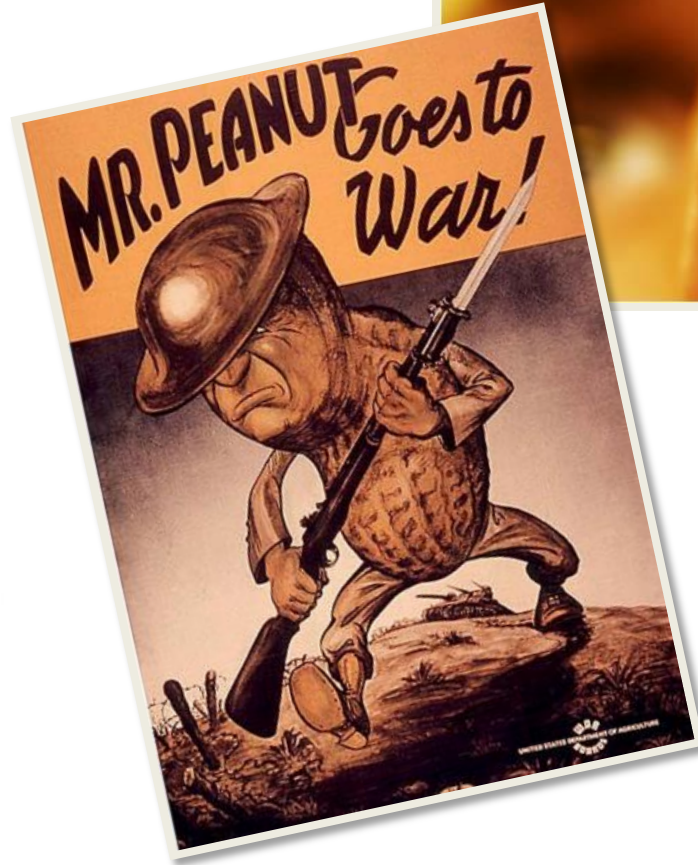




Myth vs. Fact





Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



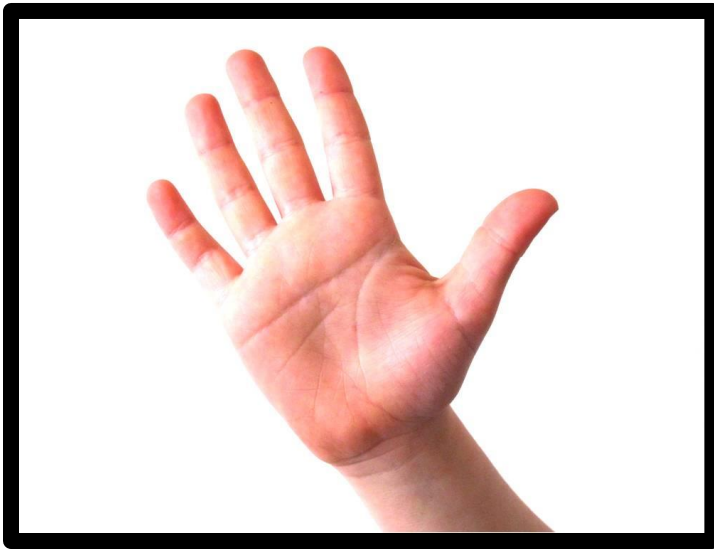
“The smell of peanut butter will cause an allergic reaction in someone with a peanut allergy”

The smell of peanut butter is caused by pyrazines, which are not proteins. In most cases it is the proteins that trigger allergic reactions.



Myth vs. Fact

Food Allergy Myth



"You will experience a severe allergic reaction if the food that you are allergic to touches your skin."

Food Allergy Fact



Healthy skin is a good barrier. Although local skin reactions do occur, isolated contact with intact skin is very unlikely to cause an anaphylactic reaction. More severe reactions can occur if the allergen then gets in the mouth, eyes or nose.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“Food allergies to foods other than nuts are mild”

Practically any food can cause a reaction. Life threatening reactions can occur with milk, eggs, wheat and others.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact

Peanut: >100 KU/L

“My kid would have a severe reaction, his numbers are off the charts”

Specific IgE testing cannot be used to predict the severity of an allergic reaction. There is currently no testing that can make this prediction.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“‘Nut-free’ schools are safest”

Comprehensive policies that include prevention and preparedness strategies that apply to all allergens are critical and cannot be replaced by attempts at specific allergen restriction.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“High heat eliminates allergen”

Food allergens are not eliminated by heating and drying.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“Hand sanitizing gels eliminate food allergen”

Food allergens are not eliminated by hand sanitizing gels.



MYTH vs. Fact

FOOD ALLERGY MYTH

Food Allergy Fact

May contain traces of
peanuts/tree nuts

“ADVISORY STATEMENTS DON’T MEAN
ANYTHING. THEY’RE JUST THERE TO
PROTECT A COMPANY FROM LIABILITY”

It is safest to avoid foods
with advisory statements
for your food allergens.
Studies demonstrate that
some items have
detectable allergen.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“The cafeteria is the riskiest place in school.”

The classroom is the most common place for symptoms of allergic reactions to begin



Myth vs. Fact

Food Allergy Myth



“Only staff that directly work with students need to be trained”

Food Allergy Fact



“Any staff member who might interact with children with food allergies or be asked to help respond to a food allergy emergency should be trained.”

