

# 23

## FOOD ALLERGIES

### Module Overview

Total Time: 70 minutes

### Learning Objectives

- Understand the difference between food allergies and food intolerances.
- Recognize common signs and symptoms of food allergies and intolerances.
- Identify common food allergens in the United States.
- List nutrient-dense food substitutions for common food allergies.
- Describe strategies to decrease the risk of exposure to food allergens among children.

### Topics

- 23.1 Food Allergies vs. Food Intolerances
- 23.2 Common Food Allergies
- 23.3 Food Substitutions for Children with Food Allergies
- 23.4 Strategies for Addressing Food Allergies

### Materials

SUPPLIES	ACTIVITY SHEETS	HANDOUTS
<ul style="list-style-type: none"> <li>○ Flip chart or white board</li> <li>○ Markers</li> <li>○ Tape</li> <li>○ Pens</li> <li>○ 4x6 index cards</li> <li>○ A Day in the Life of a Food Allergy Mom video</li> </ul>	<ul style="list-style-type: none"> <li>○ Food Allergy vs. Food Intolerance Cards</li> <li>○ Food Allergy vs. Food Intolerance Cards Answer Key</li> <li>○ Guess the Food Allergens</li> <li>○ Guess the Food Allergens Answer Key</li> </ul>	<ul style="list-style-type: none"> <li>○ Tips for Avoiding Food Allergies</li> <li>○ Avoidance Lists for: Wheat, Milk, Egg, Soy, and Peanut Allergies</li> <li>○ Emergency Care Plan</li> </ul>

### Prerequisites

- Module 2 (Overview of Nutrition), Topics 2.1, 2.2, and 2.4.
- Module 3 (Mealtime Overview), Topic 3.2.

# 23.1

## FOOD ALLERGIES VS. FOOD INTOLERANCES

Supplies:	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Flip chart or white board</li> <li>• Markers</li> <li>• Tape</li> </ul>
Activity Sheets:	<ul style="list-style-type: none"> <li>• Food Allergy vs. Food Intolerance Cards</li> <li>• Food Allergy vs. Food Intolerance Cards Answer Key</li> </ul>
Handouts	<ul style="list-style-type: none"> <li>• None</li> </ul>

15  
minutes

<b>Learning Objectives</b>	<ul style="list-style-type: none"> <li>• Understand the difference between food allergies and food intolerances.</li> <li>• Recognize common signs and symptoms of food allergies and intolerances.</li> </ul>
<b>Learning Activities</b>	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Tell participants that food allergies and food intolerances are increasingly common in the United States. It is estimated that up to 15 million Americans have food allergies, including 6 million children under age 18 (7% of children). That is 1 in 13 children, or roughly two children in every classroom! Interestingly, food allergies among children have increased by 50 percent over the past two decades. Researchers are still studying and debating the reasons for the spike.</li> <li>• Often, people confuse and identify a food intolerance as a food allergy. This activity will help us better understand the differences between the two.</li> </ul> <p><b>Food Allergy vs. Food Intolerance Activity</b></p> <ul style="list-style-type: none"> <li>• On a flip chart or white board, create two columns and write the words “Food Allergy” and “Food Intolerance” on the top of the columns.</li> <li>• Distribute 1-3 “Food Allergy vs. Food Intolerance Cards” to each participant, depending on the size of the group.</li> <li>• Ask participants to decide whether the statement on their cards describes a food allergy or a food intolerance and to come up and tape the card where it belongs on the flip chart or white board.</li> <li>• Invite all participants to come up to the board. Provide the correct answers by referring to the “Food Allergy vs. Food Intolerance Answer Key”.</li> </ul> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>• Provide additional information by referring to the <a href="#">Food Allergy vs. Food Intolerance</a>, <a href="#">Children at Risk for Food Allergies</a>, and <a href="#">Diagnosing Food Allergies in Children</a> sections in the Trainer’s Notes.</li> </ul>
<b>Trainer’s Notes</b>	<p><b>Activity Note</b></p> <p><i>Prepare the cards ahead of the training. Print one copy of the “Food Allergy vs. Food Intolerance Cards” activity sheet and cut along the dotted lines.</i></p>

