



West Virginia Department of Education
**Guidelines for Allergies in
the School Setting**

July 2023



**West Virginia Board of Education
2023-2024**

L. Paul Hardesty, President
Nancy J. White, Vice President
F. Scott Rotruck, Financial Officer

Robert W. Dunlevy, Member
Victor L. Gabriel, Member
Daniel D. Snavelly, M.D., Member
Christopher A. Stansbury, O.D., Member
Debra K. Sullivan, Member
James S. Wilson, D.D.S., Member

Sarah Armstrong Tucker, Ph.D., Ex Officio
Chancellor
West Virginia Higher Education Policy Commission
West Virginia Council for Community and Technical College Education

Michele L. Blatt, Ex Officio
State Superintendent of Schools
West Virginia Department of Education

West Virginia Department of Education Guidelines for Allergies in the School Setting • October 2017

The West Virginia Department of Education places the highest priority on the health and wellness of our state's youth. These Guidelines represent researched findings and recommendations to provide guidance to be used in developing local policies, procedures and plans that focus on research-based best practices while respecting confidentiality and discrimination laws. The guidelines can be implemented by county boards of education, as they deem appropriate, after reviewing individualized allergy cases presented by the student's parents and ordered by a licensed prescriber under the guidance and case management of the certified school nurse RN's individualized health care plan and/or intervention guide.

Background:

Allergic conditions are among the most common medical conditions affecting children in the United States (National Center for Health Statistics, 2013). Food allergies among children increased by 50 percent between 1997 and 2011, according to a 2013 study released by the Centers for Disease Control and Prevention. Studies show that 16%–18% of children with food allergies have had a reaction from accidentally eating food allergens while at school (Sicherer, 2010). In addition, 25% of the severe and potentially life-threatening reactions (anaphylaxis) reported at schools happened in children with no previous diagnosis of food allergy (CDC, 2013) When one or both parents have allergies, there is a greater likelihood that their child will also. Most allergies first appear during childhood. It is important to have a child properly diagnosed and treated by a health care provider if a parent/guardian suspects any problem. West Virginia laws also provide county boards of education the option of developing policies for stock epinephrine auto-injectors under the training and delegation of the certified school nurse RNs to treat students and staff members who may experience unknown severe allergies for the first time in the school setting.

Adverse reactions to normally harmless substances such as dust, pollen, food or mold may occur. The immune system of people with allergies overreacts to these substances called triggers or allergens. Some reactions included tearing, swelling, congestion, sneezing, anaphylactic shock and other symptoms.

A food allergy is an immune system response to any food or food component that the body's immune system recognizes as foreign to the body and believes is harmful. Food intolerance is an adverse reaction to a certain food that does not include the immune system. Treatment may vary for each condition and it is imperative to consult with a health care provider to ensure the correct diagnosis.

More than 50 million Americans have an allergy of some kind. Food allergies are estimated to affect 4 to 6 percent of children and 4 percent of adults, according to the Centers for Disease Control and Prevention. Eight foods cause 90% of food allergy reactions in children (American Academy of Allergy Asthma and Immunology: Food Allergies and Reactions, 2017):

- Cow's milk
- Eggs
- Fish
- Peanuts
- Shellfish
- Soy
- Tree nuts
- Wheat
- Sesame

“Allergic reactions that result from direct skin contact with food allergens are generally less severe than reactions due to allergen ingestion. The chances of having a severe reaction to airborne allergens is virtually none. According to American College of Allergy, Asthma & Immunology (2017), no study has ever conclusively proven that allergens become airborne and cause symptoms to develop. Outside of a few case reports involving symptoms from fish allergy appearing when someone cooked fish, those with food allergies only have severe reactions after eating the allergic food. Many people with peanut allergy also worry about the dust from peanuts, particularly on airplanes. Most reactions probably happen after touching peanut dust that may be on tray tables or other surfaces. A recent study showed that wiping the surfaces to remove any dust resulted in fewer people reporting reactions during a flight.

Rationale:

There are four principles for managing allergic disease (American Academy of Allergy Asthma and Immunology: Understanding Allergic Diseases, 2006):

- Environmental control involves avoiding the symptoms (not removing) that cause allergic reactions.
- Pharmacologic therapy involves using medications to control allergies. Research proves epinephrine must be administered as the first line medication for anaphylactic reaction to counteract an immediate and/or delayed severe reaction. Benadryl is not the first line of treatment for anaphylactic reaction and should be questioned if ordered by the student's medical provider. Antihistamines have a much slower onset of action than epinephrine, they exert minimal effect on blood pressure, and they should not be administered alone as treatment. Antihistamine therapy thus is considered adjunctive to epinephrine (Mustafa, 2017).
- Allergen Immunotherapy involves allergy shots to reduce the severity of an allergic reaction.
- Education involves educating the parents/guardians, students and school personnel on how to successfully manage a student's allergies within the school environment. It entails empowering the student with knowledge to function in the everyday world.

