



Living with Food Allergy

A guide for parents and carers



IFAN
IRISH
FOOD ALLERGY
NETWORK



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About this guide

Has your child recently been diagnosed with a food allergy? Are you feeling scared, anxious, confused or overwhelmed by the information? You are not alone. These are normal emotions that parents of children with food allergies experience.

It may help to think of the food allergy as just one of many risks that you and your child face each day and, just like any other risk, it can be minimised by putting a few precautions in place.

It's all about understanding what they are allergic to, avoiding these foods and developing an emergency plan.

This guide tells you about the different types of food allergy. It also tells you what to expect when your child is diagnosed with a food allergy, how to explain to children and others about food allergy, and how to cope with food shopping, childcare, school, after-school activities and travel.

About food allergies

What is a food allergy?

Food allergy causes a reaction in the immune system that can affect many organs in the body. Even a tiny amount of the problem food (also called a food allergen) can cause an immediate, severe reaction but this is uncommon. Food allergy usually appears first in infancy and early childhood. The most common food allergens in children are egg, cow's milk and peanut. You need to learn which food your child is allergic to.

How quickly do food allergy symptoms appear?

Symptoms may appear within minutes (immediate food allergy) or take several hours to appear (delayed food allergy).

Symptoms of immediate food allergy usually begin within 15 minutes of eating the food but sometimes can take as long as 2 hours to appear.

Mild symptoms include:

- hives (a rash similar to nettle sting rash);
- swelling of the face, lips, eyes;
- sudden sneezing;
- blocked nose; and
- eye symptoms such as itch, redness and watering.

There may also be abdominal (tummy) symptoms such as:

- pain; or
- vomiting

but these rarely appear without the other symptoms.

In very rare cases, there may be more severe symptoms such as breathing difficulties or collapse.

Babies and toddlers can also develop a delayed food allergy, most commonly to cow's milk, baby formula based on cow's milk, and other forms of dairy (such as cheese and yoghurt). These symptoms usually appear between 2 and 24 hours after eating or drinking the problem food. They include a combination of tummy symptoms such as vomiting, diarrhoea, blood in the stools (poo), tummy bloating, and reflux.

What is the difference between a food allergy and a food intolerance?

There are several differences. For starters, a food intolerance does not involve the immune system and is more common in adolescents and adults than in children. The symptoms of food intolerance are varied. Sometimes, symptoms only develop after many exposures to a food or consuming large amounts of the food. Usually, the symptoms come on gradually and can take up to 48 hours to appear.

What is anaphylaxis?

Anaphylaxis is a severe and potentially life-threatening allergic reaction which needs immediate medical attention. Anaphylaxis is a serious medical condition, but you can avoid it by educating yourself and your child.

You must develop an emergency plan so that you will know immediately what to do if your child has an allergic reaction. Visit our website www.ifan.ie for a sample emergency plan, or visit this link <http://ifan.ie/wp-content/uploads/2013/06/Safety-Plan.pdf>

Use this emergency plan to educate family members, childcare facilities, all caregivers, schools and clubs.

Will my child need to carry an adrenaline pen?

Some children with food allergy need to carry an adrenaline auto injector device (called an 'adrenaline pen'). Your doctor will decide if your child needs to carry an adrenaline pen.

Remember, if adrenaline auto injectors have been prescribed, always carry two. If in doubt give adrenaline because it is well tolerated, even if what is happening to your child turns out not to have been anaphylaxis.

What problems can a food allergy cause for a child?

Some children with a food allergy may benefit from seeing a dietitian to ensure that they are maintaining a healthy diet despite their allergy. This is particularly important for young infants and toddlers with milk allergy.

Is there a cure for food allergy?

At present, there is no cure for food allergy, but the condition is manageable. It can be managed best by:

- reducing the risk of your child eating the problem food;
- teaching your child about food allergies; and
- teaching your child (and everyone involved in their care like teachers and others) what to do if they have an allergic reaction.

Is a food allergy dangerous?

