

Preparing Your Food-Allergic Child for the Fall

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Objectives

- Review back to school basics regarding food allergy.
- Review individual health care plans, 504 plans.
- Review how to keep safe this fall.

Back to School

- Nearly every school in the nation is affected by food allergy.
- Nearly 6 million children in the U.S. –or roughly 2 in every classroom – have a food allergy (1).
- In children under 18, the prevalence has increased from 3.4% in 1997–1999 to 5.1% in 2009–2011.
- Up to 18% of reactions happen at school.
- School policies to manage food allergies are essential:
 - How to handle emergencies
 - Avoiding exposure to known food allergens
- School staff, physicians, and families should all work together.
- Anxiety provoking for all involved!

1. www.foodallergy.org

2. www.cdc.gov

Delay of epinephrine = poor outcome

- A 1992 *New England Journal of Medicine* article, titled “Fatal and Near-Fatal Anaphylactic Reactions to Food in Children and Adolescents” found that four of the six deaths from food allergy reviewed occurred in school, and were associated with significant delays in treating the reactions with epinephrine.
- The six patients who died had symptoms within 3 to 30 minutes of the ingestion of the allergen, but only two received epinephrine in the first hour.
 - Since then there have been many tragedies due to food allergy and most were due to delay in epinephrine administration.
- Other studies have found:
 - inadequate food allergy management plans
 - inadequate recognition of allergic symptoms and treatment with epinephrine.

Recent death in California

- Weighs heavily on all of us
- 13 year old girl with peanut allergy, at family camp in Sacramento. Ate Rice Krispie treat and immediately spit it out. Told her parents and received Benadryl and seemed OK. 20 minutes later, started to have vomiting and difficulty breathing. Her father gave her 3 injections of epinephrine-not enough to save her.
- Parents did everything right, according to treatment plan.
- When in doubt, give epinephrine. When food has known allergen, give epinephrine.

How do we keep our kids safe at school?

Initiate conversation

- Start with a conversation (with your child's teacher, the school principal, the school nurse, etc.).
- If permissible, consider a presentation to your child's class.
 - Discuss what food your child cannot eat.
 - Demonstrate EpiPen/Auvi-Q use.
 - Have your child (if age appropriate) answer questions.

Training Programs for School Staff

- **Safe@School**
 - FARE's program provides resources for administrators to conduct in-service training about food allergies and anaphylaxis.
 - Includes a CD to make a presentation about food allergies at child care facilities
 - Available for purchase -(800) 929-4040.
- **How to CARE for Students with Food Allergies: What Educators Should Know**
 - Free online interactive course teaches educators how to prepare for food allergy and anaphylaxis.
 - Designed for US school personnel – administrators, nurses, teachers, and other staff.

Action Plan

- Food Allergy and Anaphylaxis Emergency Action Plan
 - EVERY student with food allergies needs one.
 - This addresses recommended treatment in case of an allergic reaction, and is signed by the parent and student's physician.
 - Should have a new one EVERY year-visit your allergist
 - Once your child is ≥ 60 lbs., s/he will need an EpiPen/Auvi-Q 0.3 mg, instead of "JUNIOR" 0.15 mg
 - Your physician will need an updated weight to fill out the form.
 - This is a good time to discuss accidental ingestions over the course of the year and potentially retest (skin testing and/or IgE, depending on the history).

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

PLACE
STUDENT'S
PICTURE
HERE

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING

SEVERE SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.

			
LUNG	HEART	THROAT	MOUTH
Short of breath, wheezing, repetitive cough	Pale, blue, faint, weak pulse, dizzy	Tight, hoarse, trouble breathing/ swallowing	Significant swelling of the tongue and/or lips
			OR A COMBINATION of mild or severe symptoms from different body areas.
SKIN	GUT	OTHER	
Many hives over body, widespread redness	Repetitive vomiting or severe diarrhea	Feeling something bad is about to happen, anxiety, confusion	

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. **Use Epinephrine.**

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- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Request ambulance with epinephrine.
 - Consider giving additional medications (following or with the epinephrine):
 - » Antihistamine
 - » Inhaler (bronchodilator) if asthma
 - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport student to ER even if symptoms resolve. Student should

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

	
NOSE	MOUTH
Itchy/runny nose, sneezing	Itchy mouth
	
SKIN	GUT
A few hives, mild itch	Mild nausea/discomfort

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- 1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

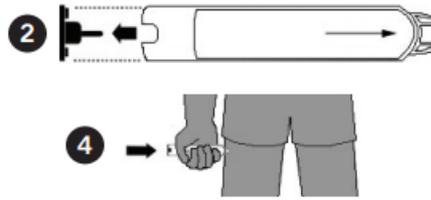
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

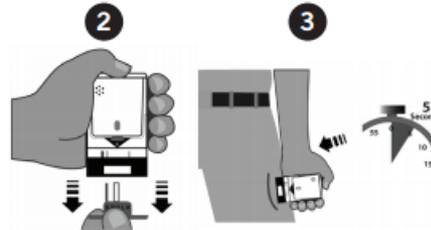
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
 DOCTOR: _____ PHONE: _____
 PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____
 PHONE: _____
 NAME/RELATIONSHIP: _____
 PHONE: _____

Resources for Developing a School Policy

- **School Food Allergy Program**
 - FARE's multimedia educational resource that includes their Safe@School[®] training presentation component.
 - Essential tool for schools initiating food allergy management policies.
 - The School Food Allergy Program is available for purchase from FARE.

