

Schools, students deal with children who have peanut allergies

By **DEANNA ROSE**

Source Staff Writer

Although it used to be a staple in brown bag lunches, peanut butter and jelly sandwiches can now cause health risks with severe consequences for children who are allergic to peanuts.

Nine-year-old Rachel Livernois is one of those students. When she was a baby, her brother was eating a peanut butter and jelly sandwich when her mother, Lisa, took a piece of bread from the sandwich and gave it to Rachel. But when Rachel ate the bread with peanut butter on it, her face turned red. Not quite sure what was wrong, Lisa took her daughter to the doctor, who performed several tests that determined the reaction Rachel had was due to a peanut allergy.

When Rachel was 3 years old, someone gave her a piece of candy that was thought to be an M&M - but that candy turned out to be a Reese's Pieces, filled with peanut butter. Again, Rachel had an allergic reaction.

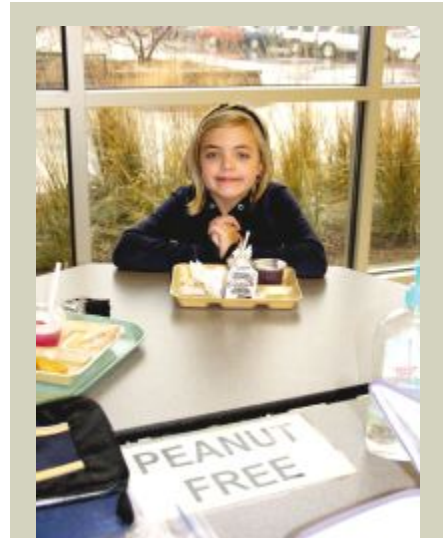
About peanut allergies

According to the Mayo Clinic, peanut allergies affect approximately 1.5 million people in the U.S., and account for 80 percent of fatal or near-fatal allergic reactions each year.

In a person with peanut allergies, the immune system reacts to the proteins in peanuts, which identifies the nuts as harmful substances. This triggers the body's production of antibodies - which are called immunoglobulin E or IgE - to fight off and neutralize the peanut protein. Upon further encounters with peanuts, the antibodies recognize them as harmful, and this signals the immune system to release histamine and other chemicals into the bloodstream to repel the perceived attack and protect the body.

However, the histamine and other body chemicals that are released become partly responsible for most allergic responses, including runny nose, itchy eyes, dry throat, rashes, hives, nausea, diarrhea, difficulty breathing and even anaphylactic shock - a life-threatening, full-body allergic reaction.

As a result, an antihistamine is sometimes taken in an effort to reduce or eliminate the effects of the histamine that the body released following an allergic reaction. For the more severe reactions of anaphylaxis, an Epi-Pen must be administered immediately. An Epi-Pen is a fast-acting, one-time-use dosage of epinephrine within a pen-like tube that can be self-injected into a specific part of the body, like the thigh. Epinephrine is used because it



Black Elementary School fourth-grader Rachel Livernois has a peanut allergy that requires her to sit at a peanut-free cafeteria table during lunchtime. Students who sit at the peanut-free table may also bring along a friend to sit with as long as the lunch is deemed safe for the allergic student to be near.

Source photo by Deanna Rose

counteracts the extreme allergic reactions by rapidly constricting blood vessels, relaxing the lung muscles to improve breathing, reversing swelling and stimulating the heartbeat.

Peanuts attack

Rachel, who is in fourth grade at Black Elementary School in the Warren Consolidated Schools district, has suffered through three situations in the past two months where her peanut allergy surfaced during school, according to her mother, Lisa Livernois.

"They have what's called Math Olympiad," Livernois said, when describing one recent episode. "I signed a permission slip for her to do (Math Olympiad) at lunch. It was to be in the media center and it was supposed to be peanut-free. But, it was a fifth-grade classroom, which is not peanut-free. They allowed kids to eat peanut butter and jelly sandwiches."

An allergy reaction kit containing Benadryl and an Epi-Pen is always kept for Rachel in the office and in her main classroom, but because Rachel was in a different classroom, her Epi-Pen was not with her at the time of the attack.

Livernois said another incident happened a few weeks ago, when Rachel possibly came in contact with peanuts from other students eating a peanut substance in another classroom. From sitting at a desk, Rachel's arm got hot and red, she said.

"One other time, when they did a Veterans Day assembly, there was something like Chex Mix that had peanuts in it," Livernois said. "Rachel came home with hives on her chin and coughing."

The most common cause for a peanut allergy reaction is from direct contact with peanuts - usually through eating peanuts - but can include touching someone who has been in direct contact with peanuts.

