

How to Prevent and Respond to Food and Other Allergic Reactions

Kids Comprehensive Services, LLC

OBJECTIVES

- Develop an awareness of basic food allergies
- Learn why early childhood programs should address food allergies
- Learn the difference between allergic and intolerance
- Understand how teachers/staff can help prevent allergic reactions
- Know the proper procedure in the event of an allergic reaction

FOOD ALLERGIES



- **Food allergy** is a potentially serious immune response to eating or coming in contact with certain foods.
- A food allergy occurs when the immune system:
 - 1) Identifies a food as dangerous
 - 2) Tries to protect body by releasing histamine into blood when that food is eaten.

FOOD ALLERGIES

- In the United states, an estimated 12 million people have food allergies.
- Food allergies cause roughly 30,000 emergency room visits and 100 to 200 deaths per year.
- Food allergies affect as many as 5% of infants less than three years of age and 3% to 4% of adults.
- Increased presence of students with food allergies



FOOD ALLERGIES VS FOOD INTOLERANCE

FOOD ALLERGY

- Potentially serious immune response to certain foods
- Affects different organs in the body
- IgE release of histamine
- Immediate reaction to a few hour

FOOD INTOLERANCE

- Absence of a specific chemical or enzyme needed to digest a substance
- Problem in digestive system mostly but can include other organs
- Delayed response
- Not life-threatening

SIGNS AND SYMPTOMS

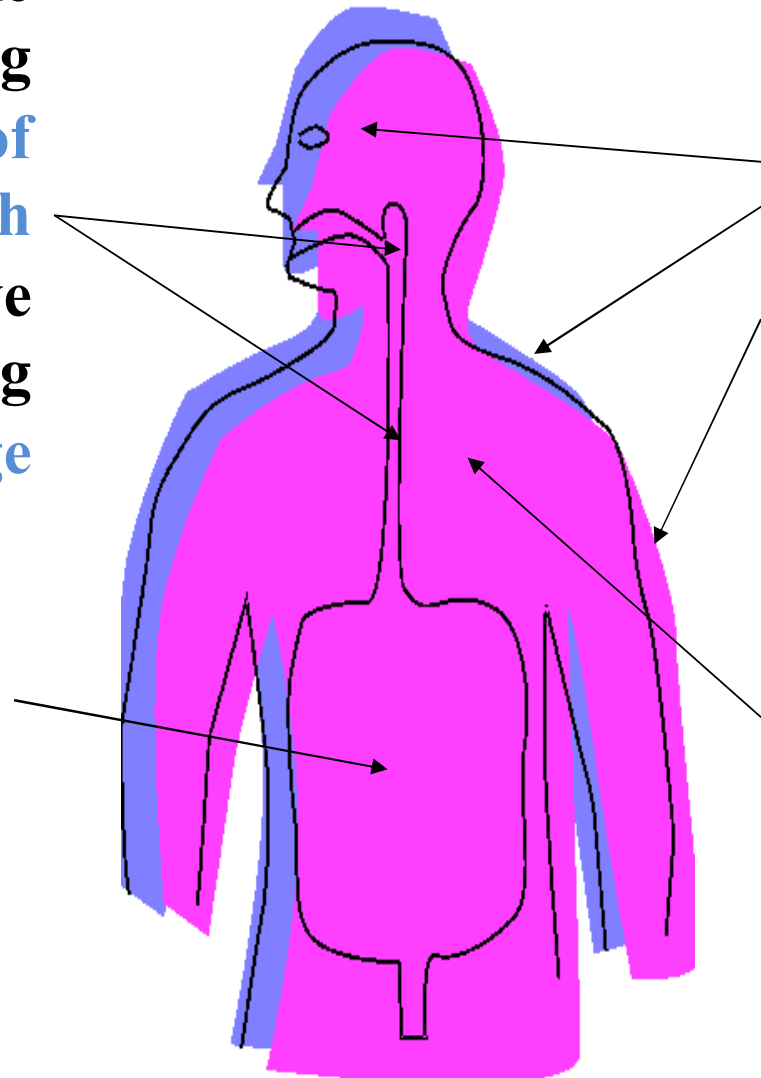
- **Skin problems**
 - Hives (red spots that look like mosquito bites)
 - Itchy red skin rashes (eczema, also called atopic dermatitis)
 - Swelling
- **Breathing problems**
 - Sneezing
 - Wheezing
 - Throat tightness
 - Trouble swallowing
- **Stomach symptoms**
 - Nausea
 - Vomiting
 - Diarrhea
- **Circulation symptoms**
 - Pale skin
 - Light-headedness
 - Drop in blood pressure
 - Loss of consciousness



