

DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION

Training Module 4

Prevention of and Response to Emergencies Due to Food
and Allergic Reactions

Rev. 8/2016

Child Nutrition

What we eat is directly tied to our bodies' growth and development, including brain growth and development. Children are growing rapidly and need a nutritious diet to support the best possible growth. Young children have smaller tummies, and therefore need to eat more frequently than adults. Caregivers must make an even greater effort to ensure that the food children eat has the maximum nutritional value for their growth and development. It is common for children to eat full meals one day and then pick at their food the next day. If a child is going to only eat a couple of bites, we want those bites to be packed with nutrition. We want young children's tummies to be filled with nutritious foods.

Choosing and Serving Foods

While we want to provide children with a variety of nutritious foods, we also have to think about **potential food allergies**. Communicating with parents about what foods their children can or cannot eat will help keep the children in your care safe. If you do have a child in your care who has a food allergy, share that information with all of the adults who may care for that child. To avoid having the child accidentally eat something that contains the food allergen, read every food label carefully. Everything you serve to children should have a food label listing the ingredients.

There are guidelines that we follow on what food we serve children and how much food we serve based on the child's age. These guidelines are set by the U.S. Department of Agriculture and are listed in the Minimum Licensing Requirements. There are separate guidelines for babies under one year old.

Children should be served a minimum amount of food from the meal pattern chart. They may be served more than the minimum, but never less. If a child doesn't like a particular food, he/she should still be served the minimum.

Young children often have to be introduced to a food several times before they are willing to try it. Sometimes a child will eat a food at child care that he or she wouldn't eat at home, and vice versa. Encourage children to try a bite of all of their foods, but never force a child to eat. Do not bribe children to eat or use food as a reward. Mealtime should be a pleasant time for the children in your care.

Adults in licensed child care centers are not allowed to eat or drink anything in the children's presence that is not available to the children. This includes soft drinks, coffee, and other food or drink items as well.

Feeding Infants

When caring for infants, you must have a method of back-and-forth communication with families. Families will guide you as to what their child is accustomed to eating, and you can share with them what their baby experienced during his/her time with you. This information is important to provide consistent experiences for babies. As parents introduce new baby foods at home, you will want them to share that information with you so you may be aware if the baby shows any signs of potential allergies.

Research and physicians repeatedly tell us about the importance of breast milk for babies. In order for babies in our care to receive their mother's breast milk, the mother must pump and collect her milk to be brought to the center. Breast milk can be frozen or refrigerated and can look different in color, ranging from a pale yellow tint to a slightly blue hue. Breast milk can also have a very watery looking consistency. Breast milk must be labeled with the child's name and the date the milk was pumped. It must be stored properly and used in a timely fashion, using the oldest milk first. Ask the parents in advance what you should do if the baby runs out of milk.

Your facility may have a place for mothers to come to breastfeed their babies. If you work with infants, ask your supervisor for more information.

Safe Handling of Food

When serving food to children, make sure your hands are washed properly and that the place where you prepare the food and the place where you are serving the food is kept clean and germ-free. All fruits and vegetables must be washed before serving to children. Food should be stored at a proper temperature before it is prepared or served to children.

The sink where you wash your hands needs to be separate from the sink you use to prepare food or bottles. If your facility doesn't have separate sinks, you must sanitize the sink before you begin preparing food.



Chapter 4: Nutrition and Food Service

4.2 General Requirements

Standard 4.2.0.10: Care for Children with Food Allergies

When children with food allergies attend the early care and education facility, the following should occur:

- a. Each child with a food allergy should have a care plan prepared for the facility by the child's primary care provider, to include:
 1. Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications;
- b. Based on the child's care plan, the child's caregivers/teachers should receive training, demonstrate competence in, and implement measures for:
 1. Preventing exposure to the specific food(s) to which the child is allergic;
 2. Recognizing the symptoms of an allergic reaction;
 3. Treating allergic reactions;
- c. Parents/guardians and staff should arrange for the facility to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child is at the early care and education facility;
- d. Caregivers/teachers should promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the care plan;
- e. The facility should notify the parents/guardians immediately of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur;
- f. The facility should recommend to the family that the child's primary care provider be notified if the child has required treatment by the facility for a food allergic reaction;
- g. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered;
- h. Parents/guardians of all children in the child's class should be advised to avoid any known allergens in class treats or special foods brought into the early care and education setting;
- i. Individual child's food allergies should be posted prominently in the classroom where staff can view and/or wherever food is served;
- j. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.

