

DA Moneret-Vautrin et al. Allergy. November (2001) Vol. 56 # 11 p 1071

Childhood allergies to food present a particular problem for schools, with or without catering facilities. The prevalence of food allergy may be 6% in school children. Milk, peanut, egg, tree nuts, soy, wheat, celery, mango and garlic allergy is reported to be common among those who are atopic.

The emergency response to anaphylactic shock can be effective in preventing death. Many schools have an appointed allergy manager. The question is, of the appropriate duty of care.

Given the severity of outcome that could occur with no immediate intervention, it is suggested that schools could reasonably be expected to be ready with injectable epinephrine, beta agonists and corticosteroids. They should inspect food contents.

The research report referenced here examines the feasibility of providing written instruction informing about signs and personalised care for each child with a known predisposition. It finds that such personalised programmes can be obtained and managed successfully, but does not consider the cost of doing so. Specific chemical interventions for each child would need to be available, though in practice, many cases would probably have identical personalised care profiles.

The study was based in France.

Comment

If accepted, this personalised care approach could expand the duty of care and the complexity of allergy management quite considerably.

In practice, the commonality of requirements among susceptible children would tend to reduce the complexity of the duty, but reference to child-specific information would provide new challenges, especially as such information will change with time and would need to be available in more than one location.