

# A Peanuty Dilemma

To protect children with allergies, schools are being pressured to become peanut-free zones. Medical and legal experts say that's not a good idea.

**By Dianne L. Hoff and Sidney N. Mitchell**

1998). Without swift and proper attention, the person may die (Bock, Muñoz-Furlong, and Sampson 2001; Ramesh 2008). In fact, allergies to peanuts and tree nuts are the leading cause of the near-fatal and fatal anaphylactic reactions to food (Sicherer, Muñoz-Furlong, and Sampson 2003).

Doctors are diagnosing peanut allergies in younger children. The average age of diagnosis is now 14 months, compared to 22 months less than a decade ago. In addition, the number of children with peanut allergies has doubled in the past decade (Green et al. 2007). Although some people may outgrow their allergies to peanuts, the majority of people diagnosed with a peanut allergy will have lifelong sensitivities to peanuts (Lee and Sheffer 2003), and allergy shots have not been developed to minimize the risk (Clark et al. 2009; Leung et al. 2003).

Parents of students with peanut allergies want to protect their child from any unnecessary exposure, and some pressure school leaders to make appropriate accommodations in every grade, including demands to make entire school districts peanut-free environments. However, school officials face a backlash from other parents if they implement such a policy, and they also know that becoming completely peanut-free is next to impossible. These facts all point to the urgency for more fo-

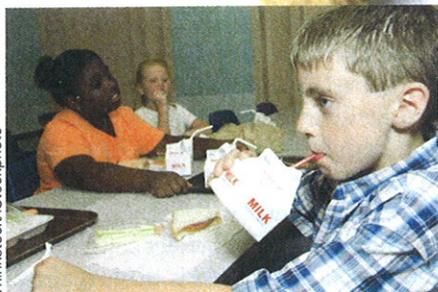
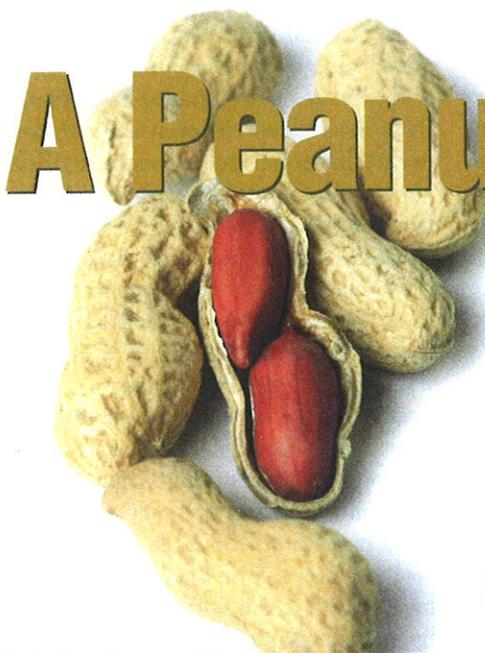
cused research on the effect of peanut allergies on students and appropriate accommodations and responses from school personnel.

We explored the practical, legal, and psychological issues surrounding this gnarly issue in three phases. We reviewed the literature on peanut allergies by medical professionals and education leaders. We interviewed doctors, school superintendents, parents with children who have peanut allergies, and parents whose children don't have this allergy. All participants were selected using purposeful sampling, based on their expertise or experience in this area. Finally, we looked at the legal arguments for various accommodations, particularly within the context of Section 504 of the Rehabilitation Act of 1973.

By combining the wisdom of professionals in medicine, education, and law, a clear course of action for schools emerges.

## MEDICAL GUIDANCE FOR SCHOOLS

The consensus among medical professionals is that reactions to airborne exposure are quite rare and that actual contact with the allergen is needed for a reaction (Gottesman 2006). For example, airborne reactions might occur if there were a high concentration of peanut dust particles in the air — as might be the case in places with people



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**A**s the number of children with serious allergies rises, so do the challenges for schools. And among allergies, none causes as much concern and controversy as peanut allergies.

Air quality issues, including mold and dust, are difficult to control in aging school buildings. Many products that schools routinely use contain latex, and school lunch programs have difficulty avoiding all of the food products that might cause allergic reactions. However, peanuts are potentially more life-threatening than other allergies. Peanuts can induce an anaphylactic reaction, causing difficulty in breathing and swallowing, throat tightness, and hives (Sicherer, Burks, and Sampson

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cracking open roasted peanuts — or if peanuts were being boiled, which releases vapors into the air. But the severity of the reaction is proportional to the degree of contact (Wood 2007; Young 2003). Ingestion is most likely to cause anaphylactic reaction, whereas contact on the skin “does not lead usually to a severe, whole-body allergic response” (Gottesman 2006).

