FREQUENTLY ASKED

questions about food allergies

REFER TO THE BOOKLET *DEALING WITH FOOD ALLERGY* AND THE VIDEO WHERE MOST QUESTIONS ARE COVERED.

Why can't the other children have peanut butter?

1 **CONTAMINATION OF SURFACES**

2 **TRACES LEFT ON HANDS** can cause contact reactions after hand-to-hand contact

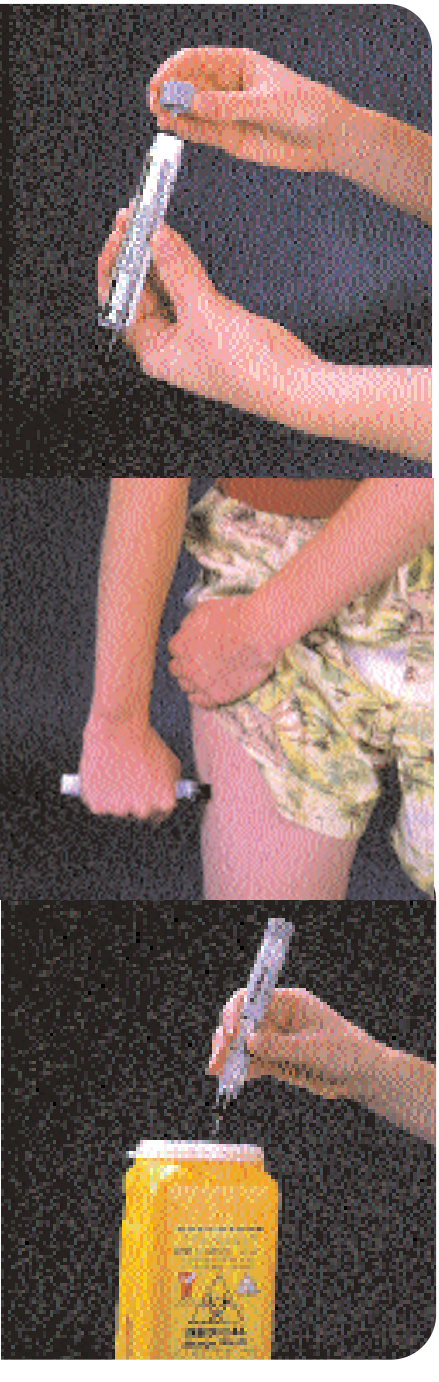
3 **CLOSE CONTACT DURING EATING WITH CHILDREN LAUGHING, SPITTING, SNEEZING OR COUGHING SPRAYING PEANUT PARTICLES.** Small particles coming in contact with the eyes can cause an allergy reaction

On wet days children may eat their sandwiches in the classroom. Changes in the weather are often associated with allergy symptoms as dormant dust allergy particles are whipped out of crevices by the winds. The moisture in the air enhances further reactions as allergy particles dissolve in the humid air allowing them to be inhaled. Even further injury can then be caused by close contact with children spreading the peanut particles in the room. Even if the child is out of the room at the time the residues potentially make the room an unsafe environment.

Children and adults with allergies often get panic attacks at even the slightest smell or other trace contact with offending food. Almost all adults who have a serious food allergy complain that they have a problem with these attacks when they go out even when there is no apparent evidence of a problem. Children may not articulate this very well and it may manifest as quiet behaviour, difficult behaviour or separation anxiety.

Even minor reactions can *boost* the immune response causing the next reaction to be worse.

frequently asked questions



What if I hit the bone when I give the EpiPen?

The middle of the outer thigh area of the leg where the EpiPen should be injected is the area with the biggest muscle in the body. This area is chosen because of this feature. Most women are pretty familiar with the chunkiness of this site.

What if I hit a blood vessel when I give the EpiPen?

The seriously important big blood vessels are on the inside of limbs and in the creases so they can be protected by our reflex actions.

What if the mechanism in the EpiPen does not activate?

1. Check that the grey cap has been removed
2. Check that a fist action is being used as in the diagram and that the thumb is not pressing on the end of the device
3. Check that enough pressure is being applied

Remember that the paramedic ambulance should be called if the decision to use the EpiPen has been made.

