also encouraged to consider developing plans to care for students with life threatening allergies. This document has been updated to reflect legislative changes and provide best practice for schools to assist in the development and review of their policy.

The NYS Department of Health and the NYS Education Department require that a school's policy on allergies and anaphylaxis reference these essential components and that policies are implemented consistently in their schools:

- Development of written policies to guide personnel, consistent with State and Federal Laws;
- Evaluation, review, and periodic revision of policy, protocols, and procedures as necessary to keep them up to date with current best practice;
- Identification of school personnel roles and responsibilities;
- Identification and provision of professional development and education for both licensed and unlicensed personnel;
- Written strategies for the reduction of the risk of exposure to allergens in the school;
- Training of school personnel on preventing and responding to anaphylaxis;
- Send a notification at least once per calendar year to the parents/guardians of all students to make them aware of the anaphylactic policies and informational materials in this document pursuant to Public Health Law Article 25 §2500-h(2)(f);
- Development of communication plans:
  - Discussion with students that have developed adequate verbal communication and comprehension skills and with the parents/guardians of all students about foods that are safe and unsafe and about strategies to avoid exposure to unsafe food; and
  - Between the school and parent/guardian, the school nurse and private health care provider, and the school nurse and building staff for intake and dissemination of information regarding students at risk for anaphylaxis.
- Development of an individualized emergency care plan for students at risk for anaphylaxis, or other serious medical conditions;
- Development of a policy regarding possession and use of epinephrine auto-injectors (if applicable) pursuant to Public Health Law §3000-c and Education Law §921 which includes the mandated training regarding responding to anaphylaxis; and
- Written district policy on calling for emergency transport or 911 including which school personnel will accompany the student until the parent/guardian is present.

The planning process should include, but is not limited to:

- Written protocols developed by the director of school health services (a.k.a. medical director) on anaphylaxis, including responsibilities for school nurses [registered professional nurses (RN)] or other school health professionals and other appropriate

- school personnel responding to anaphylaxis.
- Nonpatient specific orders written by the medical director permitting school RNs to administer anaphylactic agents to treat anaphylactic symptoms in any person in school, on school property or at a school sponsored event.

## **The Importance of Prevention**

Protecting a student from exposure to known allergens is the most important way to protect against life threatening anaphylaxis. Allergy information for a student should be noted by school and school health personnel on appropriate records while respecting the student's right to confidentiality in compliance with State and Federal Laws.

The risk of accidental exposure or cross contact/contamination with an allergen is always present. Schools should consider areas/times of potential student exposure. Allergies to medications, stinging insects, latex, or other substances can result in mild allergic reactions to more severe ones, including anaphylaxis, although most anaphylactic reactions that occur in schools are related to food allergies.

Staff who are unaware of a student's allergy can inadvertently contribute to increasing a student's risk of exposure. Education on allergies and prevention of allergic reactions should be provided to all school staff to mitigate any risk to students who have life threatening allergies. With an individual student's parent/guardian consent, education should also be provided to other students, parents/guardians, and school community regarding a student's specific allergies.

## **Overview of Common Allergens**

### **Food Allergies**

Food allergies are a growing public health concern. According to the Centers for Disease Control and Prevention, 8% of the students in the United States are affected by a food allergy. That equates to about 2 students per classroom.<sup>2</sup> The most common foods that students are allergic to include peanuts, tree nuts (walnuts, cashews, pecans, etc.), milk, eggs, shellfish, fish, wheat, soy, and sesame.<sup>3</sup> However, any food can cause a severe reaction. Federal law requires that food labels clearly identify the food allergen source of all foods and ingredients that are or contain any protein derived from these common food allergens.<sup>4</sup> Currently, there is no cure for food allergies and strict avoidance is the only way to prevent a reaction.

School is a high risk setting for accidental ingestion of a food allergen due to the considerable number of students, increased exposure to food allergens, as well as cross contamination/contact on tables, books, and other surfaces. High risk areas and activities that should be given extra attention include: the cafeteria, food sharing, hidden ingredients in supplies used in art class, science projects and/or other projects. Food being consumed on the school bus, food brought in for bake sales, fund raisers, school sponsored activities and after school programs present additional risk of exposure

Schools can take steps to minimize exposure to food allergens as outlined in table 1 beginning on page 43 of the Centers for Disease Control and Prevention's (CDC) [Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs \(cdc.gov\)](https://www.cdc.gov/healthyschools/foodallergies/index.htm).

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<sup>2</sup> <https://www.cdc.gov/healthyschools/foodallergies/index.htm>

<sup>3</sup> <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>

<sup>4</sup> <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens>

## **Insect Allergies**

Insect allergy is an underreported event that occurs every year to many adults and students. Most insect stings are caused by yellow jackets, paper wasps, hornets, and fire ants. For most individuals complications include pain and redness at the bite site. However, some people have a true allergy to insect stings that can lead to life-threatening systemic reactions. In these cases, prompt identification of the insect and management of the reaction are needed in a timely manner.

Insect avoidance is advised for students and staff at risk for anaphylaxis. Some precautions schools should follow include:

- Remove Insect nests on or near school property when students are not present;
- Safely store garbage in well-covered containers; and
- Consider removing at risk students/staff from room where stinging insect that is a known allergen is present until it has been removed.

## **Latex Allergies**

Latex is a milky sap produced by rubber trees. The sap is blended with chemicals during manufacturing to give latex its elastic quality. Natural rubber latex is often found in rubber gloves, condoms, balloons, rubber bands, erasers, some paints, and toys. Allergic reactions to products made with latex develop in persons who become allergic or sensitized to proteins in natural occurring latex.<sup>5</sup> Approximately 50% of people with latex allergy have a history of another type of allergy. Certain fruits and vegetables, such as bananas, chestnuts, kiwi, avocado and tomato can cause allergic symptoms in some latex-sensitive individuals.<sup>6</sup>

Exposure can lead to anaphylaxis depending on the amount of latex that the student is exposed to and their degree of sensitivity. Latex exposure should be avoided by students and staff at risk for anaphylaxis. Since the reactions caused by latex vary, each student at risk should be evaluated by a trained healthcare provider, preferably an allergist. Schools can avoid latex allergies by purchasing latex and powder free gloves and other latex free products that may be used during academic study.

