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communicating with parents about food allergies

by Belinda Cohen

About 3 million children in the United States have food allergies. Each year violent reactions to food kill almost 150 people. For teachers dealing with the food allergies of young children these can be frightening statistics. How do we keep our students safe? We must familiarize ourselves with food allergy facts so we can communicate openly and often with parents.

What every teacher needs to know about food allergies

Eight foods cause 90% of all allergic reactions to food. The only way to steer clear of a reaction is 100% avoidance of the offending food.

Soy — Found in tofu and Asian dishes. Unexpected sources include hamburgers at fast food restaurants, baked goods (soy flour), and canned tuna.

Gluten — Found in wheat, rye, oats, and barley. Unexpected sources include gravies, Asian dishes, and hot dogs.

Peanuts — Found in baked goods, candies, and trail mixes. This allergen is potentially deadly which makes cross-contamination a concern. Unexpected sources can include jelly, as most

families make peanut butter and jelly sandwiches: utensils dipped in peanut butter can be used again in jelly causing it to become contaminated.

Tree nuts — Found in brownies, cakes, and trail mixes. Tree nuts include any nut that isn't a peanut, like cashews and almonds. Fewer children are allergic to tree nuts than peanuts.

Milk — Found in cheeses, baked goods, and breaded items. Read labels carefully because milk can show up almost anywhere.

Eggs — Found in baked goods, and like milk, can show up unexpectedly in almost any recipe.

Fish/shellfish — Like peanuts, this allergen is potentially deadly. Avoid seafood restaurants where proteins can become airborne during cooking, making it possible for a severely allergic person to ingest the allergen by breathing it in.

What does a reaction look like?

While every reaction is different, most reactions to food are more bothersome

than dangerous. Symptoms of a mild reaction include:

- itching, tingling, or mild swelling around the mouth
- rash
- nausea, cramping, and diarrhea
- hacking cough or hoarseness in the voice

Young children have a limited vocabulary to describe a distressing allergic reaction. Often kids will tell you the food tastes funny, it's burning their mouths, or it's too spicy. They mistake swelling for an object or bump in their mouths or throats. Children may describe an itchy sensation as feeling like bugs crawling in their mouths, ears, or throat. Don't be too quick to chuckle at an overactive imagination if you hear descriptions like these. If they're having an allergic reaction to something they've eaten, it could turn serious very quickly.



Belinda Cohen is a freelance writer and former teacher whose son was diagnosed with peanut allergies in 1998.

On the other hand, a few food allergies like peanuts and shellfish can cause a severe, life-threatening reaction called *anaphylaxis*. This is an acute, whole-body reaction to the food. Symptoms of a severe reaction include:

- respiratory distress: wheezing, rasping, struggling to breathe
- drop in blood pressure: lightheaded, dizzy, confused
- severe hives: red, itchy, circular rash that comes and goes on different parts of the body
- itching: especially in the throat or mouth area
- vomiting
- swollen lips, face, and throat

Avoiding a reaction by being prepared

Most parents are aware of the dangers their food-allergic children face and are eager to work out an action plan. Heather Woodward, whose eight-year-old son Cullin suffers from a severe egg allergy tells us, "I design emergency procedures and an individual health plan with details of how to keep Cullen safe in case there is an incident."

When your facility cares for young children, parents may be unaware that a food allergy lurks in their child's future. And when the initial diagnosis is made, parents may feel overwhelmed or confused. Sometimes it's up to the provider to set an action plan in place.

Teacher training

Teacher training is one of the best ways to prevent a reaction. Both the

American Academy of Allergy, Asthma, and Immunology and the American Academy of Pediatrics recommend an in-service program offered by the Food Allergy and Anaphylaxis Network. FAAN provides video demonstrations, a binder, and hands-on training with an injection device known as EpiPen®. In addition to training, make sure teachers review information on children's medical release forms about food allergies. And consider asking about a family history of allergies on the new student enrollment forms. Pediatricians recommend delaying specific foods for children with a family history of food allergies. Knowing this information can prevent potential problems as new foods are introduced.

Getting everyone involved

Action plans can become quite complicated. It's important to keep the information easy to understand and accessible to everyone involved in the child's care. Woodward explains, "I give each teacher a picture of my son with a description of symptoms and treatments." While each child and reaction is different, all will require some kind of action plan.

Sharing information

Make a list of everyone who will have contact with the child during the day. This may include music teacher, fitness teacher, bus drivers, and cafeteria staff.

Make sure everyone who has contact with the child can identify the child, the allergy, and what to do in case of emergency. Some directors have a meeting early in the year to discuss information, while others compile and distribute information folders. Send out a note alerting all parents of enrolled children to a serious food allergy in the class. Request that all

families avoid sending food that could cause a reaction.

Talk to parents to make sure they're comfortable sharing information and pictures. Explain how making the issue public will keep their child safe.

Storing the emergency kit

It's important for everyone to know your school's policy on how medicine is stored. If it's in a locked cabinet, make sure everyone knows where the key is kept in case of emergency. Woodward believes, "All students with food allergies should have their emergency medicine in the classroom." This isn't always possible in every school, so communicate openly with parents about the safest way to store medicines.

Planning for the field trip

Any time teachers leave the building with children you need to plan for accidents. This is especially true if you have students with food allergies. Plan any snacks or meals in advance and talk to parents about alternatives if necessary.

Invite the parent to accompany the class on field trips, if possible, so they can have all necessary supplies with them. If not, have the emergency kit with the teacher in charge.

A brightly colored, clearly marked bag or a small cooler are two ideas for transporting emergency medications.

Cleaning and sanitation

After snacks, lunch, or parties where food is part of the celebration, be sure staff carefully wipes down the area with warm, soapy water to avoid cross contamination.

Woodward says, "I provide wipes for kids to use to wash up quickly after lunch." Simple steps like this can make the difference in avoiding accidental ingestion and cut down on germs in the classroom.

Conclusion

Having a student in the class with a serious food allergy requires extra compassion and communication. I asked Heather Woodward what she wishes every teacher knew about kids with food allergies. Realizing the extra burden it places on teachers, she said:

"It's crucial for teachers to realize the emotional impact that food allergies have on kids. It's never fun to be the kid who can't have the cupcake for someone's birthday. Make an effort to include these children with any planned food activity. When it's not possible, please handle the differences with kindness and consideration."

Resources

Center for Disease Control and Prevention. (2007). *Healthy youth*. [Online] Available: www.cdc.gov/HealthyYouth/foodallergies/ (Accessed March 6, 2008).

Food Allergy and Anaphylaxis Network
11781 Lee Jackson Highway, Suite 160
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