Education and planning are the keys to establishing and maintaining a safe school environment for all students. The management of student allergies is a coordinated and collaborative team approach among the parents/guardians, the student and the school.

Conclusion:

The school setting is a unique environment consisting of approximately 273, 170 students in 717 West Virginia public schools during the 2016/17 school year. Care must be taken to differentiate between a true allergic response and an adverse reaction. True allergies result from an interaction between the allergen and the immune response; the only way to truly determine this is through allergy testing. Allergy tests are designed to gather the most specific information possible so a doctor can determine the allergen and provide the best treatment.

There appears to be consensus in the health and education literature that accommodations must reasonably ensure students safety, but not to the extent of total protection and isolation from the real world. Total protection is not achievable, nor is it in the best interests of a child's normal development.

School have a responsibility to properly plan for children with any life-threatening food allergies, to educate all school personnel accordingly, and ensure that school staff are trained and prepared to prevent and respond to a food allergy emergency. Parents, school nurses and other school staff members should reinforce self-management skills for students with food allergies. These skills include reading labels, asking questions about foods in the school meal and snack programs, avoiding unlabeled or unknown foods, using epinephrine auto-injectors when needed, and recognizing and reporting an allergic reaction to an adult (Centers for Disease Control and Prevention, 2013).

Modified School Guidelines

As modified from the *School Guidelines for Managing Students with Food Allergies* and *Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs*.

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

Family's Responsibility

- Notify the school administer/certified school nurse RN and child nutrition director of the child's allergies.
- Provide necessary health provider order and/or physician's medical statement concluded from allergy testing.
- Work with the School Health Team to develop a plan that accommodates the individual child's needs throughout the school including in the classroom, in the cafeteria, in after school programs, during school- sponsored activities and on the school bus, as well as an Individualized Health Care Plan and Intervention Guide developed by the certified school nurse RN utilizing the WVDE Guidelines on Allergies.
- Provide written medical documentation, instructions, and medications as directed by a health care provider to the certified school nurse RN. Include a photo of the child on the written form.
- Consider requesting a Section 504 Plan (<http://wvde.state.wv.us/osp/504support.htm>) or include school nursing services and health care plan in the Individual Education Program (IEP) as appropriate (http://wvde.state.wv.us/osp/hand_in_hand%20sept%202015.pdf).
- Provide properly labeled medications and replace medications after use or upon expiration.
- Serve as a member of the School Health Team and school Local Wellness Team.

- Be informed and involved with the child's allergy management plan.
- Educate the child in the self-management of his/her food allergy including:
 - » recognizing safe and unsafe allergens
 - » identifying strategies for avoiding exposure to unsafe allergens
 - » recognizing symptoms of allergic reactions
 - » alerting an adult they may be having an allergy-related reaction
 - » reading food labels (age appropriate) and/or be aware of environmental triggers
 - » never sharing personal items including food, eating utensils, medication, etc.
- Review intervention guides with the school staff, the child's health care provider, and the child (if age appropriate) after a reaction has occurred.
- Provide emergency contact information.

Student's Responsibility

- Should be proactive in the care and management of their allergies and reactions based on their developmental level.
- Should always look at the food being served.
- Should not trade food with others.
- Should not eat anything with unknown ingredients or known to contain any allergen.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic or recognize signs and symptoms of an allergic reaction.
- Should not share food, beverages, personal items, medications, etc.
- Should notify an adult immediately if they feel threatened or harassed due to their allergy.
- Should ensure tables and desk have been cleaned after use for consuming food, arts or other allergen products by asking school staff or requesting an allergen-free table as needed. Let the teacher or an adult know if there are concerns with a surface that has not been cleaned.

School's Responsibility

- Be knowledgeable about and follow applicable federal laws including American Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Family Educational Rights and Privacy Act (FERPA) and any state laws or district policies that apply.
- Review the health records submitted by parents and health care providers for allergy testing results correlating with proper medical orders and statements addressing the individualized student.
- Include allergic students in school activities. Students should not be excluded from school activities solely based on their allergy nor should students without allergies be discriminated against.
- Identify a School Health Team or School Local Wellness Team of, but not limited to, school nurse, teacher, principal, school food service and parent/guardians, manager/director, and counselor (if available) to work with parents and the student (age appropriate) to develop and/or review the student's allergy management plan, the school nurse RNs intervention guide for daily care and support the school nurses' emergency health care plan.
- Adopt written policies that support consistent practices for managing food allergies.