A food allergy can be managed, but you need to educate yourself, your family and your child about what food to avoid and what to do if your child accidentally eats food that they should not.

Some – but not all – children can have an immediate life-threatening reaction if they eat a food to which they are allergic. This is called anaphylaxis. Very rarely, a child may die from anaphylaxis, but it has recently been reported that children are more at risk of dying from house fires, and lightning strikes than from fatal anaphylaxis.

A child's risk of having a severe reaction is increased if they have poorly controlled asthma. If your food allergic child is asthmatic and needs to use their "blue" inhaler (Ventolin /Salbutamol) more than 3 times a week, it is important to discuss this with your doctor as they may need their asthma medication changed.

What should I tell my child?

Children with food allergy need to understand how to avoid the food they're allergic to and what can increase their risk of having a reaction.

These tips may help.

Talk together

- Talk openly with your child about their food allergy. Use pictures from books, magazines and the internet to show your child what the food they are allergic to looks like and about the signs and symptoms of an allergic reaction.
- Involve the child's sisters and brothers in these conversations. They can act as allergy 'buddies' and usually respond well to being included in family care.
- Use dolls and role play to teach young children what may happen if they have an allergic reaction.
- Try not to overload younger children with information, as they may not always remember what you have told them and some details may distress them.

Be open

- Let your children (whether they have a food allergy or not) see you reading food labels and highlight the importance of this. Encourage them to start reading food labels as soon as they are able.
- Encourage the child with the food allergy to ask questions such as 'Has this got nuts in it?' or 'Can I see the ingredients please?' when in restaurants or when receiving food from relatives or other parents.
- Tell your child about 'safe' foods – the ones that won't cause a reaction.

Make sure they know what to do

- Educate your child about the importance of telling an adult immediately if they have eaten an unsafe food or are beginning to feel the symptoms of an allergic reaction. They should not just go off on their own to the bathroom for example because a child that is reacting needs adult support until medical help arrives.

Take notes and get advice

- Write down questions your child asks you that you can't answer. Bring them with you when you next go to the doctor. These questions will help your doctor to tailor a care plan for you and your family.

Keep the conversation around food allergy **positive** by focusing on **alternatives** (safe foods) rather than **restrictions**. It is also important to remember that the only thing your child needs to avoid is the food they are **allergic** to. They can still take part in social activities, sports, play dates and parties.

Basic rules for your child and their sisters, brothers and friends to follow:

- **Always wash hands before and after eating.**
- **Only eat food given by a trusted adult.**
- **Never share food, drinks, utensils or dishes.**



Facts about food allergy

There are many myths about food allergy which are simply not true. Here are some facts.

Facts

Food allergy can occur at a very early age even in infancy.

Allergy tests such as the skin prick test and/or allergy blood tests (specific IgE tests) can be helpful and can be done at a very early age.

Drinking milk and eating dairy products does not lead to mucus in the nose, throat and lungs.

Goat's milk (never) and soy milk (not under 6 months) are not nutritionally adequate alternatives if a child has an allergy to cow's milk.

The next allergic reaction will not necessarily be worse than the previous one.

Egg allergic children do not need to be given their MMR vaccine in hospital. Flu vaccines are also safe for egg allergic children.

Daily living with a food allergy

It can be a stressful time after your child develops a food allergy as you now have to be careful when buying and preparing food especially when eating outside of the home. As time goes on and you become more familiar with food allergy facts, you will learn to cope and become more confident in managing your child's food allergy.

There is a lot of information available on the internet but not all of it is based on facts. We recommend that you stick with the information and websites recommended by a qualified healthcare professional.

Buying food and reading food labels

This can be very confusing for parents of children with food allergies. Remember to always read the food label.

- Some more unusual food allergens such as peas or lentil will not be highlighted in bold in the ingredients and so reading all ingredients is important.
- If the ingredients list includes any of the foods that your child is allergic to, avoid that product.
- Some ingredient labels also state “May contain traces of ...” Or “made in a factory which handles...” Total avoidance of foods with such labelling can lead to a very restrictive diet and may not be necessary in your child's case. You should discuss this further at your child's allergy appointment..

