



# PREPARE, PREVENT AND PROTECT FOOD ALLERGEN TRAINING WORKSHOPS



Early Childhood Undergraduate Lecture

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# Learning Outcome

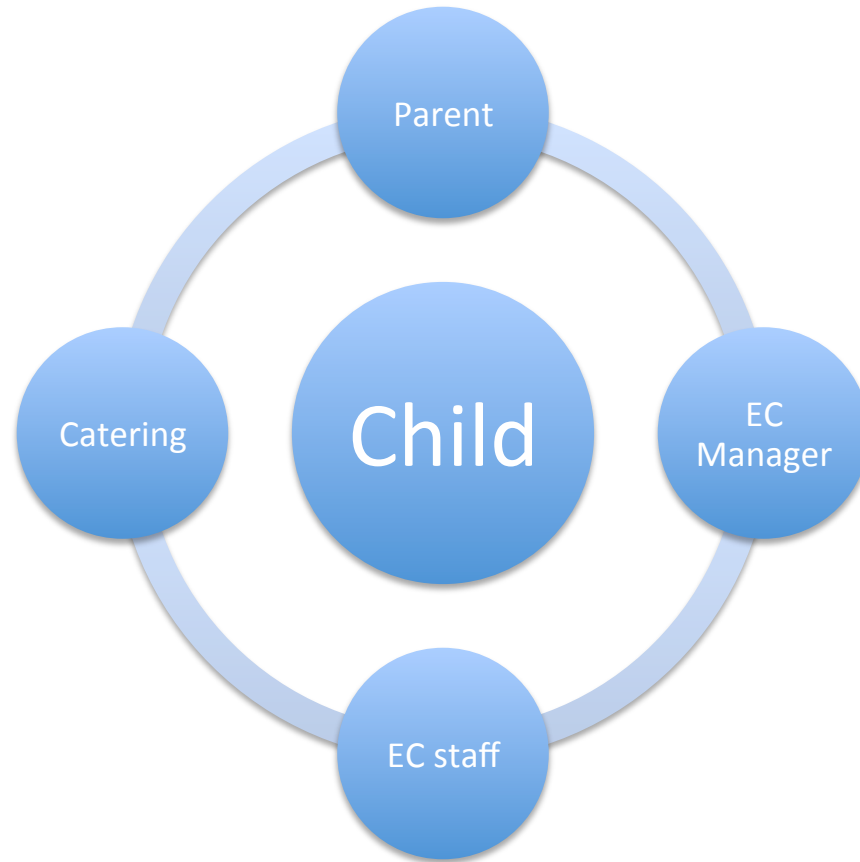
Knowledge of best practice for managing food allergy in the early childcare setting

- Food Allergy and food intolerance
- Policy and procedures
- Emergency plans
- Medication

# Scenarios

- Parents sending in Nutella when you have a nut ban in place
- Poppy seeds from another child's roll on the table where another child has seed allergy
- Mild reaction or severe reaction-how do I tell?
- Adrenaline pen
- Parties, trips and special occasions
- Sharing food

# The allergic child in early childcare





# Risk

## Categorising

Parental preference  
True allergy  
Mild  
Moderate  
Severe

## Recognising

Food allergens  
Non food items  
Food Allergy  
Food Intolerance

## Managing

Policies  
Procedures  
Education  
Training

# Categorising risk

- What could happen?
- What could cause it to happen?

Perceived food allergy  
True allergy  
Food intolerance

## Categorising risk

# Food hypersensitivity



## Categorising risk

### Food Allergy

- Can be life threatening

### Food Intolerance

- Not life threatening
- symptoms may cause discomfort

# Categorising risk

	Immediate food allergy	Delayed food allergy	Food intolerance
	<p>symptoms within minutes to 2 hours of eating</p> <p>(IgE mediated)</p>	<p>symptoms from 2-72 hours after eating</p> <p>(Non-IgE mediated)</p>	<p>Symptoms 2-72 hours after eating</p>
<b>Risk of severe allergic reaction anaphylaxis</b>	✓	✗	✗
<b>Airway</b>	<p>nasal itching</p> <p>sneezing</p> <p>runny nose (rhinorrhea)</p> <p>congestion (with or without discharge)</p> <p>cough</p> <p>hoarseness</p> <p>chest tightness</p> <p>wheezing</p> <p>shortness of breath</p>	✗	✗
<b>Cardiovascular</b>	<p>feeling faint/collapse</p> <p>sudden pallor</p> <p>rapid weak pulse</p> <p>clammy skin</p> <p>syncope</p>	✗	✗
<b>Skin</b>	<p>Itch (pruritus)</p> <p>Redness (erythema)</p> <p>Sudden hives (acute urticarial- localised or generalized)</p> <p>Sudden swelling (acute angioedema) most commonly in the lips and face, and around the eyes</p>	<p>Itch (pruritus)</p> <p>Redness (erythema)</p> <p>Eczema: moderate to severe.</p>	✗
<b>Gut</b>	<p>Swelling (angioedema) of the lips, tongue and mouth</p> <p>Itchy mouth (oral pruritus)</p> <p>nausea/colicky abdominal pain</p> <p>vomiting</p> <p>diarrhoea</p>	<p>gastro-oesophageal reflux</p> <p>loose or infrequent stools</p> <p>blood and/or mucus in the stools</p> <p>abdominal pain colic</p> <p>food refusal</p> <p>constipation</p> <p>perianal redness</p> <p>pallor and tiredness</p> <p>faltering growth plus symptoms above (with or without significant eczema)</p> <p>Coeliac disease</p>	<p>loose or infrequent stools</p> <p>abdominal pain</p> <p>constipation</p> <p>perianal redness</p>