Livernois said there are a lot of after-school activities she won't let Rachel participate in because students bring snacks, which sometimes include peanut butter, and she can't risk Rachel having an allergic reaction.

"It makes me sad, because I don't get to do everything everyone else does," Rachel said.

Peanuts in school

Skip Lare, director of Pupil Services for WCS, said the schools are trying to do as much as they can for students with peanut allergies.

"We seem to have more people today that have more sensitivities," Lare said. "We can put a sign up saying a school is nut-free, but we can't control what someone puts in their pocket. We need to have extreme sensitivity for the kids that do have sensitivities and bend over backwards."

In addition, a law - commonly referred to as IDEA - helps ensure the rights of children with severe food allergies by considering the allergy a handicap or disability. Section 504 of the Rehabilitation Act of 1973 states, "No otherwise qualified handicapped individual in the United States ... shall, solely by reason of ... handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

As a result, WCS has an administrative guideline for coping with students with special health care needs, and it has a secondary section to accommodate students with special dietary needs. Lare said the guidelines cover a very large scope of possible health issues, which could include a severe allergy to foods.

"Our primary concern is that we do everything possible to prevent an allergic reaction that results in anaphylaxis," Lare said. "And, we also prepare should that be that event, because in most cases of anaphylaxis you have a very small response time."

Each school within WCS applies the district's guidelines according to the special needs of students with special health care and dietary needs in each particular building.

"All our teachers are well-informed," Black Elementary School Principal Mary Caruso said.

However, each school is different, depending on if there are students with peanut allergies in that school.

"Where there's an identified presence of a peanut allergy, our staff is trained to know when to give Benadryl, and we have Epi-Pens, which are usually provided by the parents and kept on hand in the school office," Lare said. "When we have a severe situation, we also have trained staff to administer injections while we're calling 9-1-1."

Those trained in dealing with peanut allergies include teachers, staff, lunch staff, food service staff, bus drivers and administrators within any given building.

"I thought everyone was instructed on what to do, except I just found out substitutes are not trained to use an Epi-Pen," Livernois said.

Although Lare said the substitutes are not specifically trained, they are given instruction on what to do. When a substitute is needed, the classroom teacher is required to have a folder prepared for the substitute with essentials like a seating chart, notes and lesson plans included.

"Among the notes, there's a form - sometimes with a child's picture - and it explains a specific action plan should they have a health emergency," Lare said. "They have to know what to be looking for."

Precautions are also taken within food preparation throughout the district. For example, the entire menu for each school in WCS is online for parents to review. Also, when a student has a physician-diagnosed allergy, districts are required to provide them with substitute meals.

"If a doctor sends a note that an allergy exists, we need to know what foods are to be avoided, then what are safe foods to provide," Lare said.

Rachel's classmates know she can't have anything with peanuts in it and she said it's not too hard to deal with making sure she doesn't eat any peanuts.

"Not if you know what you can and can't have," Rachel said.

Cross-contamination - the unintended introduction of peanuts into a product generally by exposure during the processing or handling of a food product - can also cause a peanut allergy reaction.

"Our food service people are very aware," Lare said, noting prevention steps those in the district take. "A lot of hand soap has peanut oil in it, for instance. People need to be in tune with ingredients they are using to prepare their food."

Now what?

Rachel's mother still doesn't believe enough precautions are being taken to ensure her daughter's safety when dealing with her peanut allergy at school.

"The district is very proactive with diabetic kids," Livernois said. "I feel my daughter needs something like that so she's not put in a situation that can harm her. At this point, I've tried everything for the procedures to be followed."

Lare said WCS is going over all the district's policies and guidelines - all of them, not only those dealing with students with food allergies - and new guidelines and policies will probably be created.

"I would be the last person to tell you what we have is perfect," Lare said. "I know how difficult it is for parents. Can we do a better job? Yes, we can. As things come up, we adjust what we can."

Right now, the district provides allergy-free tables in lunchrooms of schools where a student with a food allergy has been identified, and wipes the tables off between lunches. Lare said every attempt is made to restrict peanuts from areas where peanut-allergy students are, but the district aims to improve its guidelines altogether.

"Hopefully the state will come up with guidelines that are uniform," Lare said.

Currently, a bill called the Food Allergy and Anaphylaxis Management Act of 2007 (HR2063 and S1232) is being reviewed in subcommittees of the U.S. Congress. Its intent is to direct the Secretary of Health and Human Services, in consultation with the Secretary of Education, to develop a voluntary policy for managing the risk of food allergy and anaphylaxis in schools. This would provide continuity among school districts in each state and throughout the country.

In addition, the bill would also establish school-based food allergy management grants that schools could apply for, which would assist with the costs of developing the policies that maintain safety guidelines for dealing with food allergies.