

Food Allergies: Managing Risks at School



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When parents of babies at risk of anaphylaxis call the AAIA for information, they almost always ask if their child will be safe at school or at camp, even though these events may be years in the future. Feeling overwhelmed and anxious, they already recognize that their child will face special risks.

Risk assessment and risk management are tools extensively used in business, health care and insurance as a way of examining and dealing with risk. These tools can be useful to parents of seriously allergic children who are dealing with new situations. Based on rational thinking and on factual information, they may reduce anxiety and lead to a safer environment.

Risk assessment, which determines the nature and degree of risk, must be objective and based on the best available scientific and factual evidence.

Risk management is the development and implementation of appropriate interventions, policies and protocols. The goal is not to eliminate all risks but to minimize them.

It is important to accept that there is always going to be some degree of risk. Moreover, there is no universally acceptable level of risk, since what is acceptable to one group or individual may be unacceptable to another. Those who cannot accept the existence of even a small residual risk will have a very difficult time letting their child “out into the world”. Difficult as it may be, parents must come to terms with this. Just as we allow children to ride in school buses or cross streets despite inherent risks, we need to send the food-allergic child off to school despite some risks. And, just as we educate and prepare children to cross a street safely, we can educate and prepare them and the school to be “allergy-aware”.

RISK ANALYSIS TECHNIQUES

- 1. Identify the major and minor risks**
- 2. Assess the likelihood of their occurrence**
- 3. Find ways of reducing these risks**
- 4. Decide how to deal with the remaining risks**

Admittedly, it is not easy to precisely calculate the likelihood of occurrence of food reactions. When parental anxiety about what “could happen” starts to go out of control, it may help to remember that there are thousands of food-allergic people in Canada and the United States, yet there are a relatively small number of deaths from anaphylaxis and a relatively small number of serious reactions.

In the past, some deaths occurred because medication was not accessible or was not used quickly...often because the person or the caregivers did not realize the seriousness of the allergy. For some, uncontrolled asthma probably increased the severity of the reaction. So by carrying medication, by treating reactions promptly and by keeping asthma under control, the risk of death is substantially reduced. Education and training of caregivers further reduce risk.

Using a school situation as an example, how can the process of risk management be applied?

EXAMPLE

Assume a milk and peanut allergic kindergarten child in a school where the children go by bus, stay in the same classroom all day, go out for recess and eat lunch in a gym.

Risk #1: the child might deliberately take food from another child or adult.

Some risk reduction strategies:

- As soon as the allergy is diagnosed, educate the child about the allergy and train him/her not to accept food from anyone, unless his/her parent is present and approves it.
- Practise the words which the child can use to tell others about the allergy, to show his/her Medic Alert bracelet (www.Medicalert.ca), to have the confidence to say “no thank you” to a persistent person who offers food, even if that person is an adult;
- Inform and train school staff, bus driver, and peers about the allergy;
- Keep safe “treats” in the teacher’s desk or staff fridge in case of birthday celebrations;
- Have medication accessible and a school emergency plan in place;
- Keep a safe snack in school bag.

Risk #2: the child will inadvertently ingest peanut butter or milk which another child is eating...or has eaten before coming to school.

Some risk reduction strategies:

- No sharing of food rule (and no kissing peanut butter eaters!);
- Clearly tagged lunch bag;
- Frequent hand washing by everyone;
- Eating in specific locations (no food in classroom?) with “allergy-safe” zones;
- No peanut or liquid milk in classroom;
- Child carries medications at all times in fanny pack and is carefully supervised;
- Institute a buddy system.

Other risky situations can be identified and analysed in this fashion. Writing the risks and strategies out on paper helps to clarify them. No two school situations are exactly alike, so there is not just one “right way” of handling all allergies. Parents need to assess their child’s school environment on a case-by-case basis, in co-operation with school personnel. The scenarios above would differ if lunch was eaten in the classroom, or if school board rules require that medication be handled differently.

Parents whose child is the first or only allergic child in the school will have more work to do than those who come after them. They may have to educate school personnel about the health risks before they can work on a strategy for dealing with them. They should find out if an allergy protocol already exists in their school board, which would give them a point of reference for their discussions. If there is no protocol, parents can encourage the Board to establish one by volunteering to work on it. Even if there is a protocol, parents still need to have discussions with the principal, the school nurse, the classroom teacher, the lunchroom supervisors, the gym teacher and anyone else who will be responsible for the allergic child.

This process of education and preparation needs to start well before the start of school and be ongoing, as unforeseen issues arise.

Education, preparation, cooperation and careful planning can create an environment in which health risks are minimized.

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