



Food Allergy Canada

Formerly Anaphylaxis Canada



Living Confidently With Food Allergy

A guide for parents and families



2nd Edition

Michael Pistiner MD, MMSc

Jennifer LeBovidge PhD

Food Allergy Canada –

Laura Bantock RN

Laurie Harada

Lauren James

*2nd Edition ©2015 by Food Allergy Canada
(Formerly Anaphylaxis Canada), Michael Pistiner and Jennifer LeBovidge*

This work may be reproduced, transmitted or communicated by individuals for their personal use only and by healthcare providers such as hospitals, clinics or healthcare professionals for direct patient information only. Any other use of the work is strictly prohibited without the prior written consent of the copyright owners, including without limitation, any modification, alteration or translation of the work or the creation of any derivative work or any reproduction, transmission, display or communication of the work for commercial purposes or monetary gain.

PLEASE READ THIS NOTE BEFORE READING THE HANDBOOK

The information in this handbook is general in nature and for information and educational purposes only. It is meant to help people learn how to manage a child's allergies. It is not meant to give specific medical advice, recommendations, diagnosis, or treatment.

Readers should not rely on any information contained in this handbook as a replacement or substitute for professional medical advice or diagnosis or treatment. Nor should they delay getting professional medical advice or treatment because of information contained in this handbook. Medical knowledge is constantly developing.

Please speak with your child's doctor or other healthcare professional before making any medical decision that affects your child or if you have any questions or concerns about their food allergies.

The authors of this handbook – Michael Pistiner, Jennifer LeBovidge and Food Allergy Canada (formerly Anaphylaxis Canada) – as well as individual contributors and reviewers will not be held responsible for any action taken or not taken based on, or as a result of, the reader's interpretation or understanding of the information contained or referred to herein.

Our thanks and acknowledgement for support of this handbook:

Scotiabank®

Annual Sean Delaney Memorial Golf Classic

Robyn Allen Memorial Cup

Dear Parent,

We know that it can be overwhelming to be told that your child has a food allergy. You might be wondering: *Will my child have a normal life? What can my child eat? Can my child safely stay with a babysitter or go to a childcare centre or school? Could I use an auto-injector if I had to? Could my child die? How will I be able to cope with all of this?* You may feel like you are alone, but you are not. Many parents have these same worries.

Things change when your child has a food allergy. You have to be careful all the time, when buying and preparing food and when eating away from home. You need to teach others to care for your child at home, childcare centres, schools, and family or social events. This can be very stressful at first.

Through our experiences as healthcare providers and parents of children with food allergy, we have learned that families do well when they know the facts about food allergy and what they can do to keep their children happy and safe. That is why we created this handbook.

This handbook is meant to teach you important information about food allergy, suggest ways to educate your child and others, and offer helpful tips and support. We suggest that you go through the “must-read” sections of the handbook first, from Frequently Asked Questions to Managing Food Allergy at Home. Then read the other sections as you need information. You can go at your own pace. To help you understand and build skills, we have put together a number of real-life exercises. We have also created a list of trusted resources about food allergies that you may find helpful. You can download activity sheets, exercises, and resource sheets from foodallergycanada.ca and AllergyHome.org.

Please keep in mind that this handbook is a resource to help you learn. It does NOT replace advice from your child's doctor. Speak with your doctor directly if you have questions or are worried about your child.

You will find that as you learn more, managing allergies will become part of your daily life. You will begin to feel more in control and less anxious or worried about your child's allergy. Your child will feel better as they learn about their food allergy and become involved in daily routines.

We hope that the information in this handbook will help you and your child to feel confident about handling food allergies!

Warmly,

Michael Pistiner MD, MMSc, Pediatric Allergist
Jennifer LeBovidge PhD, Pediatric Psychologist

Food Allergy Canada
(formerly Anaphylaxis Canada) -
Laura Bantock RN, Director, Western Region
Laurie Harada, Executive Director
Lauren James (formerly with Anaphylaxis Canada)

Table of Contents

Frequently Asked Questions	8
--------------------------------------	---

How to Avoid Allergens

Avoiding Food Allergens	12
Understanding Labels	14
Cross-Contamination (Cross-Contact)	17

How to Recognize & Treat a Reaction

Signs & Symptoms	20
Dealing with Emergencies	21
Being prepared	21
If there is an emergency.	22
Learning from a reaction	24
Epinephrine.	25

Daily Life - Putting it All Together

Managing Food Allergy at Home	28
Play Dates, Parties & Other Activities.	30
Relatives & Babysitters	32
Childcare & School	34
Dining Out at Restaurants	36
Travel.	38

Looking at the Challenges

Managing Anxiety & Feeling in Control	42
When Children Feel Different or Frustrated.	44
You are a Role Model	45
Teaching Others about Food Allergy.	46

At-Risk Groups - Asthma & Teens

Food Allergy & Asthma	48
Food Allergy & Teenagers	50
About the Authors.	53
List of Reviewers	54
References	56

Frequently Asked Questions

What is a food allergy?

Your immune system normally protects you from germs and disease. It helps you to fight off bacteria, viruses, and other tiny organisms that can make you sick. If you have a food allergy, your immune system mistakenly treats something in a particular food (most often, the protein) as if it's dangerous to you. Your body reacts to the food by having an allergic reaction.

What is an allergen?

An allergen is anything that causes an allergic reaction.

What are the most common food allergens?

People can be allergic to practically any food, but the most common food allergens are milk, eggs, peanuts, tree nuts (such as cashew), fish, crustacean/shellfish (such as crab, lobster, shrimp), mollusk/shellfish (such as clam, scallops), wheat, and soy.¹ These “Major 8”, as they are called in the US, are also common allergens in Canada where they are called “Priority Allergens”. Canada’s priority allergens also include sesame and mustard.

CANADA



MILK



EGG



TREE NUTS



PEANUTS



WHEAT



MUSTARD
SEED



FISH*



CRUSTACEAN*



SHELLFISH*



SOY



SESAME

For regulatory purposes, Health Canada includes sulphites as a priority allergen.

*Seafood

UNITED STATES



MILK



EGG



TREE NUTS



PEANUTS



WHEAT



FISH



CRUSTACEAN
SHELLFISH



SOY

What are the common symptoms of an allergic reaction?

In the same person, each reaction can be different. Symptoms can include hives, itching, flushed skin, stomach pain, vomiting, diarrhea, hoarse voice, swelling of the lips, tongue, or throat, coughing, wheezing, sneezing, shortness of breath, irritability, confusion, sweating, dizziness, fainting, loss of consciousness and others.^{1, 2}

What is anaphylaxis?

Anaphylaxis is a severe life-threatening allergic reaction. At present, tests cannot tell how severe a person's reaction will be. It is also difficult for doctors to tell which patients are at risk for a severe reaction.^{1, 2}

How fast can a reaction to a food occur?

Most allergic reactions happen within minutes, but some can occur a few hours after exposure.¹

How do you manage a food allergy?

People with food allergies must avoid coming into contact with foods that cause them to react (e.g. eating, touching). They must also be ready to treat an allergic reaction with emergency medication and get medical help.

What is cross-contamination (also known as cross-contact)?

These terms are used to describe the presence of an allergen that is transferred from one food or object to another. For example, cookies baked on the same tray as peanut butter cookies pose a risk of cross-contamination to someone with peanut allergy.

What is epinephrine?

Epinephrine (also known as adrenaline) is the medicine of choice used to treat a severe allergic reaction, anaphylaxis. It works quickly to reverse the symptoms of anaphylaxis, but in some cases, a second dose may be needed. The effects of epinephrine may only be temporary.^{1, 2, 3}

What is an epinephrine auto-injector?

This is a medical device used during an allergy emergency to give a measured dose of epinephrine into the thigh muscle.

What is an auto-injector training device?

This looks like a real auto-injector but does not have a needle or medication in it. It is used for practice and to show people how to use the real auto-injector in an emergency.

What is an Anaphylaxis Emergency Plan?

There are different names for written plans, such as Emergency Care Plan and Food Allergy Action Plan. The plan is generally a 1-page document that gives detailed information about your child's food allergies. It also includes important information on symptoms, how to treat a reaction and how to get emergency help.



