



FARE.
Food Allergy Research & Education



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About FARE

- FARE's mission is to improve the quality of *life* and the *health* of individuals with food allergies, and to provide them *hope* through the promise of new treatments.
- FARE's educational programs and resources, awareness campaigns, advocacy initiatives, and research make a difference in the lives of people with food allergies.



What is a Food Allergy?

- A food allergy is when your body's immune system reacts to a food protein because it has mistaken it as a threat.
- The response your body has to the food is an allergic reaction.
- Food allergies can be life-threatening.
- A food allergy can develop at any age, including adulthood, even if the person has previously consumed without issue.
- Food allergies are confirmed through blood/skin testing and clinical history.

THE FOOD ALLERGY EPIDEMIC



More than half of adults with food allergies have experienced a severe reaction.



More than 40 percent of children with food allergies have experienced a severe reaction.



Claim lines with diagnoses of anaphylactic food reactions increased 377 percent between 2007 and 2016.

Related Conditions

Food Intolerance

- A reaction to food that does not involve the immune system and is not life-threatening.
 - Example: Lactose intolerance – trouble digesting lactose, a natural sugar found in milk. Other common intolerances: gluten, beans, chocolate.

Celiac Disease

- An auto-immune disease that damages the small intestines when gluten is consumed.
- Very serious, with long-term health consequences, but doesn't result in anaphylaxis.

Related Conditions

Eosinophilic Esophagitis (EoE)

- Results when large numbers of eosinophils gather in the esophagus; triggered by food.

Food Protein-Induced Enterocolitis Syndrome (FPIES)

- Serious, non-IgE-mediated type of food allergy causing excessive vomiting and diarrhea.

Oral Allergy Syndrome (a.k.a. Pollen-food Syndrome)

- Triggers itchy mouth and throat when eating certain raw fruits and vegetable; in rare cases can cause anaphylaxis.

Common Food Allergens

Nine foods are responsible for the majority of food allergy reactions in the United States:



Peanut



Tree nuts



Milk



Eggs



Wheat



Soy



Fish



Shellfish
(crustacean—
crab, lobster, etc.)



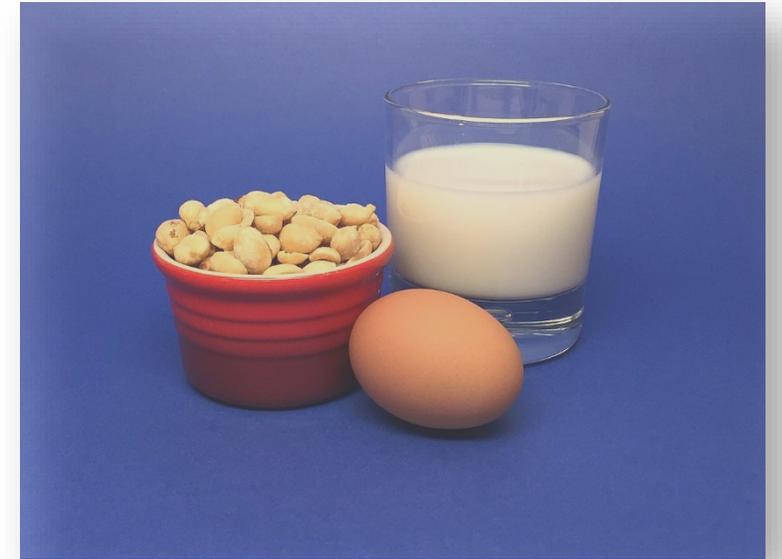
Sesame

- A person can be allergic to virtually ANY food.
- ALL food allergies need to be taken seriously.

Top Allergens by the Numbers

Studies published in 2018/19 estimate the U.S. population that reports allergic reactions to specific foods is as follows:

- Shellfish: 8.2 million
- Milk/peanut: 6.1 million (each)
- Tree nuts: 3.9 million
- Egg/fish 2.6 million (each)
- Wheat: 2.4 million
- Soy: 1.9 million
- Sesame: 0.7 million



Highest Risk for Developing Food Allergy

- Children from rural communities are less likely to have food allergies than children from urban centers.
- Among inner-city children with a family history of hay fever, eczema or asthma, one in 10 preschool-aged child is allergic to eggs, milk, or peanuts.
- Childhood food allergy has increased at a rate of 2.1 percent per decade among African Americans, 1.2 percent among Hispanics and 1 percent among whites.



Avoiding the Allergen

Carefully avoiding problem food(s) is the only way to prevent allergic reactions.

- Read all product labels carefully before purchasing/consuming.
- Be mindful of cross-contact.
- Take special precautions when dining out and traveling.
- Always be prepared for an allergic reaction.