SIGNS AND SYMPTOMS

**Trouble
swallowing**
**Shortness of
breath**
**Repetitive
coughing**
Voice change

**Nausea &
vomiting**
Diarrhea
**Abdominal
cramping**



Swelling
Hives
Eczema
**Itchy red
rash**

**Drop in blood
pressure**
**Loss of
consciousness**

SCENARIO

Ms. Williams observed Renee sharing a piece of candy with Tiffany on the playground. Tiffany starts wheezing and having difficulty breathing. (Allergic reaction or Food Intolerance)

SCENARIO

Ms. James gave Robert a new breakfast selection of oatmeal. By 6 p.m. Robert was complaining of a stomach ache and had diarrhea. (Allergic reaction or Food Intolerance)

LIFE-THREATENING REACTION: ANAPHYLAXIS

A serious allergic reaction that is rapid in onset and may cause death



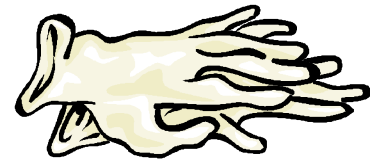
Food



Insect Venom



Medications



Latex



TREATMENT OF ANAPHYLAXIS

- Epinephrine by injection is the treatment for a serious reaction
- Quick administration is key – a delay can be deadly
- Follow-up care and observation in the emergency room for 4-6 hours
- Biphasic reactions occur about 20% of the time (symptoms improve or disappear, then the 2nd wave can be worse than the first)

COMMON FOOD ALLERGIES

Approximately 90 percent of all food allergies are caused by eight foods, including the following:

1. Milk
2. Eggs
3. Wheat
4. Soy
5. Peanuts
6. Tree nuts
7. Fish
8. Shellfish

PREVENTION

- **Avoid food Allergen**
- Know ingredients in all food products
- Keep food surfaces clean to prevent cross contamination
- Introduce new foods one at a time with close observation

COW'S MILK AND SOY PROTEIN

- Breastfed infant may have colic
- Vomiting after feeding is the most common symptom of milk and soy allergy
- Itching dry rash or eczema is another subtle symptom
- Severe reaction causes hives and difficulty breathing



EGGS

- Egg allergies are due to the protein in the egg white
- Beware of hidden egg ingredients
 - Breaded foods
 - Egg glazed breads
- Egg substitutes still contain the same protein



WHEAT AND GLUTEN

- Two types of allergic reactions
 - Hives and/or wheezing which occurs immediately
 - Abdominal pain, diarrhea, and irritability
 - Celiac disease – causes poor weight gain and slow growth due to gluten which is found in wheat, rye and barley



PEANUTS AND TREE NUTS

- Two of the most common allergies in children
- Contained in many food products unexpectedly
 - Foods cooked in peanut oil
 - Used in food preparation as a glue to hold food items together
- **Read Labels carefully**



