Protecting Children with Food Allergies at Preschool and Childcare

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Welcome!

Thank you to our partners for their support of the Back to School Safely campaign.
Today’s Presenter

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Elijah Silvera, age 3
The Silvera Family
Make a Hug
Elijah
Today’s Presentation

1. Food Allergies
2. Emergency Care Plans
3. Recognizing and Treating Allergic Reactions
4. Food Allergy Management
5. Preparing and Serving Food
Food Allergy Is a Serious Public Health Issue

5.9 million children in the U.S. have food allergies

(1 in 13)
Food Allergy Is on the Rise

According to a 2013 report by the Centers for Disease Control and Prevention, there was a 50 percent increase in food allergy prevalence between 1997 and 2011.

Food Allergy is on the Rise

Almost one in three children with a food allergy has multiple food allergies.

Preschoolers and Toddlers at Highest Risk

Preschoolers and children in day care are at highest risk for having allergic reactions in school settings.

Most allergic reactions (64%) that occur in a school setting happen in day care or preschool.

Reactions at School

One in six children with food allergies has had an allergic reaction while at school or childcare.

CDC Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, 2013
Reactions at School

As many as one in four people given "stock" epinephrine belonging to a school had no previous diagnosis of a food allergy.

Food Allergy Defined

Exposure to a food triggers a harmful immune response.

The immune system attacks proteins in the food that are normally harmless.

Food allergies can be life-threatening.
Food Intolerance vs. Food Allergy

Food intolerance is a reaction to food that involves the digestive system, but does not involve the immune system.

It is not life-threatening.
Allergic Reactions

Most severe food allergy reactions are caused by ingesting an allergen.

Reactions caused by airborne allergens and contact reactions are possible but less common.
Common Food Allergens

Eight foods cause the majority of food allergy reactions in the United States:

- Milk
- Egg
- Shellfish
- Fish
- Tree Nuts
- Wheat
- Peanut
- Soybean
Food Allergens

A person can be allergic to virtually ANY food.

All food allergies must be taken seriously.
Anaphylaxis

Anaphylaxis is a severe, **life-threatening** allergic reaction that requires immediate response and medical attention.

Studies show fatal reactions are linked with a delay in receiving epinephrine.


Emergency Care Plan

Every child with a diagnosed food allergy should have an Emergency Care Plan.
Emergency Care Plan

The Emergency Care Plan (ECP) lists:

- The child’s allergies
- Symptoms of mild or severe allergic reaction
- Medications to treat these reactions
- Contact information for parents or guardians
- Instructions for epinephrine auto-injectors (e.g., EpiPen® or Auvi-Q®)
Emergency Care Plan

Emergency Care Plans are *individualized* by the child’s doctor or medical professional, based on the child’s medical history.
Emergency Care Plans

Staff should be aware of every child who has an Emergency Care Plan.
Symptoms of Anaphylaxis

Skin
- Hives (reddish, swollen, itchy areas on the skin)
- Eczema (a persistent dry, itchy rash)
- Redness of the skin or around the eyes
- Turning blue

Mouth
- Itchy mouth or ear canal
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth
- Trouble swallowing
- Obstructive swelling of the lips, tongue, and/or throat

Emotional
- Sense of impending doom
- Change in alertness
- Mood change

Chest
- Drop in blood pressure (feeling faint, confused, weak; passing out)
- Loss of consciousness
- Chest pain
- A weak or “thready” pulse

Abdomen
- Nausea or vomiting
- Diarrhea
- Stomach pain
- Uterine contractions
Recognizing Allergic Reactions

Past reactions do not predict future reactions.

Once a reaction starts, there is no way to predict its course.

A seemingly mild reaction can turn life-threatening within minutes.
"Something’s stuck in my throat."
"My tongue [or mouth] itches."
“My eyes are burning [or itchy].”
“My skin feels itchy.”
“My stomach [or tummy] hurts.”
"My tongue [or mouth] itches."
“My chest is tight.”
“This food is too spicy.”
“Something bad is happening.”
“Something is wrong.”
Recognizing Allergic Reactions

Allergic reactions typically occur within minutes to two hours after an allergen is ingested.

