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)

• 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.
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™ for students with food allergies

Comprehend the basic medical facts
Avoid the allergen
Recognize a reaction
Enact 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 of 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)
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