



# 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

**CARE**  
**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS:  
• Difficulty breathing  
• Swelling of the face, lips, tongue, or throat  
• Widespread hives  
• Dizziness or fainting  
• Loss of consciousness

IF THE ALLERGEN WAS LIKELY EATEN, EVEN IF YOU ARE NOT SURE, GIVE EPINEPHRINE.

PLACE PICTURE HERE





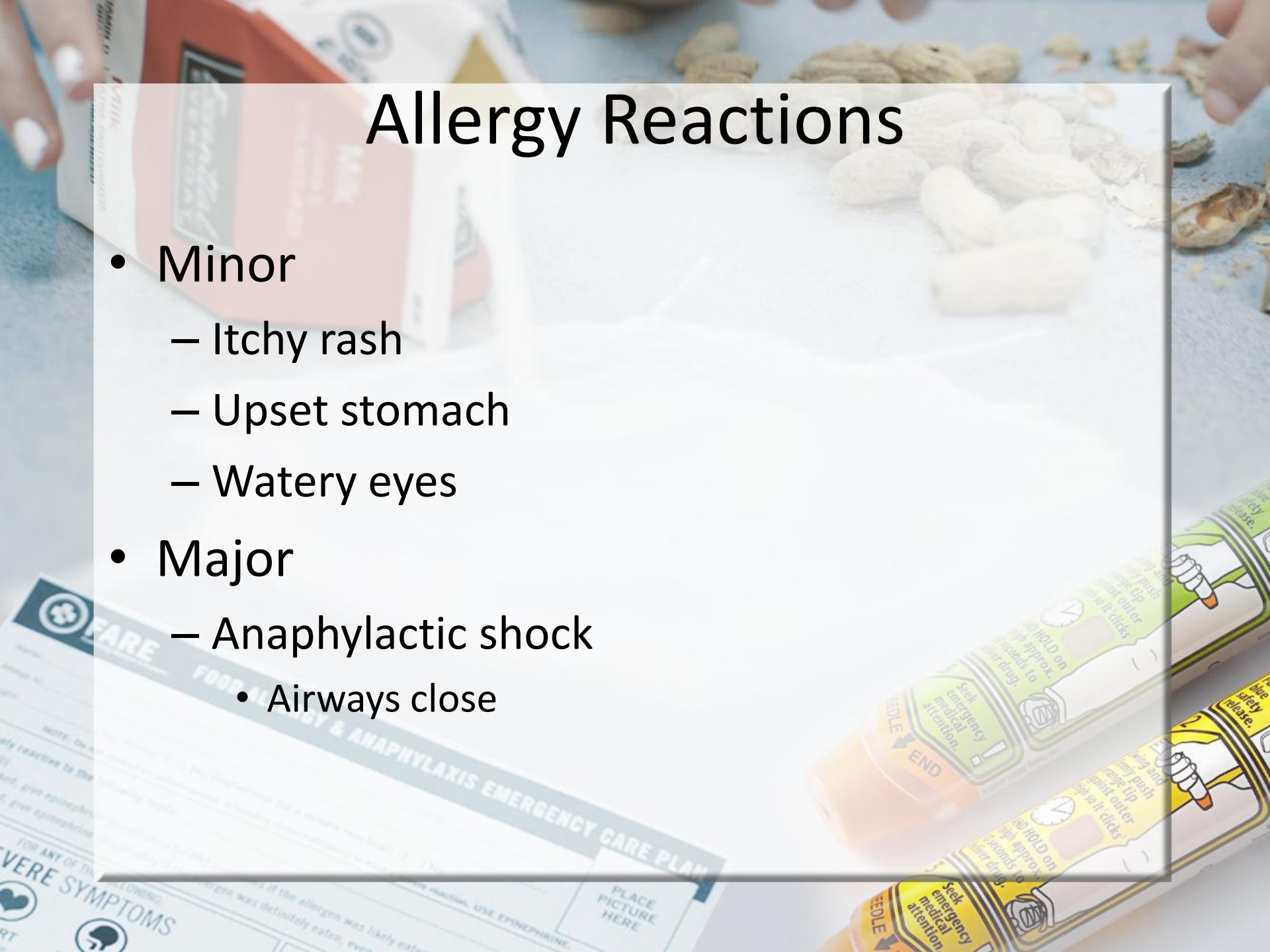
# Most Common Food Allergies

- 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

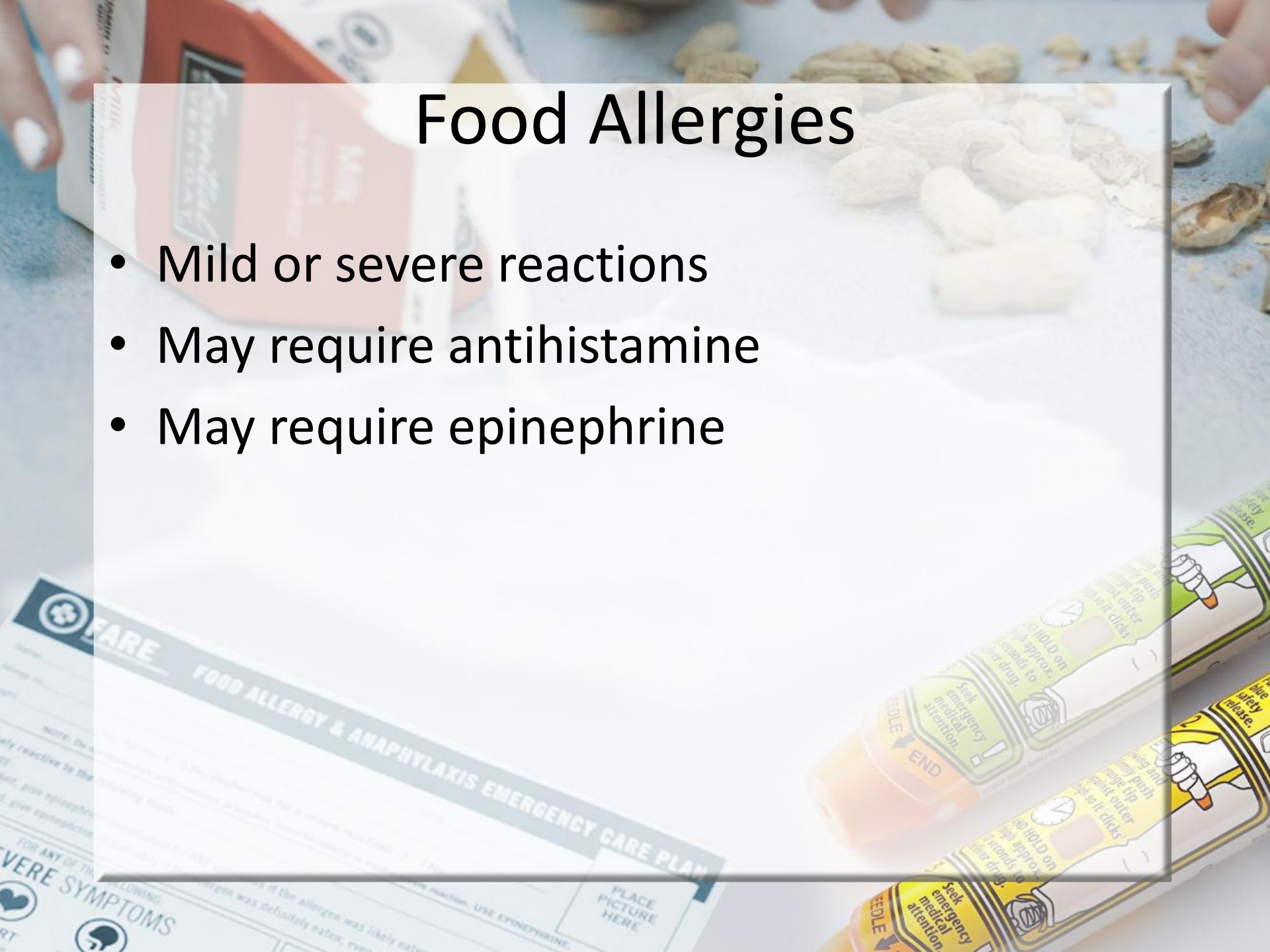
- Different from allergies
  - Upset stomach
  - Nausea
  - Vomiting