Avoiding Food Allergens

An allergen is anything that causes an allergic reaction, such as certain foods. People can be allergic to almost any food, but for labelling purposes the most common food allergens are known as “priority” or “major” allergens. There are different ways to come in contact with a food allergen, they are: eating, touching and in rare cases, inhaling the food protein. Contact with the nose and eyes can also cause a reaction. Understanding how to avoid contact with a food allergen will help prevent allergic reactions.

Oral ingestion (mouth)

Eating an allergen causes most serious reactions. Other ways that allergens could be ingested are through saliva (e.g. kissing) or cross-contamination.⁴ Even ingesting a small amount of a food allergen can cause a reaction. Most of these reactions can be prevented by reading labels and taking steps to prevent cross-contamination.



Skin contact (touch)

Skin contact can cause hives or other skin symptoms where the allergen touches the skin. In most cases, healthy skin does a good job of keeping allergens out of our bodies, and serious reactions from skin contact are rare.^{5, 6} If an allergen comes in contact with skin, wash it off to decrease the chance that it will accidentally get into the mouth, eyes or nose (where it can possibly cause a more serious reaction). This is why washing hands before eating or touching the eyes, nose or mouth is important.⁷ Keep in mind that people, especially young children, frequently touch their mouths, as well as their eyes and nose.^{8, 9}



Inhalation (breathing in)

In some cases, allergic reactions can happen when food proteins are inhaled through the air, such as:

- In steam from cooking food (e.g. sizzling fish)
- When food in a powdered form is released into the air (e.g. blowing powdered milk)
- When small amounts get into the air when food is crushed or ground⁷



These reactions are usually mild, but in rare cases people have had severe reactions.^{5, 7, 10}

The smell of a food alone cannot cause an allergic reaction. The smell is caused by volatile organic compounds (VOCs), which are not proteins.

Teaching Children

Here are some simple rules to teach your child and things for them to keep in mind:

- Wash your hands before eating or touching your nose, eyes or mouth.
- Only eat food that is made for you. It's not safe to share food.
- Don't share spoons, forks, knives, cups, bottles or straws.
- If you get an allergen on your skin, ask an adult for help, clean it off and wash your hands.

Make hand-washing fun for young kids - sing a song that lasts about 30 seconds.



Understanding Labels

Reading labels is important for managing food allergies. It is not possible to know if an allergen is in a food just by looking at it. Allergens can be found in places that you don't normally expect to find them. Also, food companies may change ingredients without telling consumers. This is why it is so important for you and your child (at the right age) to read labels before eating a food.

Safety tips for reading labels



Read the label before serving a food even if it has been “safe” in the past. Remember that ingredients can change without notice.

Read ingredient lists carefully from start to finish. Food companies do not have to make allergens stand out in any way (e.g. **bolding**, *italicizing*, or underlining the print).

Do not buy a packaged food product that does not have an ingredient label.

If you are not sure about a product, call the company to find out if it contains an allergen.

Do not buy food from bulk bins even if they have labels on the bins. Shoppers may have used the same scoops in different bins, and this can cause cross-contamination.

Labelling laws do not cover certain products. Read labels on non-food products such as vitamins, skin creams and pet food. These can contain food allergens. Other examples are modeling clay such as Play-Doh® which may contain wheat, and finger paint which may contain egg.⁷

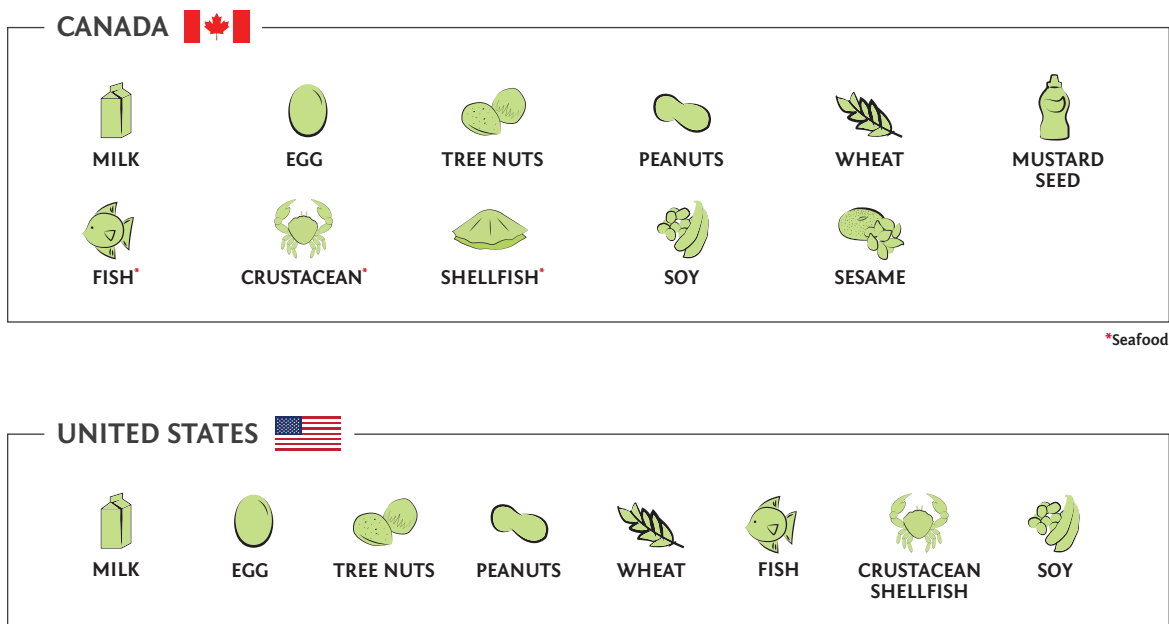
Do not eat food with precautionary or advisory statements such as a “*may contain*”, “*processed in a facility...*” or “*made in a factory that also processes*”. Do not try to guess whether there is a risk based on the type of statement used, even if you have had the product before. Researchers have found that some products with these statements actually contain enough allergen to cause an allergic reaction.¹¹

Be cautious of imported products because food labelling regulations vary by country.

Labelling laws may change so check your country's government website for the most recent regulations.

- Health Canada - Food Allergen Labelling Regulations – www.hc-sc.gc.ca 🇨🇦
- The Food and Drug Administration (FDA) - Food Allergen Labeling and Consumer Protection Act of 2004 - www.fda.gov 🇺🇸

Priority Allergens



Label reading activities

- Choose a few food packages from your kitchen cupboards and read the labels carefully. This is an easy way to practice label reading. Remember to look for precautionary statements that often follow ingredient lists.
- Give yourself more time for grocery shopping so you can read food labels carefully. As you become used to different products, label reading will become a habit and grocery shopping will take less time.

For More Information Visit:

 allergysupportcentre.ca
or
 allergyhome.org



Food companies choose when to use precautionary statements. **They are not required by law to do this.** They can also choose when to put “allergen-free” claims such as “peanut-free” or “milk-free” on packages.

Teaching Children

Children pay attention to what you do. When they see you read labels, they will learn that this is important.

- Even from a young age, your child can learn how to read a food label with your help. Start practicing when your child begins to read. Practice label reading at home and when shopping. This is a good way for your child to learn skills with you present. Over time, this will become a habit for your child.
- Praise your child for reading food labels carefully. They should know you are proud of them for taking the right steps to stay safe.
- Your child can also practice teaching others how to read a food label.



Teach all family members and people responsible for feeding your child how to read labels.

Cross-Contamination (Cross-Contact)

You may hear the term “cross-contamination” or “cross-contact” when people talk about possible risks for those with food allergies. Cross-contamination can happen when a small amount of a food allergen gets into another food accidentally or when it is present in saliva, on a surface or on an object. This small amount of an allergen could cause an allergic reaction.