Will the EpiPen work?

The adrenaline will work but if it is left too late then the drug may not be strong enough to overcome the effect of the allergy reaction. In circumstances where it has not worked to reverse the reaction it was given late and the person was having a severe asthma attack

How long do I have after a reaction starts before I have to give the EpiPen?

EVERYONE ASKS THIS QUESTION.

REMEMBER THAT AN ANAPHYLACTIC REACTION IS A MEDICAL EMERGENCY.

An allergy reaction starts within minutes of contact. This is the nature of an allergy reaction. If the food allergy particles are on the surface of the food then after contact with the offending food, in all circumstances where the child can talk, they indicate straight away that they have discomfort in their mouth. If the peanut or nut particles are buried in the food the first sensation may be that they don't feel well.

At this point the reaction can progress rapidly or very little may be evident. When it comes to making a decision about when to use the EpiPen it is best to err on the side of caution.

There is often flushing of the face and the eyes and nose starts to water. The face may swell and look like the child has been in a boxing ring for several rounds.

The rash may spread over the body. The child may start to cough, the voice becomes husky as the larynx swells, the tongue may start to protrude as it swells or the breathing may become a little laboured. This can all progress within minutes.

For the child who says they don't feel well under NO circumstance should they be left alone even for a minute. If the child is pale and becoming agitated give the adrenaline and call an ambulance. Give a dose of antihistamine and a dose of prednisolone. If the child vomits repeat the doses.

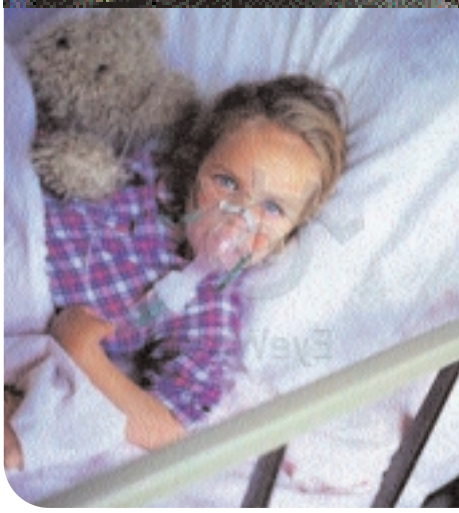
In some cases the reaction has 2 phases—an early phase that settles and then a late phase.

In late phase reactions the full force of our body defence mechanisms have been brought into the action. Late phase reactions are really dangerous as some seriously powerful chemicals are released as part of the body defence mechanisms.

The later phase reaction can be part of the a typical allergy reaction where the signals triggered by the first release of histamine and other inflammatory chemicals can then set in train a cascade of events in the body that don't show up for a few hours. This later reaction is likely to show as breathing difficulty as an asthma attack.

Alternatively the first part of the allergy that is caused by the brief contract with the mouth may settle and then the next phase starts as the food is being digested and absorbed. This type of reaction is particularly serious as it is likely that more than the tiny chip that it takes to trigger a severe reaction has been eaten.

Everyone puts off using the device unless there has been a recent reaction and they have confidence about the decision. Overall adrenaline is used in only 20% of circumstances where it should have been. Every year hundreds of children have severe food allergy reactions and unfortunately every year about 3 children with food allergy die in New South Wales. There may be more as the death may be attributed to severe asthma.



THE EPIPEN *I don't know if you want a caption here. Or do you want to talk more about the EpiPen in this space?*

ADVICE FOR schools about food allergies

WHEN CHILDREN WITH FOOD ALLERGY START SCHOOL VARIOUS CONCERNS ARE RAISED BY PARENTS—

1 **WILL THE SCHOOL BE ABLE TO WATCH MY CHILD AND WILL SOMEONE RECOGNIZE THAT HE/SHE IS HAVING AN ANAPHYLACTIC REACTION?**

2 **WILL SOMEONE ADMINISTER THE EPIPEN IN TIME TO SAVE MY CHILD IN THE UNLIKELY EVENT THAT THERE IS AN EMERGENCY?**

3 **WILL THE SCHOOL COOPERATE WITH AVOIDANCE STRATEGIES?**

At present each parent is negotiating an individual management plan with the school concerned. Although this type of plan has been satisfactory most of the time, it continues to be fraught with difficulties. During the past two decades there has been a worldwide increase in asthma and eczema in childhood and following this trend there has been a steady increase during the 1990's of children with peanut allergy. The affected children are now entering into the school system in increasing numbers. Because of the nature of a peanut allergy this increase means that the dietary lifestyle of the children in the associated community is also affected by the need to create a safe environment around the affected child.