What is a 504 Plan?

- Section 504 is part of the Rehabilitation Act of 1973 that was designed to protect the rights of individuals with physical or mental impairments in programs that receive federal assistance.
 - Includes private or public schools that receive federal funding.
- A great way to facilitate discussion and make sure school staff understands your child's food allergy.
- Examples of accommodations include:
 - Allergens are restricted from the classroom.
 - School staff must know how to recognize and treat a severe allergic reaction.
 - Food is not used for incentives.
 - Birthdays are celebrated with non-edible treats.
 - Hand-washing after meals, snacks

504 Plan

- If a student has a health or mental health impairment that is considered a disability and needs aids or services, then the child should be evaluated for a 504 plan.
- According to the USDA, “when in the licensed physician’s assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the child’s condition would meet the definition of ‘disability’.”

Why 504 Plans are effective

- The 504 Plan is a legal document.
 - If the school is not cooperative, the 504 Plan is an enforceable way to make sure your child's needs are being met.
- Even if the school is cooperative, a formal document is a good way to set expectations for ALL staff (teachers (snack, activity protocol), nurses (where is epinephrine stored), cafeteria staff (where will child sit)).
- Can cover topics not addressed in informal conversations, such as field trips, parties, etc.

Do all food-allergic children get a 504?

- It is completely optional.
- It is YOUR choice.
- Not all children may be approved, however.
- May be more appropriate for children with unusual food allergies or multiple food allergies.
- Also consider for those who may not be able to appropriately advocate for themselves.
 - Kindergartener with multiple food allergies

Americans with Disabilities Act

- The Americans with Disabilities Act (ADA) extends the protection provided by 504 to private schools and private child care centers.
- Children with food allergies have received protection under ADA.
 - A private child care facility was ordered to enroll children with food allergies, and to take appropriate steps to assure that the facility was prepared to recognize and appropriately respond to an allergic reaction.
- In some instances, private religious schools are exempt from the ADA.

For school meals/cafeteria staff

- **Know what to avoid and substitute.**
 - Parents should provide a list of all allergens.
- **Read labels.**
 - ALL LABELS should be read EVERY TIME as ingredients can change.
 - NEVER assume that the allergen “doesn’t belong” in a specific item (nuts in fruit smoothies, nut extracts in Starbucks drinks, legumes or beans in pizza).
- **Prepare the kitchen.**
 - There should be a designated area where allergy-free meals can be prepared.
- **Identify the student.**
 - Can be coded with lunch tickets or name badges
- **Develop cleaning procedures.**
 - HAND WASHING-Soap and water-most effective
 - (Wet One[®] wipes and Tidy Tykes[®] wipes ok too
 - Hand sanitizer NOT OK
 - TABLE WASHING –use wipes, all purpose table cleaner.
- **There is NEVER a guarantee.**
 - Food allergy tables and precautions are never a guarantee for safety but do help!
 - Your child MUST understand and have the confidence to never share food without being 100% certain about the ingredients.

Bullying – a new reality

- Communication
 - Parents should talk with their children openly and have them report any issues.
 - Make sure your child knows to report bullying to staff.
- Recognizing signs
 - Avoiding school
 - Physical signs: unexplained injuries, torn clothes
 - Physical complaints: headaches, stomach aches, “not feeling well”
 - Emotional changes: loss of interest in school, behavioral outbursts, sadness
- Reassurance
 - Be calm and reassure your child that you will help.
 - Talk to the school personnel.
 - Buddy System
 - Encourage kids to stick together with trusted friends during high-risk situations. (lunch)
- www.foodallergy.org/its-not-a-joke.
- TEEN RESOURCES: available on FARE and facebook
 - TEEN SUMMIT: Nov 13 in DC - <http://www.foodallergy.org/teensummit>

How do we keep our kids safe at
social events?

School Parties

- Help to plan your school's Halloween party.
- Consider attending the party to monitor the situation.
- Provide safe treats or special toys for your children in advance.
- Suggest non-food related activities to your child's teacher.

Birthday parties- for your child

- Make allergy-safe treats with your child for sharing.
- Reserve special food treats for your child that come out *only* for parties.
- Emphasize the *activities*, not the food: crafts, games and fun!
- Use non-food treats when possible, such as stickers or trinkets.
- If family or friends offer to bring food to be served, make them aware of your child's allergy.
 - If they cannot accommodate, then decline their contributions and ask that they bring other items- decorations, paper plates, prizes, etc.

Birthday Parties – when your child is the guest

- Suggest foods to serve and items to stay away from completely.
- Ask if you can stay at the party.
- Keep items separate from each other, when possible, to avoid cross contamination.
- Drop off a “safe” treat/goody bag ahead of time.
- BRING the EpiPen/Auvi-Q and have the parents practice with the trainer.
- Ask the parents to hold onto the ingredient labels.