## Food Allergy vs Food Intolerance

### Food Allergy

- A food allergy is when exposure to a food triggers an immune response, called an *allergic reaction*. The substance in food that triggers the allergic reaction is often a protein. These proteins are referred to as *allergens*.
- Proteins from food are usually harmless; however, for children who are allergic to them, their bodies perceive them as threats. So, the immune system, responsible for defending the body, fights off these proteins by releasing histamine. This reaction occurs soon after a food is consumed and may affect all body systems.
- Symptoms can range from mild to severe to even death. A child with a severe food allergy may need to carry an Epi-pen if there is a risk of anaphylaxis.
- *Mild to moderate symptoms* of a food allergy include
  - Nose – itchy or runny nose; sneezing
  - Mouth – itchy mouth; odd taste in the mouth; dry cough
  - Skin – itchy skin; a few hives; eczema
  - Gut – mild nausea or discomfort; vomiting; diarrhea
- *Severe symptoms* of a food allergy include
  - Lungs – shortness of breath; wheezing; repetitive cough
  - Heart – turning blue; faintness; weak pulse; dizziness; chest pain
  - Throat – tight or hoarse throat; trouble breathing or swallowing
  - Mouth – significant swelling of the tongue and lips
  - Skin – many hives over the body; widespread redness
  - Gut – repetitive vomiting; severe diarrhea
  - Other – feeling that something bad is going to happen; anxiety; confusion
  - Anaphylaxis (most severe reaction) – affects several areas of the body and causes difficulty breathing and impairs blood circulation; can cause death.

### Food Intolerance

- A food intolerance means either the body cannot properly digest the food that is eaten, or that a particular food might irritate the digestive system. It can be caused by any type of food and not just the proteins in foods, as with food allergies. Stress, psychological factors, and sensitivity to food additives can cause food intolerance.
- Food intolerance is unlikely to be life-threatening. A child with a food intolerance may be able to eat small amounts of the food without a problem.
- *Symptoms* of food intolerance include
  - Upset stomach/cramps
  - Abdominal pain or bloating
  - Gassiness
  - Diarrhea
  - Nausea
  - Irritability
  - Anxiety
  - Headaches

### Children at Risk for Food Allergies

- Children at risk for food allergies include children with
  - a family history of asthma, eczema, hives, or seasonal allergies;
  - eczema;
  - asthma; or
  - allergies to one food (they may develop additional food allergies).

- Ways to decrease the risk of allergies includes breastfeeding and early food allergen exposure in small amounts. For foster children, it is likely not possible to decrease the risk since that window of opportunity has passed. So, awareness of allergies is the key!

### **Diagnosing Food Allergies in Children**

- Typically, if an infant or child has a mild reaction to a food, it is recommended to bring the child to their primary care provider to discuss further, while avoiding that food until further testing. Reactions are likely to increase if the child is given that problem food again.
- The child's provider will most likely refer the child to an allergist who will check for possible food allergies by doing a skin prick test (SPT).
  - An SPT is when a very small amount of food is put on a child's arm or back and then the skin is scratched. The skin will turn red if allergic and the presence of antibodies is measured for the suspected food.
  - An SPT is usually done in conjunction with a food allergy blood test to confirm the allergy.
- For some high-risk infants, health care providers may refer the child to an allergist before starting solid foods.

**Important Note:** *If a child in foster care has been diagnosed or is suspected to have a food allergy or intolerance, the caregiver should talk to their primary care provider and not attempt to diagnose the child themselves. Unlike a food intolerance, food allergies involve the immune system and can be life-threatening. It is important to correctly diagnose a child with a food allergy or food intolerance since the treatment is very different and their life could depend on it.*

### **Evidence of Learning**

- Participants will be able to describe at least three differences between food allergies and food intolerances and list common symptoms.

# 23.2

## COMMON FOOD ALLERGIES

Supplies:	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Pens</li> </ul>
Activity Sheets:	<ul style="list-style-type: none"> <li>• Guess the Food Allergens</li> <li>• Guess the Food Allergens Answer key</li> </ul>
Handouts	<ul style="list-style-type: none"> <li>• Tips for Avoiding Food Allergies</li> <li>• Wheat Allergy Avoidance List</li> <li>• Milk Allergy Avoidance List</li> <li>• Egg Allergy Avoidance List</li> <li>• Soy Allergy Avoidance List</li> <li>• Peanut Allergy Avoidance List</li> </ul>