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But, there’s also widespread agreement that this allergy is on the rise and that reactions can be very acute (Burks 2003; Lack et al. 2003; Sicherer and Sampson 2000). According to Dr. Robert Wood (2009), “Anaphylaxis is a serious allergic reaction that can be caused by exposure to minuscule quantities of nuts or other food allergens and may even cause death.” Schools should take this allergy seriously and take appropriate steps to minimize risks. However, we found no suggestion that creating a peanut-free environment is the way to protect children with this allergy. Rather, medical experts all pointed to the importance of teaching children to avoid ingestion and physical contact with peanuts and to know what to do at the onset of a reaction. Professionals believe that isolating students from all exposure doesn’t prepare them for living productively in the adult world. As Hootman, Schwab, and Gelfman put it, “Accommodations must reasonably ensure students’ safety, but not to the extent of total protection and isolation from the real world — neither is total protection achievable, nor is it in the best interest of a child’s normal development” (2005: 190).

**COMPETING PRESSURES**

The superintendents in our study all said they rely on the basic premise of Section 504 to make accommodations for students with severe allergies. That law requires schools to make reasonable accommodations for impairments

that “substantially limit” a major life activity, including learning and breathing. The controversy, at least for schools, centers on the interpretation of what’s required (Pohlman et al. 2005) and how to balance the rights of all students against the need to protect some. Rosenfeld (1998) explains that the argument is not about whether the child should have accommodations, but

how far a school should go. A key debate is whether schools should become completely peanut-free environments, with parents lining up on both sides of this issue.

*Arguments for Peanut-Free Schools.* Many parents of students with peanut allergies want school districts to become peanut-free zones, believing this is the only way to guarantee their child’s safety. These parents see this as a minor inconvenience to others and a small price to pay for a safe environment. As one parent in our study said, “Other people just need to understand how serious this is. My child could die if she’s around peanuts.” Another told us, “Students without allergies have plenty of other choices. They are not in danger if peanuts are banned.” Most parents of children with peanut allergies who were interviewed for this study believed other parents would support a ban on peanuts in schools if they were “just more informed” about the dangers. They said numerous blogs and web sites support their stance.

Two of the four superintendents we interviewed have peanut-free school districts; the other two are facing pressures to do the same. Superintendents with the peanut bans said lone parents had pushed for the policies. “One parent in my district made such a fuss with board members, threatening lawsuits and everything else she could think of, that the board gave in. The board really didn’t consider any other perspective.” When asked if they support the policy,

only one said yes, explaining: “The good thing about a peanut-free policy is that it is unambiguous. It goes the furthest to keep children safe.” However, other superintendents were not as convinced. They report facing fallout from other parents, who feel they shouldn’t have to eliminate peanuts from their child’s school snacks or lunches.

*Arguments Against Peanut-Free Schools.* Four arguments against peanut-free schools emerged. First, parents of children who don’t have peanut allergies and most of the superintendents said peanut-free policies place an unfair burden on everyone else. As one parent put it, “My child has other food allergies, and it is very difficult to find products that meet his needs that also don’t contain peanut byproducts. I’m not unsympathetic, but I think a ban [at school] goes too far in inconveniencing everyone else.” Another parent said, “Peanut butter is an inexpensive food my son will actually eat. I think I should have the right to decide what my own child eats for lunch.” Superintendents worried about how these policies would affect low-income families. Peanut butter is an inexpensive and healthy staple and a good source of protein. One superintendent stated, “I don’t want to start taking away students’ lunches when I know the family can’t afford a wide array of other options. I would much rather create a policy that provided a reasonable compromise that meets everyone’s needs.” Another said, “I think everyone would be more supportive of a policy that includes sensible steps to minimize risks.”

Second, a peanut-free environment is nearly impossible in schools. Schools don’t inspect every pocket, lunch box, or backpack for traces of peanuts. Moreover, in any typical day, dozens of people enter and leave school grounds, any of whom might inadvertently bring a peanut product into the building. In addition, although federal law requires listing peanut ingredients on food packaging, it doesn’t require noting cross-contamination with peanuts. So even if schools are checking, some peanut products are likely to be undetected. As one superintendent put it, “It is just unrealistic to believe that a completely peanut-

free school environment is achievable.”

Third, the six hours students spend in school represent only a small part of their exposure to the outside world. If a child needs a peanut-free environment at school, then presumably he or she couldn't ride in anyone's car, go to another person's home, travel on public transportation, or go to the mall, movies, or museums. It seems incongruous, therefore, to create a peanut-free zone just for the hours that an allergic student might be at school. This inconsistency was noted by parents in this study, one of whom said, “Our school district has become completely peanut free for one student whom I have often seen sitting with friends at the food court in the mall. Is his allergy any different after 3:00?”