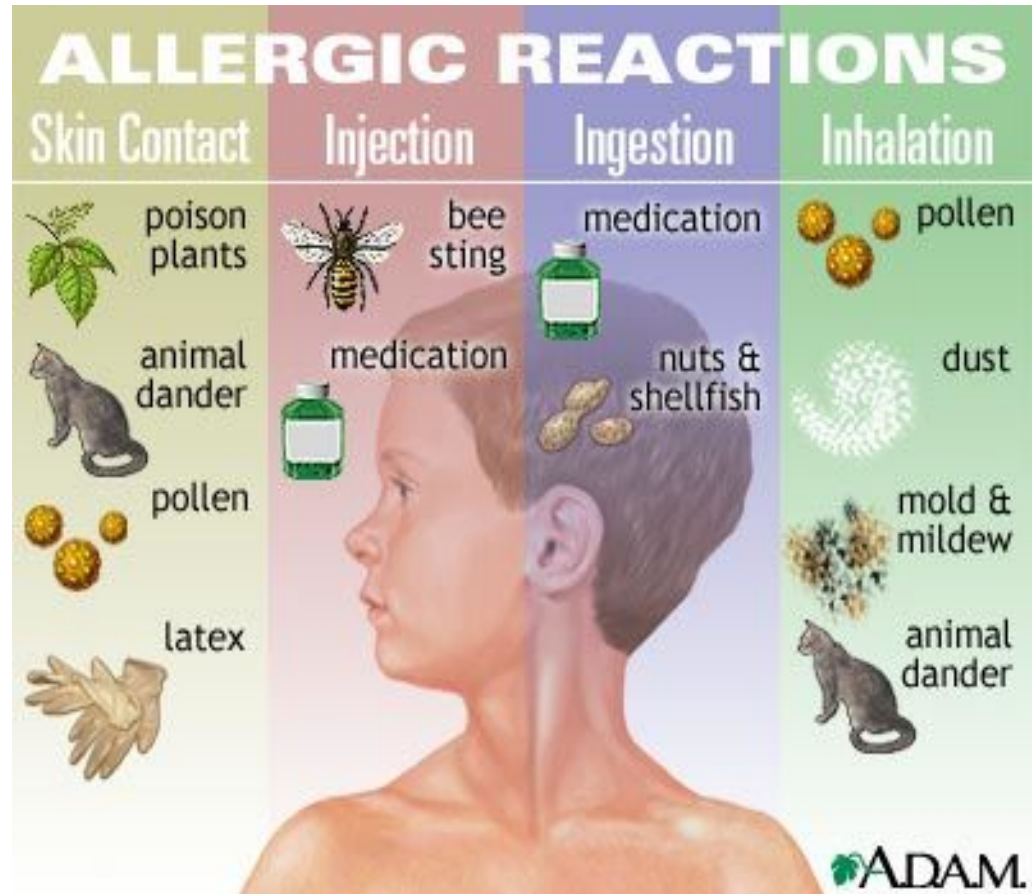
FISH AND SHELLFISH



- Shellfish is the most common and the most dangerous allergen
 - Shrimp, Lobster, or clams
 - Breathing the fumes or any contact can cause severe reaction
- Fish allergies may not include shellfish
 - Must avoid any type of fish
 - Breathing the fumes or any contact can cause severe reaction

OTHER COMMON ALLERGENS

- Pollen
- Dogs
- Trees
- Grass
- Dust
- Smoke



MANAGING FOOD AND OTHER ALLERGIC REACTIONS

- Shared responsibility among child care center, families and health care providers
- Avoidance of allergens
- Be prepared in case of a reaction



HAND WASHING

Hand Washing is the most effective way to control the spread of allergens



- Arrival into classroom
- After sand/water play
- After blowing nose or using toilet
- After touching garbage, floor, pets
- Before eating, drinking, or handling food
- **Before /after diapering or toileting each child**

WHY SHOULD SCHOOLS BE PREPARED TO ADDRESS FOOD ALLERGIES?

- Responsibility for health and safety of children at child care and school
- Food allergy is the most common cause of anaphylaxis.
- Need for immediate response
- Factor when dealing with other chronic conditions.
- Unique social and emotional challenges

WHY IS COMPREHENSIVE FOOD ALLERGY POLICY NEEDED?

- Increased presence of students with food allergy; 18% increase (children under 18)
- All students need to be safe and ready to learn
 - Teens are the highest risk group for fatal allergic reactions
- Emergencies are inevitable
 - Proactive approach rather than reactive

LAWS AND LIABILITY

- A life-threatening food allergy can be considered a disability under federal laws
 - Rehabilitation Act of 1973, Section 504
 - The Individuals with Disabilities Education Act (IDEA)
 - The Americans with Disabilities Act (ADA), along with the ADA Amendments of 2008 (ADAA)
- Assure compliance for privacy and confidentiality
 - Family Educational Rights and Privacy Act (FERPA) and
 - Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Civil rights claim on behalf of student
 - Follow the laws or parents/caregivers can file a claim