Halloween

- Prepare a container filled with safe treats in advance, and swap those for the treats collected.
- Don't let young children touch or carry allergenic candy.
- Carry your EpiPen or Auvi-Q while trick or treating.
- Give neighbors safe Halloween treats in advance to hand out to your child.
- Trade the collected candy for cash or a toy.
- Some safe treats :
 - Books, pencils, stencils or stickers
 - Play dough, stuffed toys, bubbles
 - If permissible, donate leftover candy to children who may not be able to go out and trick or treat.

Keeping Halloween Fun

- Instead of trick or treating, consider doing something else fun that night!
 - Go to the movies or rent scary movies at home.
 - For younger kids, try *Pooh's Heffalump Halloween* movie.
 - Have a slumber party.
 - Host a Halloween party and offer only safe treats.

Halloween party games

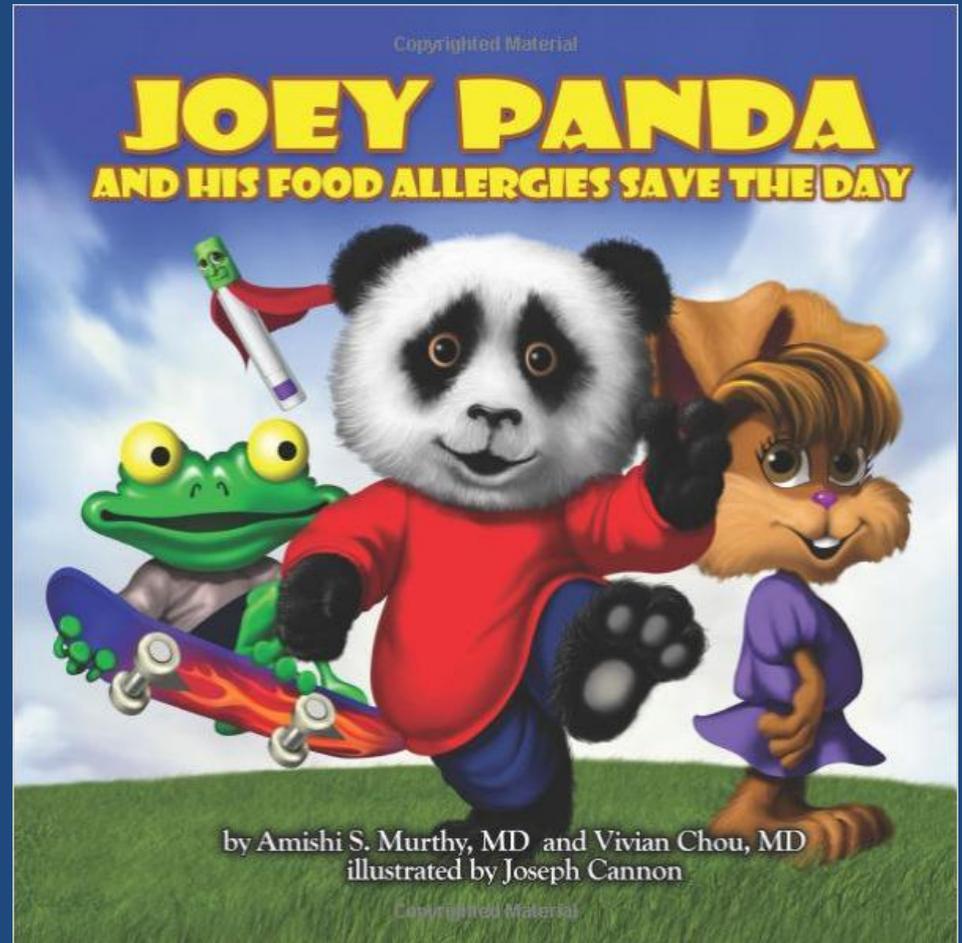
- Halloween Feel Box- put slimy, gross and creepy things inside
- Costume Relay Race- see who can get dressed the fastest
- Pumpkin painting contest
- Pin the Stem on the Pumpkin Game
- Mummy contest-wrap each other in toilet paper

Empowering the youngest child

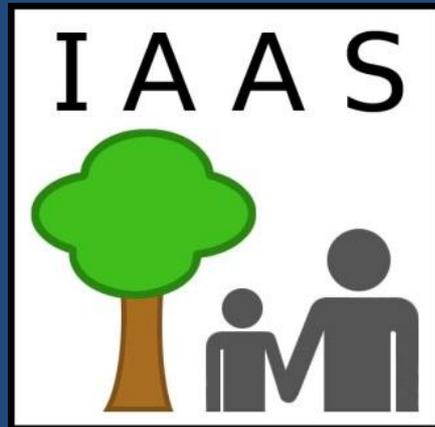
As allergists, we are concerned about the increased risk factors for fatality among children with food allergies:

- lack of epinephrine on hand
- having a peanut allergy
- being a teenager
- having asthma

Our hope is that by educating children at a young age, we can empower them with the self-confidence and knowledge to always carry epinephrine and to always ask about allergens in food, and perhaps prevent fatal outcomes from food allergy.



Thank you!



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