## **Medication/Drug Allergies**

An adverse drug reaction (ADR) is any harmful or unintended reaction to a drug that occurs at doses used for prevention, diagnosis, or treatment. ADRs are common in everyday clinical practice affecting 15 to 25% of patients; serious reactions occur in 7 to 13% of patients.<sup>7</sup>

ADRs to medications are common, yet everyone responds differently. Certain medications are more likely to produce allergic reactions than others. The most common are:

- Antibiotics, such as penicillin;
- Aspirin and non-steroidal anti-inflammatory medications, such as ibuprofen;
- Anticonvulsants;
- Monoclonal antibody therapy; and
- Chemotherapy

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<sup>5</sup> [Latex Allergy | Causes, Symptoms & Treatment | ACAAI Public Website](#)

<sup>6</sup> [Latex Allergy Symptoms, Diagnosis, Treatment & Management | AAAAI](#)

<sup>7</sup> [Drug allergy | Allergy, Asthma & Clinical Immunology | Full Text \(biomedcentral.com\)](#)

The chances of developing an allergy are higher when a medication is taken frequently (in intermittent courses) or when it is rubbed on the skin or given by injection, rather than taken by mouth.<sup>8</sup>

## **Overview of Allergic Reactions**

An allergic reaction begins when a predisposed individual ingests a food or is exposed to a substance (by eating, inhaling, sting, or through contact with skin or mucous membranes), causing the body to produce an antibody that initially attaches to the surfaces of cells. This initial process yields no symptoms and will go unnoticed. However, the next time the food is ingested or subsequent exposure to the allergen occurs, the proteins in the food or substance attach to these antibodies and cause the cells to primarily release histamine and other naturally produced immunologic biochemical agents which lead to the allergic reaction.<sup>9</sup> A reaction can occur within minutes to hours after ingestion. Symptoms can be mild to life-threatening.

### **Signs and Symptoms**

The specific symptoms will be different for each individual and often depends on the amount of allergen exposure, the circumstances and on the location in the body in which the histamine is released. Allergies can affect almost any part of the body and cause various symptoms. In most cases, people with allergies develop mild to moderate symptoms, such as watery eyes, a runny nose, or a rash. But sometimes, exposure to an allergen can cause a life-threatening allergic reaction known as anaphylaxis.

Anaphylaxis is an acute allergic reaction to an antigen to which the body has become sensitized. Anaphylaxis often involves swelling, sudden onset of hives, gastrointestinal symptoms, lowered blood pressure, difficulty breathing, and, in severe cases, shock.<sup>10</sup> Common signs and symptoms of allergic/anaphylactic reactions may include:

- Red rash with hives and welts;
- Itching;
- Pale or red color to the face and body;
- Swollen throat or swollen areas of the body;
- Hoarse voice;
- Trouble swallowing;
- Wheezing;
- Trouble breathing, cough;
- Chest tightness;
- Stomach cramping;
- Vomiting;
- Diarrhea;
- Passing out; and
- Feeling of impending doom.<sup>11</sup>

In almost all circumstances, a person will have more than one symptom, and the combination of rapid onset of these symptoms should lead to the immediate suspicion that a person is experiencing anaphylaxis. Symptoms usually appear within minutes and can occur two hours after exposure to the allergen. Anaphylaxis requires immediate medical treatment, including a

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<sup>8</sup> [Drug Allergy Symptoms, Diagnosis, Treatment & Management | AAAAI](#)

<sup>9</sup> Formanek, J., R. (2001). Food allergies: When food becomes the enemy. FDA Consumer Magazine, (July-August 2001)

<sup>10</sup> [Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website](#)

<sup>11</sup> [Anaphylaxis Symptoms, Diagnosis, Treatment & Management | AAAAI](#)

prompt injection of epinephrine and immediate follow up care with a healthcare provider. If not properly treated, anaphylaxis can be fatal.<sup>12</sup>

The individual can also face a “rebound effect” of the symptoms. This means that they may respond initially to treatment but experience a resurgence of symptoms hours later - this is called a biphasic reaction.<sup>13</sup> This second anaphylactic reaction can occur as long as 12 hours after the initial reaction.<sup>14</sup>

It is vital to observe students who have been exposed to an allergen over a period of time to ensure their safety, in the event of a delayed or rebound reaction. A recent study of adolescents showed that students with peanut and tree nut allergies who also have asthma may experience a more severe reaction to the allergen creating an additional challenge for the school nurse and/or other health care providers in the management of allergies at school.<sup>15</sup> Thus, it is particularly important to know the student’s full medical history.

## **Student Functional Categories**

There are three functional categories of students regarding medication administration. They are Nurse Dependent Students, Supervised Students, and Independent Students.

### **Nurse Dependent Students**

Students, who cannot self-administer their own medication and cannot be considered in need of supervision according to the criteria for Supervised Students, are therefore dependent on another person to administer the medication to them. Such Nurse Dependent Students must have their medication administered to them by an appropriate licensed health professional.

### **Supervised Students**

Students who have been determined to need supervision either by the school nurse or the student’s provider, may be assisted by trained unlicensed personnel to self-administer their own medication. The assistance from unlicensed personnel is limited to assistance with needed tasks only at the direction of the student. See page 15 in NYSED’s [Medication Management Guidelines](#) for more information on what constitutes a Supervised Student.

### **Independent Students**

Students who can self-administer their own medications without any assistance are considered Independent Students. Generally, such student’s medications are kept in the health office for the student to obtain and administer to themselves, with an exception in law for students to carry and use their own emergency medication.

Students who require rescue medications for allergies must be permitted to self-carry and self-administer their medications if they have a provider order and written parent/guardian consent, pursuant to Education Law Article 19 §916-a. The provider order must attest that the provider has determined the student is able to self-administer their own medication effectively.

An Independent Student with a self-carry order is able to take their medication anywhere in the school, on school property and at school functions. Such students are not to be required to go to the health office to take the medication, since that will delay administration and may result in a negative health outcome.