20  
minutes

Learning Objectives	Identify common food allergens in the United States.
Learning Activities	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Tell participants that children can be allergic to any food, but there are <i>eight foods allergens</i> that are most common.</li> <li>• Go over the <u>Major Food Allergens</u> content in the Trainer’s Notes.</li> <li>• Tell participants that about a third of children with food allergies are allergic to more than one food. It would be simple to manage allergens if all we needed to worry about was the actual food. But packaged and processed foods may contain many identified and hidden food allergens. Reading food labels will be crucial for the caregiver of a child with food allergies.</li> <li>• Go over the <u>Identifying Food Allergens in Processed Foods</u> content in the Trainer’s Notes.</li> <li>• Tell participants that they are now going to practice identifying food allergens in commonly consumed processed foods.</li> </ul> <p><b>Guess the Food Allergens Learning Game</b></p> <ul style="list-style-type: none"> <li>• Divide participants into five groups.</li> <li>• Give each group three labels from the “Guess the Food Allergens” activity sheet.</li> <li>• Tell participants that each label contains the list of ingredients and, for some labels, information from the manufacturer about potential hidden allergens. Next to the food label, the eight major food allergens are listed.</li> <li>• Ask groups to circle the food allergy that can be caused by their assigned food. They need to carefully examine the ingredient list and any other information on the label. Some foods may have more than one allergen. Others may have none.</li> <li>• After five minutes, ask each group to share             <ul style="list-style-type: none"> <li>○ the food item,</li> <li>○ the food allergy or allergies,</li> </ul> </li> </ul>

- the ingredient(s) identified as the allergen(s), and
- what surprised them most about the foods they were assigned.

### Summary

- Provide correct answers by referring to the “Guess the Food Allergens” answer key. **Note:** Explain that some ingredients, such as Xanthan Gum and Guar Gum, can be less obvious food allergens and can impact those with severe allergies to soy, wheat, and/or milk. Soy oils (except cold-pressed, expeller pressed or extruded soybean oil) and vegetable oil derived from soy should be safe for most children with soy allergies.
- Distribute the “Tips for Avoiding Your Allergen” handout and the “Avoidance List” handouts for wheat, milk, egg, soy, and peanut allergies.

### Activity Note

Prepare food labels ahead of the training. Print one copy of the “Guess the Food Allergens” activity sheet and cut along the dotted lines.

### Major Food Allergens

- Milk – the most common food allergy in infants and young children
- Eggs – one of the most common allergies, second to milk
- Peanuts – one of the most common food allergies
- Wheat – common in children, though most usually outgrow it by age three
- Soy – one of the more common food allergies, especially in babies and children
- Tree nuts – walnuts, almonds, hazelnuts, pistachios, cashews, Brazil nuts
- Fish – salmon, tuna, halibut
- Shellfish – crab, lobster, shrimp and mussels

**Note:** Sesame allergy also affects hundreds of thousands of Americans, though it is not always called out on food labels.

### Identifying Food Allergens in Processed Foods

- All FDA-regulated manufactured food products that contain a major food allergen (listed above, except for sesame) as an ingredient are required by U.S. law to list that allergen on the product label. Manufacturers must list the specific nut, fish, or shellfish present in the food.
- Food allergens must be listed if they are present in any amount, even in food colorings, artificial flavors, or spice blends.
- The allergen can be labeled in three different ways on a food label:
  - *In the ingredient list* using the allergen’s common name (e.g., milk)
  - *In the ingredient list* in parentheses when the ingredient is a less common form of the allergen (e.g., “albumin (egg)”)
  - *At the end of a food label* using the word “Contains” followed by the name of the major food allergen (e.g., “Contains milk, wheat”)

### Food processed on shared factory equipment

- Some allergens may not be added to food during food processing, but may *accidentally* appear in the food due to shared factory equipment. Labeling regulations only apply to ingredients that are *intentionally* (not accidentally) added to processed food products. Precautionary warnings or advisories are *voluntary*. A manufacturer does not have to warn the consumer that there may be unintentional traces of an allergen due to cross-contact during processing.
- If an advisory is made, it may state something like:

	<ul style="list-style-type: none"><li>○ “May contain traces of...”</li><li>○ “Made in the same factory as...”</li><li>○ “Made on the same equipment that processes...”</li><li>○ “Made on equipment shared with ...”</li><li>● Allergists typically recommend avoiding these foods since the possibility of accidentally ingesting a food allergen may be life threatening.</li></ul>
<b>Evidence of Learning</b>	Participants will be able to identify the eight common food allergens on food labels.

