

what's

the allergy



factor

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With allergies on the rise, school districts keep a wary eye on cafeteria offerings

Jacqui Corba was in fifth grade when she was sent to the hospital after a student at another table in the cafeteria opened a bag of peanuts. Just being close to the peanuts prompted an allergic reaction that made it hard for Jacqui to breathe. After the incident, administrators confined her to a classroom at lunchtime—allowing her to invite a friend—for the rest of the 2000-01 school year.

“They were just being extra careful,” the 16-year-old from Greenwich, Conn., now acknowledges, “but I hated it.”

Things got better in middle school when, at her mother’s request, all sixth-graders watched a video about food allergies and Jacqui ate in a corner of the cafeteria designated as a nut-free zone. These days she is a sophomore, and every staff member at her Greenwich High School has been trained to inject a life-saving medicine called epinephrine (otherwise known as adrenaline) during an allergy-related emergency to open up airways and blood vessels.

School officials in Greenwich know it just makes sense to be prepared in case Jacqui—or another student—suffers a serious allergic reaction. Districts elsewhere, as well, are looking for ways to prevent such reactions and handle them if they occur.

A GROWING PROBLEM

Food allergies have become more common in the past decade. Experts report that the rate of allergy to peanuts and tree nuts, for example, has doubled in recent years. Despite the increase, a School Nutrition Association survey conducted last year found that just 57 percent of districts nationwide had a food-allergy preparedness plan in place.

But cases in which students have died while on a field trip or after snacking on candy sold as a school fund-raiser point to the need to be prepared for the most dire allergic reactions not just in the cafeteria but at all times.

The fear of lawsuits is another motivator. The New Milford, Conn., school district just spent five years and roughly \$180,000 in legal battles with the mother of a child with severe allergies to several foods. The mother couldn’t agree with the district on an emergency-response plan should the boy have a reaction; she had homeschooled her son for the 2005-06 school year, but the case could wind up back in court.

Some schools have tried to ward off a crisis by banning certain foods altogether, but balancing the desires of the many with the needs of a few can be difficult.

“There’s a philosophical issue there, an interesting debate on whether to purify an atmosphere for one child,” notes Thomas Mulvihill, assistant superintendent in New Milford. “In the long run, is it really helping that child deal with the rest of society?”

And food bans are not foolproof. At least two studies have discovered reactions in schools in spite of bans, which have been criticized as creating a false sense of security.

Still, as life-threatening food allergies become an increasing public health concern, the American Academy of Pediatrics and numerous other medical associations are stressing the importance of managing them on school grounds.

Doing so is often more complicated than many realize.

“It used to be that we worked with schools only during the late summer or early fall for back-to-school season,” says Anne Munoz-Furlong, who founded the Food Allergy & Anaphylaxis Network (FAAN) in 1991 after dealing with her youngest daughter’s allergies to milk and eggs. (Anaphylaxis is a severe and potentially deadly reaction that happens

when the body senses an invasion and releases chemicals that can cause itching, nausea and swelling of the throat, among other symptoms.)

“Now it’s year-round,” Munoz-Furlong adds. “I hear almost daily, ‘I need help! What should I do?’ Often that’s after [an allergic] reaction and schools realize their plan was not as effective as they thought it was.”

SEARCHING FOR CAUSES

About 2 million school-age children have a food allergy, estimates the Fairfax, Va.-based FAAN, which distributes guidelines for managing allergies and reactions to thousands of schools nationwide. And just eight foods account for 90 percent of all food-related allergic reactions: peanuts, tree nuts, milk, eggs, fish, shellfish, soybeans, and wheat.

Peanut allergies get the most attention because they cause the most severe reactions and children are less likely to outgrow them. Some studies suggest that children who are allergic to peanuts have a significant reaction about once every five years and that 25 percent of reactions in school are first-time events.

The rise in food allergies mirrors an increase in allergies in general, but it’s unclear what’s behind the upsurge.

“We know there are not any single reasons, and anyone who says otherwise is oversimplifying,” says Dr. Robert Wood, director of pediatric allergy at Johns Hopkins University in Baltimore, Md.

What scientists do know is that children in the United States are more likely to be allergic to peanuts than children in many underdeveloped countries. But again, the exact cause isn’t clear. The theory that has gotten the most attention is that Americans are too clean, causing the antibodies that help fight infections to become restless and go in search of new things to attack. Another theory is that we roast peanuts instead of boil them (roasting’s higher temperatures enhances a peanut’s major allergen, Ara h2, making it more resistant to digestion).

Scientists are undertaking studies to find out more about why food allergies develop. But whatever causes the allergies is starting to get noticed at the federal level.

A bill known as the Food Allergy and Anaphylaxis Management Act of 2005 would direct the U.S. Department of Health and Human Services to develop a policy schools could use when handling food allergies. The act, which has been referred to the U.S. House’s health subcommittee, was introduced by Rep. Nita Lowey, D-N.Y., who was responsible for the law that took effect Jan. 1 requiring manufacturers to clearly label ingredients that are major sources of food allergens.

