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Creating a New Community of Support for Students With Food Allergies

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Managing food allergies in schools is a necessary but complex task. Breakdowns in implementation of school policies have resulted in devastating consequences and can create a divided school community. School nurses play the central role in the food allergy education of staff, parents and students. An educated school community can then be united in supporting children with food allergies. A thoughtful approach that takes these different members of the school community into consideration is essential to put a successful food allergy policy into action. This article outlines issues to consider when educating each specific group as well as discussing the challenges that can hamper school community-wide education and their potential solutions. The ultimate goal of food allergy management education is to create a community of support and to create a self-sustaining environment of understanding and awareness that may save time, decrease divisiveness, and even save a life.

Keywords: food allergy; anaphylaxis; staff training; educated school community

Introduction

Imagine the unimaginable. One of your food-allergic students is dropped off at school and never returns home.

Despite increased food allergy awareness, deaths from food-related anaphylaxis still occur in U.S. schools. Emotions can run high, captured by images in the media of parents picketing in front of a school and press conferences with lawyers. Some schools have experienced issues of divisiveness that have negatively impacted their communities. Fortunately, most schools will not have experienced a fatal or near-fatal reaction and most will not have to deal with a divided community, but it is safe to say that almost all will encounter children with food allergies. Food allergies are estimated to affect about 4% of U.S. children (Branum & Lukacs, 2009). Approximately 25% of severe allergic reactions in Massachusetts schools that required epinephrine occurred in people without a known history of allergies (Massachusetts Department of Public Health, 2010; McIntyre, Sheetz, Carroll, & Young, 2005). First-time allergic reactions occur in schools, reinforcing the need for the entire school community to be prepared.

Ongoing Issues and Challenges

Debates have raged on the extent of school policy and interventions needed to minimize risk of exposures to a child with food allergies. The details of strategies for food allergy management are beyond the scope of this article and are more adequately addressed in state

and federal guidelines, Safe at School and Ready to Learn: a comprehensive policy guide for protecting students with life-threatening food allergies (NSBA, 2012), school nursing resources (www.nasn.org), as well as recent scientific articles including the Management of Food Allergies in Schools: A Perspective for Allergists (Young, Muñoz-Furlong, & Sicherer, 2009). Unlike managing other medical conditions in school, food allergy interventions may impact other children and school staff. Schools can be polarized because of differing opinions about food allergy management (Greenhawt, Green, Pistiner, & Mitchell, 2011). Ill will surrounding this issue can also enter into classrooms and may contribute to incidents of bullying that target food-allergic students with potentially catastrophic physical and psychological consequences. The divisiveness that can occur in schools shows that further increased awareness is needed among staff, parents, and students. It is critical that education take place within the proper format and is delivered in the appropriate manner.

Steps in the Right Direction

Fortunately, the issue of food allergies in school has received increased attention. Many states have created and implemented guidance documents, and national guidelines are due out later this

year. These comprehensive documents have been created to help guide school policy to assist with daily management of children's food allergies. Additionally there have been legislative initiatives regarding the provision of stock epinephrine in schools and standing orders for the treatment of anaphylaxis in students. These are steps in the right direction that highlight the absolute need for school nurses to champion the management of food allergies in schools and to efficiently implement these recommendations.

Educating Others About Food Allergy: A Time-Consuming Responsibility

At times it may feel that food allergy management is a full-time job. Food allergy management in the school setting is indeed complex and can be time consuming. Education is a major component of management. Educating your school communities can be a challenge for you as there are limited time and resources as well as competing responsibilities. School nurses are encouraged to consider an increased focus on education, especially at the beginning of each year. Once this challenge is met, the entire community can be drawn into a partnership to create a continuing culture of food allergy support.

Awareness Can Bridge the Divide

Food allergy management (prevention strategies and emergency preparedness) is necessary at all times and in all settings. This need for constant management makes it necessary for children with food allergies to do things a bit differently than children without food allergies. School-wide education may go a long way in keeping school communities from becoming divided over food allergy issues. Awareness and education is key for everybody, because managing food allergies cannot be the sole responsibility of the child or his or her parents. Therefore, it requires understanding and effort on the part of the entire school community including administration, staff, parents, and classmates.

Your School Community

- All **school staff** who have interactions with children with food allergies should have a solid understanding of the signs and symptoms of anaphylaxis as well as food allergy management. This includes but is not limited to teachers, substitutes, specialists, aides, coaches, counselors, administrators, program coordinators, volunteers, bus drivers, custodians, and nutrition service workers. The staff should be trained by a school nurse on how to prevent allergic reactions from occurring, recognize allergic reactions when they do occur, respond to an allergic reaction, and potentially administer the appropriate emergency medicine. All staff should know their role in the school's emergency plan and be familiar with a food allergy emergency care plan (see Food Allergy & Anaphylaxis Network, Food Allergy Action Plan). Some staff will require additional information relevant to their role (e.g., nutritional services). Also, it is very important to train delegates who can administer an epinephrine auto-injector to a student with a known allergy (according to local, state, and federal policies and regulations) in the event that a school nurse is unavailable. Make sure those who receive training on the administration of epinephrine auto-injectors and are responsible for the treatment of anaphylaxis when the nurse is unavailable understand the entire emergency care plan for the children for whom they are responsible (Massachusetts Department of Education, 2002; NSBA, 2012).