The management goal for children with food allergy should be to ensure that the environment is safe so they can participate in school activities without the constant fear that they may come into contact with traces of peanuts.

In the school situation dealing with a new child with a food allergy makes yet another demand on teachers. They may have no prior experience with food reactions of any sort and they may be totally unaware that peanut and nut allergies can be so severe from contact with minuscule amounts of these foods. Teachers may accept the responsibility on the basis that they won't have to deal with a crisis themselves. Unfortunately this is not the case and teachers need to accept that they have a duty of care and that there is a responsibility to deal with an emergency and to ensure that the child is in a safe environment.

Addressing each of the relevant concerns can allay the parents' anxiety and make school a safe place for the child.

Will the school be able to watch my child?

School staff will need to:

Listen to the parents' concerns

Discuss the management policy that the school has in place for dealing with any emergency such as:

—**STAFF WITH FIRST AID TRAINING**

—**A NURSE ON SITE**

—**A DOCTOR FROM A NEARBY MEDICAL PRACTICE** who can drop everything and attend an emergency at the school.

Develop a new policy if after investigation the current plan is inadequate to deal with an anaphylactic reaction that can occur within minutes of contact.

Develop a system for identifying the child who is at risk of life-threatening allergies.

Develop a procedure to follow in the event that the child has symptoms that suggest:

—**THERE HAS BEEN CONTACT** with a something that could cause an allergy reaction

—**THERE ARE SIGNS AND SYMPTOMS** of an allergy reaction in the mild to moderate range (eg. tingling in the mouth, watery eyes, swollen lips or eyes, localized hives)

—**THERE IS A FULL-BLOWN ANAPHYLAXIS**

Know where the child's medication is kept and how it is used.

Allow the display of a laminated poster with a photograph, allergies, warning signs of an anaphylactic reaction and emergency contact numbers.

Allow display of material about first aid procedures in the event of an anaphylactic reaction.

Discuss with parents where allergy and emergency information about their child should be kept.

—**FOR YOUNGER CHILDREN AND THOSE WITH DISABILITIES** we recommend the classroom, the tuckshop and the teachers' staff room.

—**FOR OLDER CHILDREN** (third grade and above) this policy may need to be implemented more discreetly

Review the management policy for dealing with emergencies at the start of each term and before school excursions.

Implement avoidance measures based on medical advice to minimize the risk of an accidental contact reaction.

Consider developing a peer support or buddy program amongst the students.

Parents need to:

Inform the school about their child's problem

Ask the treating doctor to write a letter for the school outlining the severity of the problem, emergency treatment and appropriate avoidance measures

Provide information to display about their child and a range of emergency contact information

Ensure that their child wears a MedicAlert bracelet to aid in identification

Clearly label the auto-injector device (EPIPEN) with the student's name and classroom location.

Check the expiry date and that the material in the auto injector device has not become discoloured before it is returned at the start of each school term.

Will someone administer the Epipen?

School staff need to:

Become trained about how and when to use the EPIPEN by:

—**WATCHING EDUCATIONAL VIDEOS** such as DEALING WITH FOOD ALLERGY

—**PRACTISE WITH THE EPIPEN TRAINER**

—**PURSUING MORE INTENSIVE TRAINING** that can be provided by regional medical staff, FACTS or through the child's treating doctor depending on what is most appropriate

Review available emergency services, potential problems with communication breakdown and difficulties with access prior to excursions and school camps.

Parents need to:

Acknowledge that teachers have normal fears about needles and injections like anyone else.