Finally, creating a peanut-free school isn't in the best developmental interest of children (Hootman, Schwab, and Gelfman 2005). Students need to learn to manage their allergies, and schools can offer support toward this goal. Indeed, one purpose of school is to prepare students for the world they live in, and creating a peanut-free bubble at school doesn't teach students to manage their allergy or to take responsibility for their own actions and decisions. It shifts the burden of responsibility completely onto the shoulders of the school, which can delay students' progress toward independence. At least one of the parents with a child allergic to peanuts agrees. She said, “I have a child with peanut allergies, and I do not believe that banning peanuts makes sense. We [parents] need to work with schools on helping students manage their allergies and the need for more education about this issue.”

How a school handles peanut allergies can also have an effect on a student's psychological development. Students with severe allergies, especially teens, often experience ostracism, rejection, loneliness, and anger as they try to handle their allergy and navigate their relationships with peers (Williams 2007). In order to fit in, students sometimes become less cautious — eating something they know they shouldn't while out with friends or refusing to carry their

EpiPens (Smith 2005). The situation can be made worse when other students perceive that the school is taking steps that negatively affect them, such as banning all peanut products. It places the child with the allergy in an awkward social position. The unintended consequence can be an increase in bullying and harassment. A recent news report (Cox 2009), for example, provided examples of students purposefully bringing peanut butter to school in order to

ates an additional responsibility on the part of the school to post clearly stated limitations or disclaimers. An implied warranty could make the district more liable if a child has a serious reaction.

A third legal consideration is the degree to which schools are required to make accommodations under Section 504, which states that “no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to dis-

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bully a student with allergies. This is a complicated social issue, and it should remind us that simplistic approaches, such as banning all peanuts, may cause more harm than good.

#### **LEGAL ISSUES**

Several legal issues should be considered before implementing a peanut-free policy. First, announcing that a school district will be peanut-free suggests that school personnel are able to accomplish this, creating a false sense of security that can result in complacency within the schools. Children with peanut allergies may stop asking about ingredients in food or may not be as careful about what they touch or whom they sit next to at lunch. After an initial flurry of activity to enforce a peanut ban, school personnel may assume that parents and visitors are complying with the ban — a dangerous assumption. Although a few conscientious teachers are likely to continue checking student lunch boxes and backpacks, the reality is that most are very focused on educational outcomes, not on policing lunches and snacks.

Not only can a peanut-free policy be unintentionally more dangerous for students with allergies, it may create an implied warranty that schools don't intend to create and can't legitimately guarantee. When school districts announce peanut-free environments, it suggests a guarantee of a minimum standard of safety in the school, which cre-

ates an additional responsibility on the part of the school to post clearly stated limitations or disclaimers. An implied warranty could make the district more liable if a child has a serious reaction.

crimination under any programs that receive federal assistance,” including schools. Although severe allergies aren't specifically listed in the law or federal regulations, they may, on a case-by-case basis, qualify a student for reasonable accommodation under Section 504 and under the Americans with Disabilities Act (Muñoz-Furlong 2004). But, there are various interpretations of “reasonable.” Most legal and medical experts suggest that reasonable accommodations might include creating a peanut-free zone in school cafeterias, eliminating peanut allergens from school vending machines and cafeteria-served lunches, and training school personnel on preventing and responding to food allergy incidents (see, for example, Rosenfeld 1998; Wood 2007).

None of the legal and medical experts we consulted suggested schools create a peanut-free environment, yet school districts face tremendous pressure to do just that. Such a policy means prohibiting students from bringing food with peanuts or peanut byproducts, which seems to go beyond reasonable expectations and, more important, is not legally defensible under Section 504. This law requires *schools* to make the accommodation — not individuals. Although students are frequently *passive* participants in other Section 504 accommodations (for example, stairs replaced by ramps, certain seats in classrooms reserved for students with injuries or other health is-

sues), creating a peanut-free campus goes further and requires them to actively participate by limiting what they bring for their own consumption. Thus, establishing peanut-free zones in the cafeteria is appropriate under the law; asking parents to eliminate all peanut items in their own child's lunch box is not.

Finally, as with nearly all legal issues, there is a slippery slope to consider before implementing drastic policy. If schools try to create a peanut-free environment for students with peanut al-

through school. This is similar to the approach most schools take to help students become more self-sufficient in handling other medical conditions, such as diabetes.

In the lower grades (K-3), children aren't as able to analyze ingredients in foods they eat, they're more impulsive about putting things in their mouths, and they often tend to share toys and equipment without washing their hands frequently. For this vulnerable age group, we suggest more comprehensive protective steps, including peanut-free

others so they'll become more accepting and supportive of other students' needs.