23.3

# FOOD SUBSTITUTIONS FOR CHILDREN WITH FOOD ALLERGIES

Supplies:	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Flip chart or white board</li> <li>• Markers</li> <li>• 4x6 index cards</li> </ul>
Activity Sheets:	<ul style="list-style-type: none"> <li>• None</li> </ul>
Handouts	<ul style="list-style-type: none"> <li>• None</li> </ul>

15  
minutes

Learning Objectives	List nutrient-dense food substitutions for common food allergies.
Learning Activities	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Tell participants that most food allergies are typically life-long. Discuss <u>Can Food Allergies be Outgrown?</u> From the Trainer’s Notes.</li> <li>• Explain that understanding what a child is allergic to and knowing what and how to avoid food allergens is only part of the equation. Another key component that is often forgotten is identifying the nutrients children will be missing out on and finding proper substitutions to ensure their proper growth and development. This activity will help participants practice finding nutrient-dense alternatives to two common food allergens, milk and wheat.</li> </ul> <p><b>Milk and Wheat Allergy Activity</b></p> <ul style="list-style-type: none"> <li>• Draw two columns on a flip chart or white board. Title one column “milk alternatives” and the other “wheat alternatives.”</li> <li>• Ask participants to work in pairs. Pass out four index cards to each pair. Ask participants to write in large print two options for milk alternatives and two for wheat alternatives, one option per card. For example, ‘soy milk’ for milk or ‘oats’ for wheat. Encourage a variety of answers.</li> <li>• After 5 minutes, ask participants to tape their cards on the flip chart or white board in the corresponding column.</li> <li>• Provide additional answers by referring to the <u>Milk Substitutions</u> and <u>Wheat Substitutions</u> content in the Trainer’s Notes.</li> </ul> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>• Highlight a few other food allergies based on the participants’ needs and interest by referring to the Trainer’s Notes.</li> </ul>
Trainer’s Notes	<p><b>Can Food Allergies be Outgrown?</b></p> <ul style="list-style-type: none"> <li>• Milk, egg, wheat and soy allergies are more likely to resolve in early childhood, by around 5 years old.             <ul style="list-style-type: none"> <li>○ Milk allergy is typically the earliest to resolve around 12-36 months.</li> <li>○ Wheat allergy usually resolves around 3 years old.</li> </ul> </li> </ul>



- Egg allergy may resolve in early childhood; however, sometimes it is a lifelong allergy.
- Peanuts, tree nuts, fish, and shellfish allergies are typically life-long. Peanuts are legumes (grown on the ground) and completely different than tree nuts. However, 35% of people with a peanut allergy will develop a tree nut allergy.
- There is no cure for food allergies. Some clinical trials are underway to re-introduce very small amounts of the allergenic foods in hopes that the body will not interpret the food allergens as a threat.

### **Milk Substitutions**

- *Key nutrients lost when avoiding milk:* Milk is the leading source of nine essential nutrients that support proper growth and development: protein; calcium; vitamins A, D, and B12; potassium; phosphorus; and riboflavin.
- *Substitutions:* The best choices for a milk substitute, in order of nutritional value:
  - *Soy milk* (if no soy allergy) – nutritionally comparable to dairy milk.
  - *Pea protein milk* – well-accepted by children with allergies, good amount of protein, but fairly expensive.
  - *Oat or Hemp milk* – has half the amount of protein compared to cow’s milk; second best option of the plant-based beverages.
  - *Rice, almond, cashew, or coconut milk* – do not have sufficient nutrients to support a child’s growth. Most of these beverages are naturally void of protein, vitamins, and minerals. They are also usually low in fat and calories. After processing, vitamins and minerals are added to the beverage; however, the absorption rate is much lower. Protein and fat are never added back to these beverages.
- If a child is taking anything but soy milk or pea protein beverage, the child should receive extra protein, fat, calories along with possibly vitamin D and calcium supplements. Be sure to check with the child’s pediatrician before offering supplements.

### **Important Notes**

- *Goat’s milk* has very similar proteins to cow’s milk. A child who is allergic to cow’s milk will generally be allergic to goat’s milk.
- *Lactose intolerance* is an intolerance to the lactose or sugar in the milk, not the milk protein. A simple switch to lactose-free milk will ease gastrointestinal distress. A child with lactose intolerance can typically eat/drink small amounts of low-fat dairy and hard cheeses, such as yogurt and parmesan.