Provide guidance about resources for school staff to learn about using an EPIPEN unless there is an recognized procedure in place.

Will the school cooperate with avoidance strategies?

School staff need to:

Support appropriate avoidance measures by:

- —**INFORMING ALL PARENTS AT THE SCHOOL** about the presence of a child with a food allergy and asking them to help with the child's safety at school by not sending peanut butter or other particular types of food that may be a source of allergen in any form in lunch boxes and snacks
- —**IMPLEMENTING THE REMOVAL OF PEANUT BUTTER** and nut containing snacks from the school tuckshop if the child has a peanut or nut allergy
- —**TEACHERS CHECKING** younger children's lunches as part of the daily drill
- —**DISCOURAGING THE SHARING OF FOOD**
- —**DEVELOPING A STRATEGY** to manage children who bring peanut butter or nuts in their lunch
- —**IMPLEMENTING A HAND WASHING ROUTINE** before and after eating
- —**REMINDING CHILDREN TO DISPOSE OF LUNCH RUBBISH** carefully especially if there is a child with a milk allergy
- —**PLANNING SCHOOL COOKING** and craft activities to avoid even minute quantities of allergen exposure. The child's parents should be contacted well before the planned event to discuss the program
- —**AVOIDING SURPRISE TREATS** that exclude the participation of the affected child
- —**ADDRESSING ISSUES** related to bullying promptly and aggressively

Review avoidance measures if they are inadequate to keep the child from having even minor contact reactions

Make sure that there is complete avoidance of peanut butter, nut snacks and nut containing breakfast cereals at school camps and on excursions

Check that after school care programs that may use the school rooms and playground equipment also avoid peanut butter

Parents need to:

Acknowledge that avoidance measures may not live up to their expected standards100% of the time

Provide information about snack foods that is free from peanuts and nuts or another problem allergen as a significant ingredient

Provide safe snacks for their child in case shared food is not suitable

Make sure that their child understands that any chocolate or confectionery product has a very real risk of being contaminated with peanuts and nuts.

special problems

IN THE CARE SETTING

peanut allergy

The following have been reported by parents—

Peanut butter has been pushed into the face of an affected child
(this is not that uncommon)

Sandwiches have been swapped

The peanut or nut content of a snack food has been overlooked by the child

The child has been given the wrong sandwiches by the parent

Peanut butter residue on others' hands have caused contact reactions

Sporting or play equipment has been contaminated

Plain chocolate Easter eggs eaten at school

Shared biscuits that have contained nuts

School canteen staff have overlooked obvious peanut content in snack food

Bullying by other children with peanuts

Nausea and airway reactions on wet days when children eating their peanut butter sandwiches in the classroom

Contamination of classroom furniture by after school care children

At preschool the reported incidents have been—

The child has been given a peanut butter sandwich even when peanut allergy known

Cross contamination during lunch or snack preparation

Staff using peanuts in cooking or craft activity with a group of children

MILK ALLERGY is quite uncommon by the time the child is at school. Severe reactions are mostly confined to the home, preschool and daycare setting. Children with severe milk allergies may need to have someone available to watch them if others are having dairy foods.

dairy allergy

The following have been reported by parents—

Splashing of milk or dairy products during container disposal

The child has consumed milk offered in error
(this has happened several times in the care environment and this event has had a fatal outcome in one case report)

Eating snack foods (any flavour chips, Twisties and biscuits) coated with a flavoured milk powder to simulate cheese or a savoury taste.

Cheese added to fruit snack by carers in preschool setting

Drinks consumed from contaminated glassware

Butter instead of margarine used by school canteen staff on a lunch order

Transfer of cheese from one sandwich to another by a contaminated knife

For meals that are shared in a confined space, milk, yoghurt and sticky cheese snacks should be avoided. In the preschool or day care setting, soy drink, tofu or calcium fortified rice drinks can be used in cooking. From all reports the children eat the substitutes quite happily. Water can be the drink with meals.

egg allergy

The following have been reported by parents—

Egg sandwiches when food is eaten inside the classroom on wet days. In this case the decision to ban eggs in lunches is straightforward.

Craft activities with used egg cartons and eggshells. This can present some challenges with Easter activities.

