GENERAL FOOD ALLERGY AWARENESS

Estimated to affect 1 in every 13 children under the age of 18.¹²

- Food allergy increased 50% among children age 0–17 years from 1997 through 2011³,⁷
- 30% of children with food allergies also have asthma which increases risk of anaphylaxis
- 17% to 27% of kids experience anaphylaxis for the first time at school.

THERE IS NO CURE! Strict avoidance is key.

**Food Allergy**
- Immune system response
- Antibodies are created to certain food(s)
- Symptoms severe and life-threatening
- Symptoms: see potential signs & symptoms table

**Food Intolerance**
- No immune system response
- Lack certain digestive enzyme (i.e., lactose intolerance)
- Symptoms normally non life-threatening
- Potential symptoms: gas, bloating, abdominal pain, headaches

8 foods account for 90% of all reactions (note: any food can cause an allergic reaction)⁴,⁵,⁶:

- Milk
- Soy
- Eggs
- Wheat
- Peanuts
- Fish
- Tree Nuts
- Shellfish

What is anaphylaxis (pronounced ana-fil-axis)?

This is an allergic EMERGENCY. It is a rapid, severe allergic reaction that occurs when a person is exposed to an allergen (an allergy-causing substance). When the allergen enters the bloodstream, the body releases chemicals to "protect" itself from the allergen. This is an adverse immunologic response to food protein. These chemicals can cause dangerous symptoms including breathing difficulty, swelling, dizziness, low blood pressure, shock, and even death.

Potential signs and symptoms of an allergic reaction

**Mouth**: Itchy, swelling of tongue and/or lips
**Throat**: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing
**Skin**: Itchy, hives, redness, swelling, red watery eyes
**Gut**: Nausea, vomiting, cramps, diarrhea
**Lung**: Short of breath, wheeze, repetitive cough

**Heart**: Pale or blue skin color, dizzy/faint, weak pulse
**Neurological**: Sense of “impending doom,” irritability, change in alertness, mood change, confusion
**Other**: Itchy, red, watery eyes

Be aware there are other allergens such as insect venom, medication, and latex that can cause anaphylactic reactions. Please see the FAME manual for additional details.
GENERAL GUIDELINES ON MANAGING LIFE-THREATENING FOOD ALLERGIES (LTFA) IN THE SCHOOL SETTING

• The recommendation is that every school with a child at risk for anaphylaxis has a full time registered professional nurse on staff, responsible for the development of the Individual Healthcare Plan (IHP), or Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).

• Every child at risk for anaphylaxis will have one or more of the following: Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP), an Individual Health Plan (IHP) and/or a 504 plan to include a specific classroom plan

• The school will contact local Emergency Medical Service (EMS) to inform them that a student with life-threatening allergy is enrolled (note: not all ambulances carry epinephrine)

• Staff will be trained on food allergy prevalence, symptoms and reaction prevention at least annually and as needed. Drills should also be practiced

• All necessary staff should be trained in epinephrine auto-injector administration

• All necessary staff should be aware of epinephrine auto-injector location (unlocked)

• Develop an emergency shelter-in-place (disaster) plan

Best Practice

• Read food labels every time

• No food sharing or trading

• Practice good hand washing before and after eating (note: hand sanitizer does not remove the food—soap/water and/or hand wipes are okay)

• Prevent cross-contact of foods, utensils, classroom surfaces, etc.

• Clean and disinfect all surfaces

• Substitute food items in classroom lesson plans and special events