Examples of cross-contamination⁷

- Food to food – For example, nuts on top of a salad will lead to cross-contamination of other foods in the salad, even if the nuts are taken off.
- Food to object - Cookware, dishes, utensils (e.g. forks, spoons, knives) or cooking surfaces that are not properly cleaned before preparing food for someone with a food allergy could lead to cross-contamination.
- Food to saliva - Food allergens can be passed on through saliva from people and pets. Anything that goes into the mouth could be a possible source of cross-contamination.⁴



Keep in mind that children understand more as they get older. There can be more risks for young children who learn about their world by touching. They often have poor hand-washing skills and may put things (e.g. toys) into their mouths and touch their eyes and nose.^{8,9}

Older children are better at hand-washing, but new issues come up as they mature. For example, they may not think about the risks of sharing lipstick or kissing.

Ways to reduce the risk of cross-contamination

- Teach your child to wash their hands before and after eating or before touching their eyes, nose or mouth. A small research study found that soap and water and commercial hand-wipes removed allergens but hand sanitizing gels did not.¹²
- Carry hand wipes in case soap and water are not available.
- Do not share food, utensils, or drinks.
- Do not pick an allergen out of a food (e.g. removing nuts from a salad). This will not make it safe. The person with the food allergy will need a new meal prepared for them.
- Wash cookware (pots, pans), dishes and cutlery (spoons, knives, forks) well. Food that is stuck onto dishes or utensils that have gone through the dishwasher can still cause an allergic reaction.
- Clean surfaces with soap and water, commercial cleaners or commercial wipes.¹²
- Allergens can stay on sponges and towels so the safest option is to use disposable methods, such as paper towel or wipes.

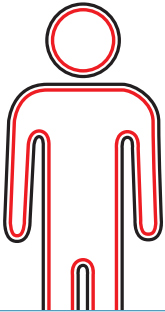
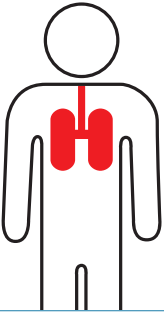
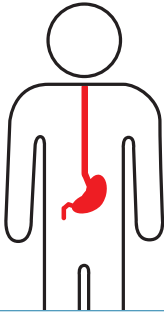
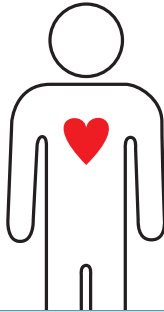
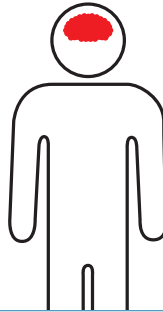


Signs & Symptoms

Learn how to recognize the signs and symptoms of an allergic reaction so that you can give life-saving treatment early. Most allergic reactions happen within minutes to a few hours after contact with an allergen. Symptoms and severity of a reaction can differ each time. Keep in mind that an allergic reaction can start with mild symptoms that can get worse quickly.^{1, 2}

Don't depend on seeing hives! Some anaphylactic reactions occur without any skin symptoms (e.g. hives or swelling).¹³

An allergic reaction can involve **any** of the following symptoms, which may appear alone or in any combination.^{1, 2, 3} **Make sure to talk to your child's doctor about how to recognize anaphylaxis.**

				
SKIN	RESPIRATORY	GASTROINTESTINAL	CARDIOVASCULAR	NEUROLOGICAL
hives, swelling, itching, warmth, redness	coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice, nasal congestion or hay fever-like symptoms, (sneezing or runny or itchy nose; red, itchy or watery eyes)	nausea, stomach pain or cramps, vomiting, diarrhea	dizziness/ lightheadedness, pale/blue colour, weak pulse, fainting, shock, loss of consciousness	anxiety, feeling of "impending doom" (feeling that something really bad is about to happen), headache
				OTHER^{1, 2}
				uterine cramps

Small children can have a hard time describing their symptoms. They may complain of a "funny feeling" in their mouth or throat. Be aware of words that children may use to describe an allergic reaction. They may say, "my mouth feels funny" or "my tongue is itchy".

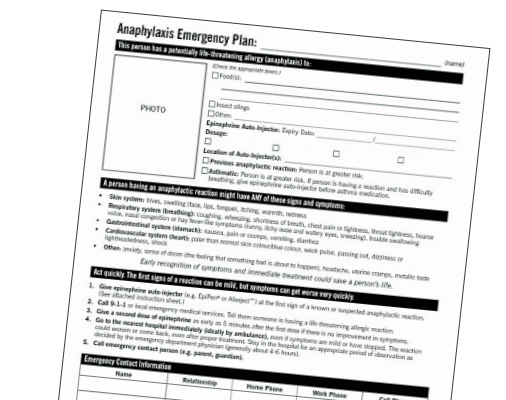
It is not possible to know how bad an allergic reaction will be. **Don't ignore early symptoms**, even if they seem mild, especially if your child has had a reaction in the past.

Dealing with Emergencies

Being prepared

When you are prepared to treat an allergic reaction, it makes a real emergency situation less stressful.

Have a written Anaphylaxis Emergency Plan with a picture of your child. Post this plan in a place where you can see it and have a copy available at all times. Any person caring for your child should have a copy. It will be useful to refer to during an emergency. Ask your doctor to help you fill out a copy and explain the emergency steps. You should be able to recognize the symptoms of anaphylaxis and treat your child with an auto-injector.

A sample Anaphylaxis Emergency Plan form. It includes a section for a photo of the person, a section for the person's name and date of birth, and a section for the doctor's name and contact information. It also has checkboxes for symptoms like hives, swelling, difficulty breathing, and a section for the location of the auto-injector. The form provides instructions on how to use the auto-injector and when to call for help.

Learn to use your child's auto-injector. Talk to your child's doctor about when and how to use it. Each brand of auto-injector has a website with instructions and videos to help you learn how to use the device. Practice with a training device, which looks like a real auto-injector but does not contain a needle or the drug. This will help you prepare for an emergency and feel more confident about using the auto-injector.

Keep an emergency plan and epinephrine auto-injector with your child at all times.

Always have your child's auto-injector available. If you forget to bring it with you, go home and get it. **It is wise to have two doses of epinephrine with your child**, because some people may need a second dose during a reaction.¹⁴ Discuss this with your doctor.

Use medical identification jewelry. If your child is alone or is unconscious, the identification jewelry gives others credible information about their allergy.

Teaching Children

- Teach your child about the possible symptoms of an allergic reaction.
- Tell your child to talk to an adult immediately if they think they may have accidentally eaten an unsafe food or feel any symptoms of an allergic reaction.
- Let your child know that you keep their emergency medicine close by. If they have an allergic reaction, using it will help them to feel better quickly. It is never too early to help your child become confident about the use of an auto-injector.
- Talk to your child about the emergency steps, so that going to the hospital won't be a surprise.
- Help your child to feel more in control by practicing with a training device. Even preschool-aged children learn from medical play, just as they might by playing with a toy stethoscope before visiting their doctor. This can be a great way to make sure they understand about the auto-injector and how it will help them in an emergency.
- Your child may think the needle in the auto-injector is as long as the device. If your child is worried about this, you can tell them it is much shorter. The typical length of an auto-injector needle is less than 1 inch or 2.5 centimetres.



If there is an emergency

If you think your child is experiencing an anaphylactic reaction, follow the steps of the emergency plan. Talk to your doctor about when and how to use your child's auto-injector.

Remember that epinephrine is the first line treatment for anaphylaxis. This is the medicine of choice for a severe allergic reaction. It works quickly and helps to treat life-threatening symptoms by opening up the airways and increasing blood pressure. Deaths from allergic reactions to foods are rare, but the risks are real and need to be taken seriously. In most cases, deaths from allergic reactions to foods have been caused by a delay in treatment with epinephrine.^{1, 15}

Contact emergency services. Call 9-1-1 (or the emergency service in your area) and stay with your child while waiting for the ambulance. Get another person to show paramedics where your child is. **Do not make your child stand up or walk to the ambulance.**



Place your child on their back with their legs raised while waiting for the ambulance. This position will help the blood flow to the vital organs of the body (heart, brain and lungs) and help to reduce the symptoms of shock.^{16, 17}



If your child is vomiting (throwing up) or feels nauseated, place them on their side (recovery or semi-prone position) so that if they vomit, they will not choke. It is very important to keep their airway clear.