CDC Voluntary Guidelines



Myth vs. Fact

Food Allergy Myth



“Only students will experience allergic emergencies”

Food Allergy Fact



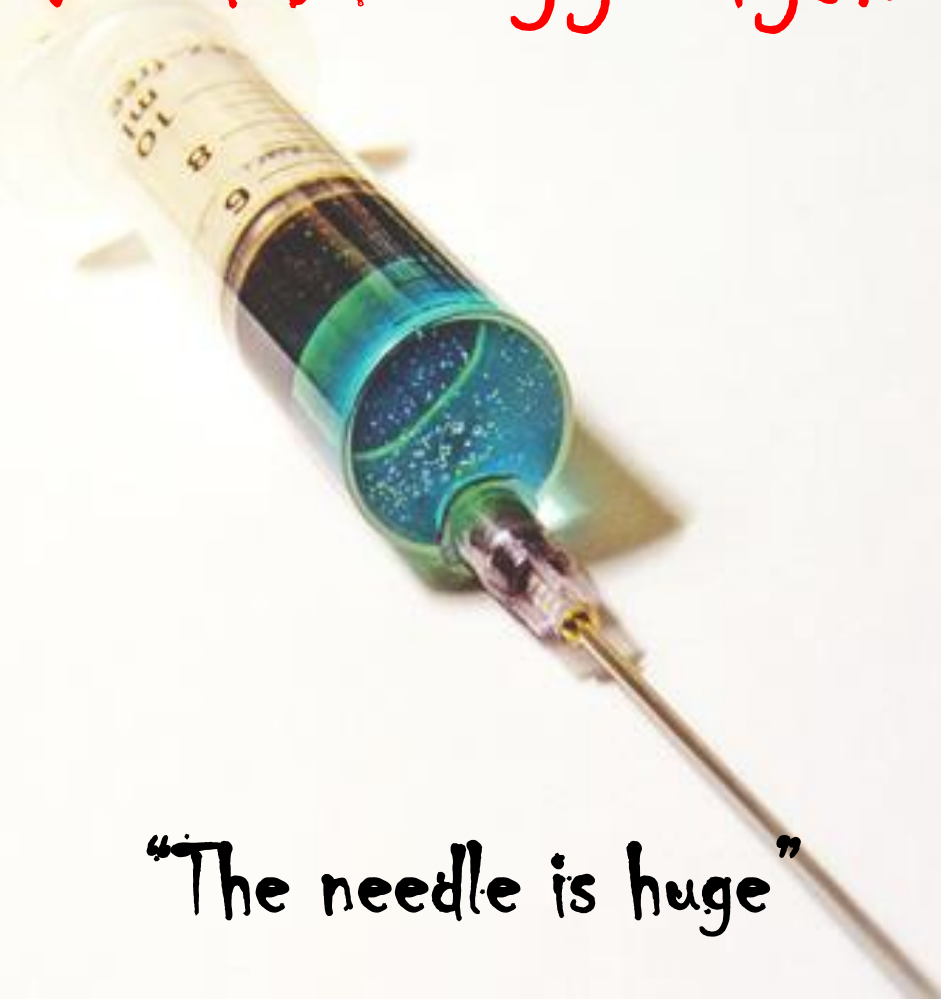
“Close to 10% of those requiring epinephrine in MA schools were staff or visitors.”

MA Data Health Brief



Myth vs. Fact

Food Allergy Myth



"The needle is huge"

Food Allergy Fact



The needle is shorter than the width of a dime.



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“Epinephrine auto-injectors can't be upsized to the 0.3mg dose until 66lbs”

Data suggests upsizing auto-injectors at 55 lbs

Sicherer and Simons. Pediatrics. 2007, NIAID 6.3.1.1.



Myth vs. Fact

Food Allergy Myth



“If a student self carries they must self administer”

Food Allergy Fact

There are cases when school resources and layout support having epinephrine auto-injectors “carried” by students. In some cases these students are not developmentally capable to self-inject.



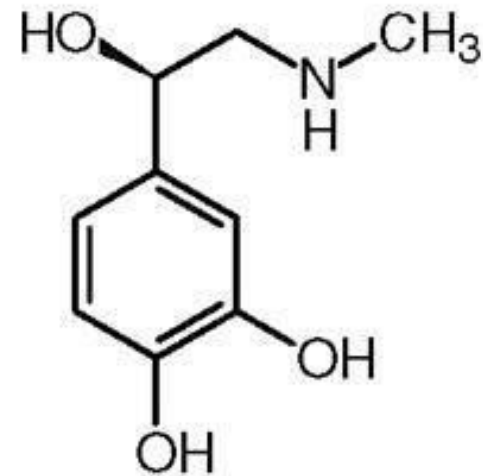
MYTH vs. Fact

FOOD ALLERGY MYTH



“GIVE ANTIHISTAMINE FIRST”

Food Allergy Fact



Epinephrine is the treatment of choice for anaphylaxis



MYTH vs. Fact

FOOD ALLERGY MYTH



**“YOU NEED TO CALL AN
AMBULANCE BECAUSE
EPINEPHRINE IS DANGEROUS”**

Food Allergy Fact

Calling an ambulance is important because it was a bad enough reaction to need epinephrine and more treatment may be necessary





MYTH vs. Fact

FOOD ALLERGY MYTH

Food Allergy Fact



“ALL ANAPHYLACTIC REACTIONS
HAVE SKIN SYMPTOMS”

10 to 20% of
anaphylactic reactions
have no skin symptoms



Myth vs. Fact

Food Allergy Myth

Food Allergy Fact



“We can't afford a full-time school nurse”

Recent JAMA Pediatrics article projected every dollar invested into MA school nurses returned \$2.20