No More Nuts: Implementing School Policies Preventing the Presence of Peanuts

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Thousands of children go to school every day facing an unexpected potential killer that's only about the size of a penny: the peanut. Unfortunately, even though it is known that the presence of peanuts in schools may create a significant and even life-threatening health risk for severely allergic children, many schools fail to enact and enforce peanut policies. Because of how vital peanut policies can be for children severely allergic to peanuts, I argue that schools should be peanut-free to help protect these children while at school and help them avoid the possible anxiety or bullying that comes with some of the other solutions schools propose.

Ammaria Johnson, a 7-year-old girl attending Hopkins Elementary School in 2012, suddenly developed hives, stopped breathing, and died shortly after recess where she consumed "a peanut" given to her "by another child unaware of her allergy" (abcnews.com). Journalist Katie Moisse from abcnews.com goes on to say that the school could have saved Johnson's life by having an EpiPen, a device which helps lessen the effects of a severe allergic reaction, on hand, but it had no measures available to save Johnson (abcnews.com). The tragedy of her death sparks questions about whether or not schools should have peanut regulations. Some scholars argue that schools that do not have sufficient procedures in place to help children with severe allergies are allowing these students exposure daily to the possibility of their deaths. In 2014 a "food allergy discrimination case" rose to the Third U.S. Circuit Court of Appeals and drew new attention to food allergies in schools ("3rd Circuit"). The case involved T.F., a kindergartner allergic to tree nuts, and his parents, who argued that the school had not taken enough measures to protect their child from his allergen (T.F. Et Al v. Fox Chapel 2 and "3rd Circuit"). Cases like T.F.'s and the story of Johnson's death show us the severity of nut allergies and the lack of policies and preparation that schools have in place for emergencies that may arise.

Although many schools agree that food allergies are prevalent and serious among children, they often fail to implement policies or measures to help. Severe allergies should be taken seriously in schools because they pose a significant and sometimes even life-threatening risk to the child with an allergy. Peanut allergy is the third most common estimated food allergy among children and infants in North America, and insufficient procedures and school policies are plaguing these children's education (Scott H. Sicherer, "Food Allergy" S117). Some schools who are responding in the forefront of this issue are taking precautions such as making their schools peanut-free in order to accommodate for those affected by peanut allergies. These initiatives protect the students at risk of anaphylactic attacks, which can cause a child to be unable to breath, swallow, or even pass away when coming in contact with their allergen. Other schools have tried alternate solutions such as the peanut-free table or partially peanut-free school zones, but in place of eliminating the child's exposure to their allergen, they have subjected them to being segregated from the other children and, in some cases, even bullied due to their health concerns (T.F. Et Al v. Fox Chapel 6). Due to the severity of this problem, I argue that schools should be peanut-free in order to accommodate students with severe peanut allergies because of the life-threatening health risks posed to the student, as well as to avoid subjecting them to the humiliation of their peers by being segregated from the class in partially peanut-free or peanut-table-only schools.

While some scholars may dispute the urgency to rid our schools of peanuts because of the mere amount of "accidental exposures" to peanuts at schools, it is important to keep in mind that any life-threatening reaction is something that schools should be very cautious about and accommodating for (Elissa M. Abrams and Wade Watson "Yes" 750). Elissa M. Abrams and Wade Watson also find "in a questionnaire of 252 children with peanut allergy, there were 35 accidental exposures, of which only 1 occurred at school" (750 citing Yu JW et al.). This evidence

suggests that accidental exposure to peanuts is rare, so removing peanuts from schools may not make a significant difference. But, it is important to note that later in the quote above, we find out that "only 20% of these children attended schools that permitted peanut" which, I argue, is the reason for the low number of reactions (750 citing Yu JW et al.). Alongside the argument of few accidental reactions in schools, another argument is that peanut-free policies do not work because they are hard to enforce. However, it is not difficult to get parents and children to comply as shown in Devi K. Banerjee's et al.'s article, "Peanut-free Guidelines Reduce School Lunch Peanut Contents" (980). Banerjee et al. looked at the presence of peanuts in schools that implemented peanut-free guidelines (PFG) and non-PFG schools for "awareness of and adherence to" PFG guidelines (980). Lunches were checked, and it was shown in PFG schools that "over 80% of parents" knew it wasn't allowed, and out of 861 students, only 5 of them came to school with peanuts present in their lunch. Compared to non-PFG schools where 84 out of 845 students brought peanuts of some sort for lunch, this result is impressive and shows parental compliance and awareness (Banerjee et al. 980-982).