# Categorising risk

## Mild allergic reaction

## Severe allergic reaction

### MILD REACTION

Swelling of lips, face, eyes  
Hives, itchy skin, rash  
Tingling of mouth, abdominal  
pain, vomiting, nausea

### PLAN

Give antihistamine  
Stay with child  
Monitor carefully for any signs  
of deterioration/severe reaction  
Contact family

### SEVERE LIFE THREATENING REACTION

Think A B C D E !

#### A. AIRWAY OBSTRUCTED

hoarseness/wheezing/swollen tongue/itching or  
swelling in throat  
And/or.

#### B. BREATHING DIFFICULTY

breathlessness/noisy breathing/unable to  
communicate verbally  
And/or.

#### C. CIRCULATION IMPAIRED

pale/clammy skin/rapid/weak pulse/blue around  
mouth/feeling faint  
And/or.

#### D. DISABILITY

confusion/agitation/altered consciousness  
And/or.

#### E. EXPOSURE

hives/swelling of lips, eyes, throat/generalised rash

# Recognising risk

## 4 questions

- What type of food hypersensitivity?
- Where diagnosed?
  - Medical, Complementary & Alternative health, Parental concern
- What allergens are involved?
- Does the child have any other allergy: asthma or eczema?

## Recognising risk

### The main offenders





## Recognising risk

**Lactose intolerance is not a food allergy.  
Lactose intolerance will usually resolve in 2-4 weeks.  
Special diet/formula might be needed but only temporarily.**

Wheat & gluten

- Allergy is rare
- ?Coeliac?



Strawberry, citrus, tomato

Recognising risk

# What does the start of an allergic reaction look like?



Recognising risk

# How can it develop

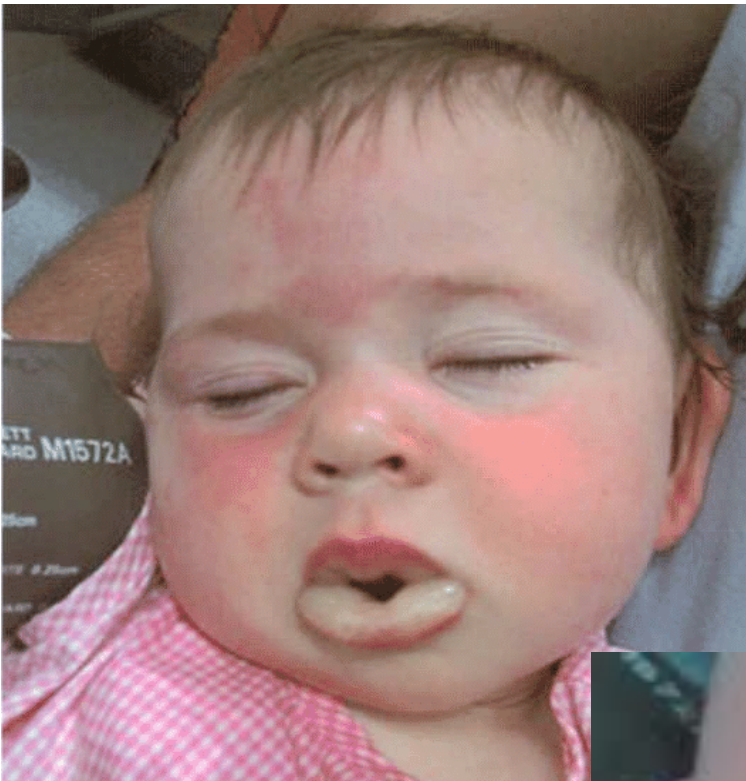


How do you know it's developing

## Recognising risk

# How do you know it's severe

Airway  
Hoarse Cry  
Cough  
Wheeze  
Circulation  
Butterflies  
Pale  
Dizzy  
Impending doom



# Managing Risk

- Admission
- Policy and procedures for FA & review timeline
- Child specific care plan
- Open communication
- Catering, food sources, cross contamination
- High risk situations
- Emergencies



## Managing Risk

On admission-parent should inform EC of diagnosis

### **Guideline basic information required for each child with a food sensitivity**

Diagnosing health care professional details:

Diagnosis food allergy or food intolerance:

Food(s) implicated: \_\_\_\_\_

Total exclusion required or can have small amount/cooked amount of \_\_\_\_\_

Any non food allergy triggers e.g. asthma/heat/dust/scratchy fabric

At risk of severe allergic reaction (anaphylaxis): yes/no/other?