States are also closely watching the issue. In 2002, Massachusetts became the first state to develop guidelines for managing life-threatening food allergies at school. Connecticut recently followed suit and went a step farther, requiring school boards to implement plans based on the

state’s new guidelines by July 1.

Several other states, including New York, New Jersey, and Tennessee, are considering legislation that would mandate statewide guidelines. A bill in Vermont calls on principals to be more proactive in handling severe food allergies, including educating staff and allowing children to carry medication if necessary.

Most states—with Massachusetts leading the way since 1993—now allow students to carry prescribed epinephrine at school, as long as they have parent and physician consent.

Meanwhile, Illinois is the first state to offer a food-allergy educational kit to every one of its 5,000 schools and licensed child-care centers. The brainchild of First Lady Patti Blagojevich, who has a daughter with dairy and peanut allergies, the kits are underwritten by a private donation and designed to help educators and caregivers learn how to respond to life-threatening situations.

A PEANUT-SAFE ENVIRONMENT

Charlotte-Mecklenburg Schools in North Carolina is one of the first districts nationwide to eliminate peanut products altogether from its cafeterias by the 2006-07 school year. The decision, which takes effect this fall, came after administrators found themselves facing exponential surges in peanut allergies over the past couple of years. And with the district welcoming 5,000 new students every fall, the numbers were only going to get worse.

Of the nearly 600 diet orders placed with school nutritionists each year, about one-third are for students with peanut allergies, according to Amy Harkey, the district’s assistant director of child nutrition. She and fellow staff members had been meeting with parents of those with the most severe reactions to write up an action plan in case of an emergency, but the process was time-consuming with 150 schools to cover.

The new food ban substitutes sunflower seed butter for peanut oil and eliminates other peanut products altogether. But the policy goes only so far.

“Our legal team made the decision that we cannot infringe on the rights of students and what they bring from home,” explains Harkey, who received calls of praise locally and around the country after the change made front-page news in the local paper and was picked up by wire services. “It’s not a peanut-free environment as much as a peanut-safe environment.

“You can’t make any place peanut-free,” she says. “What about the children who have peanut butter for breakfast and don’t wash their hands? How are we going to control that? But we can reduce the risk, and that was our aim with this policy.”

The next step for the 121,000-student district: deciding whether to phase out peanut products in vending machines, at concession stands, and wherever else food is sold on



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school property.

What constitutes congratulations in one district, however, can wreak havoc in another.

Dozens of parents protested a policy put into place in 2003 to appease the mother of a kindergartner at Valle Verde Elementary School in Walnut Creek, Calif. Under the policy, kindergarten classrooms that shared a common area where the 5-year-old played were designated “peanut- and tree nut-free zones,” students and visitors were required to wash their hands, and peanut products were confiscated from lunch boxes and backpacks.

Leora Cope had wanted peanuts banned from the entire school, charging that the Mount Diablo Unified School District must accommodate her son under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. (The general rule is that children with life-threatening food allergies are considered disabled under federal civil rights laws; food allergies fall under the “hidden disabilities” category because they are not always visible but can affect eating, breathing, and other major functions.)

The policy was a compromise, though the school board did grant Cope’s request to hire a licensed vocational nurse to monitor her son.

Angry parents of other children at the school questioned why the district was going to such great lengths—

one wondered about the justification for a special nurse when there was no reading specialist—to protect a single student.

The 36,000-student district has always accommodated children with food allergies, but “this was frankly one child’s parents who were rigorous in wanting certain standards in place at that school, and so the story did go out far and wide,” says spokeswoman Sue Berg, who fielded calls from as far away as Massachusetts.

“The main thing that happened was a huge amount of education,” she adds. “A lot of people were glad the subject was being discussed.”

A DUTY TO CARE

The more school staff members know about treating food allergies, the more worst-case scenarios can be avoided. Allergy-related school fatalities are blamed mostly on the failure to act quickly in administering medicine and calling 911, according to FAAN.

“The deaths are preventable, but you have to look at food allergies very much like a fire drill,” says the group’s Munoz-Furlong. “You never expect to have a fire, but everyone in school knows what exit to use and where the alarms are.”

Tight budgets that cut school nurse hours and positions don’t help matters, especially at a time when the food-allergic population is growing at such a rapid rate. In a 2003 FAAN survey of 400 elementary school nurses, 94 percent reported having at least one student with a food allergy, 62 percent reported having at least 5, and 37 percent reported having at least 10. Forty-four percent of the nurses surveyed said they had seen an increase in children with food allergies over the past five years.

In part to help build a case for full-time school nurses in the Empire State, the New York Statewide School Health Services Center is trying to determine how often epinephrine is administered in response to a real or suspected anaphylactic reaction. The organization is asking school nurses to fill out a one-page form that could also help in creating the state’s management guidelines.

Still, nurses are just one part of the solution.

“Whether we have a nurse in every corner, you cannot always predict how or when someone will have an allergic reaction,” says Marian Smithey, an education director with the National Association of School Nurses in Castle Rock, Colo.

That is precisely why Munoz-Furlong stresses the importance of educating administrators, teachers, bus drivers, and other staff members on just how dangerous food allergies can be.

“A school’s duty is to care for all children, not pick and choose,” she says. “And there is a middle of the road that works for everyone.”

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