



Managing Food Allergies in Schools

The Role of School Mental Health Professionals



Overview

The Centers for Disease Control and Prevention (CDC) published *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, (www.cdc.gov/healthyyouth/foodallergies/) to help schools manage the risk of food allergies and severe allergic reactions in students. As a school counselor, school social worker, or school psychologist, you can provide the services necessary to ensure students with food allergies are safe and supported at school.



Did you know?

- In a typical classroom of 25 students, at least one student is likely to be affected by food allergies, and for reasons that are not completely understood, the number of children with food allergies is increasing.^{1,2}
- Food allergies can have a significant effect on the psychosocial health of students and their families.³
- Students with food allergies may experience more anxiety and fear than their non-allergic peers.³



More than 1 of 3 people with food allergies report being the victims of bullying, teasing, or harassment because of their food allergy.⁴





What can you do?

✓ Participate in your school's planning for managing food allergies.

- Help your school plan and implement a Food Allergy Management and Prevention Plan (FAMPP).

✓ Get trained and help manage food allergies at your school.

- Participate in school-based training and review resources to help recognize the signs and symptoms of food allergies and how to respond in an emergency. (<http://www.cdc.gov/healthyyouth/foodallergies/>)
- Be prepared to respond to food allergy emergencies, including activating a student's emergency plan and being ready to administer an epinephrine auto-injector, if you are a delegated and trained staff member.⁶⁻⁸

✓ Help with the daily management of students with food allergies.

- Provide assistance with the development of a Section 504 or an Individualized Education Program, if needed. Students with food allergies are entitled to accommodations so they can safely access all school activities and events.
- Address immediate and long-term mental health problems like anxiety, depression, social isolation, and stress.^{5,9}
- Help connect families with community health providers and resources.
- Help students with food allergies transition back to school after an emergency

✓ Support a healthy and safe school environment.

- Support other school health professionals, such as the school nurse, by providing training and education for staff and parents on the mental and emotional health issues faced by students with food allergies.
- Report all bullying to the administrator.
- Work with parents, classroom teachers, and other school staff to prevent bullying, exclusion, and discrimination against students with food allergies.⁴



Resources

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. 2013. Available at:

www.cdc.gov/healthyyouth/foodallergies/

National Association of School Psychologists. Bullying resources: <http://www.nasponline.org/resources/bullying/index.asp>



References

1. Branum AM, Lukacs SL. Food allergy among US children: trends in prevalence and hospitalizations. *NCHS Data Brief*. 2008;10:1-8.
2. Liu AH, Jaramillo R, Sicherer SH, et al. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol*. 2010;126(4):798-806.e13.
3. Cummings AJ, Knibb RC, King RM, Lucas JS: The psychosocial impact of food allergy and food hypersensitivity in children, adolescents and their families: a review. *Allergy*. 2010;65:933-945.
4. Lieberman J, Weiss C, Furlong TJ, Sicherer SH. Bullying among pediatric patients with food allergy. *J Allergy Clinical Immunol*. 2010;105:267-271.
5. Ravid NL, Annunziato RA, Ambrose MA, et al. Mental health and quality-of-life concerns related to the burden of food allergy. *Immunol Allergy Clin N Am*. 2012;32(1):83-95.
6. Nowak-Wegrzyn A, Conover-Walker MK, Wood RA. Food-allergic reactions in schools and preschools. *Arch Pediatr Adolesc Med*. 2001;155(7):790-795.
7. 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.
8. 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.
9. Houle CR, Leo HL, Clark NM. A developmental, community, and psychosocial approach to food allergies in children. *Curr Allergy and Asthma Rep*. 2010;10(5):381-386.