



What You Should Know About Food Allergy

More than 3 million children with food allergies head back to school each year. Parents and school staff must work together to provide safe situations for students with allergies and asthma. School staff and others should work with parents to:

- Complete an Anaphylaxis Action Plan.
- Inform the school cafeteria workers, teachers and other staff of child's allergies.
- Provide a list of foods to avoid and offer safe alternatives.
- Provide a picture of child for the cafeteria cooks and cashier.
- Pack bag lunches if cafeteria options are limited.
- Offer safe snacks to child during class parties and other activities involving food.
- Advocate "no eating" policies on buses and other settings where students aren't supervised.
- Keep medication, such as autoinjectable epinephrine or antihistamine, in the child's classroom or backpack. Check with school administrators on their medication policies.

With a true food allergy, an individual's immune system will overreact to an ordinarily harmless food.

Foods That Most Often Cause Allergic Reactions

Eight foods account for up to 90% of all food-allergic reactions. They are:

- Peanuts
- Tree nuts (such as pecans, almonds, walnuts, pistachio, nuts, cashews, Brazil and hazelnuts.)
- Fish
- Shellfish
- Milk
- Eggs
- Soy
- Wheat

Dangers from food are not limited to the cafeteria. One study showed most food allergy reactions occurring in the classroom, where for example foods are used as rewards, in arts and crafts projects, etc.

More severe, life-threatening symptoms of an allergic reaction

Respiratory

- Shortness of breath
- Tightness of chest
- Difficulty swallowing
- Itching or swelling of tongue, throat
- Repetitive cough

Cardiovascular (circulatory)

- Change in voice
- Shock
- Drop in blood pressure
- Fainting

Reactions can range from mild to life threatening (see Anaphylaxis section on aaaai.org).

The same food can cause a different reaction from person to person.

The same food can cause different symptoms in the same person at different times.

There is no way to know how serious a reaction will become, so it is important to treat all reactions quickly.

Management of Food Allergy

Avoid the food. The best way to treat food allergy is to avoid the specific foods that trigger the allergy.

Ask about ingredients. To avoid eating a "hidden" food allergen away from home, food-allergic individuals must always inquire about ingredients when eating at school and make the seriousness of their allergy known.

Read food labels. It is important for food-allergic people and school personnel to carefully read food labels. The United States and many other countries have adopted food labeling rules that ensure food allergens are listed in common language, such as "milk" rather than a scientific or technical term, like "casein."

Have a written individualized healthcare plan listing strategies for prevention of exposures to food allergens as well as an emergency action plan for recognizing and treatment of acute allergic reactions and anaphylaxis. For schools, this written plan needs to be reviewed annually with the child's physician and submitted at the beginning of each academic year.

Be prepared for emergencies. Anaphylactic reactions caused by food allergies can be potentially life-threatening. Anyone who has a food allergy should strictly avoid that food at all times. They may need to carry and know how to use autoinjectable epinephrine to treat reactions due to accidental ingestion.

People who are commonly around the patient, such as school nurses and teachers, should also know how to treat reactions due to accidental ingestion of food allergen. They must be trained to recognize the signs and symptoms of anaphylaxis, and to carry and know how to use injectable epinephrine. For schoolchildren, the school needs to be supplied with one or two doses of injectable epinephrine, and the student must have quick and ready access to epinephrine in all school settings including off site locations such as sporting events and field trips.

Those with food allergies should also wear an identification bracelet that describes the allergy. If a student has an anaphylactic reaction after eating a food, epinephrine should be administered immediately and 911 should be called. The student should be transported by EMS to the emergency room for observation of potential late phase anaphylaxis which can be severe."

For proper diagnosis and treatment, make sure to get follow-up care from an allergist/immunologist. To find an allergist/immunologist near you, visit AAAAI.org and the Find an Allergist/Immunologist Directory.