Food Allergen Labeling

The Food Allergen Labeling & Consumer Protection Act (FALCPA) requires that food labels show in plain English when a major food allergen, or any ingredient that contains protein from a major allergen, is an ingredient in that product.

“Contains” statement

Nutrition Facts

Ingredients: Enriched flour (wheat flour, malted barley, niacin, reduced iron, thiamin mononitrate, riboflavin, folic acid), sugar, partially hydrogenated cottonseed oil, high fructose corn syrup, whey, eggs, vanilla, natural and artificial flavoring, salt, leavening (sodium acid pyrophosphate, monocalcium phosphate), lecithin, mono- and diglycerides.

Contains: Wheat, Milk, Egg and Soy.

Any Cookie Company
College Park, MD 20740

Nutrition Facts

Ingredients: Enriched flour (wheat flour, malted barley, niacin, reduced iron, thiamin mononitrate, riboflavin, folic acid), sugar, partially hydrogenated cottonseed oil, high fructose corn syrup, whey (milk), eggs, vanilla, natural and artificial flavoring, salt, leavening (sodium acid pyrophosphate, monocalcium phosphate), lecithin (soy), mono- and diglycerides.

Any Cookie Company
College Park, MD 20740

Name in parenthesis

Food Allergen Labeling

- FALCPA does not address the use of advisory labeling, such as "may contain" or "processed in a facility with" or "made on equipment."
- Advisory labeling is voluntary and there is no law governing these statements.



Cross-contact

- The term cross-contact is sometimes called cross-contamination.
- Cross-contact happens when one food comes into contact with another food and their proteins mix.
- Even a tiny amount of food protein can cause a reaction.



Examples of cross-contact

Direct Cross-Contact (allergen was directly applied and then removed)	Indirect Cross-Contact (allergen was not directly applied)
Peeling cheese off a cheeseburger to make it a hamburger	Using the same spatula that flipped a cheeseburger to flip a hamburger
Removing shrimp from a salad	Not washing hands after handling shrimp before making the next salad
Scraping peanut butter off a piece of bread and using it to make a different sandwich	Wiping off—not properly cleaning—a knife used to spread peanut butter before using it to spread jelly

Cross-contact

- Wash your hands with soap and water before touching anything else if you have handled a food allergen.
 - Sanitizing gels or water alone will not remove an allergen.
- Scrub down counters and tables with soap and water after making meals.
- Do not share food, drinks or utensils.



Allergic Reactions

- Every three minutes, a food allergy reaction sends someone to the hospital.
- 25 percent of reactions occur outside of the home.
- Teenagers and young adults are at the highest risk of fatal anaphylaxis.



Allergic Reactions

- An allergic reaction can affect the skin, gastrointestinal tract, respiratory tract, and cardiovascular system.
- Symptoms typically appear within minutes to several hours after ingesting the food.
- Allergic reactions can range from mild to severe, including the potentially life-threatening condition, anaphylaxis.
- Previous reactions do not predict future ones.
- Epinephrine is the only medicine that can stop anaphylaxis and must be administered promptly.

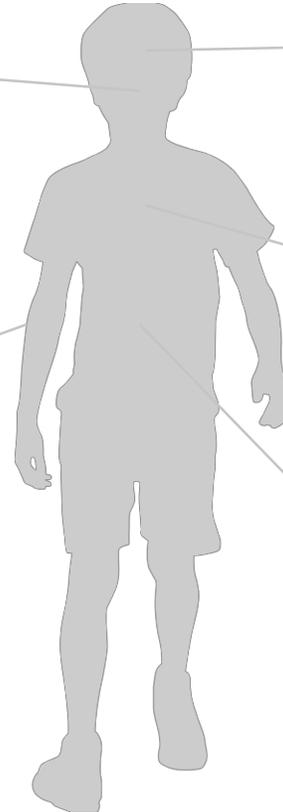
Common Symptoms of an Allergic Reaction

Mouth

- Itchy mouth or ear canal
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth
- Trouble swallowing
- Obstructive swelling of the lips, tongue, and/or throat

Skin

- Hives (reddish, swollen, itchy areas on the skin)
- Redness of the skin or around the eyes
- Turning blue



Emotional

- Sense of impending doom
- Change in alertness
- Mood change

Chest

- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or “thread” pulse

Abdomen

- Nausea or vomiting
- Diarrhea
- Stomach pain
- Uterine contractions

Anaphylaxis

For serious reactions, act quickly:

- Administer epinephrine.
- Call 911 and advise epinephrine has been used for an anaphylactic reaction.
- Make arrangements to be transported to an emergency room.
- Second dose of epinephrine may be necessary if symptoms have not subsided in 5-10 minutes.
- Antihistamine will NOT stop anaphylaxis.



Life with Food Allergies: Quality of Life

Food Allergy Bullying

- About one-third of kids with food allergies report that they have been bullied because of their allergies.

