

Implementing Policies for the Management of Food Allergies in Schools Using Ethical Principles as a Guide

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Abstract

Food allergy in children is a developing public health concern that poses a high risk of anaphylaxis. As a result, schools and child care institutions have implemented anaphylaxis emergency preparedness protocols as well as strategies to minimise unintended allergen consumption. However, studies show that many facilities are unable to deal with the onset of anaphylaxis, and allergen-prevention programmes are lacking key components. Moreover, some policies are unsuitable because they are overtly discriminatory. This page seeks to give school health professionals more information about developing food allergy policies. Policymakers acquire another tool to help them make better decisions by organising policies around ethical concepts such as confidentiality and anonymity, fairness, stigmatisation avoidance, and empowerment. The primary ethical principles will be defined within the unique context of food allergy policies for schools, and will be adapted from key ideals in the bioethics and public health ethics literatures.

Introduction

Allergies are becoming more common in the industrialised world. Allergy is a chronic condition in which the immune system becomes hypersensitive (hyperresponsive) to common environmental chemicals such as allergenic components in pollen, dust, and animal dander. Watery eyes, nasal congestion, and skin irritations such as hives are common allergic reactions. Certain allergic people, on the other hand, have severe allergic reactions that might result in death. Allergies that cause asthma or anaphylactic reactions are of special concern. Anaphylaxis is a systemic allergic reaction that causes severe heart and respiratory failure and is usually fatal if medical help is not sought right away.

Food allergy is one of the most common types of allergic illness. The high prevalence of food allergies in children, and hence the danger of anaphylaxis, is a huge challenge for those who are responsible for their well-being (e.g., parents, educators, and health professionals). Administrators and health professionals in child care settings, such as schools and daycares, have assumed a significant degree of responsibility for the management of severe food allergy responses.

Several allergy medical organisations and experts have released guidelines on food allergen exposure and anaphylaxis prevention to assist schools and child care facilities in formulating suitable policy responses. These instructions usually cover topics like anaphylactic reaction emergency plans, medical information file templates for allergic students, and how to reduce the danger of inadvertently ingesting problematic foods. Despite the fact that such guidelines have been around for a long time, studies show varying (often limited) levels of compliance, a great deal of variability in policy implementation, and a highly varied ability of many school administrators to respond correctly to severe food responses. This page gives school nurses more information on how to oversee and protect children with food allergies. When it comes to choosing which measures will best address the needs of students, many school nurses are likely to struggle.

Food allergy rules will vary depending on a variety of criteria such as the student population, age, kind of food allergy, and food service availability must be tailored to the unique needs of educational institutions

Food Allergy Management in Child Care Settings: Common Guidelines and Policies

Various specialists and organisations, including paediatricians who specialise in food allergies and the American Academy of Allergy, Asthma, and Immunology, have presented several guidelines and recommendations. For food allergy students, the majority of guidelines include advice on two key difficulties. One topic is emergency readiness, which relates to how facilities prepare themselves before a severe food response in a kid occurs, as well as what child care administrators should do immediately when an allergic reaction occurs. The other major issue is one of prevention, with ideas for how child care facilities may reduce the danger of accidental food consumption and allergen exposure. The first stage in emergency preparedness is for facilities to keep medical information files on allergic pupils on hand for school health professionals. In efforts aimed at minimising the likelihood of fatalities from severe allergic reactions, having epinephrine available in child care and educational environments is critical. Multiple professional organisations' recommendations suggest that epinephrine should be readily available and kept in a secure location. Staff workers who work with food allergic students on a regular basis should be taught in recognising an allergic reaction and administering epinephrine if necessary.

Developing Food Allergy Policies with Ethical Principles As A Guide

Paying attention to their professional and fiduciary responsibilities, that is, the trust or care relationship they have with food allergic children in need of assistance, is a general notion that can benefit school nurses and administrators in policy decisions. To elaborate, many feminist scholars claim that our interpersonal interactions are not unbiased since they are tied to responsibilities of care for others that play a role in our daily lives. Decision-makers in public health, particularly school health, should consider themselves to be "caring parents" to those in their care.

