



allergytoday cover story

# TO BAN or not to ban



The words “food ban” are guaranteed to get a reaction, as we have seen through recent media reports. Arguments range from calls to have allergic children home-schooled if they are in so much danger, to parents who expect all students to follow the same dietary restrictions as their child. Both sides of the debate invite extremists, which makes the call for national anaphylaxis management guidelines for schools and preschools so important. INGA STÜNZNER explores the argument.



You can guarantee that whenever a school contemplates a food ban, the media will have a field day. The latest frenzy was not that long ago when it came to a newspaper’s attention that two Wellington schools were contemplating a peanut ban. One school had adopted to be “peanut-free” while another put it to a ballot. The latter’s school community voted no. But not before the issue took talkback radio by storm across the country as people debated whether schools should have blanket food bans in order to keep allergic children safe.

This isn’t an issue just affecting New Zealand. If you do a Google search for peanut bans, you will find a multitude of news articles, particularly from the US where people bemoan the death of an American staple – peanut butter and jelly sandwiches. Most of the articles miss

the point, either relying on hysterical claims, such as “one breath of peanut butter could kill”, or vilifying families who dare expect a preschool to accommodate their child’s food allergies. All these articles, however, show a universal response to the “b” word: a polarised community.

“Schools, with very good intentions, have seen ‘bans’ as a way of dealing with food allergies,” says Allergy New Zealand’s chief executive Penny Jorgensen. “But bans tend to raise people’s hackles and divide communities, and families with food allergy can be demonised. So it has the opposite effect from what it originally intended to do.”

“The most effective management is

minimising risk, understanding that it’s not possible to eliminate risk, and being prepared for an emergency,” she says.

“And you need to support and encourage independence of the child with the support of their peers. A school-wide ban can impede this in older children.”

## RISK OVER-EXAGGERATED?

The first question to answer before going down the “to ban or not to ban” route is how much of a problem is anaphylaxis in schools and early childhood services? Is the problem over-exaggerated and perpetuated by hysterical parents with too much time on their hands, as some of the detractors would have us believe?

The evidence is that anaphylaxis is a problem. A recent Australian study found that during the 10 years to 2005, there was a continuous increase in the rate of hospital admissions for anaphylaxis. In particular, there was a 5.5-fold increase in the incidence of hospitalisations to food-triggered anaphylaxis in children aged under five years.

This is reflected in the number of children who are identified as being at risk of anaphylaxis in early childhood services. Allergy New Zealand commissioned a survey of early childhood centres in Auckland this year and found that almost half had identified at least one child at risk, and several had more than one child. One in six of these centres has responded to anaphylaxis.

This problem is not isolated to preschools. One in seven schools has responded to anaphylaxis, according to

a survey of 176 Auckland schools carried out last year. This was also commissioned by Allergy New Zealand.

Two thirds of these emergencies were in primary school, and the remaining third in secondary.

### LACK OF SUPPORT

This real issue is not about bans. It is that schools and early childhood services are responsible for health and safety issues, which means they must develop their own responses to allergic reactions. The Ministry of Education developed guidelines around managing children with health conditions two years ago, and this was a good start.

"But in the context of food allergy, this health conditions framework is more about caring for children with health conditions and the administration of medicine. It's not particularly helpful in developing risk and minimisation strategies," Penny points out.

This has been a problem internationally, and legislation was recently passed in Victoria, Australia, making it compulsory for all schools and early childhood centres to have anaphylaxis management procedures in place.

Similar legislation has been passed in Ontario, Canada, and a Bill along these lines is also going through the Federal Government in the USA.

"Schools can really struggle, and the lack of regulated guidelines means that schools can choose ineffective strategies." The Auckland school survey identified the main issues faced by schools as being a lack of training and support of staff, lack of resources, the cost of adrenaline auto-injectors, food monitoring and identifying students at risk of anaphylaxis.

About 20 per cent of schools weren't using any guidelines, and over a third were using food bans, mainly to peanuts and nuts, as a means of managing anaphylaxis.

### THE GOOD

The good news is that some schools are taking practical steps to minimise risk and have effective management procedures in place.

Michelle Papple's sons are lucky enough to go to a primary school in Hamilton that has realistic plans in place that also give room for the children to develop responsibility as they get older.

**"So far we have had no incidents, which can be put down to good management at the school. I do not want them put into a bubble, they need to realise these products exist in the real world and how to deal with situations."**



"Brendon, six, has a teacher aid over lunchtime to ensure he is safe. They wipe down desks, get the kids to wash hands and supervise eating," she explains. "People with no nuts or egg products are able to sit at his table. If crumbs are dropped during lunch that may contain these products, the class is vacuumed."

Brendon's younger brother, Isaac, also has severe allergies and has just started school with the same procedures in place. Although peanuts and nuts are not banned, the school has requested that parents don't send Nutella or peanut butter sandwiches or bagged nuts to the class because peanut butter is sticky and goes everywhere, and when little kids open bagged peanuts, these tend to fly in all directions.

By the same token, the younger classes are asked not to bring milk drinks because they are difficult to clean if they drop on the carpet, and the entire junior school has been asked to use spoons with yoghurt.

"So far we have had no incidents, which can be put down to good management at the school. I do not want them put into a bubble, they need to realise these products exist in the real world and how to deal with situations," Michelle says.

