

St Joseph Allergy Awareness Training



2013

What is a food allergy?

- A food allergy is an abnormal response by the immune system to a food protein.
- The immune system thinks the food is harmful and releases histamine and other chemicals to “attack” the enemy.
- Food allergies can be life threatening.

We have children at St. Joseph School that have food allergies

Food Allergy Facts

- There is no cure for a food allergy
- Complete and strict avoidance is the only way to prevent a reaction
- Cross-contamination poses a risk
 - Requires vigilant label reading, asking questions (often food is processed on equipment that contains an allergen, thereby making that food unsafe)
 - Careful food preparation and cleanup (e.g., a knife that was in peanut butter and then goes into jelly has made that jelly unsafe)
- Once a reaction begins, there is no way to know how severe it will become

Common Food Allergens

- Eight foods cause 90% of the allergic reactions in the United States:
 - Milk
 - Eggs
 - Wheat
 - Soy
 - Peanuts
 - Tree Nuts
 - Fish
 - Shellfish

Each of these allergies effect at least one child at
St. Joseph School

If a Reaction Occurs

Activate the Food Allergy Action Plan
Immediately!

The 3 Rs:

- Recognize the symptoms
- React quickly
- Review what caused the reaction and how well the emergency plan worked

What are some symptoms of a food allergy?

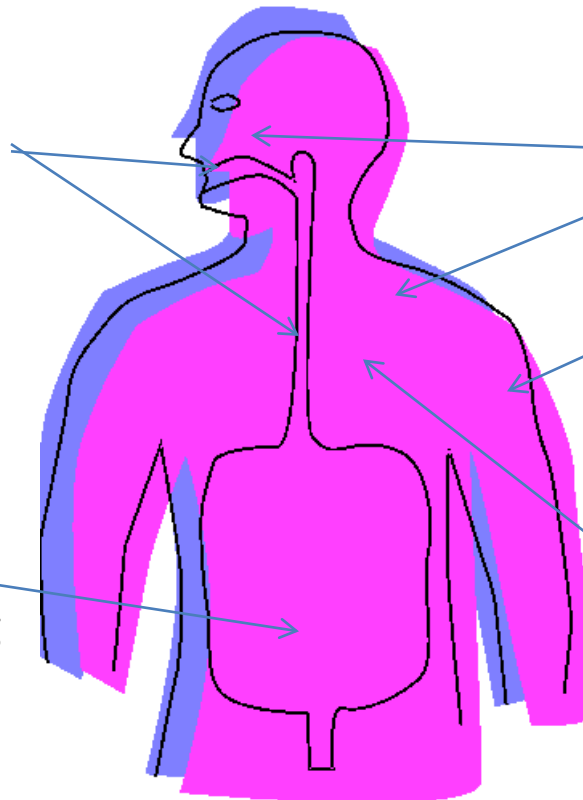
One or more of the following may occur:

- Trouble swallowing
- Shortness of breath
- Repetitive coughing
- Voice change

- Swelling
- Hives
- Eczema
- Itchy red rash

- Nausea & vomiting
- Diarrhea
- Abdominal cramping

- Drop in blood pressure



Common Ways a Child Might Describe a Reaction

- Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.
- Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children's voices may change (e.g., become hoarse or squeaky), and they may slur their words.
- The following are examples of the words a child might use to describe a reaction:
 - “This food's too spicy.”
 - “My tongue is hot [or burning].”
 - “It feels like something's poking my tongue.”
 - “My tongue [or mouth] is tingling [or burning].”
 - “My tongue [or mouth] itches.”
 - “It [my tongue] feels like there is hair on it.”
 - “My mouth feels funny.”
 - “There's a frog in my throat.”
 - “There's something stuck in my throat.”
 - “My tongue feels full [or heavy].”
 - “My lips feel tight.”
 - “It feels like there are bugs in there.” (to describe itchy ears)
 - “It [my throat] feels thick.”
 - “It feels like a bump is on the back of my tongue [throat].”

What is Anaphylaxis?

A serious allergic reaction where breathing becomes difficult. It occurs rapidly and can cause death because of rapid constriction of the airway, often within minutes of onset, which can lead to respiratory failure and respiratory arrest. Brain and organ damage rapidly occurs if the patient cannot breathe.

- Symptoms *can appear immediately, or can be delayed* by half an hour to several hours after ingestion
- *Only a trace amount* of a food can cause a reaction in some individuals
- *Strict avoidance* is necessary for avoiding a severe reaction
- Anaphylactic shock *can lead to death* in a matter of minutes if left untreated
- Anaphylaxis can *occur in response to any allergen*

First aid measures for anaphylaxis :

- **Rescue Breathing (part of CPR)**. Rescue breathing may be hindered by the constricted airways, but if the patient stops breathing on his or her own, it is the only way to get oxygen to him or her until professional help is available.
- **Administration of epinephrine** (adrenaline). Epinephrine prevents worsening of the airway constriction, stimulates the heart to continue beating, and may be life-saving.