If your child is finding it difficult to breathe, they may prefer to be in a sitting position. **However, if breathing is not an immediate concern, keep them lying down as described above and do not move them suddenly into a sitting or standing position** until a doctor can assess them. Sudden movement into an upright position during an allergic reaction can cause a drop in blood pressure, which can be dangerous.¹⁷

A second dose of epinephrine can be given as early as 5 minutes after the first dose if there is no improvement in symptoms.³ Keep in mind that epinephrine can wear off, and your child may need more epinephrine, as well as other treatments. It is important that your child is taken to the emergency department to be seen by a doctor.

A second wave of anaphylaxis is called a biphasic reaction.¹⁸ This happens after the initial symptoms are resolved, usually several hours after the first reaction.



The paramedics should take the child to the ambulance by stretcher.

Stay calm. Your child will feel less anxious if they see that you are in control.



Ask the doctor to prescribe auto-injectors before leaving the hospital. Purchase the auto-injectors as soon as possible.

Deaths from anaphylaxis are rare and most can be avoided. Epinephrine works the best when given early. It can be dangerous to wait to give epinephrine.

Learning from a reaction

When your child has a reaction it can be very stressful for both you and your child. Try to learn from your experience.

- If possible, speak with the people involved and let them know that you appreciate their support in helping your child. Discuss what went well and what could be improved. Taking steps to improve emergency procedures will help to better protect your child.
- Sometimes people get excited during an emergency, raising their voices or crying. Let your child know that they didn't do anything wrong and that no one was angry with them.
- Try to answer your child's questions in a way that they can understand. You don't have to have all the answers. It is fine to tell your child that you need to think about their question, or ask the doctor, and then get back to them with an answer. Remember, if your child feels that a topic makes you uncomfortable, they will keep questions to themselves and make up their own answers, which may cause unnecessary fear.
- Make an appointment to see your child's allergist to review the allergic reaction and the emergency plan.
- Think about speaking with a mental health professional if you are feeling extremely anxious about the reaction.

Epinephrine

Epinephrine is safe to use in normally healthy individuals. It rarely causes harm, even if given when not needed. Possible side effects can include rapid heart rate, paleness, dizziness, weakness, tremors and headache.³ These side effects are generally mild and go away within a few minutes.³

Facts about epinephrine^{1, 2}

- Even if epinephrine has been given, your child still needs to go to the hospital for observation by medical professionals because your child may need further treatment.
- Many parents worry they might mistake anaphylaxis for an asthma attack. Epinephrine can be used to treat the symptoms of an anaphylactic reaction and an asthma attack. In the past, epinephrine was used to treat asthma attacks before modern asthma medications were available. Discuss this with your doctor.
- Give other medications, such as asthma drugs and antihistamines after giving epinephrine.
- Keep in mind that **antihistamines** are slow to act and **have not been proven to stop anaphylaxis**.

Epinephrine checklist:

- Get a training device and watch instruction videos that teach you how to use your child's auto-injector.
- Train others who care for your child and give them a copy of the emergency plan.
- To prevent confusion, store training devices separately from your child's auto-injector.
- Keep your child's auto-injector in an unlocked area that is easy to get to. For younger children make sure that the auto-injectors are out of their reach for safety reasons.
- Check the expiry date. Try to buy auto-injectors that have at least a 12 month "shelf-life".

Epinephrine can be damaged by heat and cold so remember:

- Keep your child's auto-injector at room temperature (15-30°C/59-86°F).
- Do not store it in a car or a fridge.
- In the case of cold weather, keep it inside your child's coat. In hot weather, keep it in the shade.

Sign up for expiry notifications on pharmaceutical websites.



Daily Life - Putting it all Together

Managing Food Allergy at Home

Home is the perfect place for you and your family to learn how to manage food allergy, because so much more is under your control. You decide which foods enter your home, and you can set up household rules to prevent cross-contamination when storing, preparing and serving food. You also have more time to read food labels and teach your child this skill in a relaxed setting. Your child can also be involved in meal planning at home. They will gradually learn safe practices, such as replacing ingredients in favourite recipes to make them safe to eat.

Create a plan that works for your family. Decide whether or not your child's allergens will be allowed into your home. You might consider the age of the child with allergies and their siblings. Young children are often messy eaters and put their hands in their mouths. It is also important to keep the dietary needs of other family members in mind when making these choices. In some cases it will not be practical to keep an allergen completely out of the home.¹⁹

Take steps to avoid cross-contamination¹⁹

- Be careful about sharing food, napkins, dishware, cups and utensils (forks, knives, spoons).
- Ask everyone to wash their hands before and after preparing food.
- Ask everyone to wash their hands before and after meals.
- Keep foods that do not contain your child's allergens away from those that do. For example, have a special shelf for your child's food in cupboards. Do not store their food on shelves below those where food with their allergens are kept in case of spillage.
- Remember to keep the ingredient labels if you separate large packages of food into smaller portions.
- Clean surfaces (e.g. kitchen counter, table top, microwave) and use clean pots, pans and utensils when preparing food.
- Prepare allergen-free food before food that contains your child's allergens. Set their dish aside and cover it in case other food splatters during cooking.
- Eat in certain areas of the home only (e.g. kitchen or dining table).
- Carefully label containers that contain your child's leftovers.
- Keep some ready-to-serve foods on hand that are safe for your child when you are too busy to cook.

Download the Weekly Meal Planner exercise from
allergysupportcentre.ca or allergyhome.org



Be ready to treat an allergic reaction

- Keep your child's auto-injectors and any other medications recommended by your doctor handy. Make sure they are out of reach of young children and that family members know where they are kept.
- Post a copy of your child's emergency plan, including the phone number of your local emergency services.

Remember! The kitchen refrigerator is a great place to post a copy of your child's emergency plan.



Play Dates, Parties & Other Activities

Social activities are important for your child's happiness and self-esteem. Your child will be in the company of other kids and adults at play dates, birthday parties and other activities. Other families may not understand what practices to follow to keep your child safe or how serious an allergic reaction can be.

You can take steps to make sure your child is not left out because of their food allergies. The key is to plan ahead by informing your host and letting your child know what to expect. With your help, you will find that others are often willing to support your child.

Call the host several days before a play date

- Ask what food will be served and whether an adult will be supervising meal and snack time. Offer to send along a safe meal and treat for your child if needed. Freeze snacks, such as cookies, for parties. They are easy to defrost when you need them.
- If the host is responsible for preparing food for your child, ask them if they know how to ensure the food is free of your child's allergens. If they are unsure and willing to learn, take the time to teach them.
- If you are leaving your child in the care of others, give the host your child's auto-injector and emergency plan, and be sure that they know how to use them. Set up a time to teach them or another adult who will be present at the event how to recognize an allergic reaction, use your child's auto-injector, and contact emergency services. Find a time when you have the host's full attention (the day of a party will likely be too busy), and use an auto-injector training device to help them learn and build their comfort level.
- Provide your host with your contact information and ask them to contact you if they have questions or in case of an emergency.
- If you sense that the host is not comfortable being responsible for your child, offer to stay at the party with your child. Gradually, other parents will start to feel more confident about caring for your child.



Teaching Children

Include your child in preparations for social activities. This way, they will understand what rules they must follow and the reasons why. When kids are included in planning, they will feel more confident and be more likely to follow the rules.

Let your child make some decisions, which will help them feel more in control. For example, ask them if they prefer to take cookies or a cupcake to the party. Birthday cake has many common food allergens and is often unsafe for kids with food allergies. Remind your child to only eat foods that you have approved, whether it is food that you have bought or made or food prepared by the host.

Prepare your child so they understand that they may not be able to eat what other children are eating. Keep them focused on what they can do and can have. For example, they may not be able to eat all of the food being served at a party, or have treats from loot or goody bags, but they will have fun with their friends!

For activities where a large group is eating together, involve your child in thinking about which solution is the best one for them. For example, your child can eat before attending a team celebration, bring their own food or choose safe food items at the event with your help.