The consequences of a lack of buy-in from staff can be catastrophic from a practical and safety standpoint because they interact closely with the parents. If staff members do not have understanding, they will not be able to communicate this in an effective way, and resentment might fester and grow. All school staff can act as your eyes and ears and are the ones responsible

for the majority of food allergy management during the school day. Nurses and staff together can help explain policies and help establish classroom rules and policies and monitor for bullying. Table 1 provides the school nurse with education content specific to the audience.

- School nurses can teach the **parents of students with food allergies** about the real risks of exposure to allergens and allergic reactions and create reasonable expectations about accommodations that address prevention and preparedness. The nurse can teach the parent what is covered under your school's established policy or state and national guidelines, including Section 504 eligibility. It is also helpful to use food allergy educational resources and enlist the assistance of school nurse leadership and/or the child's healthcare provider when a child's needs are not being met. Emphasize to parents the need to notify the school of any food allergy diagnosis and supply necessary medication and documentation (see Table 1).
- Provide education to the **parents of non-food allergic children**. When parents don't understand why certain school policies exist, they may not comply and may even feel resentful. Education is vital to bridge and prevent the potential divide between the families with and without food allergies. Teaching the basics can increase their acceptance and compliance of policies, which may help ensure the health and well-being of students (Gupta et al., 2008; Gupta et al., 2009). These parents will also serve as educators to their children, hopefully passing on an awareness that can support understanding rather than lead to isolation. This can be accomplished through Parent-Teacher Organizations, parent mailings, orientations, one-on-one meetings, and so forth (see Table 1; NSBA, 2012). Also, once they are comfortable with food allergy management strategies, they can be sources of additional support to the parents of

Table 1. School Food Allergy Education Content: Target Your Audience

	Basic Facts/School Rules	Prevention	Preparedness	Social/Emotional
Students: elementary school	- Food allergies need to be taken seriously - Children with food allergies need to do things a bit differently - Discuss common symptoms - Review classroom and school food allergy rules	"If you can't read it don't eat it" - Importance of reading labels - No sharing of food - Hand washing "No thank you" - General concept of cross contact	- Report exposures - Get help for allergic symptoms - Introduction to emergency medicine/epinephrine	- Share your feelings - Tell your friends about your allergies - Support your friends with food allergies - Never bully - Take care of each other
Students: middle and high school	- More in-depth and developmentally targeted version of the above - Reinforce the importance of compliance with rules - Gentle discussion of allergy-related deaths and risk-taking behavior	- As above - Routes of exposure and associated risks - Reading labels - Labeling laws and their pitfalls - Hidden ingredients - Sources and prevention of cross contact	- As above - Recognizing anaphylaxis - Familiarity with steps to administer epinephrine auto-injector - Contacting emergency medical services for anaphylaxis * Present in developmentally and age-appropriate fashion	- More in-depth and developmentally targeted version of the above - No tolerance for bullying - Social and emotional impact of food allergies - Dating/kissing - Consider danger of alcohol (impaired judgment)
Parents: Non-food allergic and food allergic	- As above - More in-depth and developmentally targeted version of the above - Reinforce and support school policies based on facts	- As above - Specific discussion as related to classroom and school policies and in case of hosting a party or playdate - Communicate with family	- As above - Discussion related to drop-off parties and playdates * Optional: train on how to administer epinephrine	- As above - Encourage supportive environment - Encourage positive communication - Encourage parents to discuss being supportive with their children
School staff	- As above - Specific and general role in allergy prevention and emergency plan - Frank discussion of allergy-related deaths - Recognition of first-time allergic reactions	- As above - Prevention in different school settings (field trips, classroom, cafeteria, school bus, etc.)	- As above - Train on how to administer epinephrine auto-injector - Comfort with food allergy emergency care plan * For delegates: demonstrate competency in recognition of anaphylaxis and use of auto-injector (refer to your school policy)	- As above - Foster empathetic environment - Maintain confidentiality

Note: See NSBA, Federal, State, and/or local guidelines/guidance documents for specific and more detailed recommendations on content of training. For school community training modules created by the authors, please see <http://Schools.AllergyHome.org>.

