It’s Not Just Peanut Butter
Food Allergies in Early Childhood Education

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Manny

Manny’s favorite toy... cars
Manny’s favorite friend... Tyler
Manny’s favorite story... “Where the Wild Things Are”
Manny’s favorite color... orange
Manny’s last day... Dec. 21, 2009

Manny ate a cookie at school to celebrate Tyler’s birthday...
Life in a Early Childhood Program

The number of children diagnosed with food allergies is increasing everyday. This is becoming a severe issue and concern in our field.

Studies show that food allergies are most common in children under the age of five. Every year thousands of children in child care suffer severe allergic reactions that require medical help – some often fatal.
Background

- In 2010, 3.2 million children under the age of 15 were reported to have a food allergy.
- There has been an 18% increase in prevalence of food allergies in the past decade.
- Four in every 100 children has a food allergy.
- Food allergies in children are associated with chronic conditions, such as asthma and even learning disabilities.
- Children and young adults are at higher risk to suffer a fatal reaction.
Foods That Can Kill

Eight foods cause 90% of the allergic reactions in the USA today.

Milk, Wheat, Eggs, Soy, Peanuts, Fish, Tree Nuts, Shellfish
Anaphylaxis

A serious allergic reaction that is rapid in onset and may cause death.

- Shellfish
- Latex
- Medicine
- Insect bites
A food allergy is an abnormal response by the immune system to a food protein.

When food is eaten, the immune system releases histamine and other chemicals to “attack” the food/body.
More Facts...

Symptoms may occur within minutes to two hours after ingestion/exposure.

Almost any food can cause a reaction.

There is not cure for food allergy.

Complete and strict avoidance is the only way to prevent a reaction.
The worst ones are...

**Foods** that cause the majority of severe or anaphylactic reactions:

- Peanuts
- Shellfish
- Tree Nuts
- Fish
Who Am I? Why Am I doing this workshop?

I am not defined by what I can’t do, but what I can!
Allergic Girl...

Food and Environmental triggers for me.
What Does It Mean To Have a Food Allergy?

Strict avoidance of that food
Constant vigilance
Just one little bite can kill you!
Symptoms of a mild food allergic reaction

Respiratory tract:
Itchy, watery eyes, runny or stuffy nose, sneezing, cough, itching or swelling of lips, wheezing

GI Track:
Abdominal cramps, nausea, vomiting, diarrhea

Skin:
Hives, eczema, itchy red rash, swelling

Symptoms sometimes progress rapidly to serve
Symptoms of a Serve Food – Allergic Reaction

Respiratory:
Shortness of breath, difficulty swallowing, chest tightness, tingling of the mouth
Itching or swelling of the mouth, tongue or throat, change in voice

Cardiovascular:
Drop in blood pressure, dizziness, loss of consciousness, fainting, shock
Causes of Accidental Exposure

Not reading ingredient label to be sure food is allergen-free

Food trading/sharing/eating off someone else’s plate

Inaccurate labeling

Contamination from other foods from improperly cleaned utensils and table surfaces (salt and pepper shakers/water glasses/menus)
THERE IS NO WAY TO KNOW HOW SERIOUS A REACTION WILL BECOME.

IT IS IMPORTANT TO TREAT ALL REACTIONS QUICKLY.
Food Allergy Facts for Children

The same food can cause different symptoms from one child to another.

The same food can cause different symptoms with each exposure.

Not all children have severe reactions to food.

Some mild reactions may become severe over time.

A food allergy management plan is needed for all children in your program.

With a food allergy and may include the need for an EpiPen.
What Schools/ECE Programs Can Do.

Discuss “allowed” foods with the parents of the child.

Form a food allergy awareness team.

Allow the allergic child to provide his/her own snacks and food.

Allow ONLY commercially prepared food with pre-printed ingredient statements. NO home baked goods should be served.
More...

Wipe all surfaces thoroughly between uses.

Implement a “no trading or sharing” rule.

Use books, music and other non-food related items for celebrations.

Have parents provide stickers or other treats instead of candy in goodie bags.