RATIONALE:

Food allergy is common, occurring in between 2% and 8% of infants and children (1). Food allergic reactions



4.2.0.10 - Care for Children with Food Allergies

can range from mild skin or gastrointestinal symptoms to severe, life-threatening reactions with respiratory and/or cardiovascular compromise. Hospitalizations from food allergy are being reported in increasing numbers (5). A major factor in death from anaphylaxis has been a delay in the administration of life-saving emergency medication, particularly epinephrine (6). Intensive efforts to avoid exposure to the offending food(s) are therefore warranted. The maintenance of detailed care plans and the ability to implement such plans for the treatment of reactions are essential for all food-allergic children (2-4).

COMMENTS:

Successful food avoidance requires a cooperative effort that must include the parents/guardians, the child, the child's primary care provider, and the early care and education staff. The parents/guardians, with the help of the child's primary care provider, must provide detailed information on the specific foods to be avoided. In some cases, especially for children with multiple food allergies, the parents/guardians may need to take responsibility for providing all of the child's food. In other cases, the early care and education staff may be able to provide safe foods as long as they have been fully educated about effective food avoidance.

Effective food avoidance has several facets. Foods can be listed on an ingredient list under a variety of names, such as milk being listed as casein, caseinate, whey, and/or lactoglobulin. Food sharing between children must be prevented by careful supervision and repeated instruction to the child about this issue. Exposure may also occur through contact between children or by contact with contaminated surfaces, such as a table on which the food allergen remains after eating. Some children may have an allergic reaction just from being in proximity to the offending food, without actually ingesting it. Such contact should be minimized by washing children's hands and faces and all surfaces that were in contact with food. In addition, reactions may occur when a food is used as part of an art or craft project, such as the use of peanut butter to make a bird feeder or wheat to make play dough.

Some children with a food allergy will have mild reactions and will only need to avoid the problem food(s). Others will need to have an antihistamine or epinephrine available to be used in the event of a reaction. For all children with a history of anaphylaxis (severe allergic reaction), or for those with peanut and/or tree nut allergy (whether or not they have had anaphylaxis), epinephrine should be readily available. This will usually be provided as a pre-measured dose in an auto-injector, such as the EpiPen or EpiPen Junior. Specific indications for administration of epinephrine should be provided in the detailed care plan. Within the context of state laws, appropriate personnel should be prepared to administer epinephrine when needed. In virtually all cases, Emergency Medical Services (EMS) should be called immediately and children should be transported to the emergency room by ambulance after the administration of epinephrine. A single dose of epinephrine wears off in fifteen to twenty minutes and many experts will recommend that a second dose be available for administration.

For more information on food allergies, contact the Food Allergy and Anaphylaxis Network or visit their Website at <http://www.foodallergy.org>.

Some early care and education/school settings require that all foods brought into the classroom are store-bought in their original packaging so that a list of ingredients is included, in order to prevent exposure to allergens.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home



RELATED STANDARDS:

4.2.0.2 Assessment and Planning of Nutrition for Individual Children

4.2.0.8 Feeding Plans and Dietary Modifications

Appendix P: Situations that Require Medical Attention Right Away

REFERENCES:

1. Burks, A. W., J. S. Stanley. 1998. Food allergy. *Curr Opin Pediatrics* 10:588-93.
2. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. 2009. *Head Start program performance standards*. Rev. ed. Washington, DC: U.S. Government Printing Office. [http://eclkc.ohs.acf.hhs.gov/hslc/Head Start Program/Program Design and Management/Head Start Requirements/Head Start Requirements/45 CFR Chapter XIII/45 CFR Chap XIII_ENG.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII_ENG.pdf).
3. Kleinman, R. E., ed. 2009. *Pediatric nutrition handbook*. 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.
4. Samour, P. Q., K. King. 2005. *Handbook of pediatric nutrition*. 3rd ed. Lake Dallas, TX: Helm.
5. Branum, A. M., S. L. Lukacs. 2008. *Food allergy among U.S. children: Trends in prevalence and hospitalizations*. NCHS data brief, no. 10. Hyattsville, MD: National Center for Health Statistics.
6. Muraro, A., et al. 2010. The management of the allergic child at school: EAACI/GA2LEN Task Force on the allergic child at school. *Allergy* 65:681-89.