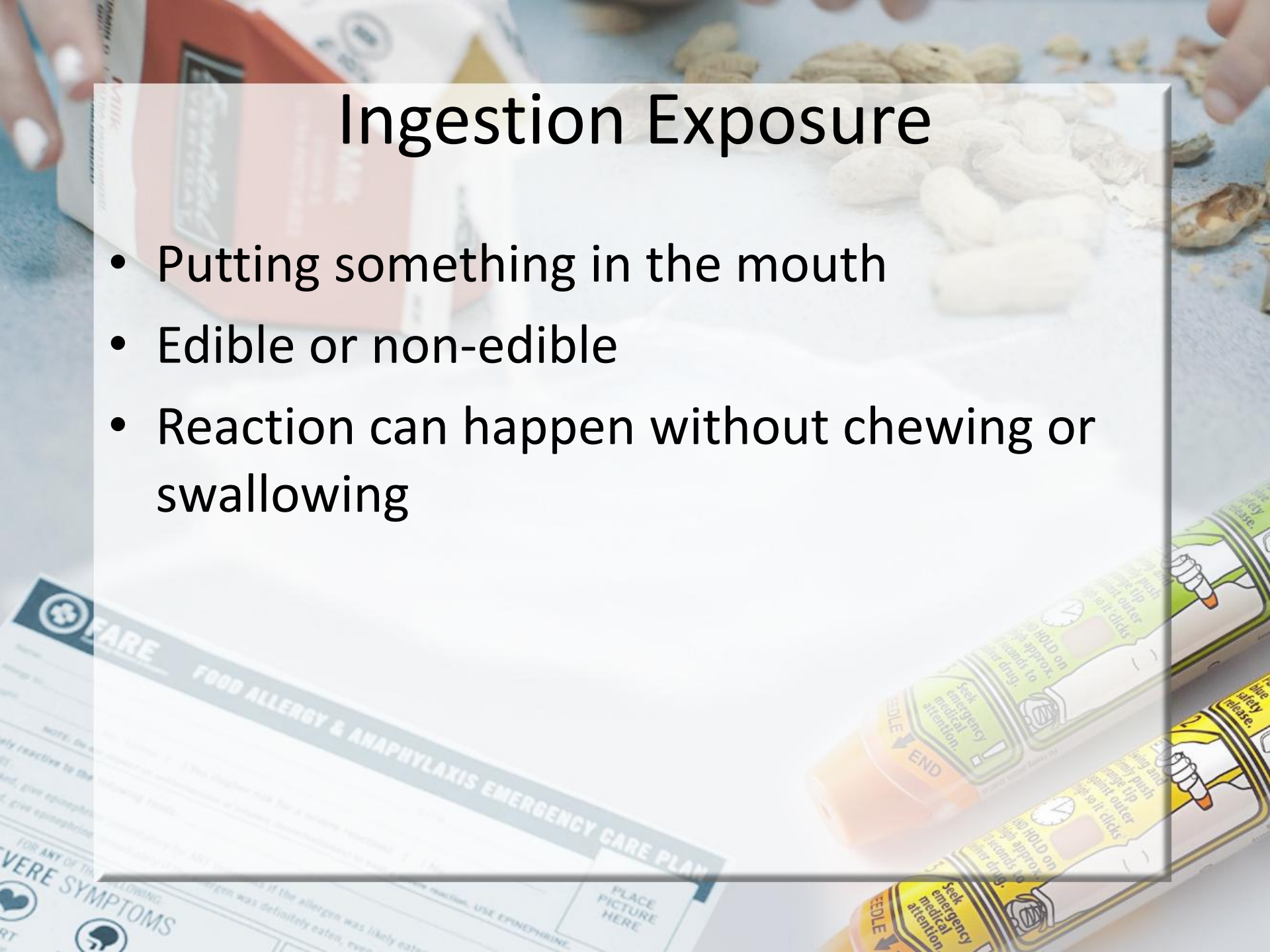
# Food Allergies

- 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

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NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

NOTE: On \_\_\_\_\_  
ly reactive to the \_\_\_\_\_  
and, give epinephrine \_\_\_\_\_  
and, give epinephrine \_\_\_\_\_

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

IF THE ALLERGEN WAS LIKELY EATEN, EVEN \_\_\_\_\_  
USE EPINEPHRINE.