Eliminate food items in classroom lesson plans.
“If you can control the controllable, you can cope with the uncontrollable”
Governing Laws

- Rehabilitation Act of 1973
- Individuals with Disabilities Education Act (IDEA)
- American with Disabilities Act
- ADA Act Amendments of 2008

- Food allergies ARE a disability and accommodations must be made!
Definition of a Disability
A physical or mental impairment that substantially limits one or more major life activities.

“... caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function.”
Food is EVERYWHERE in ECE programs

- School Bus
- Parties
- Playground
- Classroom

Rewards, Incentives, Pet Food
Solutions...

What do you do in your programs?

How does the child feel?
Plan Menus

1. Follow the physician's written order for foods to avoid or substitute.
2. Substitute foods already served or purchased when possible.
3. Substitutions don’t have to be one-for-one. Example: pizza for pizza.
What you can’t see can hurt someone!

Cheeseburgers on buns with ketchup
Granola Bar
Salad with croutons and dressing
Chocolate brownie

What’s in there???
### Food Allergy Labels and Awareness

#### Nutrition Facts

<table>
<thead>
<tr>
<th>Amount/Serving</th>
<th>%DV*</th>
<th>Amount/Serving</th>
<th>%DV*</th>
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<tr>
<td>Total Fat 0g</td>
<td>0%</td>
<td>Total Carb. 1g</td>
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<td>0%</td>
<td>Fiber 0g</td>
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<td>Cholest. 0mg</td>
<td>0%</td>
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<tr>
<td>Sodium 1260mg</td>
<td>53%</td>
<td>Protein 1g</td>
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*Percent Daily Values (%DV) are based on a 2,000 calorie diet.

Not a significant source of vitamin A, vitamin C, calcium and iron.

**Ingredients:** Water, Salt, Hydrolyzed Soy Protein, Caramel Color, Potassium Sorbate (preservative). **Contains:** Soy

**See Inside Label For Recipes**
Creating a Plan for Managing an Allergic Reaction.

Do you have the answers...
1. Where should a child be taken – to the directors office?
2. Who should accompany the child? Is there a system so that a teacher can deal with an emergency and not leave either the ill child or the other children alone?
3. What should be done if the child is in the lunchroom? Classroom? Yard?
4. Where are the Food Allergy Action Plans kept?
5. Is it okay to post “Allergic” signs in the classroom?
6. Who should know if a child has a severe food allergy?
7. Where are medications kept? The Epi-pen?
8. Who gives the medication?
9. Who will call 911?
10. Which entrance should the emergency vehicle use?
11. Who meets the 911 team when they arrive?
12. Who will call the parents?
13. Who gets called first? 911 or parents?
14. Who will stay with the child at all times until emergency help arrives?
15. Is everyone on staff trained to use an Epi-pen, give CPR, know what to do?
Minutes to Hours
* Some reactions occur only a few seconds after the food is injected.
• Some reactions may occur hours afterwards or if the child touches left over food/traces from lunch.
• Some reaction occur due to cross-contact and you may never know why they began!
  • DON’T DELAY in reacting quickly.
Summary of Plan

- Create a plan for managing allergic reactions
- Learn to recognize the symptoms of an allergic reaction
- Review Action Plan regularly
- Repeat the training of entire staff often
- Educate new personnel as part of their orientation procedures
- Your quick action can make a difference in how quickly a reaction is under control and can minimize the distress to a child.
- After an allergic reaction, review what caused it and change your avoidance strategies as needed.
- Check medications regularly for expiration dates.
- Meet with parents often to update your allergy information and medications.
- Remain calm and take care of the child
“MANAGING FOOD ALLEGIES IN SCHOOLS REQUIRES TEAMWORK BETWEEN THE SCHOOL, PARENTS, AND CHILD”
Food Allergy Action Plan

It Takes a Village... to keep a child alive.

Use a FAAP for all children and adults

QUESTIONS???
Key Resources

- Food Allergy and Anaphylaxis Network (FAAN)  [www.foodallergy.org](http://www.foodallergy.org)
- School Nutrition Association  [www.schoolnutrition.org/foodallergy](http://www.schoolnutrition.org/foodallergy)
- Food and Drug Administration  [www.fda.gov/food/labeling](http://www.fda.gov/food/labeling)
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