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<sup>12</sup> [Anaphylaxis Symptoms, Diagnosis, Treatment & Management | AAAAI](#)

<sup>13</sup> [Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website](#)

<sup>14</sup> [Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website](#)

<sup>15</sup> [Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website](#)



**Note:** Planning should consider that the student may not be able to consistently administer their own epinephrine given that symptoms of anaphylaxis may render the student unable to self-administer. In such cases, schools should ensure that appropriate personnel will be available to meet the needs of the student for that medication. Such students should:

- Have a written emergency care plan developed by the school nurse (RN) or medical director and be instructed how to obtain help from school personnel as needed.
- Have additional dose(s) of the medication kept in the health office in the event the student does not have access to their carried medication.

Please see NYSED's [Medication Management Guidelines](#) for more detailed information on determining if a student is a supervised or independent student.

# Implementation

## Health History

Schools generally become aware of a student with a significant food allergy when alerted by the parent/guardian and/or student. All students with health issues that may impact their school day should have necessary medication and environmental protocols put in place in advance of the student entering school. The school needs to be prepared to immediately address health and environmental concerns of the student in order for the student to safely participate in school.

The school should obtain a health history from the parent/guardian as early as possible in the school entry process to be able to address the student's unique needs. The history is best obtained in a combination of review of student forms, parent/guardian/student interview, and consultation with the primary health care provider as needed. The health history should contain the following components:

- Name of the medical condition or allergen;
- Age of student at time of diagnosis;
- Usual symptoms experienced by student (though every reaction can differ);
- Number, frequency, and date of medical interventions or allergic reactions;
- History of hospitalizations;
- The student's awareness of symptoms;
- Any necessary medications; and
- The name and contact information of the health care provider.

## Diagnosis

The diagnosis of food allergy with a risk assessment of anaphylaxis is made by a healthcare provider based on the family and/or student's history. Appropriate skin and/or blood tests should be done by healthcare providers or by a specialist, such as an allergist. Parents/guardians provide written orders from the healthcare provider confirming the diagnosis along with medication orders to the school.

## Treatment

Although anaphylaxis is a rare but severe allergic reaction, it can occur suddenly and can be deadly.<sup>16</sup> Treatment is centered on treating the rapidly progressing effects of the histamine release in the body. Emergency medications must be given ASAP when it is suspected that the person might be experiencing an anaphylactic reaction. When in doubt it is better to give the epinephrine auto-injector and call emergency medical services (EMS) for immediate transportation to the appropriate medical facility.<sup>17</sup> Studies have shown that fatal and near fatal reactions are associated with not giving epinephrine in a timely manner.<sup>18</sup> Students receiving emergency epinephrine should be immediately seen by a healthcare provider in accordance with school policy for emergencies even if symptoms appear to have resolved. As noted earlier,

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<sup>16</sup>[Anaphylaxis | Causes, Symptoms & Treatment | ACAAI Public Website](#)

<sup>17</sup> [Epinephrine use for anaphylaxis: Too seldom, too late - Annals of Allergy, Asthma & Immunology \(annallergy.org\)](#)

<sup>18</sup> Shaker MS, Wallace DV, et al. J. Anaphylaxis-a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) analysis. J Allergy Clin Immunol. 2020 Apr;145(4):1082-1123. doi: 10.1016/j.jaci.2020.01.017. Epub 2020 Jan 28. PMID: 32001253. [Anaphylaxis-a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation \(GRADE\) analysis - PubMed \(nih.gov\)](#)

many persons will have a biphasic reaction which is why it is vital they receive timely emergency medical care by a healthcare provider. Any administration of emergency epinephrine should be reported to administration, school health personnel and the student's parent/guardian in accordance with district policies.

## Medications

Students with a known diagnosed allergy who are at risk for anaphylaxis should have emergency medication prescribed for use in school. All student specific medication given to or taken by a student at school requires a signed order from the healthcare provider and signed parent/guardian permission. See NYSED's [Medication Management Guidelines](#) for detailed information on medication delivery and use in schools.

## Epinephrine

The medication of choice for the emergency treatment of anaphylaxis is epinephrine. Epinephrine, also known as adrenaline, is a hormone and neurotransmitter (sympathomimetic agent). Epinephrine works by rapidly relaxing the muscles in the airways and tightening the blood vessels. For treatment of anaphylaxis, epinephrine is injected into the muscle of the thigh. Epinephrine is most commonly prescribed to be administered via an auto-injector. An auto-injector is a disposable, prefilled automatic injection device. The administration of each manufacturer's auto-injector varies; therefore, the manufacturer's instructions must be followed. Most manufacturers provide training videos and training devices. The NYS Center for School Health's webpage in the [A-Z Resource Directory \(schoolhealthny.com\)](#) under Epinephrine provides detailed information.

**Note:** Epinephrine may need to be given again after the initial effects wear off, which can range from within a few minutes to several hours later depending on the individual. Not all emergency medical services (EMS) crews/ambulances carry epinephrine. Therefore, the school should request "Advanced Life Support" to ensure EMS will respond with epinephrine.

Students capable of self-administering their epinephrine auto-injector must be permitted to carry and use their own emergency epinephrine during the school day, on school property, and at any school function pursuant to [Education Law Article 19 §916a](#). Such students must have written parent/guardian consent and a written healthcare provider order. The written healthcare provider order must include an attestation confirming:

- Diagnosis of an allergy for which an epinephrine auto-injector is needed;
- The student has demonstrated that he or she can self-administer the prescribed epinephrine auto injector effectively; and
- Circumstances which may warrant the use of the epinephrine auto-injector.

## Antihistamines

H1 and H2 antihistamines reduce or block histamines. Antihistamines should not be the first medication, or the only medication given for anaphylaxis in school settings, epinephrine is the drug of choice (Epinephrine First, Epinephrine FAST<sup>19</sup>). There is no contraindication to give epinephrine for anaphylaxis along with an oral antihistamine. Unlicensed school personnel may not administer antihistamines but may assist a *supervised student* to take their own antihistamine.

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<sup>19</sup> [In an Emergency, 'Epi First, Epi Fast' | Allergy & Asthma Network \(allergyasthmanetwork.org\)](#)

## Medication Storage Considerations

Epinephrine should be kept in easily accessible locations known to appropriate personnel. Students capable of self-administering epinephrine should share where their medication can be found in case of an emergency (e.g., the epinephrine auto-injector is in the front compartment of the backpack). Medication storage decisions should be made with care considering the student's needs and the physical layout of the school. A student's epinephrine should be readily available to the student without delay, but also should not be accessible to other students. Schools storing medications for students should have a method to track expiration of the medication and written healthcare provider orders. Each student's situation should be handled on an individual basis, with attention to the state's laws, regulations, guidance, and to local school district policy.

