Food Allergy

Food allergy may seem more common than it really is. Many people confuse food allergy with reactions that are caused by food intolerance. In December 2010, the National Institute of Allergy and Infectious Diseases published concise expert recommendations and guidance for food allergies and addressed current controversies. The guidelines are for health professionals. However, they include information that early education and child care staff should know about.

Food allergy is an undesired reaction of the immune system. The symptoms predictably occur when the person who has the food allergy is exposed to a particular food. Many people self-report food allergies that medical professionals cannot confirm with tests or a blind challenge with the food. For example, allergy to milk is the most common food allergy. While 3% of people report symptoms from exposure to milk, only 0.9% of these have a reaction when challenged with the food. Other foods widely associated with food allergy are eggs, peanuts, tree nuts, soy, wheat, crustacean shellfish and fish. Some of these foods are in many prepared food items.

Some foods, especially fruits and vegetables, may cause an allergic reaction when eaten raw, but not when cooked. Food oils (soy, corn, peanut and sesame) may cause reactions when some of the food protein remains in the oil.

Having a blood test reaction to food is not enough to say someone has a food allergy. Recent research suggests that no more than 5% of children less than 5 years of age and 4% of teens and adults have food allergy. Self-reported food allergy levels are 12% for children and 13% for adults.

Food allergy symptoms range from mild to life-threatening. The only way to prevent food allergy reactions is to avoid eating the offending food. Once exposure occurs, all that can be done is to treat the symptoms of the reaction.

Most children will eventually tolerate milk, egg, soy and wheat even though they have previously had trouble with these foods. Fewer outgrow allergy to tree nuts and peanuts. However, extreme measures are not always needed. Recent studies show that children with peanut allergy who had skin contact and inhaled the vapors of peanuts did not have any significant reactions. Symptoms might occur if a peanut-sensitive child’s hand touches a surface with peanut product on it and then the child puts that hand in his mouth. Washing off hands and contact surfaces with soap and water is sufficient.

The symptoms of food allergy can include swelling or tingling of the lips, mouth, throat, airway and face, vomiting, skin itching, hives, rashes, runny nose or wheezing. Those who have the most severe reaction, anaphylaxis, can die a short time after contact with the offending food.

Classroom Pets & Animal Experiences
(from the early educator’s perspective)

Pets can play a dynamic role in classroom life. Children learn firsthand about other animals that share our planet. Young children are very interested in opportunities to observe an animal’s life cycle and daily routines like eating and sleeping. Children enjoy watching how animals respond to one another and to their human caretakers. Some children become very fond of pets.

Illnesses people contracted from animals in public settings have been on the rise over the past fifteen years. Early educators must take precautions to keep the environment and children safe.
Families should notify all the child’s teachers/caregivers if their child has a potentially life-threatening food allergy. They should provide a written emergency action plan from the child’s health care provider, a list of foods to avoid and possible substitutions. The emergency action plan should include the child’s name, the child’s picture, specifics about the food allergies, symptoms and what to do if contact with the offending food happens.

Teachers/caregivers must follow the emergency action plan if a child has symptoms. Even if the child never had anaphylaxis before, some symptoms signal possible progression to this life-threatening condition. Look for symptoms that involve the skin or mucous membranes, respiratory signs (tightness of the throat, hacking cough, hoarseness, wheezing, and shortness of breath), fainting or looking very ill. Antihistamines may help, but are not enough to treat this catastrophic response. The health care provider for a significantly allergic child should prescribe an auto-injector of epinephrine (adrenalin) to be kept with any adult who is supervising the child. It’s a good idea to carry the device in a belt purse/pack since it must be immediately available to use for the child at all times, including on the playground and on field trips. If a reaction with the symptoms that signal a severe reaction might happen, whoever is supervising the child must use the auto-injector immediately. Then, without delay, someone should call 911 for Emergency Medical Services.

All supervising adults who care for a child with a known food allergy should learn the recommended procedures. Then they should be observed by a licensed health professional to be sure they can perform these tasks competently. For a workshop about medication administration and a skills checklist that a licensed health professional can use for an observation, go to www.ecels-healthychildcarepa.org.

