Food Allergy Management: Myths & Facts

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Affiliation or Financial Disclosure

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Session Objectives

• Session attendees will be able to recognize and address common myths and misperceptions to support students with food allergies using facts.
• Session attendees will be able to implement food allergy management practices, using the latest research on interventions, to reduce the risk of food allergy reactions.
Food Allergies 101
What is a food allergy?

• IgE mediated reaction
• Reaction occurs in minutes or up to 2 hours
• Reproducible every time the food is eaten
• Sensitization does not always equate to true allergy
Diagnosis

- Detailed Diet and Health History
- Skin prick test
- Serum IgE test
- Oral Food Challenge
For a suspected or active food allergy reaction:

**SEVERE SYMPTOMS**

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

**MILD SYMPTOM**

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

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911. Request ambulance with epinephrine.**

Do not depend on antihistamines. When in doubt, give epinephrine and call 911.
The Big-8

- Milk
- Eggs
- Fish
- Crustacean Shellfish
- Tree Nuts
- Peanuts
- Wheat
- Soya
Prevalence

• Difficult to estimate; likely over-stated due to selection bias, over-diagnosis using SPT/sIgE
• National Academies of Science, Engineering and Medicine say there is “no true prevalence” known for food allergies
• Estimates range from 4-5% of adults to 6-8% of children.
• Milk and eggs are most common, but also most often outgrown. Peanut affects 1 to 2% of children.
Food Allergies: Planning
Fact: Planning is Prevention

• School-wide Planning
  – School or District Food Allergy Prevention Policy
  – State-by-State Guidance
  – Train staff to report to their supervisor “if you hear something, say something”

• Specific Student Planning
  – 504 Plan
  – Medication Administration Plan
School-wide Planning

- Most states have a state law requiring public schools to put in place a food allergy prevention policy and plan
- Some states have created model plans or model policies
- Most states have created methods for schools to stock epinephrine in case of sudden severe allergic reactions
- Check your own state for specific guidance
- Resource: [www.schoolnurseconsultants.org](http://www.schoolnurseconsultants.org)
Fact: Planning is Prevention

• Specific Student Planning: 504 Plan
  – Includes Prevention, Modifications, and Medications

• 504 Plan: What is it?
  – Section 504 is a part of the federal Rehabilitation Act of 1973 that prohibits discrimination based upon disability. Section 504 is an anti-discrimination, civil rights statute that requires the needs of students with disabilities to be met as adequately as the needs of the non-disabled are met.
Fact: Planning is Prevention

• A student with a food allergy is disabled?
• Section 504
  – Student has a physical or mental impairment that substantially limits one or more major life activities;
  – Physical impairments include those affecting digestive and respiratory systems (among others);
  – Major life activities include functions such as eating, breathing.
504 Plan

• If a student qualifies, the child may receive accommodations and modifications.
  − May: In most states, “may” receive accommodation without physician authorization
  − Must: In most states, “must” receive accommodation if physician confirms the disability

• Accommodations: when making specific food accommodations, follow guidance of state agency that regulates the school food program
504 Plan Meeting

• Let administration know that nutrition program director or manager needs to be at that planning meeting
  - Will student be bringing own lunch?
  - Are there any exceptions we should know about?

• 504 plan oversight
  - At school or district level, by school nurse, administrator or special education department head
  - At federal level, by Office of Civil Rights
School-wide or student specific plan: Medications

- Students with severe food allergies often have their own dose of epinephrine
- Some schools have permission to stock a dose or two of epinephrine for cases where student does not have own dose with them
- May also be used for a first time occurrence
- May allow dose to be given to students, staff, or visitors
- Check with school nurse and/or administration about your school’s specific policy and training requirements
Food Allergies: Practical Tips
Keys for School Foodservice

• Communications
• Preparation
• Best Practices
Communication

- Parents want more information
- Communication should be internal AND external
- Clear, consistent, constant
  - Menus – print and online
  - Serving Line
  - Announcements
  - Any written communications
Recent Survey of Parents

- Communication
- Preparedness
  - Medications
  - Training
- Trust
Separate Tables?

- Should schools use allergen-safe tables?
- Who will sit there?
- Who will ensure safety?
- How to avoid stigmatization?
Epinephrine

• Stock/Non-student specific medications
• Access to medications
• Proper training to administer epinephrine
Training

• Training should be every year
• Include all staff with direct supervision of students (don’t forget bus drivers and after-school staff)
• How can students become part of the team?
Preventing Cross Contact

- Training
- Proper labeling
- Proper cleaning – Removing proteins from surfaces
- Handwashing
- Diligence
Best Practice Video

• https://youtu.be/x-BaaObAXe0
Peanuts and tree nuts are the most commonly banned food, but...

- Research shows it does not prevent reactions
- In fact, bans could increase the risk for reactions
- Creates a false sense of security
- Is not a solution to managing food allergies in schools
Resources
Creating Plans

• CDC Voluntary Guidelines:  
  https://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

• Food Allergy Resource Center:  
  https://schoolnutrition.org/education/food-allergy/
Training Staff

• FARE: Food Allergy Research and Education, https://www.foodallergy.org/
• ICN: The Institute of Child Nutrition https://theicn.org/
• NPB: National Peanut Board http://PeanutAllergyFacts.org/
Training Students

- FAACT: Food Allergy and Anaphylaxis Connection Team  [https://www.foodallergyawareness.org/](https://www.foodallergyawareness.org/)
- FARE: Food Allergy Research and Education,  [https://www.foodallergy.org/](https://www.foodallergy.org/)
Learn More

• National Peanut Board: http://PeanutAllergyFacts.org/
• PreventPeanutAllergies.org: https://preventpeanutallergies.org/
• AllergySafeHome.org:
• https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/tips-for-keeping-safe-at-home
Questions?
Here to help...

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