Where the medication is located should be specified in the student's emergency care plan (see page 17). Such medications should not be stored in the health office unless the health office is within a short distance from the student's location at all times during the day, and the medication can be obtained and administered in the time frame prescribed by the healthcare provider.

## Training of Unlicensed School Personnel

It is recommended that all school personnel receive training on allergies and anaphylaxis on the following:

- Knowing which allergens cause life-threatening reactions;
- Steps to take to prevent exposure to allergens;
- How to recognize symptoms of an allergic reaction; and
- How to respond to an emergency.

### Epinephrine Auto-Injector Training

There are two laws that permit unlicensed school personnel to be trained to administer epinephrine auto-injectors, as described below. A free NYSDOH approved training webinar tailored for schools along with a post-test, training checklist, and other information is available at on the NYS Center for School Health's website in the [A-Z Resource Directory \(schoolhealthny.com\)](#) under epinephrine and may be used by school health professionals to train unlicensed school personnel to:

1. Administer an epinephrine auto-injector to a particular student with a patient specific order during the school day on school property and at any school function pursuant to [Education Law Article 19 §921](#). This law permits schools to allow unlicensed school personnel to be trained by licensed registered professional nurses, nurse practitioners, physician assistants, and physicians to administer epinephrine auto injectors in emergency situations, where an appropriately licensed health professional is not available, to students with a healthcare provider order and written parent/guardian consent for such medication. Schools choosing to train unlicensed personnel to administer emergency epinephrine via auto-injector pursuant to this law must ensure the training provided meets the requirements prescribed in [Commissioner's regulation §136.7\(f\)\(1\)](#); **OR**
2. Administer an epinephrine auto-injector to students or staff members having anaphylactic symptoms regardless of whether there is a previous history of severe allergic reaction in an instructional facility pursuant to [Education Law §921-a](#). As stated earlier, Education Law §921 permits school districts, BOCES, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools in this state to choose to provide and maintain on-site in each instructional school facility an epinephrine auto-injector, for use during emergencies to any student or staff having

anaphylactic symptoms regardless of whether there is a previous history of severe allergic reaction. In the event of an emergency, any trained person employed by or contracted by any such entity may administer epinephrine auto-injectors, pursuant to [Public Health Law §3000-C](#). Schools choosing to train unlicensed school personnel to administer emergency epinephrine via auto-injector pursuant to this law are required to use training approved by the New York State Department of Health (NYSDOH).

Schools choosing this option must provide teachers written informational material on the use of an epinephrine auto-injector created and approved by the Department of Health. [New York State Center for School Health / Homepage \(schoolhealthny.com\)](#) has materials on their website in the A-Z index under E.

Please see NYSED's [Medication Management Guidelines](#) for more detailed information on training staff.

## **Individual Student Plans**

There are a variety of plans for students' accommodations that may be used for students who experience health issues affecting the student's ability to fully participate in school and school events. Planning should focus on student needs in all areas of the school that the student will be exposed to. Some electronic health records (EHR) used in schools can allow for the school to place a health alert on the student's EHR, list the student's allergy, and/or inform staff to contact school health personnel for more information. Considerations in creating a plan should include, but are not limited to:

- Whether the student is permitted to carry and self-administer their own medication;
- Plan for school personnel to be able to readily communicate with the school nurse or medical director if no school nurse available;
- Consideration of the distance between the school health office or trained personnel to the student to ensure rapid administration of epinephrine auto-injector when needed;
- Plan to address prevention strategies and management of anaphylaxis in all areas of the school the student is in, including the cafeteria and on the bus;
- Plans to meet student needs on field trips and during school events;
- Ongoing communication during the school year with the parents/guardians; and
- Method(s) for staff to readily identify students with a life-threatening allergy.

The three plan types commonly used in schools are:

### **Emergency Care Plan (ECP)**

A care plan developed by the school nurse [Licensed practical nurses (LPNs) may not develop care plans] for students with chronic health conditions. The ECP is designed for use by unlicensed school personnel. An ECP outlines the care that a student might need in an emergency situation in the absence of a school nurse. The ECP provides guidance to unlicensed school personnel on how to care for a student who is experiencing a potentially critical health situation.

- The ECP should stress what action school personnel should take in the event of an emergent situation. It should be basic and often takes the form of "If you see this . . . do this."
- The plan should be written in lay language that is clear, concise and contains the steps to follow to initiate emergency care for a student. It is recommended to attach the student's picture to the plan in the event it needs to be used by a substitute who may not know the student.

- The plan should include emergency contact information for the parent(s)/guardian(s) and the student's healthcare provider.

Sample ECP are available on the [New York State Center for School Health / Homepage \(schoolhealthny.com\)](https://www.schoolhealthny.com) under the Sample/Forms tab.

#### Individualized Healthcare Plan (IHP)

A nursing care plan developed by an RN based on nursing diagnosis, nursing interventions, and expected student outcomes. This document is usually written in nursing language and outlines the plan of care that is in response to a student's medical diagnosis. Although often written for students with Individualized Education Plans (IEPs) with nursing services listed as a related service, IHPs are considered a standard of nursing practice, and a school nurse can determine which students would benefit from having an IHP.

An IHP outline of the nursing plan of care for the student at school, including patient teaching and protocols addressing medication and nursing care or treatment needs. The plan includes interventions that the nurse (RN or LPN under the direction of an RN) will implement for the student with a health need.

Sample IHP are available on the [New York State Center for School Health / Homepage \(schoolhealthny.com\)](https://www.schoolhealthny.com) under the Sample/Forms tab.

#### Section 504 Plan

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive Federal financial assistance from the U.S. Department of Education (USED). The Section 504 regulations require a school district to provide a "free appropriate public education" (FAPE) to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met.

To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met. An appropriate education for a student with a disability under the Section 504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

If a school evaluation determines a student qualifies for service under Section 504, a written plan called a 504 Plan is developed which addresses accommodations that are needed in the school setting for students with specific health needs/disabilities to fully participate in the school day and school events. More information on Section 504 plans is on the USED's Office of Civil Rights website, [Protecting Students With Disabilities \(ed.gov\)](https://www.ed.gov).

