

Instead of "Peanut Free"... Be "Allergen Aware"

A Resource for School and Health Professionals

Peanuts are a nutritious, delicious and affordable food for the 98% of children who do not have a peanut allergy. School nutrition professionals depend on this staple, which makes it difficult when parents or community members request banning peanuts from schools. As a school professional, you want to support the safety of your students and keep parents happy, but you also want to avoid unnecessary, unrealistic and ineffective policies. Here are five evidence-based reasons to avoid being "peanut-free" and instead becoming "allergen aware."

- 1 Research shows that casual contact presents an extremely low risk for anaphylaxis.** A study of 30 peanut-allergic children who smelled peanut butter for 10 minutes resulted in zero reactions. Skin contact in this study also resulted in zero life-threatening reactions; redness and irritation occurred for some where the peanut butter touched the skin. (Simonte S., 2003) Further research found that washing hands with soap and water, and using common household cleaners on surfaces can remove peanut proteins to mitigate cross contact. (Perry T., 2004) More recently, allergists documented their practice of placing peanut butter in close proximity to peanut allergic patients to show them that just being near peanut foods doesn't cause anaphylaxis. Similarly, they applied peanut butter to the skin of allergic patients. In their article, the clinicians reported that none of their patients has experienced a systemic reaction and only one had a hive at the site of application. (Dinakar C., 2016)
- 2 Banning peanuts from schools doesn't reduce the risk of food allergy reactions.** In a study of 567 food allergy reactions in a Canadian pediatric cohort, 4.9% of reactions occurred in "peanut-free" schools compared to 3% in schools that allow peanut foods. Authors warned about a false sense of security when foods are banned. (Cherkaoui S., 2015)
- 3 Banning peanuts doesn't reduce the use of epinephrine in schools.** According to a study of schools in Massachusetts, schools with policies that restricted peanut foods from being brought from home, served in the school cafeteria or in the classroom did not reduce the use of epinephrine to treat food allergy reactions compared to schools that did not have peanut-free policies. (Bartnikas L., 2017)



4 Experts don't recommend bans as a means to manage food allergies. According to guidance on the role of the allergist in school food allergy management, there is no evidence that supports bans as a way to reduce the risk of reactions. They can also increase the burden on schools and students, while creating a false sense of security. Finally, they are impractical when multiple allergenic foods are banned. (Wang J., 2018)

5 Parents with food allergic students want peace of mind, not food bans. A recent survey of 289 parents of food allergy students showed that a significant percentage (27.4%) were unsure or felt that school was unsafe for their child. These parents believed stock epinephrine, allergen labeling on food and menus, and more food allergy education could help keep their kids safer. (Mustafa S., 2018) A separate survey found that most parents of nut-allergic children actually do not favor food bans. (University of Michigan C.S. Mott Children's Hospital, 2014)



You may be asking yourself, “What should we do?”

Bans may seem like the easy solution to managing food allergies, but in reality they are impossible to enforce and have been shown to be ineffective at preventing food allergy reactions. Instead, schools need to employ a more comprehensive approach to food allergies. Here are five ways to do that:

- 1** Start with the Experts – refer to the CDC’s Voluntary Guidelines for Managing Food Allergies in Schools and Early Child Education.
- 2** Focus on Training – everyone who provides oversight, care and services for a food-allergic student should be trained on identifying symptoms of a reaction and how to respond. That means foodservice, teachers, bus drivers, and after school staff, plus any others with direct student supervision.
- 3** Be Prepared for Reactions – as the evidence proves, nothing completely prevents reactions from happening. Be sure every food-allergic student has an emergency anaphylaxis plan, access to emergency medication, and that everyone knows what to do in case of an allergic reaction.
- 4** Create a Supportive Community – communicate your food allergy management plans early and often with parents and stakeholders. Let them know you take allergies seriously and that you’re “allergy aware.”
- 5** Consider allergen-safe tables in cafeterias – since they did reduce the risk of epinephrine use in one study. (Bartnikas L., 2017)

Bibliography

- Bartnikas L., H. M. (2017). Impact of school peanut-free policies on epinephrine administration. *J Allergy Clin Immunol*, 467-473.
- Cherkaoui S., B. M. (2015). Accidental exposures to peanut in a large cohort of Canadian children with peanut allergy. *Clinical and Translational Allergy*.
- Dinakar C., S. J. (2016). The transforming power of proximity food challenges. *Annals of Allergy, Asthma & Immunol*, 135-137.
- Mustafa S., R. A. (2018). Parent perspectives on school food allergy policy. *BMC Pediatrics*, 164.
- Perry T., E. A. (2004). Distribution of peanut allergen in the environment. *J of Clin Immunology*, 973-976.
- Simonte S., M. S. (2003). Relevance of casual contact with peanut butter in children with peanut allergy. *J Allergy Clin Immunology*, 180-182.
- University of Michigan C.S. Mott Children's Hospital. (2014). National Poll on Children's Health: Nut Free Lunch? Parents Peak Out. Retrieved from Mott Children's Hospital: mottnpch.org/sites/default/files/documents/03172014_FoodAllergies.pdf
- Wang J., B. T. (2018). The Allergist's Role in Anaphylaxis and Food Allergy Management in the School and Childcare Setting. *JACI-In Practice*, 427-435.