### **Wheat Substitutions**

- *Key nutrients lost when avoiding wheat:* B-vitamins, iron, folate, and fiber.
- *Substitutions:* oat, quinoa, buckwheat, brown rice, amaranth, millet, sorghum, barley, rye, arrowroot, chickpea flour, and flaxseed meal. Grain substitutions of lower nutritional quality include: corn, white rice, and tapioca.
  - Offer a variety of grains since each grain has unique nutrition.
  - Choose whole grain substitutes instead of wheat-free products. Many of these products are made with potato and rice starch, which do not have much nutritional content.
  - Try a variety of wheat-free pasta made from beans, rice, and quinoa.
  - Experiment with various wheat-free crackers available in supermarkets.
  - For baking, a combination of wheat-free flours usually works best. Experiment with different blends to get the texture you desire.
  - Increase protein-rich food sources to replace iron.
  - Increase fruits and vegetables to replace fiber.

### Important Notes:

- Not all foods labeled 'gluten-free' are 'wheat-free.' Gluten is one of the proteins found in wheat, barley and rye.
- There are many parts of the wheat plant (stalk, grain, gluten, etc.) that can cause a wheat allergy. Although gluten is one of them, a 'gluten allergy or intolerance' is not the same thing as a wheat allergy. So, a child with wheat allergy should avoid all foods that contain wheat ingredients, not just gluten.
- Celiac disease is not the same as a wheat allergy. Wheat allergy is an immediate immune system reaction to wheat protein, while celiac disease is an autoimmune digestive disease caused by gluten.

### More on Celiac Disease

- *Celiac disease* is an autoimmune digestive disease caused by gluten. When someone with celiac disease eats gluten, it damages their small intestine. The damage then interferes with absorption of nutrients from food. In children, it can cause a wide range of symptoms such as vomiting, malnutrition, stunted growth, chronic fatigue, and neurological problems.
- *Gluten/wheat sensitivities* (without celiac disease) cause similar symptoms of those with celiac disease, but children do not test positive for celiac disease.
- These are life-long diseases and the only treatment is to avoid gluten. Gluten-free products are very accessible and economical. However, most gluten-free products are made with potato and rice and are void of many nutrients and fiber. Choose a variety of whole grain foods as often as possible.

### **Eggs Substitutions**

- *Key nutrients lost when avoiding eggs:* high-quality protein; iron; B-vitamins; and vitamins A, D, and E.
- *Substitutions:*
  - Substitute with other protein sources such as breakfast sausage, meats, and beans.
  - For cooking and baking at home, use applesauce or ground flaxseed in place of eggs.
  - Offer a variety of fruits, vegetables, and leafy greens to replace the vitamins and minerals.

### Important Notes:

- *Egg substitutes* are a cholesterol-free options but contain eggs, while egg replacements are egg-free.
- Eggs can be tricky to avoid since they are often used as binders in packaged foods. Read labels carefully and avoid eggs, egg products, and any packaged food containing albumin.

### **Soy Substitutions**

- *Key nutrients lost when avoiding soy:* protein, B-vitamins; iron; calcium; and zinc.
- *Substitutions:* Provide a variety of
  - protein foods like meat, fish, poultry, legumes, eggs, and dairy (if the child is not allergic);
  - fruits, vegetables, and leafy greens; and
  - enriched grains.

### Important Notes:

- Soy is one of the most difficult foods to avoid since it is hidden in a variety of processed foods.

### **Peanuts and Tree Nuts Substitutions**

- *Key nutrients lost when avoiding peanuts and/or tree nuts:* protein; fiber; B-vitamins; vitamin E and various minerals.
- *Substitutions:*
  - *If the child is not allergic to tree nuts,* use different tree nut butters, like almond butter. Make sure nut butters are not manufactured in a facility that manufactures peanuts.
  - *For tree nut and peanut allergies,* use sunflower butter.
  - Pumpkin and sunflower seeds.
  - Beans are a good vegetarian substitution.
  - Pretzels can be used in place of nuts in recipes (e.g., use crushed to coat chicken or fish, on desserts, or on ice cream).

#### Important Notes:

- Tree nuts include almonds, pecans, walnuts, pistachios, pine nuts, Brazil nuts, cashews, chestnuts, filberts/hazelnuts, and macadamia nuts.
- Keep in mind that most nut-producing facilities produce both peanuts and tree nuts, so it is important to read labels carefully for particular nuts.

