

Food Allergies at School: Keeping Kids Safe Without Making Ourselves Nuts

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Food Allergy Basics

What is a food allergy?

A food allergy is an immune system response to a protein in a food with which a person has already had at least one contact. Contact can occur through ingestion, inhalation, or skin contact. All *foods* that humans normally eat contain some protein; therefore it is possible to be allergic to any food, including fruits, vegetables, and grains.

Reactions to *chemicals* in food may or may not involve the immune system. Some people prefer to call these reactions "poisoning" because the substance in question is entirely manmade so not really a food, but your response as an adult is likely to be the same regardless of the offending substance.

What are some common food allergies in children?

The "Big 8" allergens cause 90% of anaphylactic reactions. These allergens are: milk, eggs, peanuts, tree nuts, wheat, fish, soy, and shellfish. These foods may be highlighted on ingredient lists or in statements on food packaging but the only true requirement is that they appear in easily understood English in the ingredients list. If a separate bold statement does appear on a label then any of the big 8 that are present are required to be in that statement.

The "made in a factory that also processes..." types of statements on packages are voluntary. About 10% of the packages that contain such statements DO contain the noted allergen regardless of the warning's wording. There is an exception to this statistic for special manufacturing processes, but it's better not to serve a food that's questionable than to make a guess if you don't already know for certain.

What are some of the symptoms of an allergic reaction?

The allergic response can produce symptoms in the skin, gastrointestinal tract, cardiovascular system, and respiratory system. Symptoms may include one or more of the following: a tingling feeling in the mouth or throat (for example, "my mouth feels funny"), swelling of the tongue and throat, difficulty breathing, hives, vomiting, abdominal cramping, diarrhea, low blood pressure, unconsciousness, and death.

Very young children often do not exhibit symptoms in the way we would expect. Be aware of odd behavior, particularly when accompanied by anxiety or severe worry. Children who cannot verbalize their health status may look extremely stressed for no apparent reason.

What is anaphylaxis (or anaphylactic shock)?

Anaphylaxis is a severe allergic reaction that occurs suddenly and may cause death. It involves two or more systems in the body and may or may not include trouble breathing.

What is the difference between an allergy and an intolerance? What is a food sensitivity?

An allergy involves the immune system's reaction to a protein. An intolerance involves an inability of the body to digest something, typically a sugar. While an intolerance is not life-threatening it can be just as painful as an allergy and can send some people to the hospital. A sensitivity is something that doesn't fall neatly into the allergy or intolerance categories. Intolerances and sensitivities do not require emergency treatment but are to be taken seriously all the same because they can develop into an allergy with continued exposure to the offending item.

Handling a Food Allergy Emergency

1. Assess severity: For breathing difficulty administer epinephrine (such as an EpiPen or Twinject) and call 911 (step 4). If there is no respiratory distress go directly to the next step.
2. Remove allergen: If the contact was a spill, remove child's clothing and wipe him or her down with soapy water or a baby wipe. If the allergen was ingested, be prepared for vomiting.
3. Antihistamine: If action plan indicates it, administer an antihistamine (such as Benedryl or Zyrtec). If possible, call a guardian to let them know what is happening, never leaving child alone.
4. Respiratory Distress: If respiratory distress develops administer epinephrine and call 911. Go back to step 2 while waiting for the ambulance. Administer the second epinephrine dose if paramedics have not arrived and the child's breathing does not improve or gets worse after easing for awhile.
5. Call Guardian: Once paramedics have control of the situation, call a guardian. If an extra adult is present the guardian may be called sooner.

Preventing a Food Allergy Emergency

1. Create a food allergy emergency action plan. There are several samples on the web. The Food Allergy and Anaphylaxis Network has a complete kit available for purchase by schools that includes an EAP.
2. Practice your plan, with the child if it seems appropriate (a drill might be frightening).
3. Determine when food will be present and manage exposure. Some common times are: during classroom activities, lunch, snack, field trips, school events, at specials classes, when substitutes are in the room, and during job assignments (for example, children wiping tables)
4. Learn to read labels. Get in the habit of checking the ingredients list each time you buy a new box or bag even if it's something that's been safe in the past.
5. Work with families closely. You may have more information than they do. Let families know about parties or special events. If you cannot control what food will be coming, talk to the parents of food allergic children so they can provide safe food. Keep a stash of safe food (including a couple of treats) so that impromptu celebrations can be managed safely. Clean your classroom carefully after parties. Ask the parents of food allergic children for recipes. They've had to cook for their children for years, so they know how to make good food safe.
6. Avoid using food as an instructional activity. If food is necessary, figure out how to use safe foods. Figure out your instructional goals and plan safe activities. This may require some out-of-the box thinking.