Tips for buying food and eating out

1. If your child needs to carry adrenaline, make sure they always have **two** adrenaline pens with them when they leave the house. Like their mobile phone, their adrenaline kit is also indispensable.

Simple rule: **No pens, no eat.**

2. Have you checked the ingredients before buying or using a product?

Simple rule: **Read before your child eats and if in doubt, leave it out.**

3. If your child is eating out, have you told the staff about the food allergy?

Simple rule: If the restaurant won't, or can't, give you the appropriate allergen information **Don't eat, leave.**

Being prepared for emergencies

- If adrenaline has been prescribed for your child, they must always have **two** adrenaline pens with them. The two pens should be carried in a special bag along with your child's antihistamine. Your child must **never** go anywhere without their pens, just as you would never leave home without your phone, wallet or purse.

Have an **emergency plan** and share it with family members, caregivers and school. Educate them on prevention and risk reduction, how to recognise signs and symptoms of allergic reactions, what to do if there is a reaction and how to use the adrenaline pen. Further information for schools can be found visiting this link: <http://ifan.ie/childcare-schools/>.

Cooking and preparing food

- Pay attention to food hygiene in the home. Wash hands before and after preparing food. Avoid cross contamination of foods and utensils in the kitchen.

Carers and family

It can be stressful handing over the care of your child to others, (crèche facilities, minder or school) especially when your child has recently developed a food allergy. It is normal to feel that you have lost some of the control that you had when your child was at home with you. This is where education, planning and good communication come in.

All parents feel anxious when handing their child over for the first time. But it is important not let your child's food allergy act as an excuse for keeping your child with you. You need to develop a healthy balance between safety and social integration.

- Talk to family, friends and caregivers about your child's food allergies.
- Set aside enough time with no interruptions to train the necessary people about the signs and symptoms of an allergic reaction and what to do. If you rush the training, you might leave out some important information.
- Discuss your emergency plan with them and give them a copy of the plan. Allow them time to digest the information and ask questions, and encourage them to practise with a "trainer" adrenaline pen.
- It is okay to ask questions of carers to make sure they understand the information.

If your child attends a crèche or other childcare facility, give the staff the following:

- Advice on safe foods or snacks for your child (or provide these yourself)
- A copy of your **emergency plan** which you should review with them each year
- The facility will also need **two** in-date adrenaline pens (if your child has been prescribed adrenaline)
- Information on hidden allergens and the possible risks for example:
 - nature tables and activities using bird feeders (containing peanut and tree nut)
 - homemade playdough (containing wheat)
 - cooking activities involving raw egg and whole milk
 - arts and crafts – egg boxes may have raw egg on them
 - children with food allergy often have atopic dermatitis (eczema) where their skin is sensitive to many products independent of food allergy and they may not tolerate face paints for example
 - nature walks or trips to parks, children with severe pollen allergy may experience sudden eye and nose symptoms

Try to be patient. Not everyone understands food allergy. It may help to direct them to an allergy website such as the Irish Food Allergy Network www.ifan.ie

Please note: At this time, there is limited food allergy training available for caregivers. IFAN is working with government agencies to make training accessible via professional sources.

Challenges of food allergy

Feelings of frustration and being different

Your child may feel different to other children and may struggle to cope with this. Be ready to offer support, praise and reassurance. Encourage your child to find solutions to any problems they face. Try not to let their food allergy define them. Be sure to teach them about all the different foods they can and should eat.

Siblings

Even though one of your children may have a food allergy, your other children do not need to avoid that food, especially when they are not with the child with the allergy. For example, if your daughter has an egg allergy but your son does not, do not stop your son from eating eggs. Excluding egg from his diet may cause him to develop a sensitivity to eggs. It just takes some careful planning to ensure no accidental contact occurs.