### **Fish and Shellfish**

- *Key nutrients lost when avoiding fish and shellfish:* protein; niacin; vitamins B6, B12, A, and E.
- *Substitutions:* Provide a variety of
  - protein foods like meat, fish, poultry, legumes, eggs, and dairy (if the child is not allergic);
  - fruits, vegetables, and leafy greens; and
  - enriched grains.

#### Important Notes:

- Children with fish allergy should avoid all finned fish. Allergist may only restrict certain finned fish.
- Typically, children with shellfish allergies should avoid shrimp, crab, and lobster. Some may need to also avoid mollusks like scallops, oysters, clams, and mussels.
- Fish and shellfish allergies are not related. Being allergic to one does not always mean that you must avoid both.
- According to U.S. regulations, the type of fish must be labeled on the food package.

#### **Evidence of Learning**

Participants will be able to choose two nutrient-dense substitutions for each common food allergy.

Supplies:	<ul style="list-style-type: none"> <li>• PowerPoint slides</li> <li>• Projector with speakers (or laptop for a small group size)</li> <li>• A Day in the Life of a Food Allergy Mom video (2:32 minutes)</li> </ul>
Activity Sheets:	<ul style="list-style-type: none"> <li>• None</li> </ul>
Handouts	<ul style="list-style-type: none"> <li>• Emergency Care Plan</li> </ul>

20  
minutes

Learning Objectives	Describe strategies to decrease the risk of exposure to food allergens among children.
Learning Activities	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>• Tell participants that having a child with food allergies requires <ul style="list-style-type: none"> <li>○ <i>awareness</i> – understanding the causes and symptoms of the food allergy</li> <li>○ <i>avoidance</i> – avoiding all foods that contain the food allergens</li> <li>○ <i>action</i> – taking steps to keep a child safe at home, at school, and with friends</li> </ul> </li> <li>• Explain that parenting a child with food allergies presents unique challenges. From grocery shopping to school accommodations to planning for daily activities, food allergies affect all aspects of a family's life. This can be especially tricky for foster children because they may not enter your home with a complete medical or diet history and may change homes before a foster family gets a chance to meet with an allergist.</li> <li>• Tell participants that they are going to hear from a mother of a child with food allergies about her daily challenges and then discuss strategies to prevent a child's exposure to food allergens.</li> </ul> <p><b>Video and Group Discussion</b></p> <ul style="list-style-type: none"> <li>• Show the YouTube "A Day in the Life of a Food Allergy Mom" video: <a href="https://www.youtube.com/watch?v=sMEvRVKOEc8">https://www.youtube.com/watch?v=sMEvRVKOEc8</a></li> <li>• Ask participants: <ul style="list-style-type: none"> <li>○ What challenges does the mom from the video talk about?</li> <li>○ What strategies does the mom from the video use?</li> </ul> </li> <li>• Divide participants into five groups. Ask groups to discuss additional strategies they recommend to keep a child with food allergies safe in the different settings listed below. Assign one setting to each group. Each group should think of at least three strategies. The five settings are: <ul style="list-style-type: none"> <li>○ Home</li> <li>○ Supermarket</li> <li>○ Restaurant</li> <li>○ School</li> <li>○ Friend's house</li> </ul> </li> <li>• After 5-10 minutes, ask groups to share their recommendations.</li> </ul>

## Summary

- Provide information from Allergy Emergency Kit or “Allergy Bag” and additional strategies not mentioned by participants from the Strategies to Decrease Exposure to Food Allergens sections in the Trainer’s Notes.
- Distribute the Food Allergy and Anaphylaxis Emergency Care Plan handout to participants as a reference.

## Allergy Emergency Kit or “Allergy Bag”

- Allergy Emergency Kits should contain:
  - Epi-Pen(s)
  - Allergy emergency plan and contact list
  - Benadryl
  - Inhaler, if child has asthma
  - Allergy-free snacks (these are not for emergency use only, but for the child to eat when they need them)
- Make two or three kits:
  - one to keep at home (conveniently placed where everybody knows its location),
  - one that travels with the child, and
  - one that stays at school, if possible.