Important Information About Epinephrine Auto-Injectors

An EpiPen or Twinject dose buys you about 15 minutes of time. It does not cure or stop a reaction. According to a recent study, about 30% of childhood food allergy incidents required the administration of a second dose of epinephrine before the ambulance arrived. This is one of the reasons that most children's epinephrine prescriptions come in packs of two. Those two doses should always stay together or be equally accessible. Having two doses available is especially important in areas where the ambulance service does not carry epinephrine or advanced breathing support. Call your local ambulance service for more information. Make sure you bring the epinephrine on field trips.

After administering epinephrine, you should always call emergency services immediately. Some parents feel this is unnecessary, but unless you happen to have advanced breathing support at your school or in your car you are unprepared to deal with an anaphylactic reaction for more than a few minutes. Several hours after the initial reaction a rebound reaction may occur, which is why most hospitals require allergy patients to stay in the ER for several hours after arrival. After an allergic reaction children should not be brought back to school where they cannot be watched constantly.

Recently experts have said that it is safe to use expired EpiPens as long as the liquid inside them is still clear. Since expiration dates are often forgotten, this is good information to know. If it's clear, it's safe. Make sure you don't get rid of expired EpiPens until you have a set to replace them.

Instructional Implications

Your classroom is a minefield for food allergic students. In addition to food as a classroom activity, every child who walks into your room has the potential of being covered in a food substance that may harm others. If possible, have children wash their hands as soon as they arrive. Hand washing can help you avoid collecting food allergens on classroom surfaces including books and toys. Food allergens may also be in art supplies, your own personal care products, baby wipes, and sunscreens. Hand sanitizer does not remove food allergens, only washing or wiping will do that. See the link in the resources section for a list of school supplies that may contain allergens.

Resources

As with anything on the web, not all the information available out there is good information. Learn which sites are trustworthy.

- Food Allergy and Anaphylaxis Network: www.foodallergy.org
- Allergy Moms: www.allergymoms.org
- Kids with Food Allergies: www.kidswithfoodallergies.org
- Food Allergy Initiative: www.faiusa.org
- Allergic Child: www.allergicchild.com
- Living Without Magazine: www.livingwithout.com
- Food Allergens in School Activities:
[www.kidswithfoodallergies.org/resourcespre.php?id=83&title=potential food allergens in preschool and school activities](http://www.kidswithfoodallergies.org/resourcespre.php?id=83&title=potential_food_allergens_in_preschool_and_school_activities)
- Patti's Blog: www.preschoolpatti.blogspot.com
- Safety Sack: <http://www.safetysack.com>
- Descriptions of Children's Books About Food Allergies:
www.kidswithfoodallergies.org/books-child.html
www.allergicchild.com/book_magazines.htm
- 10 Things Food Allergic Children Want You to Know: See page 4, and change "Mom" and "Dad" to "Teacher" when you read it to yourself.
- Thoughts From People Who've Been There: Quotes from e-mail from parents and teachers who've dealt with food allergies. See page 5.
- Sample Emergency Action Plan: See last page. This is the one from Safety Sack and is designed to fit in their packaging. Most EAPs are similar. One of the best is the one from the Food Allergy and Anaphylaxis Network, listed above.

