Myth vs. Fact
Food Allergy Myth

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

Food Allergy Fact

The smell of peanut butter is caused by pyrizines, which are not proteins. In most cases it is the proteins that trigger allergic reactions.
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.
Food Allergy Myth vs. Fact

Food Allergy Myth

“Food allergies to foods other than nuts are mild”

Food Allergy Fact

Practically any food can cause a reaction. Life threatening reactions can occur with milk, eggs, wheat and others.
Food Allergy Myth: “My kid would have a severe reaction, his numbers are off the charts.”

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

Peanut: >100 KU/L
Food Allergy Myth: "'Nut-free' schools are safest"

Food Allergy Fact: 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.
Food Allergy Myth: "High heat eliminates allergen" 
Food Allergy Fact: Food allergens are not eliminated by heating and drying.
Food Allergy Myth:

“Hand sanitizing gels eliminate food allergens”

Food Allergy Fact:

Food allergens are not eliminated by hand sanitizing gels.
“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 allergens.
Food Allergy Myth: "The cafeteria is the riskiest place in school."

Food Allergy Fact: The classroom is the most common place for symptoms of allergic reactions to begin.
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
Food Allergy Myth

“Only students will experience allergic emergencies”

Myth vs. Fact

Food Allergy Fact

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

MA Data Health Brief
Food Allergy Myth vs. Fact

**Myth**

“The needle is huge”

**Fact**

The needle is shorter than the width of a dime.
“Epinephrine auto-injectors can’t be upsized to the 0.3mg dose until 66lbs”

Data suggests upsizing auto-injectors at 55 lbs

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.
Food Allergy Myth: “Give antihistamine first”

Food Allergy Fact: Epinephrine is the treatment of choice for anaphylaxis
**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.
Food Allergy Myth

“All anaphylactic reactions have skin symptoms”

Food Allergy Fact

10 to 20% of anaphylactic reactions have no skin symptoms
Food Allergy Myth

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

Food Allergy Fact

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