### THE BAD

But not all schools are like this and the lack of guidelines means that many have outdated or poorly resourced

procedures for dealing with allergies.

"What we have found as a result of this is that parents of affected children often struggle to find a school or preschool they consider safe, and it has not been uncommon for them to withdraw their children," Penny says.

This has been the case for nine-year-old Danielle, who is allergic to milk, and has changed schools. The new school met with her doctor, used Allergy New Zealand's Education Kit and had staff watch DVDs on anaphylaxis. Although there are still issues that need to be ironed out, it is a very different situation from the previous school.

"Last year she had eaten something that made her vomit in the classroom, and they phoned me to get there as soon as possible," her mother, Kim, recalls. "When I walked in to the classroom to pick up her jacket, the teacher had the other children trying to clean up, which I thought was unacceptable. But a few of the children were chanting 'allergy sick, allergy sick'. Danielle was standing up against the wall, crying her eyes out."

### NOT SO UGLY

So what should schools be doing? The emphasis is on identifying situations where a child may be at risk of anaphylaxis, and minimising that risk.

"Schools have to take measures to protect the students concerned, such as getting the class to wash and dry their hands after eating and adopting

strict rules around children not sharing food," Penny says.

"And they also have to be prepared in case a child does get exposed accidentally to the food they are allergic to and has an anaphylactic reaction. This is a medical emergency and requires the urgent administration of adrenaline, and the child being taken to hospital by ambulance for further treatment and observation."

Blanket food bans don't fit into this framework; nor are they supported by the peak professional body for allergy specialists and immunologists in Australia and New Zealand, the Australasian Society of Clinical Immunology and Allergy (ASCIA),

One of the reasons for not supporting this is that policing such bans is impractical. There are also issues around complacency and the fact that school-age children need to develop strategies for avoidance in the wider community, as well as at school.

"Schools that claim to be 'nut free' may also be in breach of legislation," Penny says. "The Fair Trade Act, for example, requires 'free from' claims to be able to be validated. However, we doubt that any school or early childhood service could do that."

ASCIA does suggest, however, that if a child has severe allergies to peanuts or tree nuts, a risk minimisation policy for school canteens should be implemented. This means removing items that have nuts or peanuts as an ingredient, but not foods labelled "may contain traces of nuts/peanuts".

Gail's son, Fergus, has been going to school for three years and there is a "nut-free" policy that is backed by other management procedures.

Most of the school community has been supportive of the policy, but some parents have objected to the ban, and one parent in particular.

"Unfortunately her daughter sat next to Fergus in class and they shared pencils etc together. The sad thing for this child was she didn't want to have peanut butter sandwiches as she had been educated about how this could affect Fergus and her friends gave her a hard time for bringing them. It was the mother who refused to be nut free," Gail says.

"I can appreciate sometimes nut bars and peanut butter sandwiches slip

through the system at home. I am actually comfortable with that and understand this does happen as more often than not the children realise they aren't supposed to have them and they tell Fergus. The child or Fergus moves away and the children have been educated they must go and wash their hands thoroughly after eating their lunch with nuts in it. Again the children are well educated on what they should do if this does happen."

### WHERE TO STOP

It also begs the question, if you ban one food, where do you stop?

This has been difficult for Jane Seymour, whose son John is allergic to milk and wheat. The one thing he can eat is nuts.

"Providing a variety in the school lunch box can be extremely difficult when dairy and wheat allergies are combined and nuts provide us with an alternative. I certainly sympathise with families with children with allergies, however I do not believe that a ban is the most appropriate action; do the same children not go to the movies, the mall, sports events etc?"

John's parents have taught him to manage his environment and be aware of what is around him that he should not be in contact with. They have educated him so they can ensure he is in control of his allergies rather than expecting those around him to control his environment.

"Rather than imposing too many restrictions on our children, we should instead put our energy into ensuring our children know how to place themselves in a safe environment," Jane says.

This sentiment is shared by many other parents of food allergic children, who responded to *Allergy Today's* request for their thoughts on the food ban issue. In fact, none of the parents' replies supported blanket bans, and although there were some schools that claimed to be "nut free", parents were still determined that their children learned



### MORE INFORMATION

Allergy New Zealand's website has more information on practical ways to minimise risk in the classroom.

#### FOR EXAMPLE:

##### Issue: Food in lessons

- Is food used in lessons?
- Who is responsible for making sure that food is used in a safe way?

**Suggestion:** The parent should be included in planning this kind of activity. They are more likely to identify risks and may be able to think of alternatives. Go to [www.allergy.org.nz/shop/schools+and+pre-schools](http://www.allergy.org.nz/shop/schools+and+pre-schools)

responsibility.

Twelve-year-old Emma is at risk of anaphylaxis to nuts and her allergy has been successfully managed throughout school without food restrictions.

Her mother, Kay, does not support food bans because she would prefer Emma to learn how to manage the risks for herself, and for other children to also become aware.

"It's unrealistic to expect other parents to be as careful as parents of an allergic child, therefore a ban might cause a false sense of security. I believe that in the long run, educating people is actually safer than banning foods," she says.

The bottom line remains, however, that as long as there are no mandatory guidelines, schools can become side-tracked into unhelpful controversy. ■