10 Things Food Allergic Children Want You to Know

By Gina Clowes, founder of Allergy Moms

<http://www.allergymoms.com/uploads/newsletters/everychildwish.html>

- 1. I long to be included.** I would like to look, act and eat like everyone else. I'd like to buy my lunch and sit wherever I want. I know I can't, but I am so happy inside when someone cares enough to provide a safe potato chip, cookie or Popsicle for me. It's nice when I can have something similar to what others are eating but *I love it* when I can eat the same thing as everyone else. Whenever it's possible, please think to include me!
- 2. I'm scared I could die from my food allergies.** I've heard my parents and teachers mention "life-threatening" food allergies and I remember having some reactions where I felt very sick and really scared. I could see how frightened my parents were too. Sometimes, I could use a little reassurance that I will be okay.
- 3. I feel like I'm the only one sometimes.** If you have a support group or another way to arrange for me to meet other children who have food allergies, I would really like to know that I am not the only kid who has food allergies. Having another friend with food allergies in my classroom or at lunch time helps too.
- 4. I get confused when grown-ups offer me food.** I know I'm supposed to be polite and listen to grown-ups, but my parents have told me I am only supposed to take food from them. When you offer me food or especially candy, I'd like to take it but I'm not sure about what I am supposed to do.
- 5. I get itchy spots sometimes when grown-ups kiss me after they've eaten something I'm allergic to. I get itchy spots when your dog licks me too.** I'm not quite brave enough to tell you this so I'm hoping you will remember that if you have just eaten something that I'm allergic to, I may get hives if you kiss me soon afterward.
- 6. I'm embarrassed when people fuss over what I'm eating.** I know I have to eat my own safe food, but it's easier for me when I'm not singled out. Sometimes, it's embarrassing when grown-ups ask lots of questions. I love to fit in more than anything.
- 7. I hear all adult conversations about my food allergies.** My ears perk up when I hear grown-ups mention my name or food allergies, so don't pity me or act terrified because then I get scared. Food allergies are just one part of me. Let me overhear you talk about all the other wonderful things about me!
- 8. Sometimes I'm sad about having food allergies.** It's hard to be the only kid in class not having a cupcake and eating something different from my box of "safe treats" especially when there are about 20 other birthdays in my class. I know it's not the end of the world, but from my perspective, it's tough at times.
- 9. I'm watching you—Mom *and* Dad!** You may think that I'm too little to notice, but I see that you went back home to get my Epi-Pen® when you forgot it. I see that you read the ingredients on the Smarties every time. You are my role models and I am learning how to manage my food allergies from you!
- 10. I will do about as well as you do.** My parents "can-do" attitude will help me cope with the challenges of living with allergies and ensure that food allergies don't stop me from being everything I was meant to be!

Thoughts from People Who've Been There

"I would recommend that [the teacher] become familiar with how to use an EpiPen and read about what the specific allergies are and are not. I would recommend that a teacher be diligent and never ever take it lightly. And, of course, it is completely manageable!" - Laura O., Kindergarten and First Grade Teacher

"Encourage teachers and other parents to contact the food-allergy parents to brain storm ideas and safe recipes for special treats. I always appreciated that someone cared to include my child." -Beth B., Parent of a Milk-Allergic Child and a Tree Nut-Allergic Child

"Some other things that have worked for me: eliminate daily snacks, have safe treats on hand, inform all parents of what can't come into the room, encourage fresh fruits and vegetables instead of sweets, have a safe spot at lunch, have kids always bring their own lunch from home, clean up with... wipes often, make students wash hands often." -Amy T., Second Grade Teacher

"Basic rule - if you are not sure if they can eat it, don't give it to them." –Sara L., Parent of a Peanut-Allergic Child

"As a teacher the best help for me is if parents come and talk to me and tell me exactly what the child is allergic to and what is the result when and if the child has an allergic reaction. In the past I have only gotten a piece of paper and no contact from a parent. A face to face meeting is ALWAYS the best. It is good to know exactly what the foods that cause the allergies are and what alternatives can be given if the classroom is eating a snack or having a celebration. I also always like to know what action is going to have to be taken if a reaction does happen, this again needs to come from a parent who has gone through this with that particular child!" –Jennifer U., Second Grade Teacher

"An important skill to teach is reading labels! I can't count the times people didn't recognize whey or casein as milk. " –Beth B., Parent of a Milk-Allergic Child and a Tree Nut-Allergic Child

"If a teacher is new to certain dietary restrictions, they need to take the time to learn about restrictions that their students have. Talking to the parents is often the best way to do this. " –Jeremy J., Parent of a Celiac and Egg-Allergic Child

"Enlist the help of classmates." –Sara L., Parent of a Peanut-Allergic Child

"I think the most important thing we need from teachers is support and understanding. When any teacher knows they have a child with allergy in their class, it would be nice if they spent the time to learn about it or ask parents to provide them more information. Then they know how to prevent the contamination. They need to ensure not to expose kids with allergy to foods that are bad for them. We had to deal with a teacher who never put the cookies away so [our daughter] would find away to grab one and eat it." –Anahit B., Parent of an Egg-Allergic and Celiac Child

"Our preschool teachers used place mats with names for each child's spot. They used a special star symbol in the corner of food allergic kids to remind them not to serve that child without checking ingredients. " – Beth B., Parent of a Milk-Allergic Child and a Tree Nut-Allergic Child

"I think the most important things to share are: identifying the allergens to the classroom and showing all the kids the risk to the allergic kids so they as a whole can help thwart a reaction. Also, the teacher knowing exactly the risk involved and the importance of a timely response. This would include knowing exactly what to do in the event of a contact with an allergen and the protocol to follow." –Carrie S., Nurse and Parent of a Peanut-Allergic Child