Table 2. Barriers to School Community–Wide Food Allergy Education: Challenges and Potential Solutions

Challenges	Specifics	Potential Solutions
• Little time allocated to food allergy education of others • Differing models of school nurse coverage	• Many school nurses are only given short periods of time with staff, parents, and students (limited by busy staff development schedules, orientation schedules, and curriculum requirements). • Often there is limited time in a school nurse's day to meet with staff, parents, and students.	• Be aware of state regulations and guidance related to training of school staff members. The school nurse is required to be the trainer in many states, and it is recommended that the school nurse always be the professional to provide medication administration and other healthcare related training. • Use teaching tools. • Maximize the time you do have (e.g., group versus individual training when appropriate). • Discuss time needs with administration, request substitute coverage for training. If possible, reference specific time allotment cited by policy recommendations and guidelines. • Use food allergy management and education as a platform for lobbying against cuts in school nurse coverage and time.
• New food allergy policies may be unpopular among staff, parents, and students	• Old habits die hard, especially in schools that only recently implemented policies; this is apparent when it comes to bake sales, food for celebrations, cultural events, etc.	• Consider meeting with administration to coordinate rollout of new policies. • Attempt to have a clear and unified message. Encourage staff to respond to questions and concerns from parents in a positive way. • Remind all parties of the fact that certain prevention and preparedness strategies and issues are necessary. These policies are not arbitrary or personal preference. • Consider having an allergist, physician, or educator meet/speak to school community and/or serve on a wellness council. • Remind your community, "Don't kill the messenger."
• Multiple chains of command governing the staff may exist within a school (i.e., not all staff answer to the same administrative body)	• In some schools, various staff members such as bus drivers and maintenance or food service staff may not fall under the same administrative body as do the rest of the staff. • Some staff may not attend the same staff development sessions and have different amounts of time to be allocated to their specific training. • Also some unions have regulations that need to be considered when requesting training time.	• Meet with each group. See if all can coordinate for a single meeting. • Following initial training by the school nurse, consider use of training tools that can be used "on own time" or individual sessions for reinforcement of material. See if training tools can be reviewed during staff development. • Have a close working relationship with administration and the staff. • When possible, consider having the school nurse make "morning rounds" to classrooms of students with allergies to answer questions and reinforce classroom food allergy management strategies.
• Individuals who ignore policies	• Sometimes, despite excellent and organized attempts to educate and communicate, some individuals do not comply with school policies.	• Be consistent with your expectations. Do not let certain things slide. • Use federal, state, and local guidelines as a beginning rationale and remind parents that it is not your call; it is safe practice. • Enlist the assistance of administration and nursing leadership. • Remind the community, "Don't kill the messenger."

(continued)

Table 2. (continued)

Challenges	Specifics	Potential Solutions
Parents or students who don't agree with content of food allergy education	- At times there will be families that don't believe the current education or implemented policies are stringent enough. - Alternatively, some may make recommendations that are overly restrictive and difficult to implement.	- It is helpful to base all education content on state and federal guidance documentation, including explaining to parents the broadened definition for Section 504 eligibility. - It is also helpful to use evidence-based food allergy educational resources. - Enlist the assistance of school nurse leadership and/or the child's healthcare provider.
- Fear of singling out or embarrassing the student - Fear of releasing confidential health information	- Issues may arise when a student does not want to be singled out, and similarly confidential health information should be protected. - While having a classroom lesson centered to the individual child with allergies may work well, in some cases it may make the child uncomfortable.	- Implement universal teaching to all students based on the present needs of children in general in the school, not the needs of individuals. - Be aware of confidentiality policies and laws—always be careful to respect a student and parent's right to confidentiality.

students with food allergies outside the school setting, such as at play dates, parties, and other social gatherings.

- **Students** can pick up on the messages of their teachers, parents, and others in the school community. In addition to potential negative messages in the community, their own perception of an unexplained difference in their peer with food allergies can foster bullying and isolation. A recent study demonstrated that over one third of those over age 5 have been bullied, teased, or harassed because of their food allergies (Lieberman, Weiss, Furlong, Sicherer, & Sicherer, 2010). Replacing misperception and negative attitudes with education can create an environment of support and understanding. Much of the child's perceptions of food allergies can come from picking up on the attitudes of parents and teachers, but direct education can be very effective. Children also are instrumental in teaching each other and their parents, and they play a critical role in establishing a community

of support. Food allergy awareness can be taught using multiple means including curriculum, class discussions, assemblies, special guests, and so forth (see Table 1; NSBA, 2012).

Challenges and Solutions to Community-Wide Education

Inevitably, challenges will arise. No two schools are the same and the social dynamics between you and your staff, your families, and your students are constantly evolving. In some cases there is one school nurse covering more than one school. In some schools there is a close working relationship between nursing and administration while in others this is not so. Despite these circumstances, food allergy education is necessary. Although there are many challenges, most can be overcome through the use of guidelines; guidance documents; training materials; and support from food allergy organizations, each other, school physicians, students' physicians, local speakers, advocates and experts, and your school community (see Table 2). Efforts to create a food allergy

aware school community may ultimately save time, decrease divisiveness, and even save a life. ■

For free, online school community training modules created by the authors, please see <http://Schools.Allergyhome.org>.

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