Emergency allergic reaction management plan required/provided by parent?

Medication prescribed?

Adapt according to local policy and review in a defined time

# Sample food allergy policy

Statement of Intent

Procedure for parents who will.....

Procedure for EC management and staff who will

# Open Communications

## Role of the parent:

1. Inform school of diagnosis and any update.
2. Provide an allergy management plan
3. Ensure in date relevant medication is provided to the school.



## Role of EC:

1. Manager is responsible for policy and planning for children with allergy.
2. Seek allergy training for staff.
3. There should be a mechanism by which temporary or new staff can identify the allergic child.
- 5 Identify food and non food allergens and high risk scenarios
6. Have a child specific written allergy management plan.
7. Ensure that emergency and relieving medication is stored appropriately and always available.
8. Ensure prevention and treatment continues on school trips/holidays.
9. Aim to maintain healthy indoor and outdoor air quality.



# Allergy training resources

Parent



SafeFood Allergens

- ✓ Home
- ✓ Food Types
- ✓ Reactions
- ✓ Symptoms
- ✓ Dealing With
- ✓ Case Studies
- ✓ Advice For Caterers
- ✓ Definitions
- ✓ Further Resources
- ✓ Quiz

## All About Allergies

A food sensitivity information resource



## Managing risk

Babies and Pre schoolers



School age and over



## Managing risk

### How do you avoid milk?

If you are breastfeeding, you may need to follow a milk free diet.



Do not use a normal infant formula.



Your child's milk free formula is:

Offer:  per day

Soya infant formulas are not recommended for infants under 6 months. Soya products are suitable for some infants and children over 6 months. Normal soya milk is not suitable as drink before 2 years.

Avoid all cows milk including skimmed, semi skimmed, dried, evaporated, condensed and UHT milk.

Avoid any foods that are made from cow's milk for example cheese, yoghurt, fromage frais.



Avoid goat, sheep, horse, donkey and buffalo milk and their products as these are similar to cow's milk



Rice milk is not suitable for children under 4½ years of age. Oat and almond milks are not suitable for young children.

Learn to read food labels to check if a food contains milk or milk products.



## Managing risk



### Common foods and drinks that contain milk

Check the label

- |              |                   |               |                                 |                     |
|--------------|-------------------|---------------|---------------------------------|---------------------|
| • Sweets     | • Potato products | • Batter      | • Ham and other processed meats | • Horseradish sauce |
| • Chocolates | • Crisps          | • Pizza bases | • Sausages                      | • Packet soup       |
| • Pastry     |                   | • Bread       | • Salami                        |                     |
| • Biscuits   |                   | • Muesli      |                                 |                     |
| • Buns       |                   |               |                                 |                     |



## Managing risk

### How do you avoid Egg?

Avoid the forms of egg which your child reacts to.



Avoid eggs from all birds including hen, duck, goose and quail.



Avoid egg yolk and egg white.



Avoid raw egg.



Do not allow your child to touch raw egg or egg shells.



Learn to read food labels to check if a food contains egg or egg products.



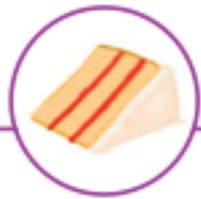
Egg can be called many names on food labels.

- Albumen
- Globulin
- Lecithin - E322
- Ovalbumen
- Livetin
- Ovomucin
- Lysozyme
- Ovoglobulin
- Ovotransferrin
- Pasteurised egg
- Ovovitellin
- Dried egg
- Vitellin
- Frozen egg

Avoid any ingredient which begins with 'ovo' or 'ova'.

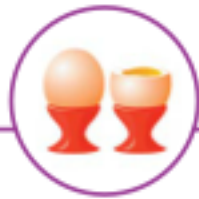


## Managing risk



### Well-cooked egg

- Cakes
- Biscuits
- Dried egg pasta
- Egg in sausages or prepared meat dishes like burgers.
- Well-cooked fresh egg pasta
- Egg glaze on pastry
- Quorn
- Nougat
- Milky way
- Mars bar
- Chewits
- Egg in some gravy granules
- Naan bread
- Brioche
- Dried egg noodles
- Potato products such as potato croquettes, hash browns, waffles.