Relatives & Babysitters

With food allergies, your child has needs that require special attention. It can be stressful to leave your child with a babysitter, a relative or other caregiver, especially for the first time. Education, careful planning and good communication will help ease your worries as others learn how to care for them.

Let others know about your child's food allergies so that they can decide whether they feel up to taking care of them. For some, this responsibility may seem overwhelming and too much for them to handle. Others will be more comfortable. Your child should be in the care of those who are ready for the task.

Find a time to meet when the caregiver can provide their full attention. Do this before leaving your child in their care. If you give the person information in a hurry as you are leaving, you may forget to mention important details. Also, it is not a reasonable or fair way to teach others.

Talk to the caregiver about food that your child can eat. If the person does not feel comfortable preparing food for your child, offer to do this yourself. If they agree to prepare food, make sure they know how to ensure the food is free of your child's allergens. If they are unsure and willing to learn, take the time to teach them.

Make sure that caregivers know how to recognize an allergic reaction and how to use the auto-injector. Allow time for questions and practice using the auto-injector before you leave. Review your child's emergency plan.

Teaching Children

- Let your child participate when teaching caregivers. Even young children can tell others what they are allergic to and what rules they must follow. When involved, children learn how to explain their allergies to others in their own words and gain their support.
- Encourage your child to tell an adult right away if they think they have accidentally eaten something that they are allergic to, are having symptoms of a reaction or are worried about something.
- Remind children to say "no thank you" if they are offered food that may not be safe.
- In the case of older children, make sure they have a way to contact you if they have any concerns.



Childcare & School

During the day your child will be in contact with many staff members and other children. They may move around to different locations, both inside and outside the school or childcare centre. Since there can be risks in different settings – classroom, lunchroom, cafeteria, or the school yard – procedures should be in place to manage food allergens. This is also true for special activities, such as class trips, after-school programs and bus travel to and from home.^{20, 21, 22}

Find out if your child's school or childcare has a policy or guidelines for managing food allergies. Some may have this in place. Others may lack a clear policy if they have not had children with food allergies before, so you may even have an opportunity to get involved with the policy development. In any case, you should set up a meeting with the principal or childcare director to discuss your child's needs.

Give the school or childcare centre

- Your child's Anaphylaxis Emergency Plan. Complete this each year or whenever there are any changes such as the addition of new food allergies, the removal of allergies that are outgrown or changes to treatment instructions.
- Auto-injectors that are in date (i.e. not expired).
- Permission to treat your child according to their physician's instructions if they have an allergic reaction.
- Safe snacks for your child. Their teacher can keep these for times when a snack is not packed or your child cannot have a treat that is given to other kids. These should be foods that do not go bad (i.e. non-perishable).

The emergency plan should include information about your child such as their allergies, what to do in the event of a reaction and emergency contact information.

Communicate with the school and childcare community

- Find out who is responsible for the allergy policy. Ask to be contacted about upcoming events that involve food such as celebrations, trips and special activities. Offer to answer any questions they may have. Volunteer to help with activities if you have time.
- Ask that the school or childcare staff inform other parents about food allergies. Staff such as the principal, director, teacher or nurse can help with getting others to follow and understand allergy policies.
- Make an effort to develop a positive relationship with other parents. Try to educate with facts rather than emotion.

Teaching Children

Review the basic rules with your child. Remind them to:

- Wash their hands before and after eating.
- Only eat food that is approved by a trusted adult.
- Use dishware, utensils (spoons, forks, etc.), cups and bottles meant for them. They should not share with others.
- Tell an adult right away if they think they have accidentally eaten something they are allergic to, are having symptoms of a reaction or are worried about something.

Take your child to meet their teacher and see their classroom ahead of time. This will help your child become comfortable in these new settings. Consider asking if classmates and childcare friends can be taught about food allergies. This can be done by having a teacher or school nurse read a children's book about food allergies.

Some parents get involved in classroom activities. Ask your child if they want to be involved. Some will feel proud to teach their friends about their allergies. Others may not want to stand out and may prefer to watch.



Learn more about managing allergies at school by visiting
foodallergycanada.ca or allergyhome.org

Tell your school about Anaphylaxis in Schools: What Educators Need to Know online course at *allergyaware.ca*



Dining Out at Restaurants

Eating outside the home can be a fun and enjoyable social activity for children. You can take steps to make sure that dining out is a safe experience for your child. Like many other activities, this depends on planning ahead, giving clear information about your child's food allergies, making careful choices about their meals and being prepared for food allergy emergencies.

Before dining out

- Visit the restaurant's website (if there is one) to see the menu and allergen policy. Check what types of food they serve. Some types of cooking (cuisine) may present a greater risk because of ingredients that are commonly used.²³
- You can also call ahead to speak with the manager or chef about safe meal choices for your child. Try to phone at a quiet time for the restaurant so that staff can talk to you without distractions.
- Some restaurants will be willing to prepare something simple for your child even if it is not on the menu.
- Choose restaurants where staff members understand the language you speak.
- Consider preparing a card that lists your child's specific allergies. This can be given to the chef **after talking to restaurant staff about your child's allergy.**

At the restaurant

- Make sure that you have your child's auto-injector. Make it a rule that they don't eat without it.
- Go early, before the restaurant gets busy. Staff will have more time to answer your questions and help choose your child's meal.
- Speak with someone in charge, such as a manager or chef, as well as your server. State what foods your child is allergic to, and make it clear that this is not a preference or your child being fussy.
- Choose menu items that are simple (e.g. grilled steak with baked potato and steamed vegetable). Dishes with a lot of ingredients or those made in advance (e.g. stews and sauces) may have hidden allergens. Also, staff may forget about something in a dish if there are many ingredients.
- Ask how food is prepared. Cross-contamination can happen when the same equipment or utensils (e.g. spoons, knives) are used. Some examples: French fries may be made in the same fryer used to deep-fry battered shrimp and fish; a knife that has been used to slice pizza with anchovies (fish) may also be used to cut a cheese pizza.

- Avoid salad bars and buffets. There is a high risk of cross-contamination. Spoons could be used for more than one dish, and food from one dish could be dropped into another.
- Be cautious of desserts, because they often contain many common allergens and have a high risk of cross-contamination (e.g. peanut, nuts, milk, egg, soy and wheat).
- If there is any doubt that a safe meal can be made for your child, find a different restaurant.
- Let the restaurant know when they do a good job of providing an allergy-safe meal.^{15, 19, 23}

Teaching Children

- Practice ordering food using role-play. You can be the server or chef, and your child can tell you about their food allergies and ask questions. This way, they get to practice at home before they are old enough to order on their own.
- With older children, use take-out menus or go on-line to check out menus. Ask your child what meals they would like to order and help them think about questions to ask at the restaurant.
- At the restaurant, let children speak for themselves and ask questions if they are ready for this. This experience will increase their skills and comfort while you are there to provide support. Your child will eat out with friends when they are older. Prepare them now with strong skills and confidence for the future.
- Remind them to thank restaurant staff when they are helpful.
- Teach your child that no epinephrine = no food.



Always have your child's auto-injector with you. **No epinephrine = no food.**

Travel

Taking a trip to another area in your country or elsewhere gives children the chance to learn about their world. Start your planning as far in advance as possible. You should choose somewhere to stay that best suits your family's needs. For example, having a kitchenette will be useful for preparing some of your meals and keeping fresh food on hand. Keep in mind that laws and policies are different in different countries, including laws and policies for airlines, restaurants and food labelling.

Restaurants and travel

- Call ahead to ask about food allergy policies and if there are safe options that can be prepared for your child. Consider visiting chain restaurants that have food allergy policies.

Car travel

- If you plan to rent a car, make sure that it has been cleaned, including any car seats.
- Pack safe snacks and meals for your child in case there are no safe restaurants, rest stops or grocery stores on your route. Take a cooler and ice packs for long journeys.