Peanuts have a presence in schools that extends beyond where you would assume them to be, and this leads to significant health risks for the children allergic to them. Schools need to be peanut-free to accommodate for this. We should ensure the safety of our children at school (warrant). Not only are peanuts in the lunchroom found in peanut butter and jelly sandwiches, snacks, and trail mixes, but they also are carried into classrooms by carriers, such as the unwashed hands of children, and are found in the classroom in craft projects (Abrams and Watson "No" 751 and Sicherer et al. "The US Peanut" 563). Because of this significant amount of peanut exposure, children with severe allergies are not safe going to a school where they are exposed often and, in some cases, even daily, to their allergen. This poses a significant risk to their health, allowed and even heightened by the schools, that cannot be ignored. In fact, 61% of all allergic reaction "episodes" to peanuts or tree nuts happened when "the school supplied the food" which shows school's lack of urgency to accommodate severe known food allergies (Sicherer et al. 562). Allowing peanuts in schools poses a significant health risk to those severely allergic to them, and many schools are underprepared to handle the significant risk that they have helped to create.

There are different levels of allergic reactions to peanuts that range in severity for both triggers and symptoms, and "peanuts are a frequent cause of food allergy and the most common cause of fatal food-induced anaphylaxis in the U.S." (Fred D. Finkelman 783). Anaphylaxis is a life-threatening reaction that can involve the "constriction of airways, swelling of the throat that makes it difficult to breathe, a severe drop in blood pressure (shock), rapid pulse, dizziness, lightheadedness or loss of consciousness" and is "a medical emergency that requires treatment with an epinephrine (adrenaline) injector… and a trip to the emergency room" (mayoclinic.org). Depending on the severity of their allergy, some children can react to peanuts just from inhalation or touch as shown by a study by the US Peanut and Tree Nut Allergy Registry. The results of this study showed that 60% of reactions from peanuts or tree nuts were induced from ingesting the nut, leaving the other 40% to be from either "isolated skin contact" or "possible inhalation" (Sicherer et al. 561). When children with allergies so severe that they can react without even consciously touching their substance are exposed to peanuts in the classroom, a concern is raised. Young children are especially at risk due to poor handwashing and lack of understanding for their medical condition (Abrams and Watson "No" 751). A child with severe peanut allergies can have a severe or even life-threatening reaction just by a situation as simple as another child eating a peanut butter sandwich, not washing their hands and then touching a toy. If the child with severe allergies then later touched the same toy, they could react to their allergen (Abrams and Watson "No" 751 and Sicherer "The US Peanut" 562). Citing TT Perry et al. and WT Watson et al., Abrams and Watson ("No") explain the risk of improper cleaning for children with severe allergies: "in addition, peanut allergen is very robust in the environment. While it has been clearly demonstrated that cleaning easily removes peanut allergen, without any cleaning, detectable [peanut allergen] was present on a table surface for 110 days. There is concern about whether there is an adequate work force to adhere to this cleaning guideline in real life in schools" (Abrams and Watson "No" 751). When peanuts are allowed in schools, children can be unknowingly exposed to their allergen from inhalation, ingestion, or skin contact, and could plunge into anaphylaxis because of the presence of their allergen that the school has subjected them to.

Some scholars like Abrams and Watson who wrote a second article titled "Should Peanuts be Allowed in Schools? Yes.," argue in their article that peanuts should be allowed in schools (contrary to the point made in their article "No.") because reactions not involving ingestion produce less significant effects (750). They explain that "in

a study in which 30 children with serious peanut allergy were exposed to peanut butter, either by contact with intact skin or inhalation, there were no systemic reactions" (Abrams and Watson "Yes" 750 citing SJ Simonte et al.). Although this may be a valid idea, a study by the US Peanut and Tree Nut Allergy Registry disproves this point. They found that "non-ingestion reactions were strongly associated with craft projects in which peanut butter was used," and that "in the 4 episodes during which an adult was certain no ingestion or contact occurred, one reaction developed when a child was within a foot of a peanut butter fondue (eye symptoms, hives), two took place when the child was at a table where peanut butter bird feeders were being made (hives/hives and wheeze), and one occurred when the child was within 2 feet of 15 children eating peanut butter crackers (hives and wheeze)" (Sicherer et al. 562). This shows that, indeed, serious reactions can happen through exposure without ingestion (Sicherer et al. 562). It is important to keep in mind that "children in the first 2 years of school should not be left responsible for their own safety, as they rely on adults to guide them in all other aspects of their day-to-day well-being" (Abrams and Watson, "No" 751). Young children with peanut-allergies should not be exposed unknowingly to their allergen even if they are exposed through methods other than inhalation. Even though the risk may be lower for older children who are more equipped to be able to recognize their allergen, there is still a liability for schools to ensure the safety of all children in the 'safe' environment that schools are trying to provide. Situations such as "parents [repainting] classroom walls after peanut science projects in fear of residual peanut particles" show the urgency of this issue, and that allowing peanuts in schools is not a decision that we should make without considering the consequences (Barbara Hagenbaugh Reuters qtd. in Plicka).