### Lightly cooked egg

- Pancakes
- French Toast
- Meringues
- Lemon curd
- Quiche
- Scrambled egg
- Boiled egg
- Fried egg
- Omelette
- Poached egg
- Scotch egg
- Egg in batter (to coat fish or fritters)
- Crème caramel
- Marzipan, fudge
- Egg in breadcrumbs such as chicken Kiev, chicken nuggets
- Hollandaise sauce
- Yorkshire pudding
- Soufflé
- Egg custard ('Birds' custard powder is egg free)
- Carbonara sauce



### Raw egg

- Fresh mousse
- Mayonnaise and salad cream and salads containing these like coleslaw and egg mayonnaise
- Fresh ice-cream
- Fresh sorbet
- Royal icing
- Consommé
- Horseradish sauce
- Tartar sauce
- Egg nog
- Raw egg in cake mix (tasted before baking) and other uncooked dishes.

## Managing risk



Peanuts can also be called

- Ground nuts
- Ground pea
- Earth nuts
- Pinder
- Goober
- Monkey nuts

Tree nuts include

- Cashew
- Almond
- Brazil
- Hazelnut also called a Filbert or a Cob nut or a Noisette
- Pistachio
- Pecan also called a Hickory nut
- Walnut
- Macadamia also called a Queensland or a Candle nut



Peanuts are in the same family as:

peas, beans, kidney beans, chickpeas, lentils and lupin  
but you don't need to avoid these unless you have reacted to them



Coconut, other palm nuts, water chestnuts, chestnuts, pine nuts, nutmeg and mace are not nuts and are usually safe to eat unless your child has actually reacted to them before.



### Other products that may contain nuts

Some non food products contain nuts and you should avoid these too

- Nut products are used in many animal and bird foods.
- All soaps, cosmetics and personal care products must carry a full ingredients list. However the oil in these is refined and has never been confidently implicated in a reaction. These ingredients lists are usually printed in Latin. The following are some Latin names for nuts which may be used in ingredients lists:

#### Latin Name

*Prunus amara*

*Bertholletia excelsa*

*Anacardium occidentale*

*Corylus rostrata/americana/avellana*

*Macadamia ternifolia*

*Arachis hypogaea*

*Carya illinoensis*

*Prunus dulcis*

*Juglans regia/nigra*

*Pistacia vera*

#### English Name

Bitter almond

Brazil

Cashew

Hazelnut

Macadamia

Peanut

Pecan

Sweet almond

Walnut

Pistachio



# Practical reality

- What CAN the child have
- You have policies and procedure in place already to help minimise risk
  - Hand washing before and after eating
  - Spillages
  - Food storage
- Ban vs No food sharing
- Nature tables, play dough
- Cooking and baking
- Special (food) occasions
- Non food risks

# Providing, storing, serving food

- Law
  - “XXXX are compliant with Food Information for Consumers (FIC) Regulation (EU) No 1169/2011 and S.I. No. 489 of 2014) in which we control allergens in the foods we provide.
  - Since December 13th 2014 we provide information to parents on the allergen status of the main meal dishes we offer”.
- Policies and procedures
  - On receipt of food from home for children under 12 months, staff will ...
  - Staff are trained in nutrition and basic food handling ...
  - Hygiene, spillages
- Ingredients (Suppliers)
- Consider
  - Place mat
  - Coloured utensils
  - Pre meal checklist
- Supervision

# Substances or products causing allergies or intolerances

## (Annex II of regulation (eU) no 1169/2011)

- Milk
- Egg
- Gluten
- Soy
- Peanut
- Lupin
- Tree nut
- Sesame seed
- Crustaceans
- Fish
- Molluscs
- Celery
- Mustard
- Sulphur dioxide

From December 13th 2014, the requirement to declare food allergens on prepacked food is extended by EU law to include non-prepacked food.

A variety of other businesses and institutions providing non-prepacked food includes childcare and healthcare facilities, detention centres as well as meals provided or delivered free of charge by charitable institutions or organisations.

Childcare facilities frequently prepare meals for the children in their care and so are required to provide written food allergen information. However, young children are not in a position to understand or appreciate written food allergen information and therefore, it is necessary that this information is provided to the parent or guardian, particularly when new or altered menu items are made available.



**Food Safety**  
AUTHORITY OF IRELAND

## Allergen Information



## Managing risk

# High risk scenarios

- “Special occasions such as birthdays and festivals are marked; we know they are very important. Parents are very welcome to attend. Our focus is on the significance of the celebration for the child and making them feel extra special through songs, fun and games as relevant. If you would like to have some photographs of your child’s special day feel free to send in a camera and we will capture the fun for you. Please let us know one week in advance so that we can make arrangements”
- “If food is part of a celebration we recommend you provide a block of plain icecream. As there could potentially be several parties a week goody bags, sweets, crisps are not required. Whole nuts and popcorn are not allowed on site to minimize the risk of food related choking”.



