FOOD ALLERGIES
AND
ANAPHYLAXIS
Food Allergies

• 6 million North American children (1 in 13) have food allergies

• Adverse health effect from exposure via:
  – Ingestion
  – Contact
  – Inhalation
Most Common Food Allergies

• The “Major Eight”
  – Milk
  – Eggs
  – Peanuts
  – Tree Nuts
  – Wheat
  – Soy
  – Fish
  – Shellfish
Allergy Reactions

• Minor
  – Itchy rash
  – Upset stomach
  – Watery eyes

• Major
  – Anaphylactic shock
    • Airways close
Food Intolerances

• Different from allergies
  – Upset stomach
  – Nausea
  – Vomiting
Food Allergies

- Mild or severe reactions
- May require antihistamine
- May require epinephrine
Ingestion Exposure

• Putting something in the mouth
• Edible or non-edible
• Reaction can happen without chewing or swallowing
Inhalation Exposure

- Airborne particles inhaled
- Common with Peanuts
  - Broken shells emit peanut particles
Contact Exposure

- Direct skin contact
- Contact with surface the allergen touched
Be Vigilant

• Special areas of concern:
  – Food allergens used in a learning activity
  – Outside food brought into classroom
    • Snacks
    • Lunches
    • Birthday treats
  – Field trips
  – Substitutes
Parent and Student Involvement

- Meet w/ students with allergies & their parents
  - Ask what symptoms the student exhibits
- Emergency Care Plan
  - Easily accessible by teachers, subs & school nurse
  - Instructions on how to deal with student’s allergy
  - Location of student’s EpiPen®
• Communicate with all students and parents what foods are not permitted based on your situation
  – Inhalation allergies – target foods strictly prohibited
  – Contact and ingestion allergies – food may not be shared with peers
Ingredients

• Check ingredients of items students bring into classroom
• Read ingredients list of everything in classroom
  – Check non-edible items too
  – If no ingredients list available, research
Cleaning

- Sterilize surfaces touched by food
- Wash with soap and water or disposable sterilizing wipes
Non-Emergency Reaction

• Symptoms:
  – Sneezing, stuffy or runny nose
  – Itchy or watery eyes
  – Swelling, mild hives or rash
  – Stomach cramps or diarrhea

• Send to or call nurse according to school policy
Anaphylaxis

• Symptoms:
  – Severe swelling in face, eyelids, lips, tongue
  – Redness and hives
  – Difficulty breathing, chest tightness
  – Coughing, wheezing
  – Anxiety, confusion, difficulty swallowing
  – Dizzy
  – Rapid heartbeat
Response to Anaphylaxis

• Send 2 students to call 911 and get the nurse

• Epinephrine is first line of treatment
  – Single-dose, automatic injection
  – Relaxes muscles in airway
  – Tightens blood vessels
  – Necessary to stop an anaphylactic reaction
  – Administer as quickly as possible
Administering Epinephrine

• Find closest epinephrine injector
  – Student should have EpiPen® or other injector
  – School may have injector onsite

• Two types of EpiPen®:
  – EpiPen® (for students weighing 66 pounds or more)
  – EpiPen® Junior

• Hold firmly with tip down
• Remove safety cap
• Line up tip to the outside of thigh
Administering Epinephrine (con’td)

• Move hand away, then quickly bring EpiPen® firmly to child’s thigh
• Spring will “click” causing needle to inject epinephrine
• Hold in position 10 seconds
• Remove and rub area (or have student rub area) for 10 seconds
• Correct dosage has been delivered if orange needle cover is extended & window on EpiPen® is blocked
Administering Epinephrine (cont’d)

• Be familiar with student’s Emergency Care Plan
• Some students have a prescription for a second shot of Epinephrine
• Epinephrine only lasts 10-20 minutes, so send student with EMS
• Send empty EpiPen® with EMS
• Remain calm, inform students all is well
Conclusion

• We deal with food allergies daily
• Champion prevention by talking to students, family members, fellow staff
• Increase awareness
• Be vigilant regarding food allergies
• Be prepared to administer Epipen® if a health professional is unavailable