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'That will save lives': the move beyond school food allergy bans

For years schools have tried to protect children with allergies by relying on unenforceable bans on particular foods. Experts say a new approach is needed

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Experts say blanket bans on foods in Australian schools have not served to make them entirely safe for children with allergies. Photograph: Peter Muller/Getty Images/Cultura RF

After watching her three-year-old son suffer a severe allergic reaction to eating peanut butter, Maria Said thought of peanuts in the same way she viewed rat poison.

"After experiencing that, you don't want to see the stuff anywhere near your child," says the now CEO of the charity Allergy and Anaphylaxis Australia (A&AA). "I wanted to see peanuts removed from the face of the earth."

For the last 25 years, schools and childcare centres have held a similar view; allergens like peanuts or eggs have been banned in entire facilities when a child attending has a known allergy. It was a policy designed to keep children safe, in response to rising rates of food allergies. Now, however, with more knowledge and experience with food allergy, views are changing.

Last month, the National Allergy Strategy, a partnership of patient body A&AA and the peak professional body, Australasian Society of Clinical Immunology and Allergy, released new best practice national guidelines for schools and childcare facilities. Instead of wholesale reliance on bans of certain foods, the new approach is allergy awareness: educating all staff on risk reduction strategies, how to recognise the symptoms of an allergic response and how to use an EpiPen or Anapen in the event of anaphylaxis.

The blanket bans on foods that many Australian children and parents have become used to, says Said, have not served to make schools and childcare centres entirely safe for children with allergies. Mistakes can and do happen. Where food allergy is concerned, says Said, nothing can be more dangerous than giving people a false sense of security.

New thinking

Said says the proposal to end bans does not mean encouraging people to bring in nuts and other allergens to school.

"Rather, we want people to consider what they are packing for their children's lunches and for there never to be a presumption that a classroom is free of a particular food, because it's not," she says.

The education sector is instead being encouraged to promote allergy awareness among both staff and students and to use **risk reduction strategies** such as using non-food rewards, reminding children not to share food, alerting parents about an upcoming activity involving food and ensuring that children wash hands after that activity.



New national guidelines on food allergy strategies in schools seek to address consistency in procedures. Photograph: Ellen O'Nan/AP

The theory is that training staff to minimise exposure with such strategies means that children with allergies should be safer, with less reactions. In the event there is such a reaction, improved understanding of allergies on the part of staff (and children) means that they will be able to recognise the signs of an anaphylactic reaction and be able to respond effectively.

"It is the recognition of those signs which is so crucial," says associate professor Kirsten Perrett of the Murdoch Children's Research Institute.

Wendy Freeman is a parent of three boys, two of whom suffer from multiple severe food allergies. When her younger son James was six he suffered an anaphylactic reaction accidentally sipping his brother's milk which he'd assumed was soy milk. First, he came out in hives all over his mouth, then he started wheezing. Freeman administered him with his EpiPen telling her distressed son he would soon feel better. He didn't. James needed more adrenaline than she could give him. It was only when the mobile intensive care ambulance arrived to administer more, that James' condition began to improve. For Freeman, it was a wake-up call that, despite her efforts, even in her own household she could not keep her sons from the foods that could trigger them. It meant, she says, that allergy awareness would need to be a priority wherever her sons went.

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In the school and childcare environments, Freeman found that how her child's allergies were managed depended on the staff member. Some knew what to do but others didn't. A ban on foods, she says, "doesn't work as you can never be sure that one hasn't snuck in. Grandma might have made the sandwich, unaware of that rule." Consistency is what Freeman needed to feel reassured, especially when her children were young. Consistency in procedures is what the new national guidelines seek to address.

Australia - allergy central

Australia has the **highest prevalence** of food allergy in the world. **Some 10%** of Australian children develop a food allergy before they are one year old and **one in 20** school-aged children are also affected.



An EpiPen containing adrenaline. Photograph: Kumar Sriskandan/Alamy

It is estimated that **10 people die from anaphylactic reactions** each year in Australia, some of those relating to food allergy. The exact numbers are unknown as there is no data available. **Fatality rates as a result of anaphylaxis have increased** in Australia with the increase in prevalence of allergic disease. A proposed national register to collect data on fatalities is one of the recommendations of the A&AA to a parliamentary inquiry on allergy and anaphylaxis in 2019. The report was tabled in June last year but there has been no government response as yet.

Associate professor Kirsten Perrett is a paediatric allergist and immunologist at the Royal Children's Hospital and group co-leader of the population allergy group at the MCRI. **Allergies**, she says, are a problem of epidemic proportions.

Perrett explains that the rise in food allergy over the past 30 years has been occurring faster than what you would expect from just genetic change. Environment is the likely candidate for contributing to the rapid rise in the western world and is thought to be connected to the modern lifestyle. Studies have indicated a number of contributing factors referred to by researchers from the MCRI as the **five D's: diet, dry skin, vitamin D, dogs and dirt (hygiene)**. For instance, a lack of exposure to dirt in modern homes, and lack of absorption of vitamin D (other countries supplement their food chain), have been suggested to increase rates of allergies.

Of all of these factors, diet is the only one that has, so far, been definitively linked to food allergy. The accepted practice used to be to defer introducing common allergens like peanuts and eggs until an infant was older than one year but **research** has shown that introducing such foods before that age can reduce food allergy.

While research continues, those with multiple food allergies and their carers must manage their lives in minute detail, reading food labels and watching everything that goes into their mouths.

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Those involved in developing the new guidelines say there is community support for the change from unenforceable food bans to creating a more allergy-aware environment. But while they are recommended as best practice, adhering to the guidelines is not mandatory, and it is up to the individual school and childcare centres to adopt them. Currently, Victoria is the only state of Australia that has **legislated measures** to protect children at risk of anaphylaxis. A parent of a child with a food allergy must still ask the right questions to be sure of the procedures in place for their child's protection.

MCRI's Perrett believes that children will ultimately be better protected under this new approach. She says the new guidelines will have an undeniable impact in both minimising allergic reactions and in managing them appropriately should they occur.

"It will mean better care for children with food allergies and that will save lives," she says.

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