# ??Food bans??



## PRE- MEAL HAZARD CHECK LIST \*YOU MUST COMPLETE THIS EACH TIME YOU SERVE ANY FOOD

Meal	Time	Have you read Special Diet/Allergies/ Medical Conditions in "Day Folder" for this room before completing this form?	Name of child/children with Special dietary /Allergic or Medical Condition present in the room for this meal? (write full name of child)	Have you checked each child's food is correct with their Special diet/Allergies or Medical Condition? (please tick yes when done)	Have you taken steps to ensure the child does not eat other food during the meal? (please tick yes when done)
Breakfast		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. Yes <input type="checkbox"/> 5. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. Yes <input type="checkbox"/> 5. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/> 4. Yes <input type="checkbox"/> 5. Yes <input type="checkbox"/>
AM Snack		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/>
Dinner		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>
PM Snack		1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. _____ 2. _____ 3. _____	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>	1. Yes <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Yes <input type="checkbox"/>

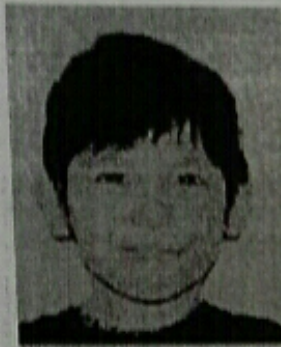




## Managing risk

Name: Dantè Ladesma

Date of birth: 16/04/2008



Confirmed allergens:

Pecan, Walnut, Cashew

Macadamia, Pistachio

Horse, Dog, Cat

Rye Grass, Johnstone Grass, Pine Tree mix

Alternaria, Cladosporium, Dust mites Pt & Fa

Cassandra - Mother

Mobile Ph: \_\_\_\_\_

Dr Muhammad Khalil Ghuman

Builder 4 4069453W

Marine Rd Family Medical Practice

Shop 11, 237 Marine Rd, Marine Plaza

PARAFIELD GARDENS SA 5107

Phone: (08) 6283 4411

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

Instructions are also on the device label and at [www.allergy.org.au/health-professionals/ascia-action-plans](http://www.allergy.org.au/health-professionals/ascia-action-plans)

### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.

- Stay with person and call for help

- Give medications (if prescribed)

Dose: \_\_\_\_\_

- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION

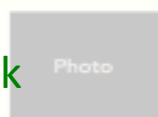
- 1 Lay person flat. Do not allow them to stand or walk.

If breathing is difficult allow them to sit.

- 2 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)