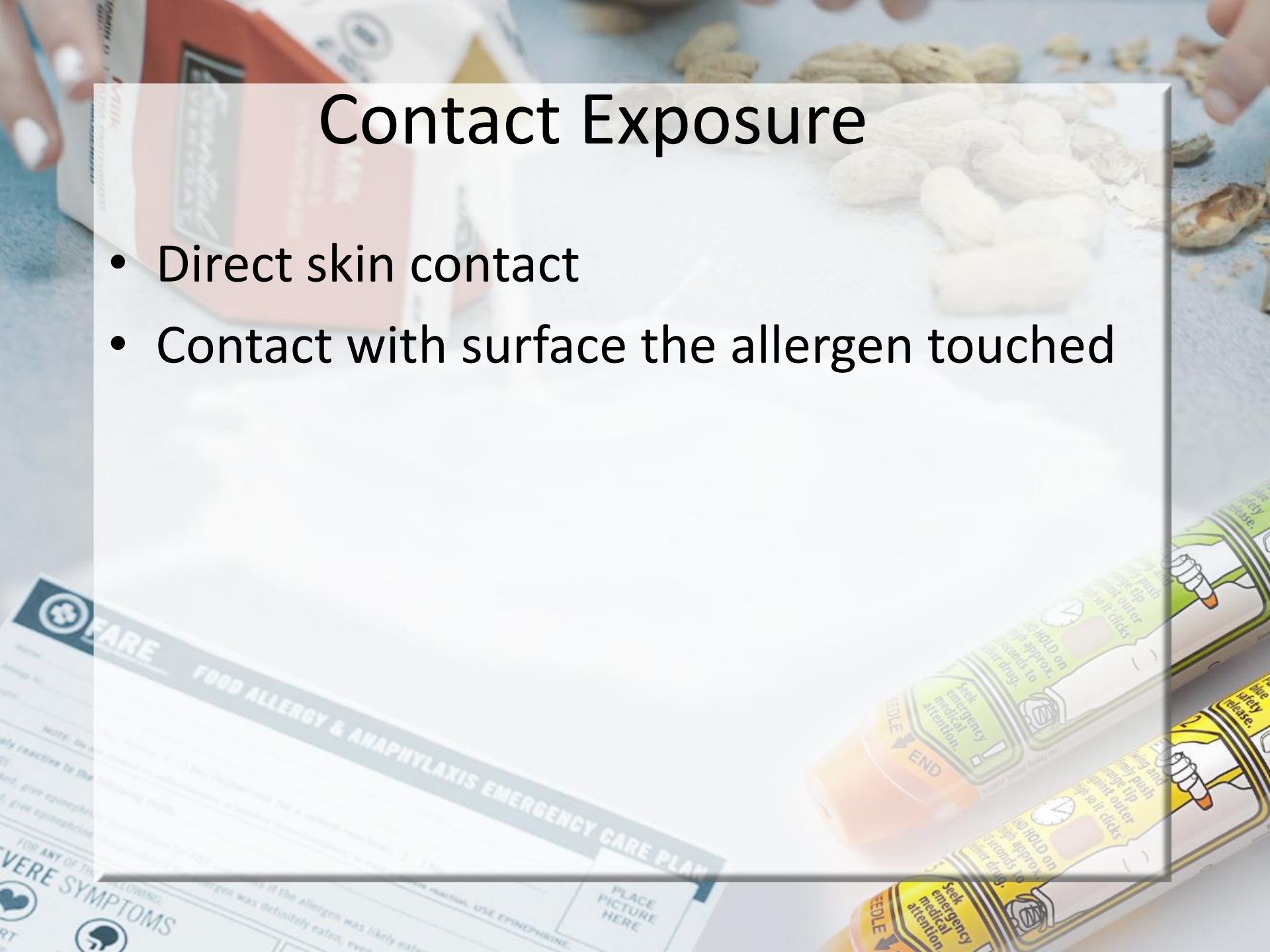
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