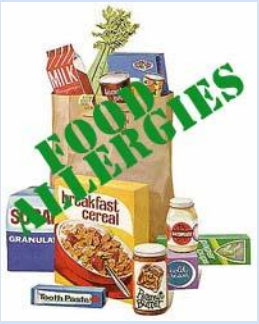


# Food Allergies in Schools

February 13, 2012





# What is a Food Allergy?



- A food allergy occurs when the immune system mistakenly attacks a food protein. Ingestion of the offending food may trigger the sudden release of chemicals, including histamine, resulting in symptoms of an allergic reaction.

([foodallergy.org](http://foodallergy.org))

- [Parents Speak About Their Child's Food Allergy](#)

# Food Allergies are a Growing Health Concern in Schools

- About 3 million children in the U.S. have food allergies. For school-aged kids, that's 1 in 25.
- Prevalence among school-aged children is on the rise: 18% increase between 1997 and 2007.
- About 1 out of 6 kids with food allergies will have an allergic reaction while in school.



# Training for Educators Saves Lives

🍏 According to the CDC, food allergies result in more than 300,000 ambulatory-care visits a year among children in the U.S.

🍏 Students have died in schools due to delays or failures to properly recognize and treat serious allergic reactions known as *anaphylaxis*.

***“Early recognition of symptoms and prompt interventions of appropriate therapy are vital to survival.”***

- National Association of School Nurses



[I'm Not Nuts Video](#)

# What Do Educators Need to Know

How to **CARE**<sup>™</sup> for  
students with food allergies

**C**omprehend the basic medical facts

**A**void the allergen

**R**ecognize a reaction

**E**nact emergency protocol



# Comprehend the Basic Medical Facts

## The **Six** Must-Know Medical Facts

1. A food allergy is an overreaction of the immune system in response to a food protein.
2. Even a miniscule amount of food can trigger this overreaction and cause *anaphylaxis*.
3. There is no cure for food allergies. Strict avoidance is the only way to prevent a reaction.
4. An initial reaction can occur up to **two hours** (and sometimes, though rarely, up to four hours) after ingestion.
5. The severity and progression of an allergic reaction is unpredictable: a seemingly mild reaction can turn fatal within minutes.
6. To treat anaphylaxis, prompt administration of epinephrine is critical and may mean the difference between life and death. *Re-administration* may be necessary if the reaction is not subsiding.



# Avoid the Allergen

## Identify students with food allergies

1

Read food labels



2

Clean surfaces and hands



3

Find hidden allergens



4

Involve the school community



# What to do to Minimize Accidental Exposure in the Classroom...

## Everyday:

- Do not use food for any type of classroom lesson or activity.
- Give stickers, pencils, etc. as prizes rather than food or candy.
- Have parents children with food allergies be a class parent.
- Be aware of the food YOU, the teacher, are eating in the classroom.
- Consider food allergies when planning field trips.

## Holiday Parties:

- Limit the amount and variety of food at parties.
- Consult parents of children with food allergies when planning the snacks for a party.
- Offer fresh fruit and vegetables rather than baked goods.
- Offer only food that contains a label.
- Food alternatives: crafts, game time, special activity, music

## Birthday Celebrations:

- Ask for food that contains a label.
- Have a child with food allergies keep a supply of “safe snacks” in the classroom. “Safe cupcakes” can even be kept in a freezer at school so the child with a food allergy can still feel like they are part of the celebration.
- Food Alternatives: Parent readers, seat of honor in the classroom, VIP for the Day (e.g. sit at the teacher’s desk, line leader, share a story, etc.)

## Snack Time:

- Do not allow students to share snacks, even children with no known food allergies. Food allergies can develop at any time.





# Recognize the Reaction

## Three important reminders:

- 🍓 Medical research emphasizes that early recognition and treatment of symptoms saves lives.
- 🍓 Allergic reactions are unpredictable: they may present and progress differently than previous reactions **AND** a seemingly mild reaction can turn serious very quickly.
- 🍓 A student experiencing anaphylaxis may show *no skin symptoms* — no hives, no rash, no swelling.



# Symptoms of an Allergic Reaction

## Mouth

- Itchy, tingling, swelling of lips/tongue

## Nose

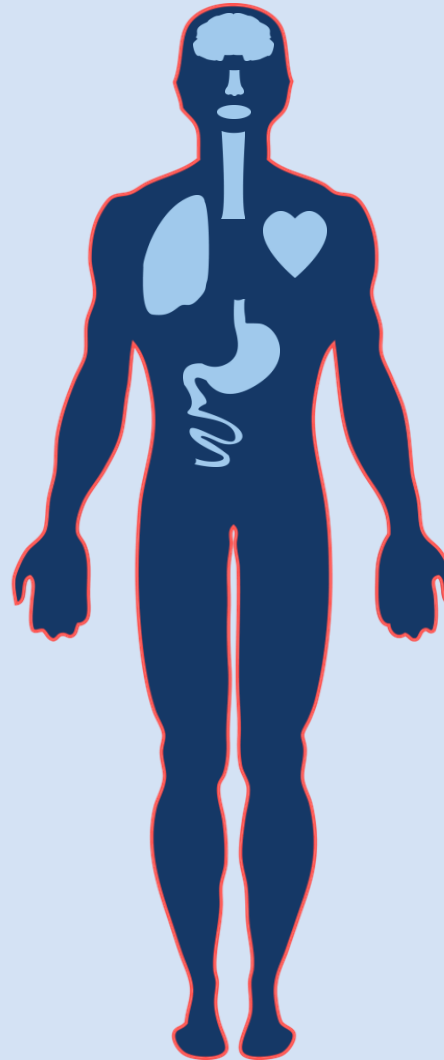
- Hay fever-like symptoms: runny, itchy nose; sneezing; and/or watery, red eyes

