Managing Food Allergies

A Guide for Schools
Food Allergies are Serious!

- 35-50% of allergic reactions that progress to anaphylaxis are the result of food allergens
- 60% of those cases were caused by nuts (peanuts & tree nuts)
- 16-18% of children with food allergies have had an allergic reaction in school
- 25% of all anaphylaxis cases in schools occurred in children with no known food allergies

(CDC, 2016)
What is a Food Allergy?

- A bad reaction (from a specific immune response) that occurs when exposed to a type of food
- In people with food allergies, the body mistakenly responds to food as if it were harmful
- Allergies to food can cause responses that range from mild to severe and life-threatening

(CDC, 2016)
In the United States, the following eight foods or food groups cause 90% of serious allergic reactions:

1. Milk
2. Eggs
3. Seafood
4. Shellfish
5. Wheat
6. Soy
7. Peanuts

(CDC, 2016)
Signs & Symptoms of Allergies

- Red watery eyes or swollen lips, tongue, or eyes
- Itchiness, flushed skin, rash, or hives
- Nausea, pain, cramping, vomiting, diarrhea, or heartburn
- Nasal congestion, sneezing, trouble swallowing, dry cough
- Numbness around mouth
- Deep cough, wheezing, shortness of breath or difficulty breathing, or chest tightness
- Pale or bluish skin color, weak pulse, dizziness or fainting
- Confusion or shock, low blood pressure, or fainting
- Sensing “impending doom,” irritability, change in alertness, or mood changes

(CDC, 2016)
Food Allergies & Children

- Signs & symptoms can start within a few minutes or up to 1-2 hours after exposure to an allergen.

- Children may not be able to describe their symptoms clearly because of their age or developmental challenges.

- It is hard to predict how severe the reactions to food allergies because they depend on the child’s health history and:
  - How sensitive they are to the food
  - The type and amount of exposure to the food

(CDC, 2016)
What Children Might Say

- “It feels like something is poking my tongue”
- “My tongue (or mouth) is tingling (or burning)”
- “My tongue (or mouth) itches”
- “My tongue feels like there is hair on it”
- “It feels like a bump on the back of my tongue (or throat)”
- “It feels like there’s something stuck in my throat”
- “My tongue feels full (or heavy)”
- “My lips feel tight”
- “It feels like there are bugs in my ears (for itchy ears)”
- “My mouth feels funny”

(CDC, 2016)
Be Ready for Emergencies

- Be alert and ready to respond to food allergies when they happen

- If children eat the food, it usually causes a more severe reaction than inhaling it or having it on their skin

- Children with asthma are at a higher risk of having a severe allergic reaction and of entering anaphylactic shock

- Mild or moderate symptoms (itching, sneezing, hives, or rashes) are often treated with antihistamines, steroids, and/or asthma inhalers
What is Anaphylaxis?

- A severe allergic reaction that is happens quickly and may cause death
- Usually occurs within minutes after exposure
- IMMEDIATE MEDICAL INTERVENTION REQUIRED

(Mayo Clinic, 2016)
Recognize Anaphylaxis

- Skin reactions, including hives along with itching
- Flushed or pale skin usually happens
- A warm or hot sensation
- A weak & rapid pulse
- Sensing a lump in the throat

- Narrowing of the airways and a swollen tongue or throat can cause wheezing or trouble breathing
- Nausea, vomiting or diarrhea
- Dizziness or fainting

(Mayo Clinic, 2016)
Treat Anaphylaxis

- The first thing to do is **Give Epinephrine** (EpiPen)

- Early use of epinephrine for anaphylaxis improves a person’s chance of survival and quick recovery
  - Rapidly improves breathing
  - Improves heart rate
  - Reduces swelling of the face, lips, and throat

- Once administered, call 911 even if symptoms have resolved
  - Up to 20% of anaphylactic reactions return within 4-8 hours (CDC, 2016)
How to Administer an EpiPen

Lay the person flat to ensure safety!

After steps 1 - 4 are complete call 911!

(NPS MedicineWise, 2016)
If an allergic reaction or anaphylaxis occurs:

- Call the school nurse at ______ OR call the __________ at ________
- Refer to the health form that is filed in the classroom, lunchroom, and/or health office
- For SEVERE symptoms - **Give epinephrine if you have been trained**
- If students have medications in the school office for this reason, and you are allowed to give them, **USE THEM**
Helping students manage food allergies takes a team effort with school staff, parents, and emergency health services.

Parents are an important resource for health questions.

The school nurse is available for questions, training, and resources.

Know your school’s Emergency Treatment Plan and health policies. If you are a substitute teacher, read the Emergency Plans at the start of the day.
• Review with students the signs & symptoms of allergic reactions

• Stress the importance for the child to voice any possible symptoms

• Reassure students that you will help with their allergy care & treatment
What Teachers Can Do

- Ask parents to provide a list of foods and ingredients their child must avoid.
- Keep information readily available about each food-allergic student in your class (This is helpful for substitutes & adjunct staff).
- Make sure the child eats in a Safe Zone - such as a Peanut Free Table.
- Discourage students from trading food.
- Post allergy safe signs outside of the classroom door & near the snack cupboard.
- Send out a letter to parents explaining allergies and listing approved snacks.
A food allergy is an adverse health reaction from a specific immune response that happens when exposed to a certain food.

Common food allergies include: milk, seafood, shellfish, peanuts, tree nuts, wheat, milk, and soy.

Common symptoms may include: itchiness, dry cough, swollen lips or tongue, rash, and shortness of breath.

Anaphylaxis is a severe allergic reaction that can result in death & requires immediate treatment with epinephrine.

After giving epinephrine - CALL 911 even if symptoms have resolved.


Adapted from a Powerpoint originally developed by Deziree Earney, RN Student October, 2016.