



Guidelines on Managing Food Allergies in Schools

Educators and parents alike are asking, “what is the best solution for accommodating children with food allergies in schools?” Parents of peanut allergic children are concerned about protecting them from a potentially fatal reaction. Many other parents count on peanut butter as an affordable, shelf-stable nutritious option they know their children will eat.

Approximately 98 percent of Americans can enjoy peanuts without any issue, and about 2 percent of school aged children in the U.S. may have peanut allergy. Below you will find guidelines from the experts on how to manage food allergies in schools.

How to Serve Food in Classrooms



Wash Hands



Clean Surfaces



No Food Sharing



Train all School Personnel

8 Guidelines from the Experts¹

- ① Wash hands, clean surfaces, and don't share food
- ② Food allergen bans are not medically necessary
- ③ Adapt 504 plans to work with new school restrictions
- ④ Stock epinephrine in all schools
- ⑤ Train all school personnel to recognize and treat anaphylaxis
- ⑥ Zero tolerance for bullying
- ⑦ Unique approaches may be necessary in some schools & classrooms
- ⑧ Communication is paramount to ensure success

[Research supports²](#) that people with peanut allergies are highly unlikely to have serious reactions as the result of casual contact and that **soap and water** and common detergents clean surfaces and hands of peanut proteins. Sanitizing gels and sprays alone do not remove proteins.

Research supports² that

Food Allergy Bans are NOT Medically Necessary

Food bans take the focus off of education and onto enforcement, when all resources are needed to provide education. Being “allergen free” gives a false sense of security. Allergic children and school officials can become lax about the precautions needed, potentially increasing the risk for allergic reactions.



Consensus among many experts and organizations—including the [Centers for Disease Control and Prevention](#)—is that schools should develop and implement a comprehensive allergy management program. Everyone has a role to play; those plans should include school leaders, teachers, cafeteria staff, health professionals, parents and students.



Caution + Preparation + Food Allergy Plan = Reduced Risk

A combination of caution and preparation, along with a comprehensive food allergy management plan—including education of students and parents and training for all staff—helps reduce the risk of accidental ingestion and ensure that staff are ready in case a reaction occurs. Non-student specific (stock) epinephrine may also be valuable in helping to protect those with all kinds of anaphylactic reactions.

The new [School Access to Emergency Epinephrine Act](#) incentivizes schools to have epinephrine injectors available in the school in case of a severe allergy attack. Some states are moving in this direction. For more information on managing food allergies in your child’s school, contact the school district to find out more about the status in your state.

Everyone on the education/care team should be trained to administer epinephrine, the only medication approved for treating anaphylaxis, a potentially life-threatening allergic reaction, in an emergency situation.

If you have questions about your specific risks or managing your own or your child’s food allergies, consult your healthcare professional and/or a board-certified allergist.



National Peanut Board

NationalPeanutBoard.org

PeanutAllergyFacts.org

¹Greenhawt, M., Shaker, M., Stukus, D. R., Fleischer, D. M., Hourihane, J., Tang, M., Abrams, E. M., Wang, J., Bingemann, T. A., Chan, E. S., Lieberman, J., Sampson, H. A., Bock, S. A., Young, M. C., Waserman, S., & Mack, D. P. (2020). Managing Food Allergy in Schools During the COVID-19 Pandemic. *The journal of allergy and clinical immunology. In practice*, 8(9), 2845–2850. <https://doi.org/10.1016/j.jaip.2020.07.016>

²Perry, T. T., Conover-Walker, M. K., Pomés, A., Chapman, M. D., & Wood, R. A. (2004). Distribution of peanut allergen in the environment. *The Journal of allergy and clinical immunology*, 113(5), 973–976. <https://doi.org/10.1016/j.jaci.2004.02.035>