EGG ALLERGY is more of a problem in the early long day care setting where meals are provided and at preschool where there are lots of craft activities. Serious egg allergies are usually outgrown by school age. Very few children like to take egg sandwiches since they smell so badly after several hours in the lunch box.

Every year the question about the safety of chickens hatching in the classroom at Easter comes up. It is probably not such a good idea as the other children can be quite exuberant and there can be quite a lot of egg mess.

Parents will need to provide a safe supply of egg-free cake so their child can join in celebrations.

fish allergies

Fish allergies are severe and sensitivity can be exquisite.

Fish allergy is rarely a problem in the school situation. However, particular events at the schools of individual students may present a challenge and the management may require a special policy to avoid discrimination.

In the daycare setting where meals are cooked, fish should not be cooked as the kitchen dust becomes contaminated with fish allergen.

Asthma attacks can be provoked from smelling fish especially while it is cooking. Even outdoor barbeques can cause reactions in affected individuals.

A visit to the fish market is out of the question.

Contact reactions occur from touching fish so participation in science or biology lessons on live or dead fish is likely to present a problem.

Tinned tuna is hardly ever a problem even in children and adults with a fish allergy.

ASIAN FISH SAUCES have created new hazards for those with fish allergies as it may be buried in ingredients in complex salads and Asian style foods

nut allergies

Nut allergies begin to present more difficulties in older children when they are taking more responsibility for themselves. This is particularly the case when they try to read labels or order food for themselves.

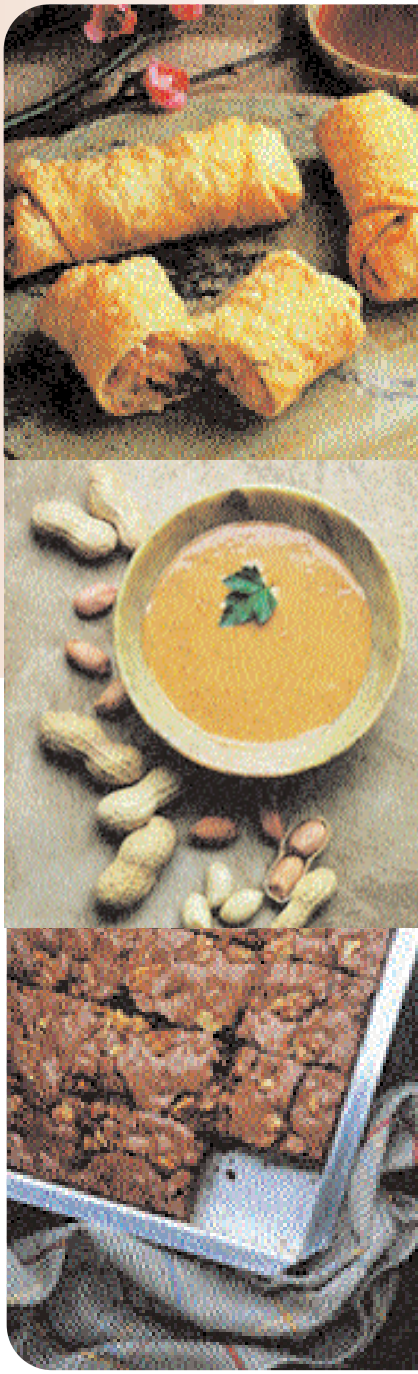
Chocolate, Nutella and muesli bars tend to present most of the difficulties in *younger children*

In older children and adults, chocolate and restaurant foods cause most reactions.

Occasionally adults with a particular nut allergy can be caught out when a tried and tested food has a nut ingredient substitution.

Children with a nut allergy will have usually refused to eat nuts and they have never touched Nutella. Serious reactions have occurred where the child has been coerced or the nut has been hidden in a biscuit or sauce.

Nuts and peanuts can contaminate so many commercial foods —see food precaution list for peanut and nut allergies.



Copies of this brochure can be obtained from:
Allergy Unit, RPA Hospital Phone: 02 9565 1464 Fax: 02 9519 8420 allergy@email.cs.nsw.gov.au