## **Field trips, Athletics, or School Event Considerations**

A student's ECP and epinephrine auto-injectors can be given to a designated individual (parent/guardian, parent/guardian designee or trained school personnel) who is familiar with the student's health needs and will be readily available to the student. Students who are able to carry and use their own epinephrine auto-injector must be permitted to do so at school and during school events as noted on earlier.

Care should be taken when planning field trips or other school events that may expose students to allergens (i.e., a student with a milk allergy attending a field trip at a petting farm with milk ingredients in the food for the animals, student with insect allergies playing outdoor sports, student with latex allergies participating in theatre with stage makeup and props in use). Plans must be in place to ensure students' emergency care plans are provided to school personnel at the event, and that a trained staff member is present to administer a student's prescribed emergency epinephrine if needed in accordance with Commissioner's regulation §136.7. Teachers and coaches should consult with school health personnel when planning events regarding risk to certain students, along with health treatment or medication needs of students to ensure appropriate time is given to parents/guardians to obtain healthcare provider orders, consents, etc. A cell phone or other means of communication should be available at school events held outside of a school building to ensure ready access to the school nurse or EMS as needed.

## **The Student's Team**

Once a plan is developed, the school will begin implementing the necessary accommodations for the student. Both planning and implementation of the plan should involve a team approach to ensure consistent implementation of the plan and allow for ongoing communication and adjustments of the plan as needed. Team members should include, but are not limited to:

- Student;
- Parents/Guardians;
- Administrator;
- Medical Director;
- School Nurse;
- Teachers;
- Food Service Personnel;
- Transportation Personnel;
- Student Support Personnel; and
- Extracurricular Activities Personnel.

# Team Member Responsibilities

## Student

The role of students with life-threatening allergies will change and increase as they become increasingly more independent. The level of independence in the care and management of an allergic condition is based on the student's developmental level and abilities. Students who have developed adequate verbal and comprehension skills should have knowledge about foods that are safe, unsafe, and about strategies to avoid exposure to unsafe food.

Students should:

- Learn to recognize symptoms of an allergic reaction and alert an adult immediately if a reaction is suspected or symptoms appear; and
- Avoid allergen exposure as much as possible.

Based on their types of allergens, students should:

- **Food:**
  - Wash hands before and after eating using soap and water (use of hand sanitizer is not sufficient when a student has a food allergy<sup>20</sup>);
  - Not trade or share food with anyone;
  - Not eat any food with unknown ingredients;
  - Learn to read food labels; and
  - Tell school personnel **immediately if** they have a food allergy and are having symptoms or ate or touched a food allergen.
- **Insect stings:**
  - Avoid wearing brightly colored clothing, perfume, hair spray, or any heavily scented soaps/shampoos;
  - Wear closed-toed shoes; and wear clothing that inhibits insect bites;
  - When eating outdoors, keep food covered since scent of food attracts bees;
  - Stay away from garbage cans; and
  - Tell school personnel **immediately if** they have an insect sting allergy and have been stung or are having symptoms.
- **Latex:**
  - Avoid contact with latex gloves and areas where there is a possibility to inhale powder from latex gloves worn by others;
  - Avoid other latex containing products (including latex balloons);
  - Tell school personnel they have a latex allergy so they can replace products with non-latex substitutes; and
  - Tell school personnel **immediately if** they have an allergy and are having symptoms or touched a known allergen.
- Develop a relationship with the school nurse and/or another trusted adult in the school to assist in the successful management of the allergy while in school;
- Develop trusting relationships with peers who understand the importance of avoiding allergens; and
- Report any bullying or harassment by anyone to their parent/guardian, building administrator, or school Dignity for All Students Act Coordinator.

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<sup>20</sup> FARE Resources, Cleaning Methods. <https://www.foodallergy.org/resources/cleaning-methods>



## Parents/Guardians

The parent/guardian is a vital participant in the care of a student with a severe allergy. Most parent(s)/guardian(s) have had to work tirelessly to ensure that every new situation is not a potentially fatal experience for their child. Understandably, many parent(s)/guardian(s) of students with severe allergies experience a high level of anxiety when their child enters a new school.

Ideally, the parent/guardian should contact the school a few weeks before the student enters school to meet with the school administration and school health personnel. This allows the school to be informed, make any necessary accommodations, develop emergency care plans, and have school personnel training completed prior to the student arriving at school.

The parent/guardian should:

- Provide to the school copies of the child's health history and/or other documentation from the treating healthcare provider;
- Provide medications, with accompanying written healthcare provider orders and written parent/guardian consent;
- Deliver medications to school in pharmacy labeled container or original unopened over the counter packaging;
- Maintain ongoing communication with school personnel regarding their child's health especially for changes in allergic reaction symptoms, changes in treatment, or newly identified allergens;
- Inform the school if the child has a medical alert bracelet or pendant and reinforce with their child the necessity of wearing it;
- Educate their child on the importance of handwashing with soap and water, especially before and after eating;
- Send in "safe" snacks for their child labeled with the child's name;
- Encourage their child to eat in an area which is "allergen safe" with peers, if desired;
- If their child will be purchasing breakfast, lunch, or snacks at school, contact the food service director to discuss food allergens;
- If food is going to be a part of the classroom program, work with the teacher and nurse regarding safe food options; and
- Report any bullying or harassment by anyone to the building administrator or school Dignity for All Students Act Coordinator.

## Administrators

District and school administrators lead the school's coordinated approach to managing allergies. Administrators provide the leadership to ensure plans are in place and are executed consistently when needed.