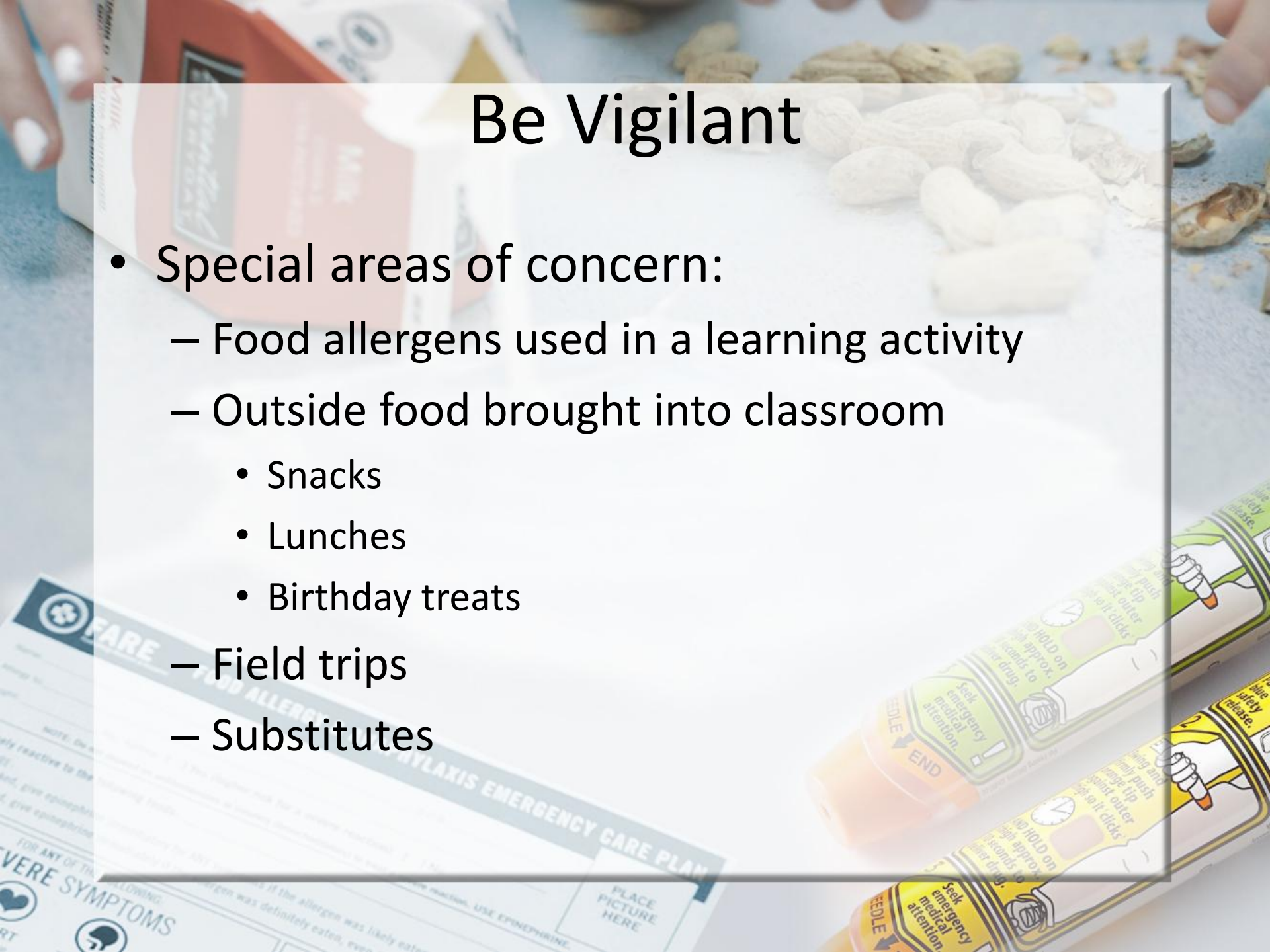
# Contact Exposure