Epinephrine (adrenaline)

- Prompt administration is key to surviving anaphylaxis. Fatalities have resulted from a delay/failure to give epinephrine
- Use of an EpiPen or Twinject only provides temporary and limited relief of symptoms. The child would need to go to the Emergency Room for medical care
- The EpiPen or Twinject should be brought to the Emergency Room with the child



How to Use an EpiPen or EpiPen Jr.

1. Unscrew the yellow or green cap off of the EpiPen® or EpiPen® Jr carrying case and remove the EpiPen® or EpiPen® Jr auto-injector from its storage tube.



2. Grasp unit with the black tip pointing downward.

3. Form fist around the unit (black tip down).



4. With your other hand, pull off the gray safety release.

5. Hold black tip near outer thigh.



6. Swing and **jab firmly** into outer thigh until it clicks so that unit is perpendicular (at a 90° angle) to the thigh. (Auto-injector is designed to work through clothing.)

7. Hold **firmly against thigh** for approximately 10 seconds. (The injection is now complete. Window on auto-injector will show red.)

8. Remove unit from thigh and massage injection area for 10 seconds.

9. Call 911 and seek immediate medical attention.

10. Carefully place the used auto-injector (without bending the needle), needle-end first, into the storage tube of the carrying case that provides built-in needle protection after use. Then screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room.

Note: Most of the liquid (about 90%) stays in the auto-injector and cannot be reused. However, you have received the correct dose of the medication if the red flag appears in window.

Video of EpiPen Use

- Click on the link below to view a brief video about how to use an Epi-pen. When you have finished watching the video, click on the red “X” in the top right corner of the screen to return to this presentation.

[YouTube - Using EpiPen](#)

Bottom Line: If a child is having an allergic reaction:

- **Call 911**
 - **Call for help**
 - Consult his/her “Food Allergy Action Plan” and follow the **physician’s directions**
 - There is a baggie for each lunch period with the allergic children’s Food Allergy Action Plans. The Action Plan has a photo of the child, their allergy, and what action to take in the case of various symptoms. It will also contain the medication for the child (e.g., epi pen, benadryl) if the parent has provided it. **Note:** some children carry their own EpiPens on them. The baggie is kept on the cart when the child is in the cafeteria. Each student has an extra EpiPen in the office for recess time. Food Allergy Action Plans are also posted on the cafeteria door
 - Antihistamine medication is kept in the School Office
- For example,
- Administer antihistamine (e.g., Benadryl which is located in the School Office)
 - Administer EpiPen by jabbing it into outer thigh through clothing, and hold for 10 seconds. EpiPens are located in the baggie in School Office, or on lunch cart. Some children with severe allergies may be wearing their EpiPens on belts or carrying them in fanny packs.
- Bring the medication to the child. Have the child stay put. Do not have the child run to get their medication (running may quicken a reaction)
 - Have someone stay with the child. S/he should not be left alone. Do not send the child alone to the Office to get help, even if the child is simply complaining of a stomach ache (a reaction could become more serious quickly)

Strategies to Minimize Risk of Reactions

- Wipe allergy tables and chairs with Clorox wipes between each lunch – This is done by inside lead lunch mom
- Children who purchase cafeteria lunches are not allowed to sit with their friends at the allergy table since purchased food may not be peanut free.
- Children are not allowed to share any foods with one another for any reason. Refer to posted signs in lunchroom.
- Be prepared:
 - Be familiar with which students have allergies and their **Doctor Prescribed** written Food Allergy Action Plans
 - Know where medications are located
 - Know how to recognize symptoms and administer medications quickly

Summary of Duties Related to Allergies

- Please arrive at the cafeteria at 11:15.
- Please wipe down the tables with the rags and solution provided, **except** the allergy tables.
- Do **not** wipe down the allergy tables. The lead lunch mom will wipe those tables and chairs with the Clorox wipes to avoid cross-contamination.
- Know where medication is located: Some students may carry their EpiPens on them in a belt or fanny pack if their allergy is extreme. Other EpiPens are kept on the lunch cart and in the office.
- Familiarize yourself with the “Food Allergy Action Plan” of each child located in the baggies.
- Monitor that children who purchase cafeteria lunches do not sit with their friends at the allergy table since purchased food may not be peanut free.

Remember an allergic reaction can happen anytime or anywhere. So always be on the alert.