School administrators should:

- Include in the school district's emergency response plan a written plan outlining emergency procedure for the management of life-threatening allergic reactions including the location of the epinephrine;
- Have a plan in place to manage students with allergies and treat symptoms of anaphylaxis developed in collaboration with the district's director of school health services (a.k.a. medical director);
- Regularly review, revise, and evaluate the school and/or district food and other allergy policies;
- Ensure students have time to wash their hands before and after eating, going outside or as needed. This is important for all students and not just the student with allergies to minimize exposure to allergens;
- Ensure soap and water are available for hand hygiene. Hand washing with soap and water is the better choice for cleaning hands, antibacterial hand sanitizers have not been shown to be sufficient at removing food allergens;
- School policy should address eating in the classrooms or other locations; including proper cleaning of items used and tables/chairs with soap and water<sup>21</sup>, or other district approved cleaning products proven effective in removing allergens, to reduce the risk of exposure to allergens;
- Communicate school policies for managing allergies to all school staff, substitutes, classroom volunteers, students, and parent(s)/guardian(s);
- Send a notification at least once per calendar year to the parents/guardians of all students regarding the district's anaphylaxis policy and this guidance document which is available at [NYSED:SSS:School Health Services](#) [pursuant to Public Health Law Article 25 section 2500-h(3)];
- Ensure training of teachers and other school personnel who interact with a student who has a life-threatening allergy - including substitutes, custodial staff, and transportation and food service personnel regarding the risk of exposure to allergens, symptoms of anaphylaxis, and treatment options;
- Ensure training of school personnel designated to administer an epinephrine auto-injector in compliance with NYS Laws and regulations;
- Ensure or provide communication devices to be available for emergencies for all school activities, including transportation;
- Be cognizant of students with allergies whose parent/guardian is unable to send in safe snacks and support such students by providing safe snacks in school as needed (e.g., health office, classroom);
- Support and oversee school personnel in implementing all aspects of the management plan;
- Consistently enforce policies and prohibit discrimination and bullying of students including those with life threatening allergies; and
- Ensure staff understand the school's responsibilities under Section 504 of the

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<sup>21</sup> BINAIFER BEDFORD, GIRVIN LIGGANS, LAURIE WILLIAMS, LAUREN JACKSON; Allergen Removal and Transfer with Wiping and Cleaning Methods Used in Retail and Food Service Establishments. *J Food Prot* 1 July 2020; 83 (7): 1248–1260. doi: <https://doi.org/10.4315/JFP-20-025>

Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA) and the ([National School Lunch Program \(NSLP\) Fact Sheet | Food and Nutrition Service \(usda.gov\)](#)) to students who are or may be eligible for services under those laws. Ensure staff understand the need to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA), and any other federal and state laws that protect the privacy of student information.<sup>22</sup>

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<sup>22</sup>[Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs \(cdc.gov\)](#)

## School Nurse

The role of the school nurse, if available, in the care of students with allergies is essential to the health and safety of students. School nurses should participate in the development of policies and health protocols for managing students with allergies. The school nurse should participate in the initial meeting with the student and parent/guardian to obtain/review a detailed health history, discuss allergy treatment orders and emergency care plan needs, familial concerns, and begin to develop a trusting partnership with the student and parent(s)/guardian(s).

Additionally, the school nurse should assess the student's verbal communication and comprehension skills to provide appropriate education regarding the student's specific allergies including foods or other items that are safe and unsafe; and how to avoid exposure to allergens and management of accidental exposure.

The school nurse should:

- Obtain written healthcare provider orders and parent/guardian consent for treatment. For independent students the healthcare provider order must include an attestation confirming:
  - Diagnosis of an allergy for which an epinephrine auto-injector is needed;
  - the student has demonstrated that he or she can self-administer the prescribed epinephrine auto injector effectively; and
  - Circumstances which warrant the use of the epinephrine auto-injector.
- Develop an Emergency Care Plan (ECP) for use by school staff which includes procedures staff members are to take for responding to symptoms of anaphylaxis.
- Work with school staff to modify the student's environment to ensure the student's safety in all areas of the school;
- In accordance with FERPA provide staff ( including food service personnel for students with food allergies, and transportation staff) with names of students with allergies and their allergens that they have encounter in their position if there is no electronic record system, or if the electronic record system does not allow for an alert to staff;
- Instruct supervised students how to self-administer their emergency medications, including epinephrine auto-injector if able;
- Instruct both supervised and independent students in obtaining assistance in administration of emergency medication as necessary;
- Train unlicensed school personnel to administer an epinephrine auto-injector to a student with healthcare provider orders for such;
- With district's board of education approval:
  - Train unlicensed personnel to administer epinephrine auto-injectors to students and staff in an educational facility who appear to have symptoms of anaphylaxis utilizing the free approved DOH course; and
  - Conduct the hands-on return demonstration portion of the training and complete the forms (See page 22);
- Provide an educational overview for the entire school faculty regarding life-threatening allergy management at school to prevent accidental exposures;
- Maintain ongoing communication with the student, parent/guardian, teachers, and healthcare providers to address student needs;
- Teach the student to read food or other product labels and to how to self-advocate to lessen exposure to an allergen;
- Teach the student to avoid allergens;
- Teach the student signs and symptoms of anaphylaxis and how to obtain help;
- Teach the student to seek immediate help and inform an adult if they are having symptoms

- or had an exposure to an allergen;
- Help the student to decide whether to inform a friend who might be of help in managing their allergy;
- Clean health office surfaces with soap and water or other district approved cleaning products proven effective in removing allergens, after students or staff eat/drink and /or after nursing procedures/treatments that involve allergens (e.g., tube feedings) in the health office;
- When administering anaphylaxis treatment pursuant to a non-patient specific order and protocol<sup>23</sup> the RN should:
  - Administer anaphylaxis treatment in an emergency if the recipient of the anaphylaxis treatment is not capable of giving informed consent;
  - Arrange for immediate follow-up care (i.e., by contacting an emergency medical service and reporting the recipient's name, and the name, time, doses, and strength of the anaphylactic treatment agent[s] administered, and route of administration);
  - Ensure that a record is maintained of all recipients of anaphylaxis treatments, which includes at a minimum the non-patient specific order and protocol, the recipient's name, date, the address of administration site, the name of the administering nurse, and the anaphylactic treatment agent administered and its manufacturer and lot number;
  - Report the anaphylaxis treatment to administration, the parent/guardian, and the recipient's primary care provider if possible.
- Conduct a post intervention assessment of allergen exposures and/or anaphylactic events in collaboration with the medical director and administration.

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<sup>23</sup> School nurses should review the requirements for nonpatient specific orders from the NYSED Office of Professions at [NYS Nursing:Laws, Rules & Regulations:Part 64 \(nysed.gov\)](https://www.nysed.gov/nys-nursing-laws-rules-regulations-part-64);

## Medical Director

The district's director of school health services, also known as the medical director, can provide guidance to school nursing personnel and school administration on the development of district allergy policies and protocols for the prevention and management of anaphylaxis at school. Medical Directors can refer to the New York State Center for School Health's [Option Chart for Administration of Epinephrine in School Settings](#) to assist school boards of education and administration determine which options will be used in the district.