- Direct skin contact
- Contact with surface the allergen touched



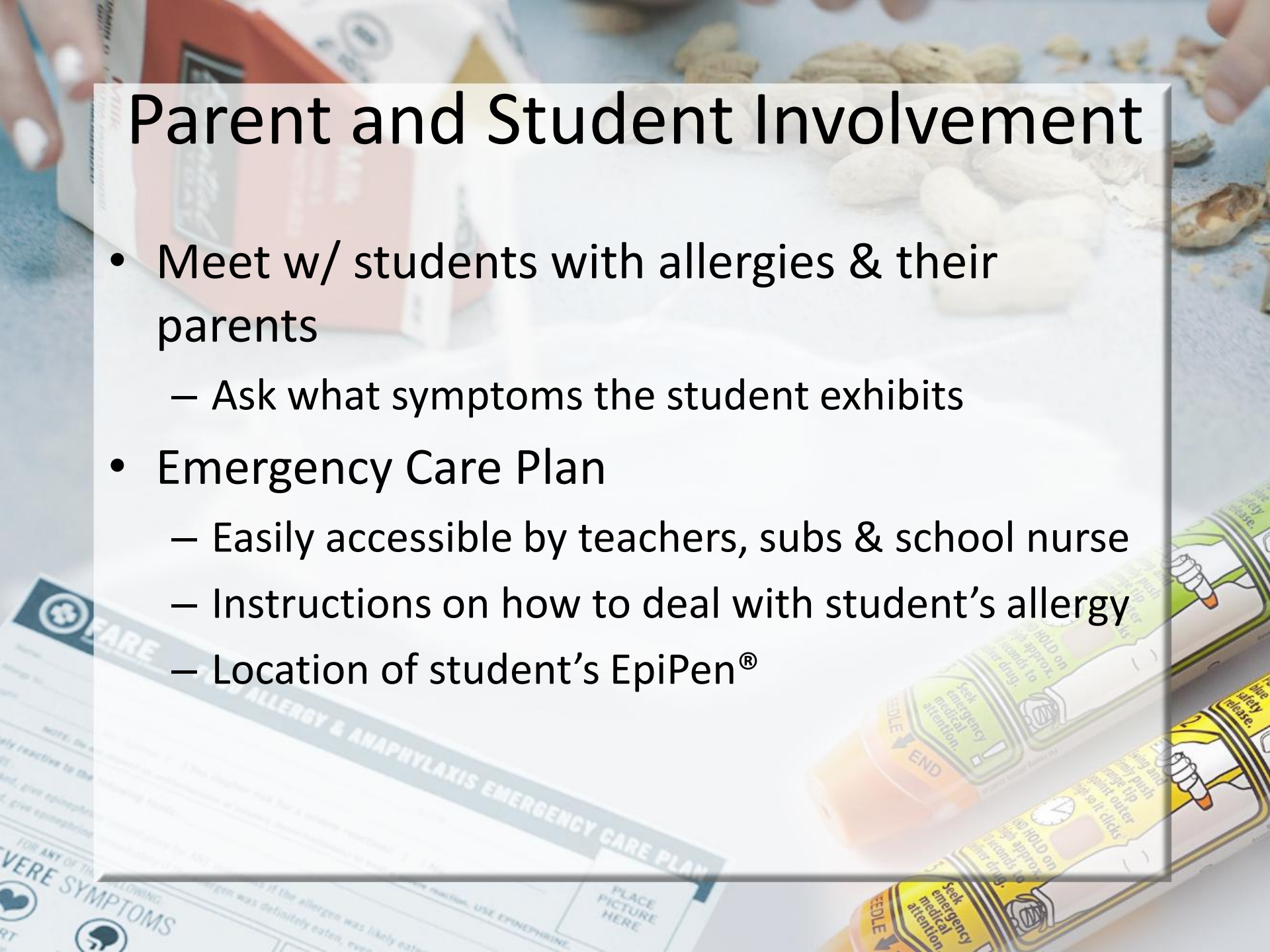
# Be Vigilant

- 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

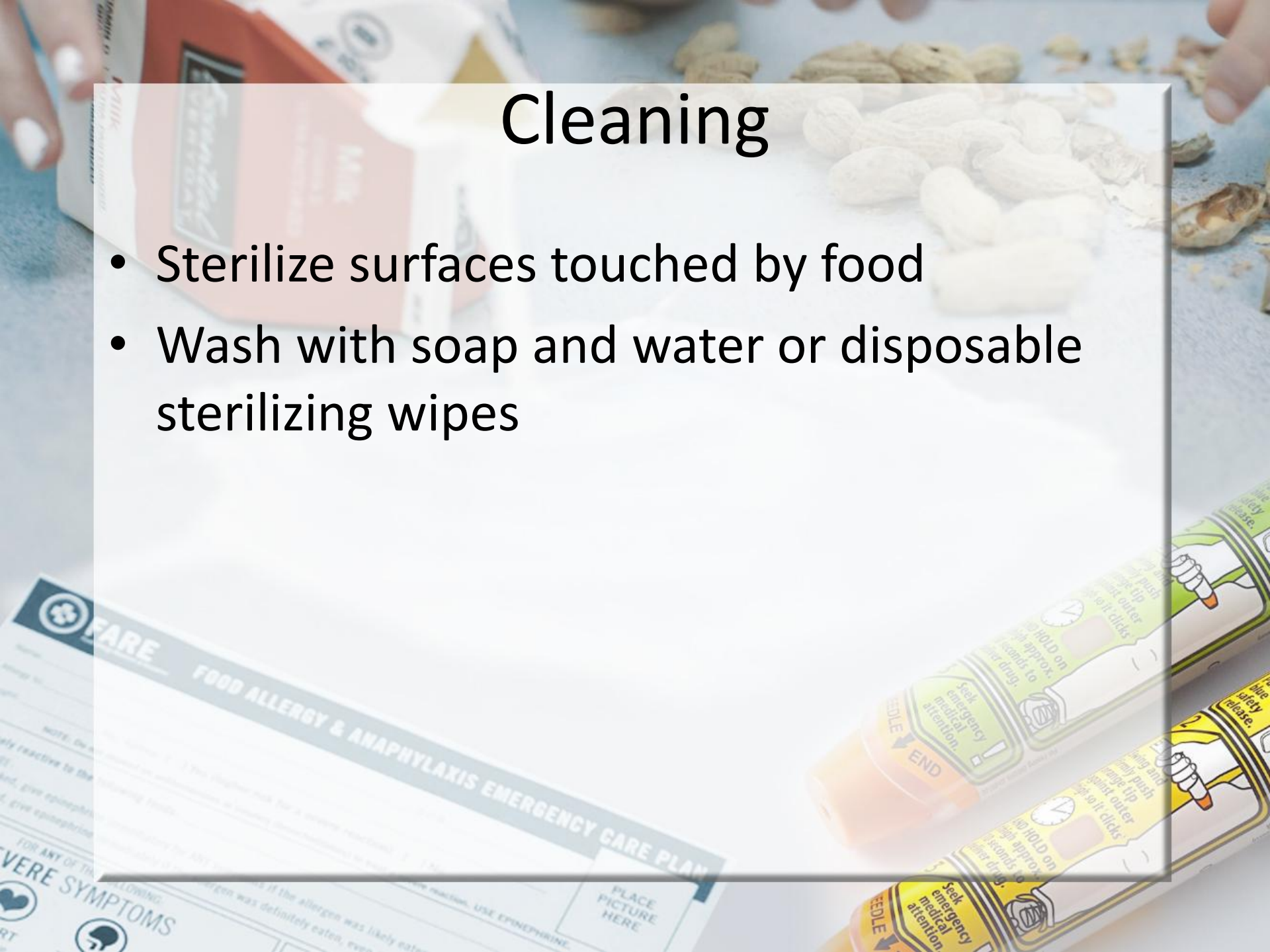
- Communicate with all students and parents what foods are not permitted based on your situation
  - Inhalation allergies – target foods strictly prohibited
  - Contact and ingestion allergies – food may not be shared with peers