Air travel

- Carry all of your auto-injectors on board with you so that you have them at hand. Do not pack extra auto-injectors in checked luggage where they may be exposed to extreme temperatures.
- Call the airline before booking your flight to ask about their allergy policy.
- When booking your flight, tell the airline about your child's food allergy.
- Contact your doctor ahead of time to get any paper work that the airline needs (e.g. a doctor's letter confirming your child's allergy and what medication is needed).
- Bring food and snacks for your child to eat during the flight. Make sure to bring enough food in case of delays and layovers.
- Consider asking to board the plane early so that you can clean the seat and anything in the area that your child is likely to touch. Don't forget to bring your own cleaning wipes.
- Let the flight attendant know about your child's food allergy as soon as you can.

Hotels

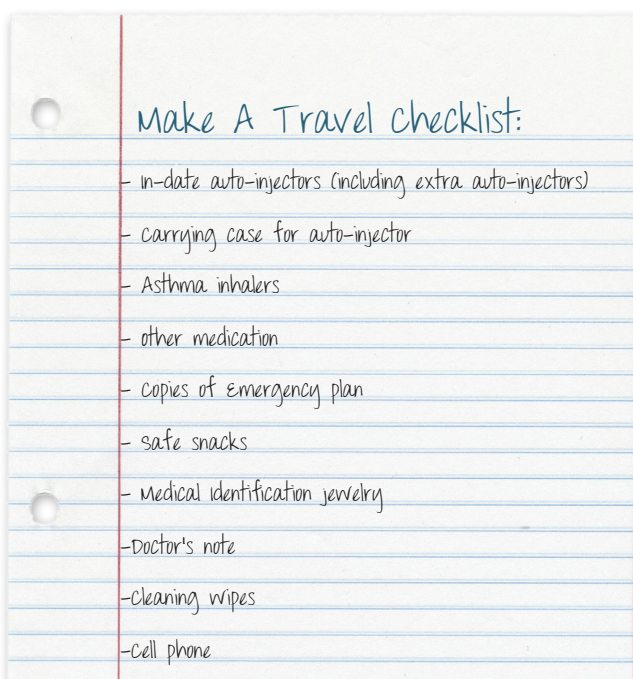
- When booking, ask to speak to the manager of the hotel restaurant about their allergy policies and if they are able to provide safe meals for your child.
- Some hotels offer kitchen units or rent small refrigerators. If you plan on preparing your child's meals, find out where the nearest grocery store is located.
- Be aware of in-room snack bars and make sure that your child does not have access to any unsafe items.

Foreign countries

- Find out if your health insurance policy covers services in other countries. You may need to purchase out-of-country insurance.
- Have extra auto-injectors and other medication prescribed by your doctor, as well as extra copies of emergency plans.
- Contact the national food allergy organization to find local information.
- Find information on local labelling laws and read labels carefully.
- Get information about your child's allergy translated. You can give this written information to those who prepare food for your child to help them understand your child's needs.
- Make sure that you know how to contact emergency services and explain that your child is having an allergic reaction.
- Know where the nearest hospital is located.

Teaching Children

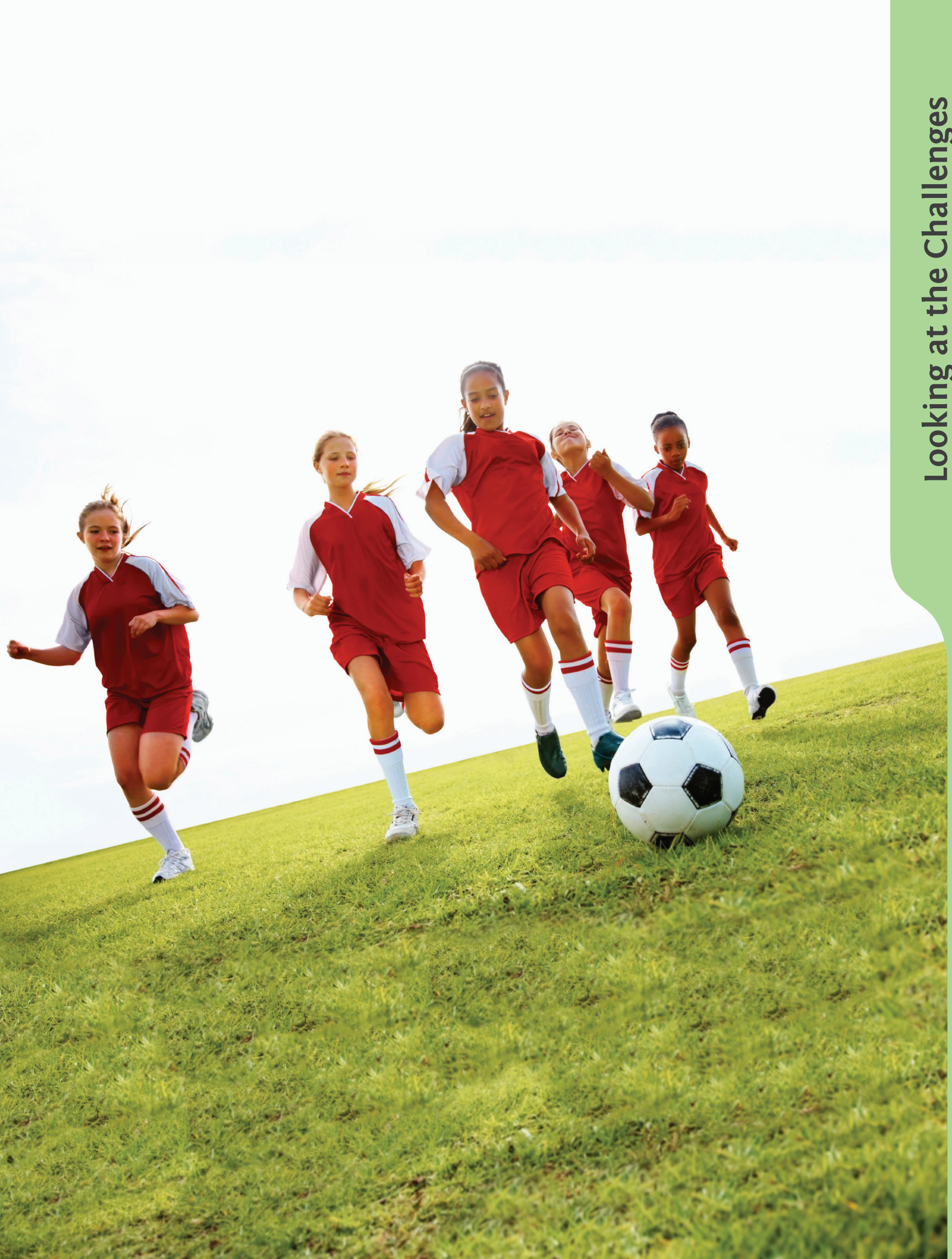
- Talk to your child about steps you will take to make sure that they have safe food to eat.
- Whenever possible, involve your child in selecting and preparing snacks.



Getting ready for a trip?

Visit allergysupportcentre.ca or allergyhome.org for suggested websites and resources.





Managing Anxiety & Feeling in Control

As a parent it is common to feel worried about your child having an allergic reaction.²⁴ It is important to know that deaths from anaphylaxis are very rare²⁵ and can be avoided with simple food allergy management. When you know the facts about food allergy, you can greatly reduce the risks for your child. As managing allergies becomes a part of daily life, both you and your child will feel more confident and in control. Here are some things to keep in mind.

Get the facts. If you are not sure about the level of risk in a certain situation, talk to your child's doctor, patient organization or a local support group. If you don't have the facts, it is easy to worry and difficult to find solutions.



Remember that ups and downs are normal. It is normal to experience some anxiety after major life changes, including when your child is first diagnosed with a food allergy or when they start a new activity, such as entering childcare, starting school or going to a friend's home. You will learn to find routines that keep your child safe and work for your family.

Find a support group in your area. Allergy support groups can provide valuable information and understanding and show you that other families are successfully living with allergies.

Remember that your child learns from you. When your words and behaviour show that you are confident, your child will feel the same. Try not to use words that can scare your child such as describing them as “*deathly allergic*” or saying “*this food can kill my child*”. Instead, talk about the fact that food allergies can be managed.

The lessons you teach your child when they are young will help them to self-manage as they get older.

