Managing Food Allergies in School

There are 600,000 children in the U.S. who are allergic to peanuts and at risk of possibly fatal anaphylactic shock.

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IN BRIEF

The number of children allergic to such everyday foods as peanuts, milk, eggs, wheat, soy, or tree nuts is increasing. This article addresses what schools can and should be doing to reduce the risk of allergic reactions. These include having allergy management plans in place, requiring commercially prepared foods with ingredient lists for classroom celebrations, designating peanut-free and milk-free cafeteria tables, and allowing some allergic students to carry their epinephrine medication in school.

If you don’t already have a student with food allergies in your school, it won’t be long before you do. There are an estimated 600,000 children in the U.S. who are allergic to peanuts. In a recent study of 400 elementary school nurses, almost half (44 percent) reported an increase in the number of food-allergic students over the past five years. The latest research indicates that peanut allergy doubled in children from 1997 to 2002, and yet peanuts are only one of six foods that most commonly cause allergic reactions in children, including such everyday staples as milk, eggs, wheat, soy, and tree nuts (e.g., walnuts, almonds, pecans, etc.).
As the number of food-allergic children continues to increase, schools across the country are struggling to stay one step ahead. Many have developed or are developing plans for managing food allergies in schools, although only 58 percent of school nurses reported that they use guidelines provided by the district or state (Weiss et al. 2004).

Studies indicate that students allergic to peanuts have a significant reaction about once every five years, and that 25 percent of the reactions in school are first-time events. So what can schools do to control allergic reactions?

New Answers from New Studies

While much attention has been paid to food served in the cafeteria, one study has indicated that the majority of the reactions in schools actually could be traced to food used in the classroom for projects or celebrations. As a result, some schools no longer allow homemade food in classrooms and require all food to contain a printed ingredient list that can be reviewed in advance by parents of allergic children.

A review of fatal allergic reactions points up the need for schools to do a better job of educating all adults responsible for an allergic child’s safety, including not only teachers, food service staff, administrators, and teacher aides, but field trip chaperones and substitute teachers. Cases like one in Spokane, Washington, where a young peanut-allergic student died while on a field trip, remind us that reactions can occur suddenly at any time or place.

Another finding in reviewing fatal reactions in schools indicates that a critical factor was delay in administering epinephrine. Having a written plan in place for quick administration of epinephrine to a child at risk of anaphylactic shock is crucial to minimizing that risk. The American Medical Association recommends that:

- All schools provide increased student education on the danger of food allergies;
- Have emergency food allergy guidelines and anaphylaxis kits on site; and
- Have at least one school administrator trained and certified in allergy symptoms and preventive techniques.

Recommendations like these are now law. Canada’s Ontario Province enacted Sabrina’s Law earlier this year, requiring all school boards in the province to develop anaphylaxis management plans that include strategies to reduce the risk of exposure to allergens and regular training on dealing with life-threatening allergies.

In 2002, Massachusetts became the first (and so far the only) state to develop and distribute a comprehensive guidance document for managing life-threatening food allergies at school.

Hopeful Signs

There are hopeful signs that the danger of allergic reactions in school is being addressed and reduced. One study found peanut allergens were undetectable in school cafeteria tables and other surfaces after they were cleaned with most common cleaning agents (Perry et al. 2004). Some schools have gone a step further and designated a “no peanut or milk” table in their cafeterias.

Another study has eased parents’ fears of a life-threatening reaction if their child gets peanut butter on his or her skin. A study by Simone et al. (2003) mimicked situations in which a peanut-allergic person would sit near someone eating a peanut butter sandwich or at a poorly cleaned table. The results showed that, in most cases, allergic people did not experience severe reactions in these situations or upon casual contact with peanut butter, e.g., being close to an open container or getting a small amount of peanut butter on their skin.

It’s the Law

Recent legal decisions also have had an impact on schools’ food allergy policies. For instance, the U.S. Department
of Justice has ruled that children could not be excluded from a private child care center on the sole basis that they were allergic to bee stings or certain foods. The department also ruled that a private school must provide reasonable modifications in order to allow students with severe food allergies to have equal access to school services and activities.

One result of these legal decisions is that approximately half of the states now have laws or regulations allowing allergic students, upon parental and physician approval, to carry their prescribed epinephrine during the school day.

Until science can find a cure for food allergy, planning ahead and developing a schoolwide food allergy management plan will help ensure that students are safe when a reaction occurs.

References

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