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Tips for School officials

Avoiding An Allergic Reaction

A recent study showed that in spite of best efforts at avoidance, children are likely to have an accidental ingestion of the food to which they are allergic. Other studies have shown that allergic reactions can occur from skin contact as well as ingestion and inhalation and those reactions commonly occur outside the cafeteria. It would, therefore, be prudent for school staff to review lesson plans and other potential sources of allergic reactions. A written allergy emergency action plan, signed by the child's physician, should be in place for all at-risk students to ensure quick treatment of an allergic reaction. Following are some points to consider and some examples of situations that caused allergic reactions.

Share the Information

Reactions can occur in the classroom as well as the cafeteria and on the playground. Be sure that teachers and food service staff can recognize the children at risk for having an allergic reaction and know what they should do if a reaction occurs. With the parents' permission, a copy of the treatment plan and a photo of the child should be provided to these key staff members.

As the following story shows, food service staff can work in partnership with the school nurse to avoid potential risks.

"Our son Ethan, is allergic to peanuts and is now a 7th grader. We are delighted with the responsibility he has shown, but each new year brings more independence and more food allergy situations.

"Our school system now provides snacks before state tests, to boost student scores. The school nurse advised us that some of the snacks would contain peanuts or peanut butter. She met with the principal to develop a plan to feed the students and keep Ethan safe. They coordinated with the food service manager so another school would swap our peanut snacks with their non-peanut snacks. I would like to thank the school nurse for alerting us to this situation and our principal for developing a plan that did not embarrass or isolate my son."

Keep Plans Individualized

Some children have severe allergic reactions to the smallest amount of the allergen, others have only minor skin irritations. Work with the parents to customize the health care plan for each student. One parent wrote, "Because a student in our community died of a reaction, the school is developing stringent new policies regarding food-allergic students. Our son has been at this school for the past two years and has eaten with his class safely. The nurse is requiring him to sit at a peanut-free table at lunch and he has been separated from his friends. I have taught him how to manage his allergies and want him to live in the 'real world'."

Letters Home

Some schools send letters home to the parents of classmates of food-allergic students requesting that they avoid sending in peanut- or nut-containing products. In an attempt to help parents, several schools provide lists

of "safe" snacks.

This can be risky business. Ingredients can change without warning. If you don't update your list or if the parent doesn't replace the outdated list, the allergic student can be put at risk for an allergic reaction.

Additionally, some letters are very broad and ask parents to "please check all labels for hidden ingredients." This puts an added burden on other parents and sometimes causes resentment. Additionally, if they don't take the time to learn the synonyms for foods such as milk or peanuts, they won't know how to recognize "hidden ingredients." In one school in Connecticut, a young peanut-allergic boy spent several days in the Intensive Care Unit after eating a cupcake at a class celebration that he thought would be safe. It turns out the mother who baked the goodies did not carefully read the ingredient labels.

The safest policy is to have the allergic student eat only the snacks and goodies that are brought in from home. In some cases, the student's parents prefer to be responsible for purchasing snacks for the entire class, thereby ensuring the safety of all foods. If the student is participating in the lunch program, ask the parents to read the ingredient labels to determine which foods are "safe."

Field Trips

More and more museums are using creative supplies for their hands-on exhibits. Be sure to call ahead and inquire about such policies. Rethink field trips to avoid the following situation. "As the class walked into the museum, there were signs prominently posted that there were crushed walnut shells in the fossil dig exhibit. The walnut-allergic student stayed with the chaperone while the other children played in the exhibit. However, within minutes her eyes started itching, tearing, and swelling, and she also started coughing. On the way home in the van with the students who had been playing in the walnut shells, her eyes swelled shut and she began wheezing."

Lunch Time

More and more schools are designating certain tables in the cafeteria as milk-free or peanut-free tables. The allergic students enjoy sitting with their friends who have "safe" lunches. To make this process easier, one teacher hung a magnetic board with a line drawn down the middle. One side for peanut lunches, the other for non-peanut lunches.

Magnets with the children's names were stuck to the board. As students arrived they moved their magnet to the appropriate side. When only one child has lunch with peanuts in it, the class is divided in half anyway so no one feels isolated.

Cleaning Methods

Unfortunately, no scientific studies have been done to evaluate cleaning practices or methods in the removal of food proteins. In our experience, warm soapy water appears to be an excellent method of safely cleaning cafeteria tables, desks, utensils, etc., just as this method is successful when used in homes where the allergenic food is served.

It seems that removal of the food from the surface should be the main goal, and any "wet" cleaner together with a little "elbow grease" in wiping, should suffice. "Waterless" cleaners or "instant hand sanitizers" that do not include a "wet-wash/wipe" step would not be adequate.

A number of schools use a chlorine solution; the superiority of this method has not been studied in this setting. However, we have not received any reports of reactions

after this method of cleaning was used. The more important point is to use a fresh cloth or paper towels when cleaning the allergic child's table to avoid cross contamination from a sponge or cloth that was used to clean allergen-containing table tops.

Finally, the American Academy of Allergy Asthma & Immunology position paper, "Anaphylaxis in Schools and Other Childcare Settings," states, "hand washing after food handling should be encouraged in day care and preschool settings, as well as in lower schools." Once again, soap and warm water should be sufficient.

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