CHILD CARE PROVIDER ROLE

- For children under eighteen months, a list of foods that have already been introduced
- Obtain written history that contains any special nutrition and feeding needs or allergies
- Have written menus a month in advance and available to parents
- Communicate with Parents/ Guardians

FOOD ALLERGY ACTION PLAN

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN
Food Allergy Research & Education

Name: _____ D.O.B.: _____ **PLACE PICTURE HERE**

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens:

THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

<p>FOR ANY OF THE FOLLOWING:</p> <p>SEVERE SYMPTOMS</p> <p>LUNG Shortness of breath, wheezing, repetitive cough</p> <p>HEART Pale or bluish skin, faintness, weak pulse, dizziness</p> <p>THROAT Tight or hoarse throat, trouble breathing or swallowing</p> <p>MOUTH Significant swelling of the tongue or lips</p> <p>SKIN Many hives over body, widespread redness</p> <p>GUT Repetitive vomiting, severe diarrhea</p> <p>OTHER Feeling something bad is about to happen, anxiety, confusion</p> <p>OR A COMBINATION of symptoms from different body areas.</p>				<p>MILD SYMPTOMS</p> <p>NOSE Itchy or runny nose, sneezing</p> <p>MOUTH Itchy mouth</p> <p>SKIN A few hives, mild itch</p> <p>GUT Mild nausea or discomfort</p>			
<p>1. INJECT EPINEPHRINE IMMEDIATELY.</p> <p>2. Call 911. Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.</p> <p>• Consider giving additional medications following epinephrine:</p> <ul style="list-style-type: none"> • Antihistamine • Inhaler (bronchodilator) if wheezing <p>• Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.</p> <p>• If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.</p> <p>• Alert emergency contacts.</p> <p>• Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.</p>				<p>FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.</p> <p>FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:</p> <ol style="list-style-type: none"> 1. Antihistamines may be given, if ordered by a healthcare provider. 2. Stay with the person; alert emergency contacts. 3. Watch closely for changes. If symptoms worsen, give epinephrine. 			
<p>MEDICATIONS/DOSES</p> <p>Epinephrine Brand or Generic: _____</p> <p>Epinephrine Dose: <input type="checkbox"/> 0.15 mg IM <input type="checkbox"/> 3.0 mg IM</p> <p>Antihistamine Brand or Generic: _____</p> <p>Antihistamine Dose: _____</p> <p>Other (e.g., Inhaler- bronchodilator if wheezing): _____</p>							

PARENT OR GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/ACP AUTHORIZATION SIGNATURE _____ DATE _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 40073

- Identify students with food allergies
- Provide for administration of medication
- Follow DC and federal laws
- Written management plans

CHILD CARE PROVIDER POLICY

- Each child with an allergy should have a care plan.
- The child's caregiver/teacher should receive training.
- Parents/guardians and staff should arrange for the facility to have the necessary medication.
- Caregivers should promptly and properly administer medications according to care plan.
- Notification of allergic reaction should be given to the parents and primary care provider.
- The facility should contact emergency medical services system immediately if severe symptoms are observed or mild symptoms persist.

CHILD CARE PROVIDER POLICY

- Each individual child's food allergies should be posted in the classroom where staff can view them.
- Parents of all children who might provide treats or bring any food into the facility should be advised to avoid any food allergens a child in class may have.
- The written child care plan, a mobile phone, and the proper medication for appropriate treatment must be transported with the child on any field trips or outside the facility.
- A food allergy can be life-threatening and can be considered a disability under federal laws

EMERGENCY NUMBERS

- The Address of the Center is: _____
- Fire and Police Emergency: **9-1-1**
- Non-Emergency Calls: **3-1-1**
- Nearest Hospital: _____
- List of phone numbers to reach parents: _____
- Numbers to call if I cannot reach parents: _____
- In case neither reached call: _____
- **Poison Center Helpline Number: 1-800-222-1222**
(posted in location readily available in emergency)
(standard 149.2)

REFERENCES

OSSE Child Care Licensing Regulations: Final Rulemaking
DC Municipal Regulations (DCMR) 5-A Chapter 1:
December 2, 2016

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