- Assure that all staff who interact with the student on a regular basis have been educated on allergens and can recognize symptoms, knows what to do in an emergency, works with other school staff to eliminate the use of food allergens in the allergic student's meals, educational tools, arts and crafts projects, or incentives according to the student's individualized health care plan and intervention guide.
- Coordinate with the school nurse RN to be sure medications are appropriately stored, and keep student's prescribed epinephrine available. Emergency medications should always be kept in an easily accessible secure location central to designated school personnel. Students should be allowed to carry their own epinephrine, if age appropriate, after approval from the student's health care provider, parent and certified school nurse RN, in accordance with WVBE Policy 2422.-7, Standards for Basic and Specialized Health Care Procedures.
- Assure the rights of student's without allergies are respected as well.
- Develop and enforce policies that support respect for all students including those with food allergies.
- Designate school personnel who are properly trained under the delegation and training of the certified school nurse RN to administer and store medications in accordance with W.Va. Code §§18-5-22 and 18-5-22c, WVBE Policy 2422.7, and Standards for Basic and Specialized Health Care Procedures governing the administration, management and storing of emergency medications.

Education is the solution to a successful allergy management plan. Remember: environmental control is about avoiding allergens, not removing them from the school setting. Training and supervision in pharmacological therapy is an important piece to prevention of true anaphylactic reactions. Together environmental control, pharmacologic therapy, allergy testing and education will create a safe and healthy environment for all students.

References and Resources

- American Academy of Allergy Asthma and Immunology (2017). Allergy Statistics. Retrieved on October 19, 2017 from <http://www.aaaai.org/about-aaaai/newsroom/allergy-statistics>.
- American College of Allergy, Asthma & Immunology (2017). Food Allergy. Retrieved August 19, 2017 from <http://acaai.org/allergies/types/foodallergy>.
- Centers for Disease Control and Prevention (2013). Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. Washington, DC: US Department of Health and Human Services.
- Dear Colleague Letter: Responding to Bullying of Students with Disabilities* (Oct. 21, 2014), Retrieved on October 19, 2017 from www.ed.gov/ocr/letters/colleague-bullying-201410.pdf.
- Food Allergy Research and Education (2017). Food Allergy 101-Facts and Statistics. Retrieved on October 19, 2017 from <https://www.foodallergy.org/life-food-allergies/food-allergy-101/facts-and-statistics>.
- Kristen D. Jackson, et al. (May 2013). Trends in Allergic Conditions Among Children: United States, 1997–201. Retrieved on October 19, 2017 from <https://www.cdc.gov/nchs/data/databriefs/db121.pdf>.
- McIntyre CL, Sheetz AH, Carroll CR, Young MC. *Administration of epinephrine for life-threatening allergic reactions in school settings*. Pediatrics. 2005;116(5):1134–1140. Retrieved on September 2017 from http://pediatrics.aappublications.org/content/120/Supplement_3/S120.1.
- National Association of School Nurses (NASN) (2005). *Epinephrine Use in Life- Threatening Emergencies*. Retrieved September 5, 2006 from <http://www.nasn.org/Default.aspx?tabid=222>.
- National Association of School Nurses (NASN) (February, 2014). *Food Allergies and Anaphylaxis*. Retrieved September 12, 2017 from <https://www.nasn.org/nasn-resources/practice-topics/food-allergies>.
- Mustafa, S Shahzad MD and Michael A Kaliner, MD. *Anaphylaxis Treatment & Management*. Medscape. (2017). Retrieved on October 17, 2017 at <https://emedicine.medscape.com/article/135065-treatment#d9>.
- National Center for Chronic Disease Prevention and Health Promotion* (2017). Managing Food Allergies in Schools: The Role of School Teachers and Para-educators. Retrieved on October 19, 20-17 at https://www.cdc.gov/healthyschools/foodallergies/pdf/teachers_508_tagged.pdf.
- Reinberg, Steven (June 1, 2017). New report reveals how many Americans have food allergies. HealthDay. Retrieved on October 19, 2017 at <https://www.cbsnews.com/news/food-allergies-in-america-new-report-shellfish-peanut-dairy/>.
- Scott H. Sicherer, Todd Mahr (December 2010). *Management of Food Allergy in the School Setting. The American Academy of Pediatrics Clinical Report VOLUME 126 / ISSUE 6*. Retrieved on September 12, 2017 at <http://pediatrics.aappublications.org/content/126/6/1232>.

Sicherer SH, Furlong TJ, DeSimone J, Sampson HA. The US Peanut and Tree Nut Allergy Registry: characteristics of reactions in schools and day care. *J Pediatr*. 2001;138(4):560-565.

USDE Office of Civil Rights, *Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools* (December 2014).

Wang, Julie (February 13, 2017). *Managing allergy, anaphylaxis: AAP releases customizable emergency plan*. Retrieved on October 19, 2017 from <http://www.aappublications.org/news/2017/02/13/Anaphylaxis021317>.

Wang, Julie and Sicherer, Scott H. (February 2017). *Guidance on Completing a Written Allergy and Anaphylaxis Emergency Plan*. Retrieved on October 19, 2017 from <http://pediatrics.aappublications.org/content/early/2017/02/09/peds.2016-4005>.

Notes

Notes



Michele L. Blatt
West Virginia Superintendent of Schools