In looking at American schools today, it is apparent that schools are not well-equipped to handle allergies and that they should be required to train staff to execute an action plan in case of emergency to protect their students. Schools should be prepared when they have significant issues, and in order to do this, they need to have trained staff (warrant). Many schools have insufficient information about allergies and little to no protocol put in place to handle these situations, as noted by both Abrams and Watson ("No" 751) and Sicherer et al. ("The US Peanut" 564). The US Peanut and Tree Nut Allergy Registry found that "there was a nurse on location for only 23% of reactions" to either peanuts or tree nuts (Sicherer et al 561) . It was shown that 36% of US schools only have 1 staff member "trained in anaphylaxis recognition" even though food allergies are not an uncommon health concern for children (Abrams and Watson "No" 751). This shows the lack of ability for schools to respond to a life-threatening condition that likely could happen to students in their school. There is a "systematic lack of school preparedness" (Abrams and Watson "No" 751) and no universal policy in place for how schools should handle severe allergies--something that needs to be considered and implemented in the future to help students. It is important for schools to consider making substantial changes to their policies "because improper food allergy management practices or a school's refusal to accommodate severe food allergies creates a risk of death for severely allergic children" (Aubree Walton 329). By waiting to act on this issue, schools are not only endangering children at risk, but they are also endangering themselves to the possibility of being sued for their prior policies (or lack thereof).

A major concern for parents opposed to peanut-free schools is the "slippery slope" idea that these 'bans' will lead to more food-based regulations which would lead to less freedom for the majority and that it is a burden for the families not affected (Sicherer et al "The US Peanut" 564). Although it is very important to keep in mind the rights of the majority, freedom for everyone comes at a cost. The majority will have to weigh their consciousness of sending another child into life-threatening anaphylaxis induced by the peanut butter sandwich they packed in their child's lunch against how badly their own child needed a peanut butter sandwich. Is a specific lunch preference so important that parents should be willing to put another child into a life-threatening state in order to ensure freedom of choice? The question raised is a concern that those arguing the slippery slope theory have to consider.

Finally, peanuts should be banned from US schools because children with severe allergies should be protected under the law like they have a disability (Plicka 89 and Walton 318). As noted in the article "Mr. Peanut goes to Court" by Marie Plicka, in 1986, the Department of Transportation (DOT) "declared peanut allergy a 'disability' under the Air Carrier Access Act" and the "DOT created 'peanut free zones' or 'buffer zones' where peanuts would not be served on commercial air flights in order to protect passengers who notified the airline in advance of their documented allergy to peanuts" (Plicka 87 citing Kathleen Doheny). Unfortunately, Plicka notes, enforcement of these "buffer zones" was difficult due to limited funding, but this can serve as an example of a group that took initiative to help protect those with severe allergies in

public spaces by declaring their allergy as a "disability" (87). There are many arguments brought up by Plicka in "Mr. Peanut goes to Court" that explain why the Americans with Disabilities Act (ADA) should include severe food allergies as a disability (89). In Plicka's article, she explains that a person is considered disabled under the ADA if they have "a physical or mental impairment that substantially limits one or more major life activities" (92). The "Department of Justice for Title II and Title III define physical or mental impairment as "any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory…" (Plicka 93-94). The respiratory system can be substantially impacted from severe food allergies, and one could also argue that eating is substantially limited as a "major life activity" due to food allergies (Plicka 94). There have been cases such as the Land v. Baptist Med. Ctr. "in which a mother of a child who suffers from peanut allergy filed suit against a day care center for not accommodating her child's allergy. In this case, the mother alleged that her daughter suffered a physical impairment that substantially limited her daughter's major life activities of eating and breathing" (Plicka 100). It was "determined that the child's peanut allergy was in fact a physical impairment as defined under the ADA and that eating and breathing both constitute major life activities; however, the majority found that the child's physical impairment did not substantially limit her ability to eat or breathe. Thus, she was not disabled under the ADA" (Plicka 100). Even though the child in this case wasn't deemed 'disabled' the court made substantial progress in recognizing breathing and eating as major life activities and that her allergy "was in fact a physical impairment" (Plicka 100). Plicka reminds us that "courts have stated that the determination of whether an individual has a disability is not necessarily based on the name or diagnosis of the impairment the person has, but rather on the effect of the impairment [which] may be disabling for a particular individual but not others" (Plicka 102 citing *Darian*), which means that having a severely allergic child labeled 'disabled' under the ADA is not out of reach.