## Strategies to Decrease Exposure to Food Allergens

Consider the following strategies for the various settings to keep the child safe from food allergens:

### Home

- Prepare most meals at home so everyone can enjoy the food without worrying.
- Designate your home or kitchen to be “allergen-free” to ensure food allergen avoidance. For example: if a child has a peanut allergy, no peanut products are allowed in the house and everyone in the home follows a peanut-free diet. Therefore, the child with the allergy can eat anything in their house.
- If the kitchen/home is not allergen-free:
  - Restrict eating area to the kitchen and dining room only.
  - Require all family members to wash their hands before and after eating to avoid the transfer of food allergens.
  - Separate safe and unsafe food. Assign specific shelves in the pantry and refrigerator for the allergen-foods and store all foods in sealed containers.
  - Label either the unsafe foods or the safe ones, whichever is easier.
  - Clean all kitchen counters before and after food prep.
  - If preparing multiple meals, prepare the allergen-free meal first before preparing other meals.
  - Thoroughly clean cutting boards, knives, slicers, spoons, measuring cups, mixing bowls, and other equipment between use with different foods.
  - Designate certain cutting boards as allergen-free.
  - Have separate sets of utensils for handling safe and unsafe foods. Some families use separate dishes (usually designated by different colors).
  - Beware of airborne allergens during cooking or food preparation. Examples include boiling milk, frying fish or eggs, and using powdered milk or wheat flour.

### Supermarket

- Avoid bulk bins when shopping. Shopping in the bulk section increases the risk for exposure due to cross-contact. Cross-contact happens when one food comes in contact with another food and their proteins mix. For example, someone scoops out flour and leaves the container lid open. If peanuts are in a container right above the flour, peanut powder can fall into the flour contaminating it for the next person.
- Read food labels carefully. Familiarize yourself with the hidden names of food allergens.
- Bring a copy of (or save on your phone) the food allergy “avoidance list” to refer to while grocery shopping.
- Keep a list of safe and unsafe brands.
- Plan enough time for grocery shopping.
- Bring the child with you (if age-appropriate) to teach them about the foods to avoid.

#### Restaurant

- Ask around or do an online search for allergy-friendly restaurants.
- Avoid buffets and bakeries due to cross-contact.
- Consider chain restaurants when traveling or away from home.
- When trying out new restaurants, go during non-busy times.
- Always bring a chef card – a wallet-sized card that explains food allergies. When travelling to non-English speaking countries, have the chef card translated to the local language.
- Always bring allergy-free foods just in case.
- Ask kitchen and restaurant staff lots of questions about food preparation and ingredients used.

#### School

- Tell the teacher exactly what the child is allergic to. Give a copy of the Emergency Care Plan to the teacher and school (see handout).
- Depending on how many epi-pens you have, leave one at the school.
- Find out as much as possible about the school’s approach to managing food allergies.
- Work with the school nurse and/or staff to create a 504 plan and an Individual Health Plan.
- Tell children to always wash their hands before eating and to never share food at school.

#### Friend’s House

- Always let all other adults know that the child has foods allergies, including their signs and symptoms of allergic reaction.
- Always send the child with an “allergy bag.”
- Explain and demonstrate proper usage of the epi-pen to the responsible adult. Tell them it will always be in the child’s “allergy bag”.
- Tell the responsible adult that the child is not allowed to eat anything while at their house unless it is pre-approved by the parent. Ask other adults what, if any, food or snacks will be provided. Either approve food or pack a similar allergy-free snack.

**Note:** Below are useful resources to learn more about food allergies:

- *Your Food Allergy Field Guide* by Food Allergy Research & Education (FARE):  
<https://www.foodallergy.org/sites/default/files/migrated-files/file/field-guide.pdf>

	<ul style="list-style-type: none"> <li>• <i>Managing Food Allergies in the School Setting: Guidance for Parents:</i> <a href="https://www.foodallergy.org/sites/default/files/migrated-files/file/school-parent-guide.pdf">https://www.foodallergy.org/sites/default/files/migrated-files/file/school-parent-guide.pdf</a></li> <li>• <i>Food Allergy Research &amp; Education:</i> <a href="http://www.foodallergy.org">www.foodallergy.org</a></li> <li>• <i>Asthma and Allergy Foundation of America (AAFA):</i> <a href="http://www.aaafa.org/allergies">www.aaafa.org/allergies</a></li> <li>• <i>Kids with Food Allergies:</i> <a href="http://www.kidswithfoodallergies.org">www.kidswithfoodallergies.org</a></li> </ul>
<b>Evidence of Learning</b>	Participants will be able to list at least five setting-appropriate strategies to decrease risk of exposure to food allergens among children.