- 3 Phone family/emergency contact

- 4 Commence CPR if there are no signs of life

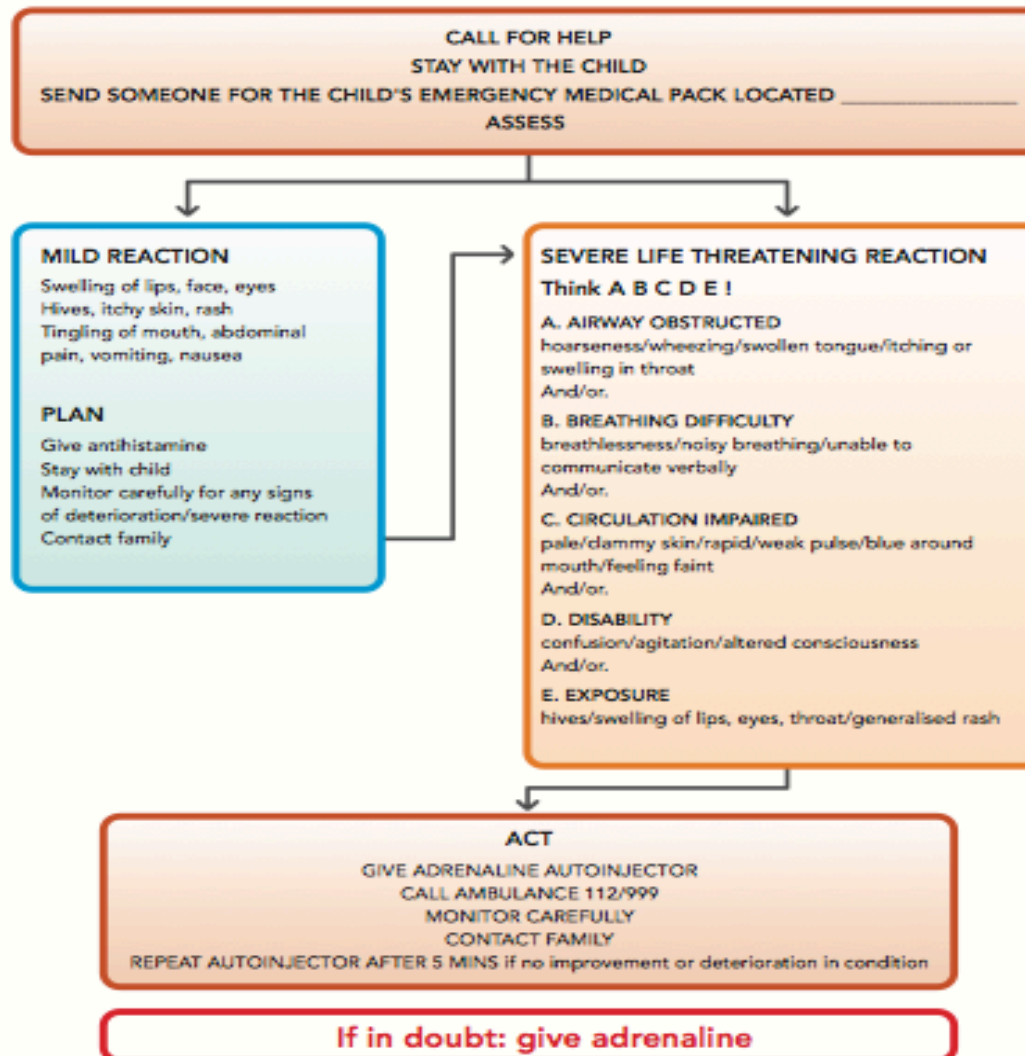


NAME:  
Date of birth:  
Family contact:  
Allergic to:



## Managing an Allergic Reaction

Because allergy matters visit [www.ifan.ie](http://www.ifan.ie)





# Managing risk



**IFAN**  
IRISH  
FOOD ALLERGY  
NETWORK

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Glossary

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Contributors

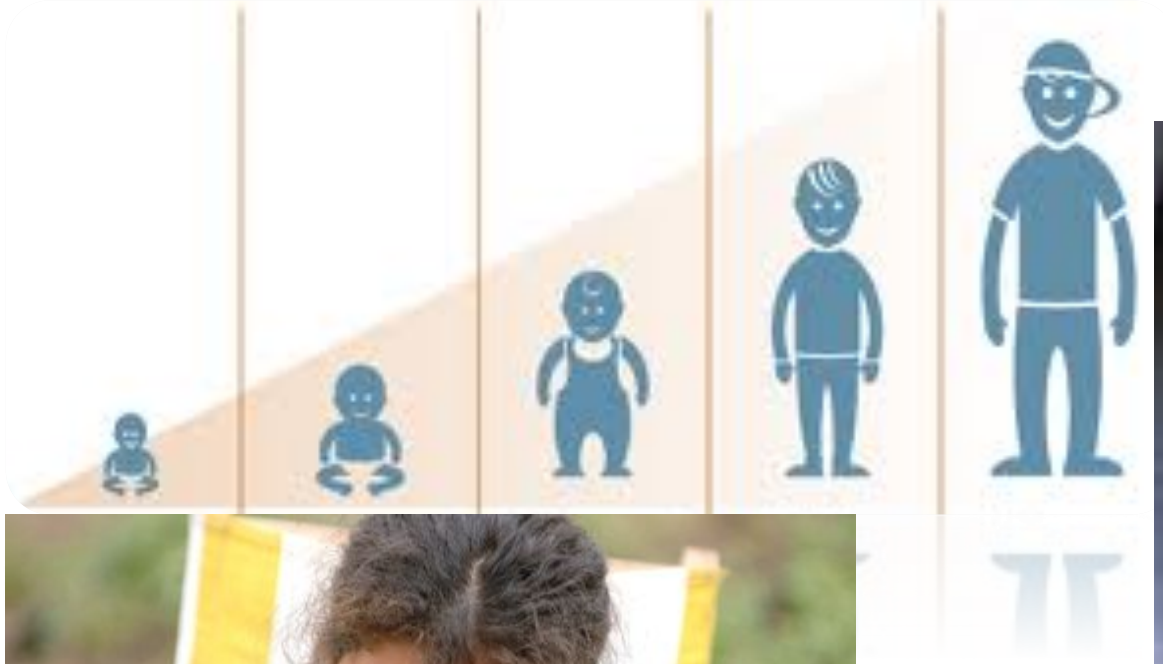


## Medication for food allergy

1. All food allergic children should have non sedating h1 antihistamines available in liquid form at all times.
2. The treatment of acute [asthma](#) requires spacer device inhaled beta-2-agonists, however for more severe symptoms they cannot be relied on solely
3. Adrenalin autoinjector prescription is indicated for:  
Any child with a prior severe allergic reaction to the food. Children who have had anaphylaxis or who are considered at high risk of anaphylaxis  
Any child with food allergy and [more than mild asthma](#) (>BTS step 2). Children living remote from medical facilities. Most children with peanut allergy.
4. The dose of Adrenalin is 150mcg for children 15-30kg and 300mcg for those over 30kg as an intramuscular injection.
5. A child should always have 2 auto injectors with them in case the first fails or isn't used correctly.
6. When Adrenalin auto injectors ([Anpen](#))([Epipen](#))([Jext](#))are prescribed there must be a clear explanation of when and how to use them. Note [Anapen presentation](#) is changing from September 2014.
7. All children with immediate food allergy should have a [management plan](#) which can be adapted to the individual. A resource pack for teachers and parents is available from Anaphylaxis Ireland. [www.anaphylaxisireland.ie/](http://www.anaphylaxisireland.ie/) called "[Managing Chronic Health Conditions at school](#)".
8. All those at risk of anaphylaxis should be encouraged to wear/carry some form of Medic Alert identification (e.g. engraved watch, wrist or neck band/ wallet ID card).



