



Guidelines for Managing Allergies and Anaphylaxis in Schools

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The University of the State of New York
The State Education Department
Office of Student Support Services



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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

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.

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

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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 war38.16 43 (s)-911ntudent

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

- 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.² 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.³ 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.⁴ 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).

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

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

⁴ <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.

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.

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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 wruidenti 13 Tve 001

- 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.

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 allergy²⁰);
 - 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.

²⁰ 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 trained in (1) recognizing and responding to allergic reactions, (2) using

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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);

2 -) c • Regularly review, revise, and evaluate the plan for effectiveness and compliance with state and federal regulations.

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.²²

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

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- 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;

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

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.²⁴

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.

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.8 (i)2.6 (Em[(C)2.6 (ons Td()Tpj-0.003m.14

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 \(schoolhealthny.com\)](#) 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 .6 (t)-3 (27/)-6.6 (2001))JTJ0 Tc 0 Tw 5.098 0 Td()TjETB5