# 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



**FARE**  
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FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**

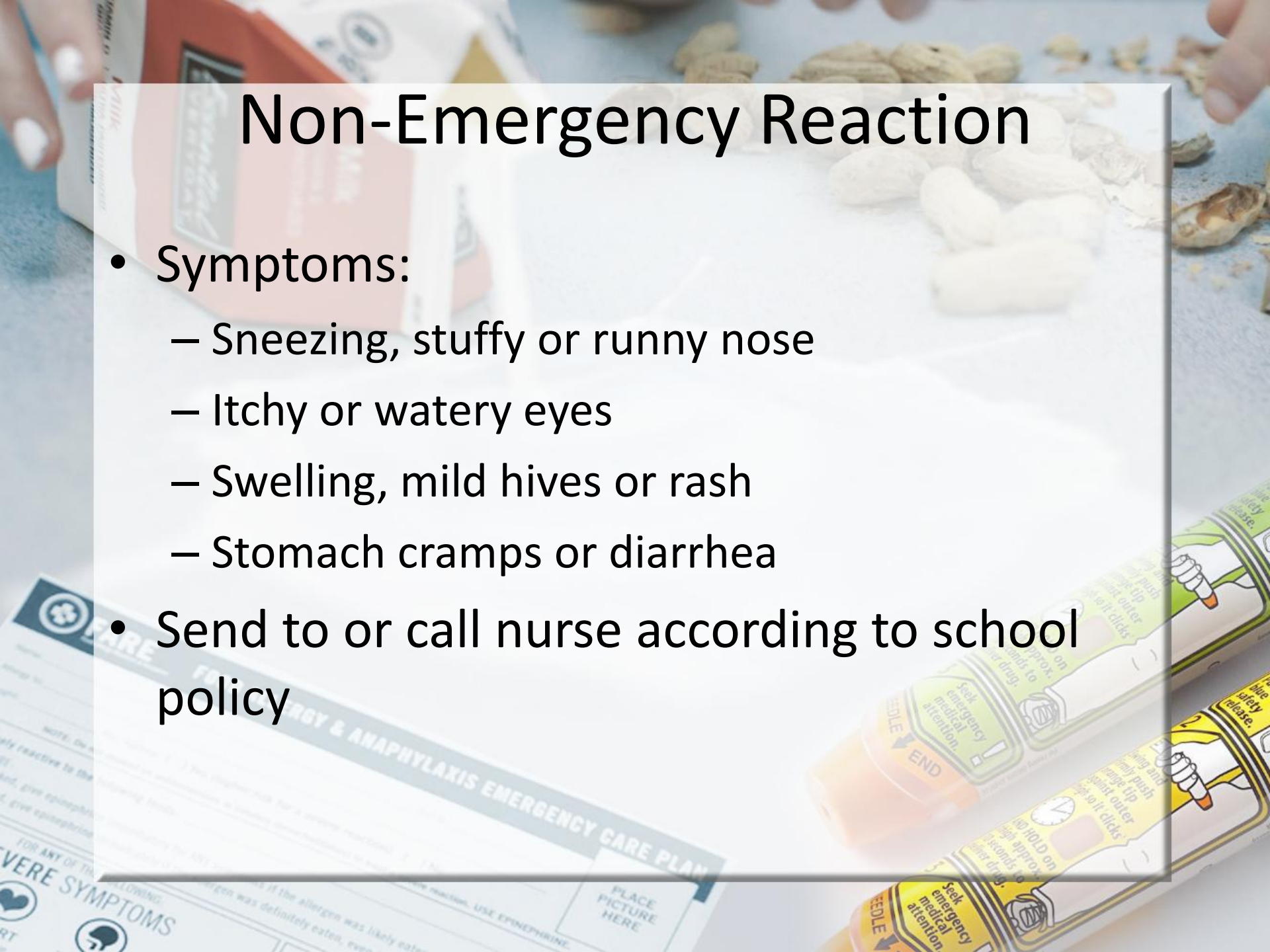
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PLACE PICTURE HERE



# 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<sup>®</sup> 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<sup>®</sup> is blocked

# Administering Epinephrine (con'td)

- 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<sup>®</sup> 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<sup>®</sup> if a health professional is unavailable