Anonymity and Confidentiality

Confidentiality and privacy protection are important ethical concepts in health care and prominent core values in many social democratic cultures, particularly in North America and Europe. Individuals who are suffering from a disease that may have a substantial impact on their personal lives have the right to keep this information private if they so desire. Persons' right to keep their medical requirements private arises from a respect for their autonomy as individuals as well as an understanding of the very real consequences that improper disclosure of health information can bring. Unfair discrimination in the workplace, the loss of health or life insurance coverage, and stigmatisation due to a specific medical condition are just a few of the dangers. Confidentiality and privacy protection are important ethical concepts in health care and prominent core values in many social democratic cultures, particularly in North America and Europe. Individuals who are suffering from a disease that may have a substantial impact on their personal lives have the right to keep this information private if they so desire. Persons' right to keep their medical requirements private arises from a respect for their autonomy as individuals as well as an understanding of the very real consequences that improper disclosure of health information can bring. Unfair discrimination in the workplace, the loss of health or life insurance coverage, and stigmatisation due to a specific medical condition are just a few of the dangers. As a result, it is critical that sensitive health or medical information be handled with care, treated as confidential, and revealed only to those experts who require such information to preserve the individual's health. Any paperwork created during interactions with medical providers, such as personal medical files, should be safeguarded to guarantee that these documents stay confidential. For children with food allergies, the notion of confidentiality is especially important. Other students stigmatise you during interviews, causing substantial psychosocial stress.

Furthermore, being branded as "food allergy" puts a child's well-being at danger because it can lead to bullying and harassment, as well as, as previously indicated, force-feeding of food to which they are allergic. As a result, when school nurses and administrators develop food allergy policies, they must ensure that the regulations do not label food allergic students as distinct from other students.

Benefits and Burdens Are Distributed Fairly

Paying attention to their professional and fiduciary responsibilities, that is, the trust or care relationship they have with food allergic children in need of assistance, is a general notion that can benefit school nurses and administrators in policy decisions. To elaborate, many feminist scholars claim that our interpersonal interactions are not unbiased since they are tied to responsibilities of care for others that play a role in our daily lives. Decision-makers in public health, particularly school health, should consider themselves to be "caring parents" to those in their care. Another fundamental ethical value is justice or fairness, which means that everyone has equal access to resources that will support their happiness and well-being. From the standpoint of public health, this means that policy efforts will benefit all members of society who are affected. Fairness also indicates that if rules necessitate some constraints on behaviour or liberties, these burdens should not be discriminatory and should be administered equally across society.

On numerous levels, the value of justice can be applied to food allergy policies. For example, while creating regulations, administrators should ensure that they would benefit all kids, not only those with food allergies. Administrators should, for example, ensure that policies do not focus exclusively on one allergen. Peanut allergy is notoriously related with anaphylaxis, hence it is frequently studied during food allergy debates. As a result, rules focusing on peanuts are popular, with peanut food bans or peanut-free classrooms being implemented.

Other allergies, such as milk, can cause anaphylaxis as well. As a result, regulations such as "no food sharing" should be preferred above specific allergen prohibitions in order for policies to benefit all food allergic students equally. Furthermore, it is widely accepted that food allergy rules should be age-appropriate, so that as children grow older, they may and should take on more responsibility for managing their allergies. This does not, however, imply that food allergy regulations should be geared solely toward the requirements of young children, ignoring the needs of adolescents. Indeed, the majority of serious food responses occur in children above the age of five, with food allergic teens being particularly vulnerable. As a result, policy should neither favour only young children or presume that the demands of older students can be satisfied via their own efforts when implementing the principle of fairness. Another issue of fairness is the equitable allocation of burdens that various food allergy policies may entail. In general, school nurses and administrators must make sure that policies do not impose undue restrictions on some students' dietary habits. Food bans, for example, should be avoided since they can disrupt the normal eating patterns of many children who are not allergic to certain foods. Consider the widespread prohibition of soy, a frequent allergy. A ban like this would put an undue strain on the dietary habits of vegetarian children and children from ethnic groups where soy is a frequent protein substitute or staple meal. Policies regulating the dietary habits of particular youngsters may, nevertheless, be justifiable in specific circumstances.

Empowerment

There are two approaches to orienting community-wide initiatives for health and well-being. Imposing policies and regulatory efforts on others without providing alternatives or explanations for why such rules are needed is one technique, which may be unduly or inappropriately paternalistic. The other, arguably more ethical (i.e., non-coercive) method entails giving people more autonomy over their health and well-being. Educating the public about healthy lifestyle choices and providing resources so that people are better able to protect their health are examples of empowerment.