Mild symptoms can turn life-threatening very quickly.
How to Treat Anaphylaxis

Epinephrine is the medication used to treat anaphylaxis, a life-threatening allergic reaction.

Pre-measured auto-injectors make it easier to give the correct dose of epinephrine.
How to Treat Anaphylaxis

- Follow the child’s Emergency Care Plan.
- Epinephrine is safe and simple to administer.
- If you suspect anaphylaxis, immediate treatment with epinephrine is critical.
- Staff must have access to epinephrine auto-injectors and be trained how to use them.
How to Treat Anaphylaxis

- Once epinephrine and other medications have been given, **call 911**.
- Tell the operator that a child is having an anaphylactic reaction.
- Ask for an ambulance equipped with epinephrine and staff trained to use it.
How to Treat Anaphylaxis

Lay person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.

A second dose of epinephrine may be necessary if symptoms have not improved or if they improve and then get worse.
Symptoms Can Return.

Anyone who experiences anaphylaxis should go to the hospital.

Symptoms may return hours after the initial ingestion.
Monitor Mild Reactions

Mild reactions can be treated with antihistamines and close monitoring.
Monitor Mild Symptoms

Mild symptoms:
- Itchy or runny nose
- Sneezing
- Itchy or swelling mouth
- Hives
- Nausea or discomfort

More than one mild symptom may indicate anaphylaxis.
Questions?
Food Allergy Management
Food Allergy Management

Team Approach:

- Child and parents or caregivers
- Preschool or childcare staff
- Allergist or health care provider
Food Allergy Management

- Understand food allergies
- Create a safe and inclusive school environment
- Address child's individual needs
- Follow preschool guidelines to minimize the risk of exposure to allergens
In addition to medical needs, students may need other modifications in the environment so that they may safely participate.

These can be addressed through the preschool’s guidelines or through a child’s individual accommodation plan.
Food Allergy Management

Depending on the child’s needs and environment, individual accommodations can be documented in an Individualized Education Plan (IEP) or other written accommodation plan.
Reactions Can Happen Anywhere

Recommended Practices to Reduce Risk of Exposure.

CDC’s Voluntary National Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs
Classroom Safety

Avoid use of identified allergens or foods in class or science projects, art work, crafts or activities.

Designate food-free or allergen-free classrooms or areas.
Celebrate Safely

Avoid the use of food or identified allergens during parties, holidays and birthdays.

Use trinkets or toys rather than candy for take-home party treat bags.
Celebrate Safely

Restrict outside foods, especially bakery items, ice cream parlor or candy treats, and restaurant foods that have a high risk of cross-contact with allergens.
Reward with Care

Consider non-food celebrations and rewards.

Use non-food incentives for prizes, gifts, and awards.
Train Staff

Include information about children with food allergies in instructions to substitute teachers and staff.
Monitor Volunteers

Ensure that volunteers are not responsible for purchasing, preparing or serving food to children with food allergies unless they are authorized to do so and have been thoroughly trained.
Extra-Curricular Activities

Invite, but do not require, parents of children with food allergies to accompany their child in addition to the regular chaperons on field trips or other extra-curricular activities.
Extra-curricular Activities

When planning an extra-curricular event (such as a field trip), find out if the activity and location is safe for children with food allergies.
Transportation

Train transportation staff in how to respond to food allergy emergencies.
Transportation

Do not allow food to be eaten on buses except by children with special needs such as those with diabetes.
At All Times:

Have rapid access to epinephrine auto-injectors and staff trained to use them.
Questions?
Preparing and Serving Food
Preparing and Serving Food

Consider each child’s food allergies while shopping, reading labels, preparing, serving and serving food.

Ensure that every ingredient used is safe, including spices and condiments.
Preparing and Serving Food

Read every label, every time.
Preparing and Serving Food

U.S. labeling laws only require the top eight allergens to be identified in plain English.

