



FOOD ALLERGY IN SCHOOL

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(Please note: While this article addresses food allergy in the school setting it is applicable to other settings such as daycare, after-school care and summer camp.)

Estimates of food allergy in the school age population suggest that one to two percent are at risk for a life threatening allergic reaction. Approximately one hundred food related anaphylactic (severe allergic reaction) deaths occur in the United States each year. People with asthma face a greater risk.

The most important aspect of the management of children with food allergy is avoidance of the food to which the child is allergic, since there is no cure for food allergy. Foods that most commonly produce allergic problems are: peanuts and tree nuts, fish and shell fish, milk, eggs, soy and wheat. Complete avoidance of such foods can be difficult because there can be hidden sources of these items in other foods, providing an opportunity for accidental ingestion. However, it is possible to reduce an allergic child's exposure to allergenic food in the school setting.

School staff that may serve food to students or be involved in supervision of food related activities should be aware of the existence of children with food allergies. They should know the specifics of the allergy and the common terms to describe such items on food labels. For example, terms that indicate the presence of peanut protein include: "peanut, artificial nuts, beer nuts, ground nuts, goobers, mandelonas, mixed nuts, monkey nuts, Nu-Nuts®, flavored nuts, nut pieces, peanut butter, peanut flour and peanut oil".

Certain policies can aid in prevention of accidental ingestion of allergenic foods. These include: "no swapping" of food, no sharing of utensils, hand washing after handling food, and the washing of tables and preparation areas to avoid contamination. Foods used in lesson plans may need to be substituted based upon the presence of an allergic child in the classroom. Care should be taken when cooking to avoid airborne exposure to allergenic food. Special events such as parties and field trips also pose a risk. Foods to be eaten should contain ingredient listings. High risk foods include: cookies, candies, cakes, pastries and snack mixes.

Cafeteria staff should be informed about food allergic children who may be eating prepared foods. Care must be taken to avoid cross-contamination during preparation, handling and serving of food. Minute amounts of some foods such as peanuts and peanut butter can cause a life threatening reaction if ingested.

Despite avoidance measures, accidental food ingestion can occur. Treatment must be immediately available for these emergency situations. A specific medical treatment plan, prescribed by the child's physician should provide easy to follow steps to recognize a reaction and administer medication. The plan should include the child's name and date of birth, an identifying photo if possible, detailed information about the allergy, warning signs of an allergic reaction and specific treatment instructions.

Epinephrine (adrenalin) by injection is the first-line medication for treatment of an allergic reaction to food. Information obtained from prior food allergy fatalities clearly shows that

fatalities are associated with not using epinephrine or delaying treatment with epinephrine. It is not possible to predict how quickly or severely a reaction will develop so in the event of an allergic reaction, treatment with epinephrine is critical. After treatment with epinephrine, other medications such as antihistamines or asthma medications may be administered. An ambulance should also be called to transport the child to an emergency room for further treatment and monitoring.

Recommendations and responsibilities with regard to food allergy in school include:

- Consider having the child wear a Medic-Alert bracelet or necklace.
- Complete school physical forms notifying school personnel about your child's food allergy.
- Provide the school with an emergency treatment plan prescribed by a physician each year.
- Provide clearly labeled medications from your pharmacy each year which are needed to implement the emergency plan. Keep in mind that medications outdate and may need to be refilled before or during the school year.

Working under the guidance of your child's physician and the school physician, school nurses and other personnel can develop an emergency plan to ensure that everyone will be prepared in the event of inadvertent ingestion of allergic food.