COMMENTS

**Peanutfree or peanut-smart? Allergy education vital in schools**

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The Department of Transportation’s (DOT) recent ruling concerning a peanut-free buffer zone in airplanes has resulted in more than 300 stories in the press in the past few months. Additionally, school professionals increasingly are being asked to ban peanuts and peanut-containing products. Many pediatricians are beginning to ask questions about why peanuts and why now all the fuss.

The original DOT ruling stated any family who requested could have a "peanut-free zone" on any airline segment. This zone included three rows in front and three rows behind the row the passenger was sitting. Soon after, because of public, lobbyist, and congressional outcry, a bill was passed in Congress that made the DOT ruling ineffectual. Currently, the airlines are working with passengers on an individual basis.

In schools many superintendents, principals and school nurses have been asked to ban all peanuts and peanut-containing products from the school grounds. Some vocal advocates believe a ban on peanuts will protect their child while in school. The Food Allergy Network (a lay organization for individuals and families with food allergy concerns) and others have voiced the opinion that a ban would lead to a false sense of security for the child and the school and would not help the child learn the intricacies of dealing with a potential life-threatening allergic reaction. For the practicing pediatrician, this controversy now presents an opportunity for intervention on behalf of the patient, the family, the schools and the community. Education is the key to working out a reasonable solution for the peanut-allergic child at school.

The number of patients with peanut and other food allergies has increased over the last 10 years for a variety of reasons. An estimated 6 percent — or up to 2 million children — have food allergies. Among the reasons for this rise include the increasing prevalence of atopic disease in general, the earlier introduction of peanut protein in the diet of U.S. children and the growing identification of food-related diseases.

A peanut allergy develops during the first three years of life with symptoms related to the skin, gastrointestinal tract and respiratory tract. A child who experiences an allergic reaction to peanuts generally has this sensitivity for life. This longivity is in contrast to allergic reactions to milk and eggs that typically are outgrown in the first four to six years of life.

An important fact about peanut allergic children is that they might have an anaphylactic reaction to peanuts when previously they had milder symptoms. Recent studies indicate that children with peanut and tree nut allergies should be treated as if the next reaction may be anaphylactic in nature. These studies also showed that more than 50 percent of the peanut- or tree nut-allergic children accidentally had ingested peanuts and had some type of reaction. These reactions most often occurred in the school setting.

A consensus position statement titled "Anaphylaxis in Schools and Other Childcare Settings" was recently published (Journal of Allergy and Clinical Immunology, Vol. 102, No. 2, pp. 173-176) by the Canadian Society for Allergy and Clinical Immunology and adopted by the American Academy of Asthma, Allergy and Immunology. This statement addresses issues such as proper identification of the offending food, avoidance strategies for specific allergens and treatment strategies related to food ingestion. The statement recommends school nurses work in partnership with the parents to develop strategies for avoiding a reaction, while allowing the student to participate fully in all activities. The document stresses that treatment protocols should be physician-prescribed for use in the school setting.

Epinephrine is the first drug that should be used in the emergency management of a child having a life-threatening allergic reaction. Prescribed epinephrine in an auto-injector device is vitally important to each child with a history of anaphylaxis or with a history of peanut or tree nut allergy. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. All individuals entrusted with the care of children need to be familiar with basic first-aid and resuscitative techniques, including training on how to use epinephrine devices.

The consensus statement further advised that school nurses develop a system of identifying children with life-threatening allergies to prevent anaphylactic reactions, and they should be prepared to deal with those that occur despite precautions. The Americans with Disabilities Act and Section 504 of the Rehabilitation Act require schools to provide sufficient school nurses to assure appropriate service. All staff members involved with the child’s care should be instructed about the potentially severe nature and proper treatment of the allergic problem. Specific measures to reduce a child’s exposure to an allergenic food in school include:

- All appropriate staff should know the technical and scientific names for the common allergic foods.
- No-trading rules should be implemented for food and eating utensils.
- Surfaces should be washed clean of contaminating foods.
- Any food used in lesson plans may need to be substituted depending on students’ allergies.

Educational material on school food allergy programs is available from The Food Allergy Network, Fairfax, Va., at: www.foodallergy.org, or at (800) 929-4040.

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