- Milk
- Egg
- Shellfish
- Fish
- Tree Nuts
- Wheat
- Peanut
- Soybean
Preparing and Serving Food

Top eight allergens should be listed on the label in one of two ways:

1) **Ingredients**: Cocoa powder, barley, whey protein (milk), sugar, salt, cinnamon, natural flavors (almond).

2) **Ingredients**: Cocoa powder, barley, whey protein, sugar, salt, cinnamon, natural flavors. **CONTAINS**: Milk and Almond
Preparing and Serving Food

Top eight allergens can be called out within the ingredient list in plain English.

Examples of top eight allergens indicated within the list:
- Wheat
- Milk (butter and whey)
Alternatively, top eight allergens can be called out at the end of the ingredient list with a “CONTAINS” statement that names the top eight allergens that are intentional ingredients.
Preparing and Serving Food

Special care must be taken when children have food allergies outside of the top eight.
Preparing and Serving Food

Food allergens beyond the *top eight* do not have to be indicated on the label in plain language.

Ingredients: purified water, organic extracts from cloves, organic cardamom seeds, organic cinnamon bark, and natural flavor.
Preparing and Serving Food

Precautionary warnings such as “May contain,” “Made in a facility” or “Made on shared equipment” are not required.

Differently worded warnings do not indicate different levels of risk.
Preparing and Serving Food

The absence a precautionary warning does not mean the product is safe for someone avoiding a particular allergen.

These warnings are voluntary.
Preparing and Serving Food

Avoid foods with precautionary warnings such as “May contain”, “Made in the same facility” or “Made on shared equipment with…” a child’s allergens.

Studies show that a portion of these products do contain the allergen they warn about in amounts high enough to trigger an allergic reaction.
Preparing and Serving Food

Ingredients can change without warning.
Preparing and Serving Food

Exemptions to U.S. labeling laws: fresh meats, fresh fruits, vegetables, and foods placed in a carry-out box for an individual customer (such as bakery or deli items).

Highly refined oils (even from a top eight allergen) are also exempt.
Preparing and Serving Food

Work with parents and medical providers to find safe substitutes in preparing meals and snacks.
Preparing and Serving Food

Staff who prepare or serve foods to children with food allergies must be trained in food allergy management.

Untrained staff or volunteers should not prepare, serve or store foods for children with food allergies.
Preparing and Serving Food

Keep a dedicated space in your kitchen for preparing allergy-friendly meals if possible.

Allergy-friendly meals should be prepared before meals and snacks that contain identified food allergens.
Preparing and Serving Food

Ensure that the preparation area is clean and free from cross-contact with foods allergens.
Cross-contact (cross-contamination) occurs when an allergen inadvertently comes into contact with another food and residue from the allergen is transferred.
Preparing and Serving Food

Avoid cross-contact when preparing, serving or storing food allergens.
Preparing and Serving Food

Once an allergy-friendly meal is prepared, cover and set it aside or store it in a labeled container.
Preparing and Serving Food

Avoid home-baked or homemade foods as they are at higher risk for cross-contact and unknown ingredients.
Preparing and Serving Food

Staff should wash hands before and after preparing and serving meals.

**Important**: Hand sanitizers are not effective in removing food allergens.
Preparing and Serving Food

Clean tables and chairs before and after each meal or snack.

If possible, restrict food and eating to certain rooms or areas.
Preparing and Serving Food

Encourage children to wash hands before and after meals and snacks.

Soap and water or commercial hand-wipes (not antibacterial) remove food protein.
Preparing and Serving Food

Teach children not to share or trade food or to use others' plates, utensils or glasses.
Preparring and Serving Food

Ensure that meals and snacks are served and monitored by staff.

A trained adult may choose to sit with children during meals.
Preparing and Serving Food

Keep children with food allergies safe, but not isolated.

Children with allergies may benefit from designated seating (such as a peanut-free table) so long as they have the opportunity to socialize with their peers.
Preparing and Serving Food

Designating allergy-free or food-free zones such as classrooms, tables or play areas may be helpful.

Epinephrine use is lower in schools with peanut-free tables.

Preschool and day care children are at highest risk for having allergic reactions in school settings.

Questions?
For more information:
www.foodallergy.org/k12
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