Empower your child. Increase your child's sense of control by involving them in managing their allergy. Help them build their skills, such as reading food labels and learning how to use their auto-injectors.

Prepare your child for new situations. Visit new places ahead of time and introduce your child to the adults who will take care of them. Tell your child about plans to keep them safe, including emergency steps.

Problem solve with your child. If your child is worried about a situation, talk to them about their concerns and involve them in coming up with ideas about what they and others could do to help. For older children, writing down the plan may make it feel more "official".

Be available for difficult conversations. If your child thinks that a topic is off limits or makes you feel uneasy, they may not talk to you. Sometimes they fill in the details with their imagination, which can be more frightening than reality.



If you or your child is feeling increased anxiety, talk to your doctor. They may refer you to a specialist who can help you develop coping strategies that work for you.

When Children Feel Different or Frustrated

Sometimes children may feel different because of their allergy.²⁶ It is normal for them to want to be just like other kids. You can help your child when they go through a difficult time.

Listen to your child. When your child is upset or worried, listen without interrupting them. You may want to say, “*It will be fine*” or to try to fix the problem but remember that it can be helpful for them to talk about their concerns and let them know you “get it”.

Help them come up with solutions to problems. Children can feel more in control if they participate in making decisions. Even young children can be involved in decisions such as choosing safe snacks.

Teach your child how to handle bullying and teasing. These are serious matters that should never be ignored. Tell your child to get help from an adult if they ever feel threatened. Let them know that it is their right to be safe and treated with respect by others and they are not tattling on others. Speak with the teacher or principal about your child’s situation when necessary.

Thank your child for coming to you with their concerns. Tell them that you always want to know if they are having a difficult time.

Remember that there is more to your child than just their food allergy. Do your conversations focus only on their allergies? Make sure that you talk about their achievements.

Let your child know that you are proud of the choices they make. The opinions of their friends and classmates matter, but yours does too! For example: “*I know it was hard when you couldn’t eat the treat at school today, but I was so proud that you said no thank you. Let’s pick out a great snack now.*”

Teaching Children

- Role play with your child to practice what to say in common social situations.
- Show them how to teach their friends about their food allergies. When friends get involved they are usually helpful and want to choose activities that include your child. This helps your child feel supported and confident.
- Use children’s books, videos and other resources to help your child and their friends learn the facts about food allergy.
- Encourage your child to participate in a wide variety of activities. This is important for all children to reduce stress and feel good about themselves.

You are a Role Model

Teaching your child about food allergies is necessary for their safety and confidence. Your goal is to empower your child with the knowledge and skills that will help them safely participate in all daily activities.

Be reliable. When you always read labels and carry emergency medication, your child will learn that this is important to do in order to stay safe. Even young children are watching and learning!

Teach your child why it's important to follow allergy rules. Try to teach in a way that they can understand. This will differ by age and development. Routines give your child a sense of comfort and security. Use children's allergy books as teaching tools to encourage habits such as hand washing. Even toddlers can learn this practice.

Plan ahead for food-related events. Children may enjoy preparing for events like birthday parties. Help them to find ways to deal with common problems that may arise.

Teach your child how to say “no thank you” politely. If they are not sure if a food is safe, they should feel confident about saying “no thank you”. This skill should be taught as early as possible. Use role playing to practice the words that they can use so that they feel confident in real situations.

Encourage honest and open communication. Your child should feel able to share their feelings and information, without fear of being punished. This includes situations where allergy rules were broken. If a child is afraid, they may hide this information from you and you will lose the chance to problem-solve together.

Try not to use terrifying words to describe allergy. Your child is listening to conversations that you have with others, so try to avoid using words like “*deathly allergic*”. For young children, phrases like “*eggs can make you sick*” or “*peanuts are not safe for your body*” may work. As children get older, they may be able to understand the role of the immune system. For example, “*the immune system, the part of the body that usually fights germs, mistakes the food for something harmful. When the immune system fights back, that causes the allergic reaction*”.

Teaching Others about Food Allergy

In order to keep your child safe, you must become confident with educating others about food allergies. When other people look after your child, it is important that you teach them about your child's allergy, including details on how to prevent and how to treat a reaction.

Be patient as others try to learn about your child's allergies. Food allergy may be new to them. Take the time to explain why certain steps are necessary to prevent an allergic reaction and what to do in an emergency. Use language that is easy to understand and keep in mind possible cultural and age differences in people's understanding of allergy.

Speak in a calm manner. You should explain that although food allergies are serious, they can be managed. Be open to answering questions and talking about concerns that others may have.

Avoid using scare tactics or high emotion to convince others to take allergies seriously. Such tactics will probably have a negative effect. People may think that you are over-reacting or they may feel uncomfortable taking care of your child.

If you are having difficulty getting someone to understand or take your child's allergies seriously, try a different approach. There may be times when you feel others "just don't get it", no matter what you say or do. This could be due to a number of reasons. It can be helpful to give information from trusted sources, such as your child's doctor or an educational handout or website. Sometimes, asking someone else to speak with the person can help, too.



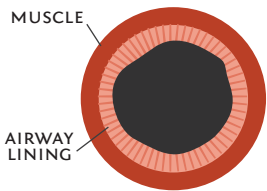
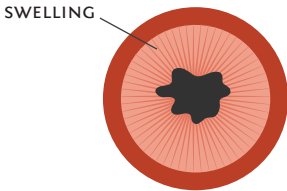
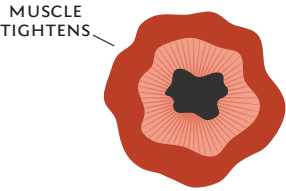


At Risk Groups - Asthma & Teenagers

Food Allergy & Asthma

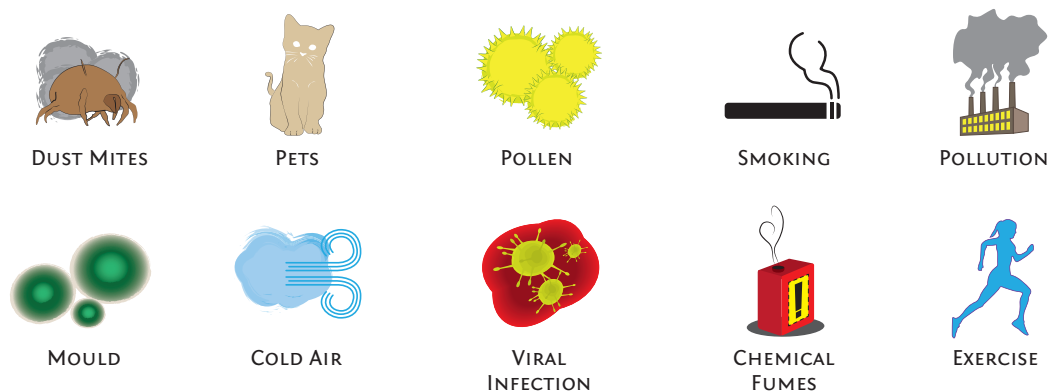
Asthma is a chronic disease that affects the lungs. People who have food allergies and asthma are at an increased risk of a severe allergic reaction.

Two changes happen in the airways of a person with asthma. One is inflammation (irritated and swollen lungs), causing mucus to be produced, and the second is tightening of the muscles around the airway, causing the airway to become smaller. With increased mucus and a smaller airway, it is difficult to move air in and out of the lungs.

NORMAL AIRWAY	ASTHMATIC AIRWAY-INFLAMMATION	ASTHMATIC AIRWAY-TIGHTENED MUSCLES
 MUSCLE AIRWAY LINING	 SWELLING	 MUSCLE TIGHTENS
In people without asthma, the muscles around the airways are relaxed, allowing the airways to stay open. There is no swelling or mucus inside the airways.	In people with asthma, the inside of the airways can get red, swollen, and filled with mucus.	In people with asthma, the muscles around the airways can spasm and squeeze tighter. This leaves less room for air to pass through.

Reproduced with permission from the website of the Canadian Lung Association, www.lung.ca. All rights reserved.