Some ways to reduce the risk of accidental exposure of a child who has a food allergy include:

- Prevent food sharing between children
- Use commercially prepared, labeled, and wrapped food for items not made at the facility
- Educate everyone about food label reading.
- Make sure everyone who interacts with the child knows about the allergy. With permission from parents, post the child’s allergy and photo wherever the child might go, or have the child wear a bracelet or a tag attached to the child’s clothing so staff and visitors to the program will be less likely to unknowingly give the offending food to the child.

To learn more, use the ECELS Self-Learning Module Online or the Workshop about food allergy.

In the past, our program welcomed many animals into the classroom. We participated in chick hatching programs. Teachers brought in hermit crabs from summer shore excursions. We have had many species of small mammals. Staff and family members sometimes brought in pets from home to visit. However, when we received reports of salmonella risks associated with animals such as chicks, reptiles and hermit crabs, we decided that we needed to develop an authoritative and systematic pet policy and procedure.

The first step in our procedure is research. Before an animal visits or comes to live in the classroom, we check with current, respected authorities. We want to see if the pet is suitable for the age group. We look at the Pennsylvania child care facility regulations and information from the PA Office of Child Development and Early Learning (OCDEL). We check relevant resources from the National Association for the Education of Young Children (NAEYC). For scientific evidence and expert advice, we consult the American Academy of Pediatrics (AAP), the PA AAP’s Early Childhood Linkage System (ECELS), and the National Association of State Public Health Veterinarians (NASPHV).

Recently, we were thinking about arranging for a classroom education program offered by a local farm. We sought advice from ECELS-Healthy Child Care PA. The ECELS Technical Assistance Coordinator called our attention to a recommendation in the Compendium of Measures to Prevent Disease Associated with Animals in Public Settings, 2009. The recommendation says: “Ensure that personnel providing animals for educational purposes are knowledgeable regarding animal handling and zoonotic disease issues. Persons or facilities that display animals to the public should be licensed by the U.S. Department of Agriculture.”

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I had assumed that the farm would have already taken any necessary steps before representing itself as a resource for farm education in the classroom. The ECELS Technical Assistance Coordinator suggested I verify licensure of the farm with the U.S. Department of Agriculture (USDA).

I learned that all farms receive yearly inspections under the Animal Welfare Act. To view recent inspections for any farm, you can go to: http://www.aphis.usda.gov/animal_welfare/efoia/index.shtml. Select Inspection Reports and License and Registration List. Enter the name and address of the farm. This allows you to access the actual USDA inspection reports for the farm. What I learned about the inspection reports for the farm we were considering made me decide not to have them provide a program at our center.

Every field has standards of best practice. As early childhood educators, we are committed to providing high quality educational experiences for young children and their families. When we interact with other entities, we should expect the same of them. We seek out nutritious food for our children to eat. We purchase sturdy, safe educational toys and materials. We advocate for high quality health care for the children we serve and for ourselves as child care providers. The farm and animal educators with whom we collaborate should meet standards for fair and healthy treatment of animals. To do any less not only overlooks the welfare of the animals themselves, but puts children at risk for illness.

Contributed by Beth Baker, Family Services Director, Children’s Village Child Care, Philadelphia


Also see related article in Winter 2010 Health Link ONLINE

Poison Ivy, Poison Oak, and Poison Sumac

With spring weather, poison ivy and its related species, poison oak and poison sumac, reappear. This family of plants can be recognized by their typical three-leaved appearance. Poison sumac is an exception, having 7-13 leaves, but the general configuration is the same - the middle leaflet sits on the longer stalk and is flanked by the other two leaflets.

The plants have many different variations. This may make them difficult to identify. The leaves can come in different sizes and shapes. They have their familiar green, waxy appearance more commonly in the summer time. They have a reddish hue in the spring. Some change to orange, red, and yellow in the fall. New leaves begin as clusters of greenish flowers close to the main stem. Later in the season, they form waxy white berry-like fruits. Poison ivy tends to grow as a vine. Poison oak and poison sumac grow as bushes.

These plants contain an irritating toxin in their sap, urushiol. When the sap comes in contact with skin, it causes an allergic contact skin rash. This exposure can occur through direct contact with the offending plant, or through contact with objects that have come in contact with the sap such as shoes, clothing, insects, and pet fur. The toxin, urushiol can remain active on surfaces for years.