School, Extracurriculars and Social Activities

- More than one-quarter of parents report their children do not participate in camp or sleepovers.
- 15 percent do not dine out; 10 percent avoid childcare settings or playdates; 10 percent home-school their children.



Life with Food Allergies: Quality of Life

Special Demands on Families

- Navigating relationships with schools, caregivers, family members, and friends.
- Educating others about safe foods, label reading, symptom identification, and emergency preparedness.

Economic Impact

- Specialty food, medication, emergency care, allergist visits.



AMONG FOOD ALLERGY CENTERS SURVEYED

MORE THAN 90 PERCENT

SERVE PATIENTS & PARENTS WHO HAVE
ANXIETY RELATED TO
FOOD ALLERGY.



OF 500 PATIENTS & CAREGIVERS SURVEYED

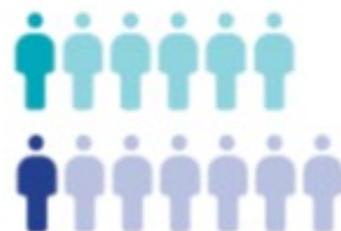
TWO-THIRDS REPORT
MENTAL HEALTH CONCERNS
RELATED TO FOOD ALLERGY.



NEARLY 70 PERCENT

TREAT PATIENTS WHO SUFFER
FOOD ALLERGY-RELATED

PANIC ATTACKS.



ONLY **1 IN 6** PATIENTS
AND **1 IN 7** CAREGIVERS HAD
RECEIVED FOOD ALLERGY-RELATED
MENTAL HEALTH SERVICES.

MORE THAN 70 PERCENT

TREAT PATIENTS WHO REPORT FOOD ALLERGY

BULLYING.



MORE THAN HALF
WANT RESOURCES

TO HELP THEM COPE WITH FOOD
ALLERGY STRESS AND ANXIETY.



Food Allergies and the Law

- The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities.
- The U.S. Department of Education's Office for Civil Rights lists allergy as an example of a hidden disability for the purpose of Section 504.





Food Allergies at School



Reactions at School

- It's important for everyone teaching or caring for students to understand how to recognize and treat a severe allergic reaction.
- One in six children with food allergies has had an allergic reaction while at school.
- About 25 percent of severe reactions at school happened to individuals with no previous diagnosis of a food allergy.



SCHOOL BUS



RULES THAT PROHIBIT EATING AND DRINKING on school buses help to protect students from food allergy reactions while riding the bus.



LUNCH ROOM

HIDDEN INGREDIENTS, CROSS-CONTACT BETWEEN FOODS, and the fear of allergens left on lunch tables are often cause for concern.

HALLWAYS

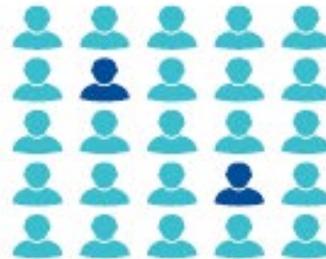


About **ONE-THIRD** of kids with food allergies report that they **HAVE BEEN BULLIED** because of their allergies.

WHERE DO ANAPHYLACTIC EVENTS OCCUR?*



TWO KIDS
IN EVERY CLASSROOM
HAVE FOOD ALLERGIES



PLAYGROUND



SNACK RESIDUE or crumbs on playground equipment could present a **RISK OF EXPOSURE** to a student's allergen.



CLASS ROOM

SKIN CONTACT OR INGESTION OF FOOD ALLERGENS used in classroom projects can be a cause of allergic reactions.

HOLIDAYS/PARTIES



HOME-BAKED FOODS ARE AT A HIGHER RISK for cross-contact with another food that can cause a reaction in a classmate.

Food in the Classroom

- Avoid use of food in curriculum, e.g. using M&Ms for counting.
- Avoid using food as a reward, instead give out privileges, like extra recess.
- Check the ingredients of arts and crafts and science supplies - many contain common allergens.
- Make celebrations food free.
- Consider allergen-free classrooms, as appropriate.



Create a Positive School Environment

Promote a supportive environment

- Avoid language and activities that isolate
- Encourage everyone's help in keeping the school safe.
- Develop rules and policies against bullying behavior.

Provide food allergy education and awareness

- Reduce peer pressure.
- Decrease risk-taking behaviors.
- Promote safety, respect and acceptance.



The Emotional Impact

Social Isolation

- When students with food allergies cannot participate and are not included in classroom and school activities, it can cause emotional distress.

Bullying

- About one-third of kids with food allergies report that they have been bullied.
 - Having the food rubbed on/thrown at them.
 - Waving the allergen in front of them.
 - Being forced to touch the food.



