

Food Allergies *(See also Allergies: An Overview and Anaphylaxis.)*

What are food allergies?

- *Allergy* is the term used to describe the body's overreaction to something that it views as foreign or different from itself. The body reacts by releasing histamine and other substances that cause allergic symptoms. The things that people are allergic to are called *allergens*.
- There are many different types of allergic reactions; some are minor and annoying, but some are serious and life-threatening.
- One form of a serious allergic reaction is called *anaphylaxis* (see Anaphylaxis Quick Reference Sheet [page 71]). Food is a common trigger of anaphylaxis.
- Foods that most commonly cause allergies include
 - Peanuts
 - Tree nuts
 - Soy
 - Milk
 - Wheat
 - Eggs
 - Fish and shellfish

How common is it?

Allergies are very common. In a national study of children with special health care needs, 53% of them had allergies of some type.

What are some common characteristics of children who have food allergies?

Children with food allergies may or may not have other allergic conditions such as eczema (atopic dermatitis), asthma, and hives (urticaria). They may have anaphylaxis (see Anaphylaxis Quick Reference Sheet [page 71]).

Who might be on the treatment team?

- Pediatrician/primary care provider in the medical home
- Allergists or dermatologists
- Registered dietitians

What adaptations may be needed?

Medications

- All staff who will be administering medication should have medication administration training (see Chapter 6).
- Anaphylaxis is treated with an epinephrine automated injection device (eg, EpiPen, EpiPen Jr). The pen is pressed against the skin (usually the thigh) and activated as directed. See “How to administer an epinephrine automated injection device” in the Anaphylaxis Quick Reference Sheet (page 72).

- Always call emergency medical services (EMS) (911) when injectable epinephrine is used.
- Always call parents/guardians and tell them what hospital their child was transported to.
- Injectable epinephrine is effective for 15 to 20 minutes. It may need to be used a second time if EMS are not able to respond quickly.
- Side effects of epinephrine include pallor, vomiting, fast heart rate, and jitteriness.
- The child's Care Plan may have instructions to use other medications as well for allergies, such as diphenhydramine (eg, Benadryl).
- Side effects of diphenhydramine include sleepiness, but some children may experience excitement.
- Albuterol or asthma medications might be required if wheezing is present. Check the child's Care Plan.
- All medications should be properly stored. Epinephrine automated injection devices are typically stored at room temperature. Procedures should be in place to check expiration dates and to obtain fresh medications as needed. Epinephrine automated injection devices are obtained with a prescription. Two automated injection devices should be available, so the dose can be repeated if the arrival of EMS first responders will take more than 15 minutes.
- Staff training on epinephrine automated injection devices and diphenhydramine use is very important.

Dietary Considerations

- Avoiding foods that cause anaphylaxis for the involved child is crucial. Some common food allergens include peanuts, tree nuts, soy, eggs, and milk. It is not easy to avoid peanuts because peanut oil is in many products. Cross contamination can occur when foods are processed and packaged. Strategies include starting a table that has whatever food restriction is necessary or making the classroom and any other areas the child uses free of the allergen. In some cases, strict handwashing precautions after eating or avoiding the offending food must involve all the children who share the spaces that the child with an allergy uses. Doing so protects the child from exposure to the allergen while at the child care program or school. Even touching a surface touched by a child who had contact with the allergen can be sufficient to cause a reaction in very sensitive children. Using specially marked place mats to remind

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caregivers which child has a food allergy can be helpful, but it does not stop children from sharing food.

- In some cases, it is best for parents/guardians to supply food for the child with the allergy. In other cases, the child care or school staff may be able to provide food, if they are fully educated about avoiding specific food allergens.
- A policy about accepting foods from parents/guardians should be maintained (see *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition, Standard 4.2.0.10, Care for Children With Food Allergies).

Physical Environment and Other Considerations

- Include allergies in the educational curriculum. Make a game of allergic symptoms and body parts (eg, watery eyes, stuffy nose, skin rash). Learning about allergies can also be an opportunity to see the ways that our bodies interact with the world (eg, touching, smelling, tasting).
- Post lists of the children's allergies in a place that staff, volunteers, and visitors to the classroom can see. Consider using a special place mat for any child with food allergies that clearly indicates foods to be avoided. Safety concerns outweigh privacy in early education and care facilities, where children are unlikely to know to refuse food that is dangerous for them. A photo of the child and a list of allergens that put that child at risk should be posted where food is prepared and served in early education and care facilities.
- Ask parents/guardians to be specific about their child's allergy. People tend to use the term *allergy* loosely. Find out which allergies are serious and which ones cause minor problems.
- Allergies can change over time. Ask parents/guardians to keep their child's Care Plan updated with respect to allergies.
- Store-bought or commercial products are acceptable if the package list of ingredients is provided. Parents/guardians of children with food allergies are usually very willing to take time to read these ingredients, to ensure the safety of their children.

- Regarding transportation, emergency allergy medications should always be available on buses and other forms of transportation.

What should be considered an emergency?

- Early symptoms of anaphylaxis can include hoarse voice, sore throat, and a feeling of the throat closing or tingling. Other common symptoms include skin or mouth swelling, a feeling of panic, and stomach cramps or vomiting. Difficulty breathing and wheezing are serious symptoms as well. The child may be pale or dizzy.
- If symptoms of anaphylaxis are present, call EMS (911) immediately. Inject epinephrine if available, and keep the child relaxed and in the position of greatest comfort.
- If symptoms do not improve after 10 minutes or if symptoms return, a second dose of epinephrine can be given if EMS first responders have not yet arrived.
- Be prepared to start CPR if the child stops breathing.
- If the child has a symptom about which you are unsure, call the parents/guardians immediately and prepare to give injectable epinephrine if necessary.
- Parents/guardians should be notified of any possible exposure to an allergen, even if a reaction did not occur.

What are some related Quick Reference Sheets?

- Allergic Skin Conditions (page 67)
- Anaphylaxis (page 71)
- Asthma (page 75)
- Eczema (Atopic Dermatitis) (page 117)

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What are some resources?

- American Academy of Allergy, Asthma and Immunology: www.aaaai.org, 414/272-6071
- American Academy of Pediatrics: <https://shop.aap.org>, 1-866-843-2271—*Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition (book), <http://cfoc.nrckids.org/CFOC>
 - Standard 4.2.0.9, Written Menus and Introduction of New Foods
 - Standard 4.2.0.10, Care for Children With Food Allergies
- Centers for Disease Control and Prevention: www.cdc.gov, 1-800-CDC-INFO (1-800-232-4636)
 - “Food Allergies in Schools” (Web page), www.cdc.gov/healthyschools/foodallergies/index.htm
 - “Managing Chronic Health Conditions in Schools” (Web page), www.cdc.gov/healthyschools/chronicconditions.htm
 - *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* (guidelines), www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf
- Emergency Information Form for Children With Special Needs (page 231) in Chapter 12
- Food Allergy Research and Education: www.foodallergy.org, 1-800-929-4040