By the upper grades (9-12), students are really in training for postsecondary experiences and for life. Keeping these students in a peanut-free bubble is a disservice to them because it wouldn't mirror the world they're preparing to face. Furthermore, this age group attends schools that are typically the largest in the district and where school personnel have the least control over what students have in lockers, backpacks, pockets, and lunches. Schools at this level often contract for multiple food vendors, and open campuses at some high schools mean students are going in and out of the building during lunch breaks. High schools also have visitors on a daily basis — guest speakers, deliveries, visiting teams, etc. — making control of incoming food nearly impossible.

For this age group, we suggest labeling all ingredients in cafeteria food or any food used in science or art projects. Shift the responsibility to the student for what he or she chooses to eat, where, and with whom. Schools still should provide support by having a point person with whom the allergic child can consult if he or she feels something in the building is posing a risk.

*Training for School Personnel.* The comprehensive *Food Allergy Action Plan* should be required training for all teachers and staff members, with special attention on classroom teachers and staff members who have an allergic child in their classes. For middle schools and high schools, extend this training to coaches and extracurricular club sponsors who will have contact with students with peanut allergies after school hours. School personnel should understand the seriousness of food allergies, recognize the symptoms of a reaction, and know how to respond when a student has an allergic reaction. The training details are really important here, including the location and proper use of epinephrine injectors, who should accompany the child to the office or school nurse, who should remain with the other children, and when to call for assistance.

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lergies, the pressure will be enormous to do the same for other allergies, including mold, shellfish, bee stings, dust, gluten, and latex, to name just a few. Some might argue that peanut allergies are more dangerous than the others, but bee stings, for example, produce the same life-threatening anaphylactic reaction. Should there be a policy that teachers never open windows or that children never go outside for activities? Once we head down this slope, schools could find themselves spending all their time trying to create sterile environments and facing lawsuits for inevitably failing to do so.

**PRACTICAL SOLUTIONS**

In order to keep children with allergies safe, school districts can create a comprehensive *Food Allergy Action Plan*, which should include three key components.

*Age-Appropriate Accommodations.* A *Food Allergy Action Plan* should tailor the accommodation to the age and maturity of the individual student, an approach supported by medical experts (Hootman et al. 2005; Pohlman et al. 2005; Wood 2007). Just as we educate children to become more self-reliant in their learning and social interactions, so too should they become more able to manage their allergy as they progress

classrooms. Students could have something with peanut products in their lunch boxes, but no food items would be ingested in the classroom. Schools should establish peanut-free zones in the cafeteria or snack areas. This should not be a lone table, which isolates children with this allergy (or conversely students who bring peanut products in their lunch). School personnel should monitor closely that these boundaries are maintained. Creating hand washing routines, eliminating craft projects that contain food, and banning food items brought in to share with the class would all be prudent steps for this age group.

By the intermediate grades (4-8), students with allergies should be more capable of managing their allergies by learning to evaluate ingredients and avoiding situations where peanuts might be present. Teachers can help by using caution when including food in science or craft projects and being proactive in planning where and what children will eat during a regular school day, after-school activities, and field trips. Schools can continue peanut-free zones in the cafeteria (again, not lone tables). This is a perfect age for discussing the dangers of allergens with children, which will empower the allergic student to develop a more central role in planning classroom accommodations and will educate

*External Communication and Education.* The final component for a comprehensive *Food Allergy Action Plan* is to create clear communication with parents and external constituents (townspeople, vendors, lessees, booster clubs, etc.) about the protective steps the school is taking. This educates adults about the seriousness of this allergy and helps ensure that adults don't inadvertently cause a crisis that could have easily been avoided.

Good communication with the parent of a child with life-threatening allergies is especially important. Meeting with the parent(s) before school starts each year can establish the roles and responsibilities of school personnel, the parent, and the student. At this time, ensure that the school has appropriate fresh medication, review policies and procedures, and identify key personnel who will support the child. In some cases, this planning will be enough; in others, a formal 504 plan may need to be developed. Either way, meetings with parents can allay fears and create a team approach that offers the best chance for positive outcomes.

## CONCLUSION

Scientific solutions for peanut allergies may be on the horizon, including allergy prevention drugs, bioengineered peanuts with reduced allergenic proteins, and oral treatments to increase tolerance to peanuts (Dunn 2008; Leung et al. 2003; Parker-Pope 2009). All of these are being tested, but approval for general use is likely to be years away. In the meantime, school districts should implement a comprehensive *Food Allergy Action Plan* — which includes age-appropriate accommodations, training for school personnel, and external communication. This is a legally defensible approach that is realistic for schools and supports students with allergies in ways that protect them from harm and develop independence. It should satisfy parents on all sides of this issue. **K**

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