The school medical director should:

- Assist in the development of policies and protocols for prevention and treatment of anaphylaxis;
- Write nonpatient specific orders for school nurses to follow in order to obtain epinephrine and treat signs of anaphylaxis in anyone in the school, on school property and at school events. Medical directors should review the requirements for nonpatient specific orders from the NYSED Office of Professions at [NYS Nursing:Laws, Rules & Regulations:Part 64 \(nysed.gov\)](#);
- Participate in faculty/staff trainings regarding allergies and anaphylaxis if requested;
- Attend 504 and CSE meetings when requested;
- Act as the school's liaison with healthcare providers if necessary; and
- Conduct a post intervention assessment of allergen exposures and/or anaphylactic events in collaboration with the school nurse and administration.

## Teachers

Teachers typically spend the most time with students during the school day. Therefore, it is important that they are well informed to enable them to support the student with allergies. A student with an allergy deserves a safe school experience with their peers. Teachers can work with the school nurse, student, and parent/guardian to create a safe environment for the student with a life-threatening allergy.

Teachers should:

- Review the ECP (Emergency Care Plan) of any student with life-threatening allergies and keep the ECP confidential in a readily accessible location which is shared with substitutes and teachers' aides;
- Immediately initiate the ECP if a student reports any symptoms of an allergic reaction or reports exposure to an allergen, and never send a student at high risk for or having an allergic reaction to the school health office alone;
- If the student's parent/guardian requests, a letter can be sent home alerting all parent(s)/guardian(s) to the fact that there is a student with significant allergies in their child's classroom. The student's name should not be shared in the letter to protect the student's right to confidentiality;
- Work with the school nurse to educate other students and parent(s)/guardian(s) about the allergy and enlist their help in keeping certain foods and/or allergen containing products out of the classroom. Consider providing a list of [allergy friendly foods](#);
- If food is going to be a part of the classroom program, the teacher and nurse should work with the student with allergies and their parent/guardian regarding safe food options;
- Consider use of non-food items for rewards and incentives;
- If asking parents/guardians to provide snacks for the classroom, develop a list of allergen ingredients that cannot be in the snacks sent to school. Alternatively, develop a list of safe snacks for parents/guardians to choose from;
- Encourage parent(s)/guardian(s) to send in "safe" snacks for their students to be stored in classroom for use as needed. If acceptable to the student and parent/guardian, encourage the student to eat in an area which is "allergen safe" with peers;
- Inform the student's parent(s)/guardian(s) in advance of any school events where food will be served. Reinforce not trading or sharing food in the classroom, and or anywhere else in the school building;
- For a list of other potential allergens involved in common classroom activities see: [Potential Food Allergens in Preschool, School, Camp Crafts and Activities](#). **Read all labels before** serving food or working on a classroom project to ensure that all products being used are safe for participants;
- Animals in the classroom may present a risk to a student with allergies due to animal dander and/or the animal's food;
- Reinforce hand washing before and after eating; Hand washing with soap and water is the better choice for cleaning hands, antibacterial hand sanitizers have not been shown to be sufficient at removing food allergens;
- All tables and chairs should be washed with soap and water, or other district approved cleaning products proven effective in removing allergens, using dedicated water and separate cloths for allergen safe tables after each meal;
- Tables/desks should also be washed down in the morning if an after-school event has been held in the classroom. Teachers should consult with custodial staff regarding the cleaning products that can be used in the school;
- Educate classmates about allergies and anaphylaxis to avoid endangering, harassment

of, or isolating students with allergies. Address any bullying or harassment seen or reported - report all cases to school administration or the school Dignity for All Students Act coordinator; and

- Reinforce school guidelines on bullying and teasing to avoid harassing students with allergies. Be vigilant regarding how the student with the allergy is being talked about or treated.

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence. Participate in the planning for a student's re-entry after an anaphylactic reaction.



## Food Service/Cafeteria Personnel

The Food Service Director and food service and cafeteria personnel should work together to make the cafeteria environment as safe as possible for a student with a severe allergy.

Food Service/Cafeteria personnel should:

- Review with school health personnel each student's ECP. The review should include recognizing each student's signs and symptoms of an allergic reaction, administering epinephrine auto-injector if trained to, and contacting the school nurse and administrator immediately if an allergen exposure or reaction occurs;
- Participate in the school's coordinated approach to developing policies and procedures to prevent exposure and manage reactions including anaphylaxis;
- Work with the school nurse and administration to determine if food allergens are on the menu and consider removing them if appropriate. Allow for appropriate substitutions or modification for meals served to students with food allergies. See the [USDA Meal Modification Training \(PPT\) \(PDF\)](#);
- [Train staff on Food Allergy Management](#);
- Discuss with parent/guardian specific food or other product allergens, recipe ingredients and provide advance copies of menus;
- Maintain current contact information from manufacturers for food and other products;
- **Read** all packaging information to check for possible allergens;
- Develop protocols for cleaning and sanitation which avoid cross-contamination;
- Ensure that food handling practices avoid cross-contamination with potential food allergies as well as other allergens; create an allergen safe area in the kitchen for preparation of allergen safe foods. Ensure allergen free foods are prepared in dedicated bowls, pans and that utensils or gloves that have been used do not contain the student's allergens;
- Avoid use of latex gloves for student with known latex allergy, order non-latex, powder free gloves when possible;
- Work with the school nurse and/or principal to create specific eating areas that are allergen safe. A student should never be isolated because of a health condition unless required by a 504 plan or their IEP. Based on parent/guardian preference and/or healthcare provider orders allergen safe tables may be established, or the student may be provided a clean desk to slide to the end of the table that is not used by other students;
- If separate allergen free space is not available, thoroughly clean each area as noted below between each food preparation and use barriers to allow for an allergen safe food preparation area if needed;
- All tables and chairs should be washed with soap and water, or other district approved cleaning product proven effective in removing allergens used in accordance with manufacturer's instructions. Always use dedicated cloths/paper towels to clean allergen safe tables after each meal;
- If using a mixture of cleaning agents or soap and water in a container to dip a cloth/paper towel into before cleaning the table - use a new mixture and cloths/paper towels for cleaning the allergen safe table(s) between meals. Do not use the same mixture and cloths on an allergen safe table used by multiple classes. The table must be cleaned with new mixture and cloth after each use;
- Encourage proper hand washing by students, school staff and volunteers before and after handling or consuming food; and
- Take action to address all forms of bullying or harassment of a student with an allergy and report all cases to school administration or the school Dignity for All Students Act coordinator.

- Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents.<sup>24</sup>

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

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<sup>24</sup> [Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs \(cdc.gov\)](#)

## Transportation Personnel

Bus drivers and substitute bus drivers may come into contact with students who have life threatening allergies. School administration should ensure that each student's ECP is provided to the driver transporting the student, trained personnel are available to administer the student's epinephrine when needed, and transportation personnel follow district policies for calling for emergency assistance.

Transportation personnel should:

- Know where the student's emergency medication is kept in case of emergency (e.g., front pocket if backpack);
- Follow school district policy of no food or eating allowed on school buses, with limited exceptions for students with health conditions (e.g., diabetes);
- Provide dedicated seating for a student with an allergy or other health condition with district approval or parent/guardian request;
- Use careful attention to cleaning, including seat, seatbelts and handrails washing with soap and water or other district approved cleaning products proven effective in removing allergens;
- Have a functioning emergency communication device (i.e., cell phone, two-way radio);
- Train bus drivers and substitute bus drivers in the district's protocols and procedures for activating the EMS system and notifying the transportation supervisor or other school administrator; and
- Implement other school emergency procedures.

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

## **Student Support Personnel (a.k.a. Pupil Personnel Services Staff)**

School personnel should be cognizant of students' desire for acceptance by peers as one of the most important aspects of a student's social and emotional development. Student Support Personnel (a.k.a. Pupil Personnel Services Staff) who are School Counselors, school psychologists and school social workers can provide leadership, guidance, and strategies for a creating and maintaining a positive school climate.

Student Support Personnel should:

- Help school administrators communicate the district's policies and practices for preventing allergy reactions to parents/guardians through newsletters, announcements, and other methods;
- Address immediate and long-term mental health problems such as anxiety, depression, low self-esteem, negative behavior, or eating disorders among students with allergies;
- Work collaboratively with district staff to enforce policies that promote healthy physical environments.
- Work collaboratively with district health services staff, school principals, and others to help enforce policies that prohibit discrimination and bullying against all students, including those with allergies;
- Report any bullying or harassment by anyone building administrator or school Dignity for All Students Act Coordinator;
- Help link students with allergies and their families to community health services and family support services when needed;
- Know and inform others about federal and state laws, including regulations, and policies relevant to the obligations of schools to students with allergies and make sure district policies and practices follow these laws and policies;
- Provide direct assistance to help schools establish procedures and plans for monitoring students with allergies, including, if appropriate, through Section 504 plans or IEPs;
- Help students with allergies transition back to school after an emergency<sup>25</sup>; and
- Be prepared to respond to the emotional needs of students who witness a life-threatening allergic reaction in a way that does not compromise the students' privacy or confidentiality rights.

In the event that an allergy emergency occurs, participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

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<sup>25</sup> [Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs \(cdc.gov\)](#)

## Extracurricular Activities Personnel

Athletic Directors, coaches, after school employees, parent/guardians, and volunteers should work with the school nurse and administrator to develop a safe plan for students with allergies in the afterschool setting.

Extracurricular activities personnel should:

- Know school districts policies and procedures for the management of allergies;
- Report any bullying or harassment to the building administrator, or school Dignity for All Students Act Coordinator;
- Ensure all school sponsored after school activities are consistent with school policies and procedures regarding life-threatening allergies;
- Keep a copy of the ECP and student's photograph for students with life-threatening allergies in a readily accessible, secure confidential location;
- Consider the presence of allergens involved in after school activities and modify as needed.
- Read all labels before serving food, having students apply anything to skin (e.g., sports tape, theatrical makeup) or working on a project to ensure that all products being used are allergen safe;
- Know where the student keeps their epinephrine auto-injector (e.g., front pocket of backpack etc.);
- Ensure that emergency communication equipment is always available;
- Clearly identify who is trained and responsible for administering an epinephrine auto-injector; and
- Know how to access EMS following district policies:
  - Call 911 and request Advanced Life Support;
  - Contact the school administrator immediately if an exposure or allergic reaction occurs to a student; and
  - Implement other school board approved emergency procedures.

In the event that an allergy emergency occurs, staff should participate in a post intervention meeting to review the incident and lessons learned to prevent another occurrence.

## Resources

American Academy of Allergy, Asthma and Immunology [Anaphylaxis Symptoms, Diagnosis, Treatment & Management | AAAAI](#) Accessed April 20, 2024

Asthma and Allergy Foundation of America, [Severe Allergic Reaction: Anaphylaxis | AAFA.org](#) Accessed April 20, 2024

Centers for Disease Control and Prevention (CDC) [Food Allergies | Healthy Schools | CDC](#) Accessed April 20, 2024

CDC [Food Allergies in Schools Toolkit | Healthy Schools | CDC](#) Accessed April 20, 2024

Food Allergy Research and Education (FARE) [Homepage | Food Allergy Research & Education](#). Accessed April 20, 2024

New York State Center for School Health / Homepage ([schoolhealthny.com](http://schoolhealthny.com)) Accessed April 20, 2024

New York State Education Department- School Health Services, [NYSED:SSS:School Health Services](#) Accessed April 20, 2024

### **NYSED Memos:**

- [Anaphylactic Agents by Registered Professional Nurses Utilizing Non-Patient Specific Orders and Protocols \(2/27/2001\)](#)
- [Clarification about Administering Immunizations and Anaphylactic Agents by Registered Professional Nurses Using Non-Patient Specific Orders and Protocols \(10/3/2001\)](#)
- [Use of Epinephrine Auto-Injector Devices in School Setting \(6/2002\)](#)

[School Nurse Chronic Health Assessment Tool – SN CHAT - Allergy & Asthma Network \(\[allergyasthmanetwork.org\]\(http://allergyasthmanetwork.org\)\)](#) Accessed April 20, 2024