

Food Allergy Management — Background

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A food allergy is an abnormal, adverse reaction to a food that is triggered by the body's immune system. It is different from a food intolerance, which does not involve the immune system and is not life-threatening. Allergic food reactions can span a wide range of severity of symptoms. The most severe and potentially life threatening reaction is anaphylaxis. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body, the most dangerous of which are breathing difficulties and a drop in blood pressure. Eight foods (peanuts, tree nuts, milk, eggs, soy, wheat, fish, and shellfish) account for more than ninety percent (90%) of all food allergies, while peanuts and tree nuts together account for more than ninety percent (90%) of severe and fatal allergic reactions to food. Exposure may occur by eating the food or by food contact. Severe allergic reactions can occur within minutes of ingestion, but a reaction can be delayed for up to two hours. Some reactions are "biphasic" in nature with an initial period of symptoms, then a symptom free period of two (2) to four (4) hours followed by severe shock-like symptoms.

The most commonly prescribed medications for the treatment of anaphylaxis are epinephrine, with brand names that include, but are not limited to, EpiPen®, EpiPen Jr®, and Twinject®. Epinephrine is relatively safe and its side effects, if administered unnecessarily, are mild and temporary. Delaying use of epinephrine during an allergic reaction can be fatal.

If a student has a severe or life-threatening allergy or an allergy that impairs a major life activity their condition may qualify as a disability and may be covered under the Federal Americans with Disability Act (ADA), and Section 504 of the Rehabilitation Act of 1973. The student's physician usually makes this determination. In some circumstances, the Individuals with Disabilities Education Act may also apply.

While some schools have sought to protect students with life-threatening allergies by banning allergen-containing foods from school grounds, such bans are often controversial and difficult to enforce. In many cases, simply designating and maintaining particular lunchroom tables, desks, classrooms, or other specific areas of a school as allergen-free is sufficient. Allergen management is often easier for students of middle-school age or older, as they are able to take greater responsibility for avoiding allergens.