The symptoms of poison ivy, oak, or sumac skin reaction begin with a severe itching. Then redness and blisters occur at the site of exposure. Typically, the reaction appears as linear streaks. Immediate attention to toxin exposure is essential to manage poison ivy, oak, or sumac skin reaction.

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Urushiol takes about 15 minutes after touching the skin to penetrate into it and initiate an allergic reaction. Washing the exposed area thoroughly with plenty of soap and water before this happens will minimize and possibly prevent the rash altogether.

A common myth is that touching the rash spreads the reaction. However touching the rash cannot spread the reaction to other parts of the body or to other people. Spread only occurs by touching residual toxin to the skin. Washing the skin and objects with soap and water must be thorough to remove the toxin and the risk of spread. Even trace amounts of the oil can cause a reaction. A delayed reaction may occur in those areas that are less sensitive to the toxin or have been exposed to less of it.

Treatment of the rash can be difficult. The rash can last for up to two weeks. During this time anti-itch medications and creams (such as antihistamines and calamine lotion), various home remedies, and in more severe cases, steroids can help.

Although we all look forward to more outdoor play in the spring, poison ivy, poison oak, and poison sumac can be quite a problem. So be safe, and be aware. Follow the advice: “Leaves of three -- let them be.”

Contributed by Neha Mehta, MD, FAAP
Photos courtesy of http://www.poison-ivy.org/

Tip for Oral Health in Child Care

When tooth brushing is not possible, give children a drink of water to rinse the food off their teeth. They can swallow the water or spit it out. Drinks of water can come from a water fountain, a bottle of water or from a cup. Use the method that is available and the child can do.

The Pennsylvania Immunization Coalition

To stay healthy, children and their caregivers should receive all their recommended immunizations on time. Child care professionals are key partners in making sure this happens. The Pennsylvania Immunization Coalition (PAIC) has tools to help.

PAIC is a non-profit organization of volunteers. Membership is free. The members work together to promote timely and effective immunizations for all Pennsylvania residents. Partners of the coalition identify what they need to improve immunizations. Then, the coalition addresses these needs.

PAIC has up-to-date immunization information, videos and other education resources. Members receive a monthly email update with immunization news, education opportunities, and more. Visit the PAIC website at: http://www.immunizepa.org/. The website has information on immunizations as well as how to become a member.

Contributed by PAIC Executive Director Nicole Pender
A study published in 2006 reported significant levels of toxic pesticides found on floors and other hard surfaces in a sample of 168 centers across the United States\(^1\). This finding indicates that early educators need to be more vigilant about choosing and supervising the work of pest management professionals.

Before making arrangements with any pest management professional, check to be sure their personnel know how to provide IPM. Many lack the training and experience required. *The Integrated Pest Management: A Toolkit for Early Care and Education Programs* is an excellent resource posted in 2011 on the website of the University of California, San Francisco School of Nursing’s California Childcare Health Program (CCHP). Go to [http://ucsfchildcarehealth.org](http://ucsfchildcarehealth.org). Select the tab “Publications and Resources” and then select “Training Curricula” from the list on the left side of the webpage. This toolkit is in English, but is soon expected to be available in Spanish too.

State Cooperative Extension programs can be very helpful. Penn State Cooperative Extension has an office in every county. They can provide accurate pest identification and suggestions for pest control. To access their fact sheets, go to [www.pested.psu.edu](http://www.pested.psu.edu). Then put “Fact Sheets” into the search box at the top of the webpage. Some are available in Spanish. For a wider range of multi-lingual resources, go to the National Pesticide Information Center at [http://npic.orst.edu](http://npic.orst.edu).