## Skin

- Hives, rash, redness, itching
- Flushing (redness and warmth)
- Swelling of face or extremities

## Gut

- Cramps/pain
- Nausea, vomiting, diarrhea



## Throat

- Hoarseness
- Tightening of throat, difficulty swallowing
- Hacking cough

## Lungs

- Shortness of breath, wheezing
- Repetitive, hacking cough

## Heart

- Low blood pressure, weak pulse
- Pale, blue color
- Dizzy, fainting

## Mental

- Anxiety, “sense of impending doom”
- Lethargy

# What Would Kids Say?

Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. If a child was having an allergic reaction they might say:

- “This food’s too spicy.”
- “My tongue is hot or burning.”
- “It feels like something is poking my tongue.”
- “My tongue (or mouth) is tingling (or burning).”
- “My tongue (or mouth) itches.”
- “My mouth feels funny.”
- “There’s a frog in my throat.”
- “There’s something stuck in my throat.”
- “My tongue feels full (or heavy).”
- “My lips feel tight.”
- “It feels like there are bugs in there.” (to describe itchy ears)
- “My throat feels thick.”
- “It feels like a bump is on the back of my tongue (or throat).”



# Enact Emergency Plan

## Administer Epinephrine

- Follow treatment plan provided by physician and documented in student's Food Allergy Action Plan.
- Follow the Districts Protocol for Handling Suspected Allergic Reactions (Slide #13).
- Note that a second dose may be indicated if symptoms don't improve.



## Call Emergency Medical Services

- Follow the Districts Protocol for Handling Suspected Allergic Reactions (Slide #13).
- Student should be transported to the ER.
- *Biphasic reaction* — a second round of symptoms may follow even after the initial symptoms have subsided. Observation in an ER is critical.



# The Districts Protocol for Handling Suspected Allergic Reactions

- Call the Nurse to the location of the child. - \* Do not send the child to the nurse. (Reactions are unpredictable!)
- If the Nurse does not answer the phone, call the Main Office and state the problem.
- The Principal will announce, “Code Bluelight to the (location)” in order to dispatch the Emergency Response Team.
- The School Nurse and/or key members of the Emergency Response Team will evaluate the situation and take appropriate action as per the staff member’s or the student’s *Emergency Care Allergy Plan*.
- If there is no staff/student *Emergency Care Allergy Plan*, the School Nurse and/or other key members of the Emergency Response Team will take measures to ensure the immediate health and safety of the child or adult.
- 911 will be called.



# In Case of an Emergency...

- Epinephrine is a life saving medication that must be *administered* to treat severe allergic reactions.
- Administering an Epipen



# Social and Emotional Issues

Children with life threatening food allergies experience social and emotional issues including:



- Anxiety (ranging from mild anxiety to an extreme fear).
- Fear typically related to being exposed to the food to which they are allergic.
- School aged children are often teased because of their food allergies. When children are teased they feel different, excluded and blamed. Subsequently their self-esteem suffers and/or their fears may increase, and they may become clingy and unwilling to engage in normal peer activities

([kidswithfoodallergies.org](http://kidswithfoodallergies.org))

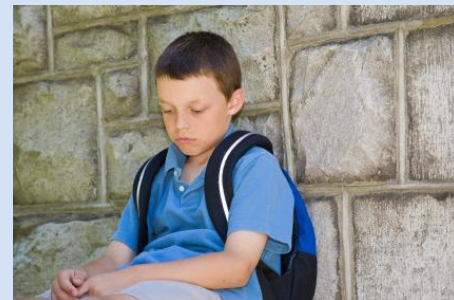
# A Recent Survey on the Emotional Impact of Food Allergies

FAIRFAX, VA and NORTH KINGSTOWN, RI (September 8, 2011) — A recent survey conducted by the [Food Allergy & Anaphylaxis Network](#) (FAAN), a nonprofit and the trusted source in food allergies, and [Galaxy Nutritional Foods](#), a leading producer of cheese alternatives, examined parents' perspectives on the emotional impact that food allergies have on their children:

- 71% of parents said their child had not eaten at a restaurant with friends or family due to concerns about food allergies
- 45% of parents said their child had not visited the homes of certain friends due to concerns about possible exposure to allergens
- 42% of parents said their child had not attended an overnight event, such as a sleepover or camp, due to concerns about a food allergy
- 41% of parents said their child had not attended a social event by choice, such as another child's birthday party or a play date, due to concerns about a food allergy

In their quest to be vigilant about caring for children with food allergies, school personnel need to remember there is a child behind the allergy. Here are some real life examples of what has been said to children with food allergies:

- “The peanut kid is here, we have to move.”
- “Oh, I didn't know peanut girl had a brother.”
- [Kids Living With Food Allergies](#)





# Questions