# So what..if in doubt just avoid



# Put yourself in these shoes..





# What about.....



# Every label, every time

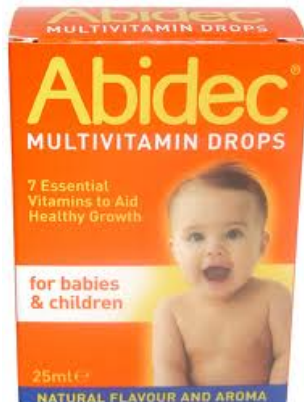
Medicine

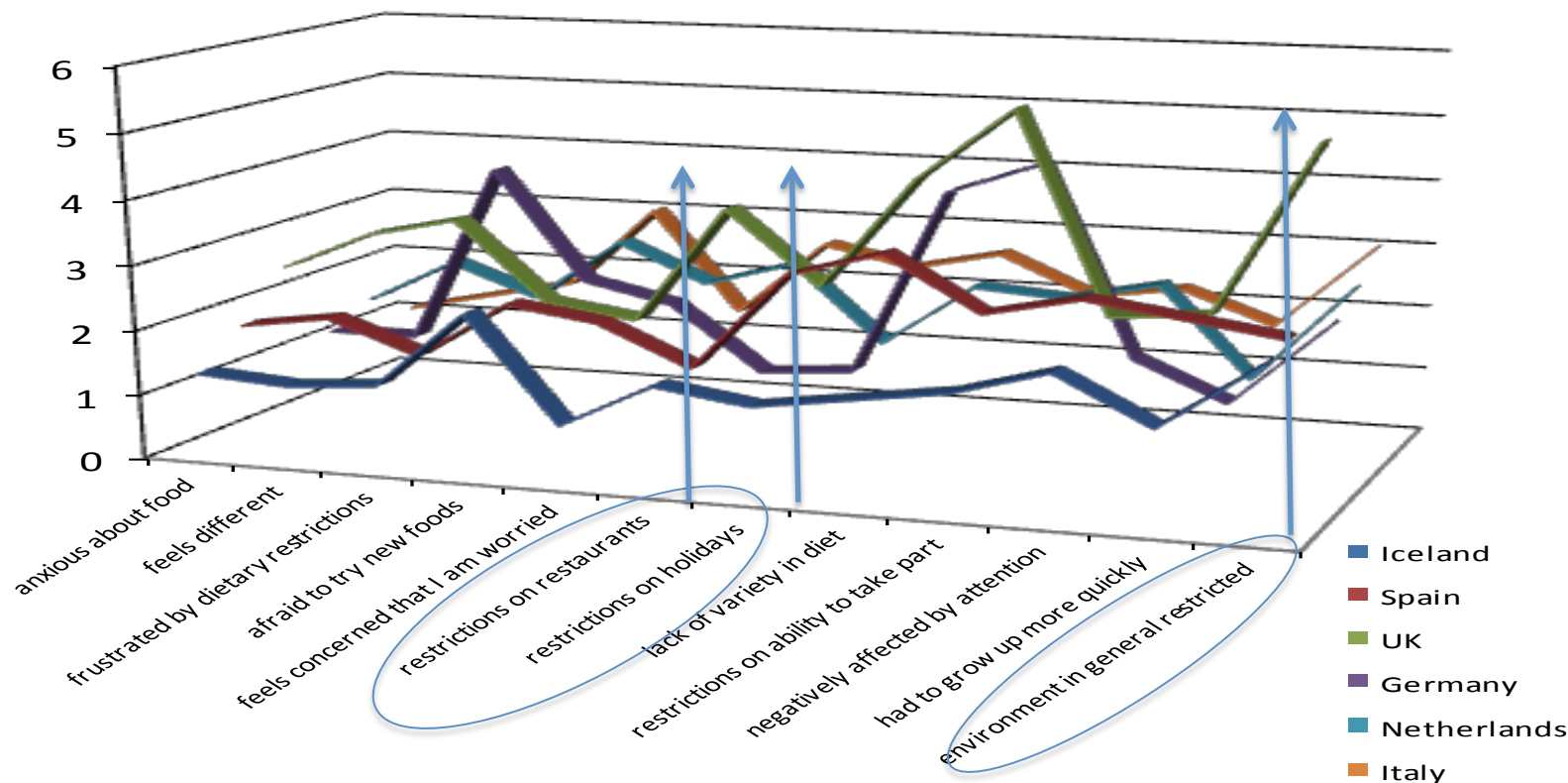
Hand cream

Cosmetics

Shampoo

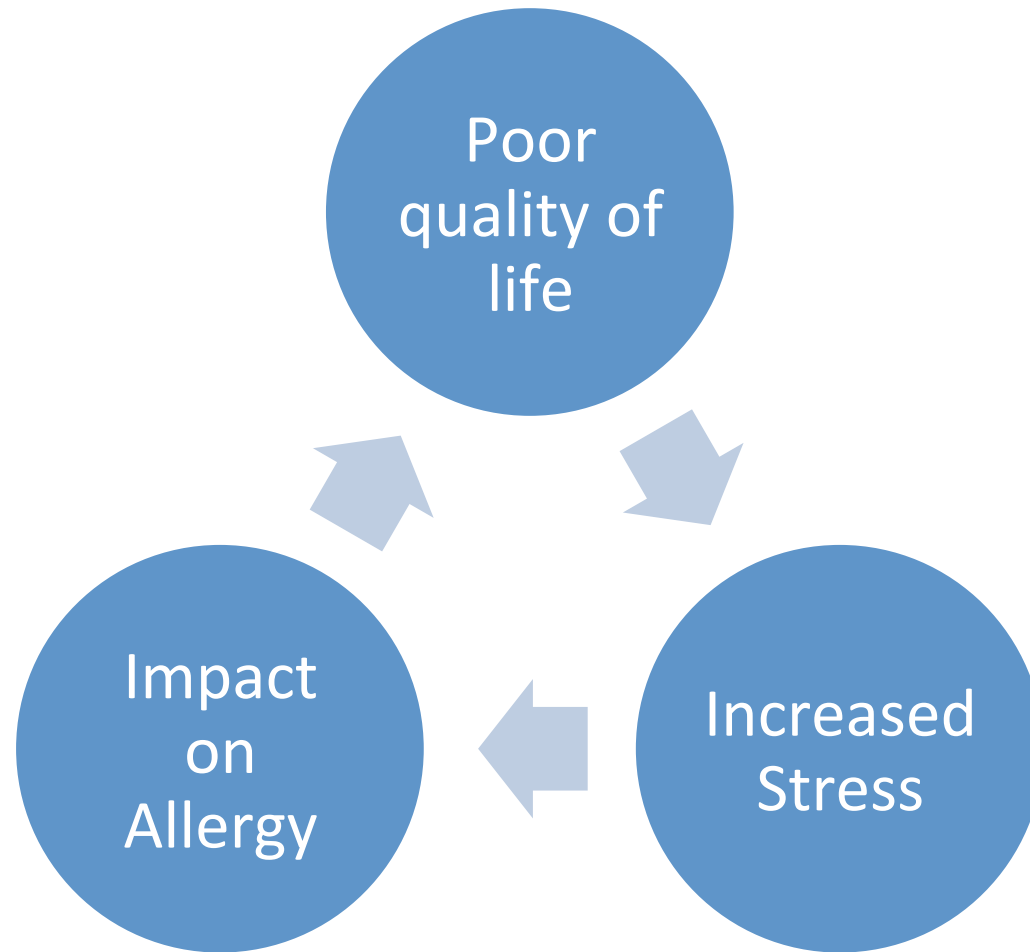
Toothpaste





- Highest impact in items relating to *social restrictions*...food allergic patients have a worse quality of life than patients with Insulin dependant diabetes.

DunnGalvin, A., de Blok, B.M.J. Dubois, A., Hourihane, J.O'B (2008). *Development and Validation of the Food Allergy Quality of Life – Parent Administered Questionnaire (FAQLQ-PF) for food allergic children aged 0-12 years*. Clinical and Experimental Allergy, 38; 977-986



# Scenarios revisited

- Parents sending in Nutella when you have a nut ban in place
- Poppy seeds from another child's roll on the table where another child has seed allergy
- Mild reaction or severe reaction-how do I tell?
- Adrenaline pen
- Parties, trips and special occasions
- Sharing food



# Resources

Allergy

## POSITION PAPER

### **The management of the allergic child at school: EAACI/ GA<sup>2</sup>LEN Task Force on the allergic child at school**

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[http://www.eaaci.org/images/files/Pdf\\_MsWord/2010/Position\\_Papers/the\\_management\\_of\\_the\\_allergic\\_child\\_at\\_school.pdf](http://www.eaaci.org/images/files/Pdf_MsWord/2010/Position_Papers/the_management_of_the_allergic_child_at_school.pdf)