The court case of T.F. vs. Fox Chapel Area School District mentioned above shows that parents are responding to schools' lack of policy, even if it means bringing it to court. The case involves T.F., who was severely allergic to tree-nuts, and his parents, who filed charges against the Fox Chapel Area School District on the claim that "Fox Chapel Area School District…failed to provide a Free Appropriate Public Education (FAPE) and discriminated against them in violation of Section 504 of the Rehabilitation Act of 1973, Title 15 of the Pennsylvania Code, and the Pennsylvania Human Relations Act" (T.F. Et AL. v. Fox Chapel 1). The main complaint was that the "defendant was 'deliberately indifferent' to T.F.'s needs in the following particulars: (1) Defendant failed to provide student with sufficient accommodation to address his allegedly life-threatening tree nut allergy" along with a few other complaints specific to his situation (1). Although the plaintiff did not win this case due to a lack of verifiable evidence and documentation, it still helps raise concerns of how and if schools should be required to put in place restrictions or protocol to help these children.

Schools that do not decide between making their schools peanut-free or allowing peanuts entirely often implement a 'compromising' solution: the peanut-free table. Scholars such as Bartnikas et al. have studied this idea and show that it may help reduce "epinephrine administration" (Bartnikas et al. 465). This solution that allows the allergic-child to sit at their own lunch table, intending to lessen their exposure to peanuts, does show some results in helping reduce the administration of Epinephrine (commonly known as the substance that makes up the Epi-pen) (Bartnikas et al. 465). Peanut free tables lower the administration rate, explain Bartnikas et al., while policies restricting peanuts brought from home, peanut-free classrooms, or not serving them at all in schools had "no effect on epinephrine administration rates" (467). Although this may seem like a good solution to help reduce peanut exposure, I argue that it is not a sufficient solution for schools because it does not try to eliminate the problem; it just tries to lessen the allergens the child is exposed to.

Even though the peanut-free table may look like a good compromise on paper, when implemented, it can be more of a hazard than one would expect. Therefore, I argue for completely banning peanuts in schools as opposed to 'halfway' solutions. From a legal standpoint, if we assume that we consider severe allergies a disability like discussed above, the peanut-free table could cause legal ramifications. One of the other complaints from the defendant in the T.F. versus Fox Chapel Area School District was that T.F. was "isolated and segregated against…at a separate small desk to eat his lunch in the cafeteria" (T.F. Et Al v. Fox Chapel 2). When a person is considered disabled, Title II of the ADA says that they cannot "by reason of such disability, be excluded from participation or be denied the benefits of services, programs, or activities of a public entity or be subjected to

discrimination by any such entity" (Plicka 94). Title III also prohibits "1) denial of participation 2) participation that results in unequal benefit or 3) participation that results in a different or separate benefit" (as cited in "Mr. Peanut Goes to Court" 95 by Plicka). This would go against one of schools' major ideas to 'compromise'-- the peanut-free table-- because it segregates the child from his or her peers, as shown in T.F.'s case, along with other children who have been segregated due to their allergy. There are also emotional and social side-effects to the peanut free table. In T.F.'s case, it was announced that "T.F. was not returning to school based upon the lunch-room seating, as well as unspecified teasing and bullying" (T.F. Et Al v. Fox Chapel 25) through an email to Fox Chapel and "plaintiffs claim that T.F. was teased and bullied, that he experienced anxiety as a result of the seating arrangement" (6). Peanut-free tables provide social ostracization for students with allergies, and they also fail to completely eliminate the presence of peanut allergens from schools.

Schools should be peanut-free because this policy helps accommodate and protect children with severe allergies from their allergen and from the potential humiliation by their peers that partially peanut-free or peanut-table-only schools can induce. Although it is important to note that it would be an enormous task to completely eliminate peanuts from schools and that "no ban can be policed completely" (Abrams and Watson "No" 751), policy changes are something for schools to consider to help make their environments as safe as possible for all children, without forgetting that children with food allergies could be considered 'disabled' due to their severe health concerns (Plicka 95 and Walton 321). As school administrations consider whether or not to make their schools peanut-free zones, it is important for them to remember the case of Ammaria Johnson whose school's lack of procedures led to her death after she interacted with her allergen on school property and to note that if the school would have had proper procedures in place, they likely could have saved her life. By making policy changes, they can help save lives of children allergic to peanuts in the future.

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