Food Allergies & COVID at School

- Encourage use of packaged food with labels.
- Serve pre-packaged meals instead of buffet-style.
- No food sharing or trading.
- Ensure staff is trained on recognizing and responding to a reaction.
- Wash hands before and after eating and handling food.
- Limit the sharing of devices, books and other items.

CDC Recommendations
for Food Allergy Safety in School

- Wash hands before and after food handling and eating
- Clean and disinfect frequently touched surfaces
- Encourage use of packaged foods with ingredient labels
- Serve pre-packaged food instead of buffet-style meals
- Implement a "no food sharing" or "no food trading" policy
- Limit the sharing of devices, toys, games and books
- Train teachers on how to recognize and respond to allergic reactions

 **FARE**
Food Allergy Research & Education

- "My tongue [or mouth] is hot [or burning, tingling, itching]."
- "It feels like something's poking my tongue."
- "It [my tongue] feels like there is hair on it."
- "It feels like a bump is on the back of my tongue [throat]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "My chest is tight."
- "Something is wrong" or "Something bad is happening."





Resources

Back to School HQ

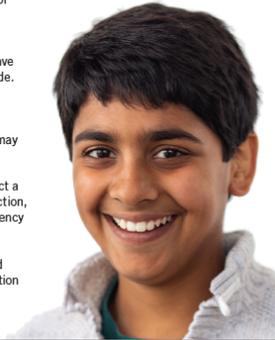
Foodallergy.org/backtoschool

- Printable resources
- Webinar series
- Blog posts



My Student Has a Food Allergy. What Can I Do to Help?

- ✓ Work with parents, the school nurse, and other appropriate school personnel to determine if any classroom modifications are needed to make sure that students with food allergies can participate fully in class activities.
- ✓ Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards. Modify class materials as needed.
- ✓ Use non-food incentives for prizes, gifts, and awards.
- ✓ Consider designated allergy-friendly seating arrangements in the cafeteria.
- ✓ Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.
- ✓ Encourage children to wash hands before and after handling or consuming food.
- ✓ Determine if the intended location for a field trip is safe for students with food allergies. If it is not safe, the trip might have to be changed or cancelled if accommodations cannot be made. Students cannot be excluded from field trips because of food allergies.
- ✓ Avoid ordering food from restaurants because food allergens may be present, but unrecognized.
- ✓ Have rapid access to epinephrine auto-injectors. If you suspect a severe food allergy reaction or anaphylaxis, take immediate action, consistent with your school's food allergy management emergency response protocol.
- ✓ Be a role model by respecting the needs of students with food allergies and reinforcing the school's rules against discrimination and bullying.



Recommended COVID-19 Guidelines Help Schools Navigate

While each school district will approach this year differently, temporary guidance from the CDC and a recently released point of view from the American Academy of Pediatrics (AAP) can help parents plan for different school opening scenarios.

LEARN MORE →



Strict hand washing

Food allergy families know the value of diligent hand washing. Now more than ever, reinforcing the need for



Routine Cleaning

These approaches to cleaning and disinfecting can help prevent unintentional exposure to food residues and

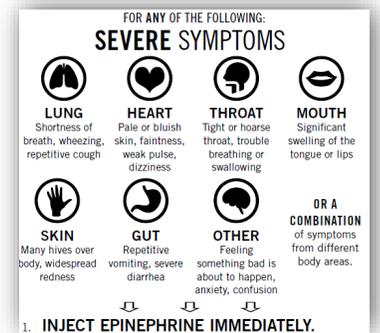
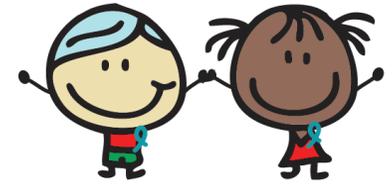


10-Min Training Course: Recognizing & Responding to Anaphylaxis

Will you know what to do if a student has an allergic

Resources

- **FARECheck Instructor Training (FIT)** is for food service individuals working in pre-K through college.
- **Recognizing and Responding to Anaphylaxis** is a free on-demand course about anaphylaxis, its causes and the proper response.
- The **Be a PAL** education program helps young children learn how to be a good friend to peers with food allergies.
- The **Food Allergy & Anaphylaxis Emergency Care Plan** outlines treatment, is signed by a physician and includes emergency contact information.



Newark Community Access Initiative

To be piloted in the South Ward this spring.

Phase 1

- Assess the prevalence and burden of food allergy
- Identify barriers to access to education and care

Phase 2

- Deliver culturally appropriate strategies for community engagement
- Provide trainings and resources to schools and other critical audiences



Get Involved & Stay Informed

- Sign up your school for the free Collaborator Program: foodallergy.org > Take Action > Collaborator Program
- Follow FARE on social media:
 - Twitter/Facebook/Instagram
 - Living Teal Channel on YouTube
- Access training and webinars at www.foodallergyacademy.org

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