Birthday parties, play dates and other social events

Social activities are an important part of your child's development. It is easy to avoid the risk of an allergic reaction by not letting your child attend a party or play date, but this may make your child feel excluded and isolated. Most people give advance notice of play dates and parties which gives you time to plan. Discuss your child's food allergy with the parent of the other child. Advise them which foods are safe or suggest alternatives for them to prepare. If you are still unsure, prepare a safe-food party pack for your child.

After-school activities

There are very few after-school activities that food allergic children cannot participate in. Unless there is a shared snack time, they are unlikely to come into contact with food while playing sports, doing art or drama, or taking part in a homework club.

Discuss your child's emergency care plan with all coaches, teachers and mentors. Some may be nervous at the possibility of having to use an adrenaline pen, but don't let this put you off. Remember that most of them are not medically trained (and neither were you until your child's diagnosis). They may just need reassurance that the risk of an allergic reaction is very low in the absence of food.

If the team, group or class is having a Halloween, Christmas or end-of-season party, a gentle but firm reminder may be necessary. Prepare a safe-food party pack for your child and give it to the coaches or teachers in advance. If the teacher or coach is giving individual rewards such as sweets, biscuits or chocolates, tell them what is safe or give them an alternative for your child.

Travelling

Here are some tips that may help when preparing to travel abroad or when there.

Tip 1: Have medications ready

- If your child needs to carry medication to treat or manage allergy, eczema or asthma, make sure you have enough to see you through the holiday and extra in case of loss or breakage.
- Apply for a European Health Insurance Card (EHIC) which allows the holder to access health care services when travelling to or on holiday in another EU country.

Tip 2: Check insurance cover

- If you have private health insurance, check your policy for any cover provided while abroad.

Tip 3: Find out about any vaccinations (if needed)

- Check if your destination requires extra vaccinations. Some vaccines, such as the yellow fever vaccine, may contain egg. Discuss any vaccinations your child may need with your doctor well in advance of travelling.

Tip 4: Letter from doctor ready (if needed)

- If flying and you need to carry adrenaline pens or liquid medication over 100mls, you will need a signed letter from your doctor stating this.

Tip 5: Manage storage of, and access to, medications

- Check the storage requirements for your child's medications. You will find this on the patient insert leaflet.
- Your child needs immediate and easy access to their allergy medications at all times. They should be within reach, not in checked-in luggage and not stored in the hold.

Tip 6: Consider self-catering accommodation

- Consider self-catering accommodation while abroad as it is probably less risky than relying on restaurants, especially if you do not speak the language.

Your child should wear or carry some form of allergy alert. If language is a barrier, you can get free translation cards through this link <http://allergyaction.org/translations/>.

- Know the phone number for the local emergency services at your destination.

Reduce the risk of allergic reactions on aeroplanes

- Book a window seat for your child – not an aisle seat.
- Wipe down tray tables, seat back, chair arms, and seat belt with soapy wipes.
- Check the pouch in the back of the seat in front of your child for old food wrappers.
- Wash hands and dispose of all used wipes.
- Bring your own food on the plane. Never order food on the aeroplane.
- Use your own pillows and blankets – avoid aeroplane pillows and blankets.
- Let the flight attendant know that your child has a food allergy.
- Carry your child's adrenaline pens with you on board in hand luggage. If you think you might need to use it, call the flight attendant.
- Remember, if in doubt give the adrenaline pen.

For practical travel information and advice, check out the following:

Airline allergy policy comparison 2015

<https://www.anaphylaxis.org.uk/wp-content/uploads/2015/06/Food-allergies-and-airline-comparison-November-2013-2.pdf>

Advice from the International Air Travel Association (IATA) for allergic passengers:

<http://www.iata.org/whatwedo/safety/health/Documents/allergen-sensitive-passenger.pdf>

Free food allergy translation cards from Allergy Action:

<http://allergyaction.org/translations/>

European Health Insurance Card

http://www.citizensinformation.ie/en/travel_and_recreation/travel_abroad/e111.html

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