Merging the recommendations for selecting a pest management professional from the California Childcare Health Program and Penn State resources yields the following suggestions:

- Look for someone who has experience providing pest control services for early childhood education facilities. Ask other early education programs who they use and how satisfied they are with the services. Check references of prospective contractors, including the Better Business Bureau for a record and rating of past performance.
- Look for someone who has a state certification card as a pesticide applicator or technician. Ask specifically about the training and certification of the individual who will provide the services, not just supervisors. A higher level credential is certification by Ecowise ([www.ecowise.com](http://www.ecowise.com)), Green Shield Certified ([www.greenshieldcertified.org](http://www.greenshieldcertified.org)) or GreenPro ([www.certifiedgreenpro.org](http://www.certifiedgreenpro.org)).
- Ask the prospective pest management contractor what their workers will do for your facility. Make sure the response matches what the California Tool Kit says should be done for IPM. If the suggested service includes routine spraying or application of pesticides, do not hire this contractor.
- The proposed services should include a thorough inspection of the facility, indoors and outdoors. Then the pest management operator should provide written recommendations for ways to prevent pests from entering the facility, and how to exclude pests that are already a problem. Periodic monitoring should be part of the plan.
- If there is a pest problem, then the pest management contractor should use traps or least toxic pesticides. The facility agreement with the pest management contractor should include a requirement for the early childhood facility’s written permission to apply any pesticides before any such action occurs. Have the contractor provide a label from the container for any chemicals to be used. The label should indicate whether the intended use is safe. To find Pesticide Labels and Material Safety Data Sheets information yourself, go to, [www.pested.psu.edu/resources/web/labels.shtml](http://www.pested.psu.edu/resources/web/labels.shtml). Be sure to check how long people must stay out of the treated area.

Monitor whether the pest management contractor actually practices IPM. The service person should:

- do routine inspections with a flashlight
- talk with the facility staff about where they have seen pests and findings of the inspection
- use monitoring traps and check them
- take no action when there is no evidence of pests
- give recommendations for preventive practices such as sealing or sanitation as part of the services. (It is best if they provide some of these maintenance services as well.)

Be sure you can easily cancel the pest management contractor’s agreement if you are not satisfied with the service.

Children with Special Needs Module - Online

ECELS is offering a new interactive online self-learning module: *Children with Special Needs*. This module discusses steps to take before enrolling a child with special needs. It addresses how to meet the special needs while caring for all of the children in the program. Pennsylvania early learning practitioners receive two hours of state credit for successful completion of the module.

Be sure to download the Document Packet before using the module. It includes some fact sheets from the book *Managing Chronic Health Needs in Child Care and Schools: A Quick Reference Guide*. These fact sheets have recommendations, practical information and “what to do when” advice. Also included are a newly revised Care Plan form and a Resources and References list.

Go to [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org) for the module. Click the section heading “Child Care Provider Training Opportunities”. Scroll down to “Self-Learning Modules” and then click “View All”. Pennsylvania practitioners who have difficulty with their Internet connection may request a copy of the module on disk.

Contributed by Sandy McDonnell, MSN, CRNP—ECELS Training and Technical Assistance Coordinator

Sun Protection is Essential

The American Academy of Pediatrics issued a policy statement in March 2011 reviewing the hazards of Ultra Violet (UV) radiation exposure and making recommendations to prevent damage from overexposure to the sun.

Children should wear sun protective clothing and hats. Try to time outdoor activities to minimize peak midday sun (10 am to 4 pm) when possible. Apply UVA/UVB sunscreen 15-30 minutes before exposure and reapply it again if it has been more than 2 hours since it was last applied. Provide eye protection with sun glasses or eye shading hats. Infants younger than 6 months should be kept out of direct sunlight. Provide shade, sun clothing and hats for them. The skin of infants absorbs sunscreen chemicals more easily than the skin of older children. So use very little sunscreen for babies and only when other means of protection are not available.

Be creative about providing shade in outdoor play areas. For example, plant vines over a frame or plant shade trees; tie fabric from the top of one structure to the top of another. Use a tent made for camping as a play structure. It’s worth the effort. Sun safety has life-long benefits.

Motion Moments - 3 Videos

*Motion Moments* videos show a few simple ways to include physical activity in an early childhood curriculum. The activities are suitable for centers or family child care homes. Teachers/Caregivers can copy the movement ideas demonstrated in the videos. Then they can suggest other activities to help children develop age-appropriate physical activity. Physical activity is essential to young children’s growth and learning. Physical activity is fundamental to maintaining a healthy weight too.

The three short videos are on the website of the National Resource Center for Health and Safety in Child Care. Each video demonstrates activities for a specific age group. One video is about infants. A second video is about toddlers. The third video is about preschool age children. Go to [http://nrckids.org/Motion_Moments/index.htm](http://nrckids.org/Motion_Moments/index.htm) to view these videos.