Symptoms of asthma include cough, being short of breath, wheezing and tightness of the chest. There are many different “triggers” that cause asthma symptoms. People can have different asthma triggers, and symptoms can vary from mild to severe.



Asthma is a chronic disease and often lasts a person's entire life. If your child has asthma, it is very important that they are seen on a regular basis by their doctor and that their asthma is well controlled.



Control your child's asthma by:

- Avoiding contact with their specific asthma “triggers”.
- Taking the medicine prescribed by their doctor.
- Following their asthma action plan.
- Having regular follow-up visits with their doctor.

You can learn about asthma management by speaking with an asthma educator or participating in an asthma education program.

Children with both food allergy and asthma are at risk of having a more severe allergic reaction.

Ask the doctor to help you fill out both an **asthma action plan** and **Anaphylaxis Emergency Plan**. Don't forget to discuss the signs and symptoms of asthma and anaphylaxis with your child's doctor.

A screenshot of an "Anaphylaxis Emergency Plan" form. The form includes fields for a photo, name, and date. It has checkboxes for "Respiratory system (breathing)", "Cardiovascular system (heart)", and "Other". A prominent yellow box contains the text: "Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication." Below this, there are numbered instructions for using the auto-injector and seeking medical help. At the bottom, there is a section for "Emergency Contact Information" with fields for Name, Relationship, Home Phone, Work Phone, and Cell Phone. Logos for various organizations are at the bottom right.

If your child has difficulty breathing during an allergic reaction, **give the auto-injector before giving asthma medication**. Keep in mind that epinephrine will treat severe asthmatic symptoms as well as anaphylaxis. Asthma is a major risk factor for death in severe allergic reactions caused by food.^{1, 15}

Teaching Children

- Involve your child in managing their asthma.
- Teach your child when and how to use their asthma medication.
- Tell your child to talk to an adult if they are having asthma symptoms such as coughing, chest tightness, wheezing or shortness of breath.

Food Allergy & Teenagers

Teenagers tend to spend more time outside of the home and take on more of a lead role in managing their food allergies. At the same time, they face increased pressure to fit in with their peers. Some teens engage in risky behaviours, such as not reading labels, knowingly eating foods that could contain their allergen or not carrying emergency medicine when they are out with friends.^{27, 28} These behaviours increase the risk for allergic reactions and death.^{15, 28, 29} For those with children not yet in their teenage years, it is important to practice allergy management routines early on. This enables children to gradually develop the skills and confidence needed to manage their food allergy. Knowing some of the specific challenges in the teen years can be useful when educating and empowering children for the future.

Empower your teen to take an active role in managing their allergy

- Encourage your teen to ask their doctor questions.
- Make sure your teen can use an auto-injector.
- Suggest trusted resources, such as teen websites created by Food Allergy Canada (formerly Anaphylaxis Canada) or Food Allergy Research & Education (FARE).

Encourage your teen to tell their friends about their food allergy

- Friends need to know about your child's food allergies in the event of an allergic reaction. They should be able to recognize symptoms of a reaction and know what to do in an emergency.
- Allergy management will become a routine for friends too and will not be “a big deal” if they are educated.



Help your teen plan ahead for social situations

- Gather menus from popular restaurants. Encourage them to practice making good choices and informing restaurant staff about food allergies. Call ahead to find out about safe options.
- Problem-solve with your teen about how and where they will carry emergency medication.

Talk about alcohol and drugs

- These substances affect a person's judgment. Explain to your teen that if they are under the influence, they will have difficulty making clear decisions or recognizing symptoms of a reaction.
- Alcoholic beverages can include common allergens (e.g. Amaretto liqueur includes almond).

Talk about dating and relationships

- Give your teen the facts about food allergies and dating, even if the topic is uncomfortable.
- Suggest ways to tell a partner about food allergies.
- Make sure your teen knows that kissing can cause an allergic reaction if someone has eaten an allergenic food up to several hours before a kiss.⁴
- Make sure your teen feels comfortable suggesting restaurants that are good choices for them (for example, restaurants that you have checked out together) or speaking up if they think that a restaurant is a risky choice.
- Suggest to your teen that both meals (your teen and their date's meals) should be allergy-safe. This is especially important if teens will be kissing.⁴

Encourage open communication

- Let your teen know that you are open to all questions and want to know how they are feeling. Allow your teen to talk about "rule breaking" without the risk of punishment.



Is your child a preteen or teen?

Visit whyriskit.ca or allergyfreepress.com or foodallergy.org to learn more about managing allergies during these years.



We hope the information and tips in this handbook will be helpful tools in managing your child's food allergy. As your child gets older, you will deal with new experiences. Life with a food allergy involves constant learning and finding new ways to manage challenges. We encourage you to revisit chapters of this handbook as new situations arise. You can also download activity sheets, exercises and a list of suggested resources from allergysupportcentre.ca and AllergyHome.org.

Don't forget, passing this book along to friends and family is a great way for them to learn more about food allergy too!

About the Authors



Michael Pistiner MD, MMSc is a pediatric allergist at Harvard Vanguard Medical Associates and is an instructor of pediatrics at Boston Children's Hospital, Harvard Medical School. He is a fellow in the American Academy of Pediatrics and a member of the American Academy of Allergy Asthma & Immunology. Dr. Pistiner is the father of a child with food allergies and a passionate food allergy educator and advocate. He is actively involved in school, restaurant, and community wide education and volunteers for several American and Canadian allergy organizations and institutions. Additionally, he is the author of *Everyday Cool With Food Allergies*, a children's book designed to teach basic food allergy management skills to preschool and early school age children and is the co-creator of AllergyHome.org a free online food allergy awareness and education resource.



Jennifer LeBovidge PhD is a pediatric psychologist at Boston Children's Hospital and an assistant professor of psychology in the Department of Psychiatry, Part-time, Harvard Medical School. She provides consultation and support to children with food allergies and their families. She has a particular interest in fostering children's developmentally appropriate involvement in their allergy management. Dr. LeBovidge has developed and led food allergy coping skills groups for children and their parents. Her research interests include understanding the emotional and social impact of food allergies and developing interventions to help improve quality of life for children with food allergies and their families.



Laura Bantock RN, is the Director of Food Allergy Canada's western region and is located in British Columbia. One of her key roles is to work with healthcare professionals to provide anaphylaxis management training and resources. She is the program lead for the Newly Diagnosed Support Centre, a resource for parents of children recently diagnosed with food allergy. As a registered nurse her specific career interest focused on child development and preventative health education. She is also the parent of a daughter with food allergies and asthma. Laura was a member of the British Columbia Provincial Anaphylaxis Advisory Committee which was assigned to assist in the development of a provincial Anaphylactic and Child Safety Framework to outline provincial expectations with respect to managing anaphylaxis in the schools setting. She also served on the BC Provincial Anaphylaxis Evaluation Committee. She is a member of the Canadian Society of Allergy and Clinical Immunology.



Laurie Harada is the Executive Director of Food Allergy Canada and a leading national advocate for people living with food allergies. As the mother of two children, including one with multiple food allergies, she has first-hand knowledge of the daily challenges that families face. Known for her commonsense approach to managing allergies, Laurie is often asked to share her personal experiences and the perspective of Food Allergy Canada. Laurie shares her lessons learned and tips for parents in her "Hot Topics" column in *Allergic Living* magazine, international conferences, and through media.



Lauren James is a graduate of the University of Windsor. As the former Development Coordinator, she developed and executed special projects, such as the Newly Diagnosed Support Centre, a resource for parents of children recently diagnosed with food allergies. As an adult with multiple food allergies and intolerances herself, she understands the unique challenges faced by families and the ways that access to allergy education can positively affect children and families. For this reason, the development of the Newly Diagnosed Support Centre was a project of significant personal interest to her.

The authors of *Living Confidently with Food Allergy: A guide for parents and families* would like to thank the following individual reviewers for taking the time to comment on this handbook:

Ingrid Baerg RN, BScN, CAE Nurse Educator, Asthma Clinic and Allergy Clinic, BC Children's Hospital

Lorianna Bennett BSc, LLB, Kamloops, British Columbia

Scott Cameron MD, PhD, FRCPC, Clinical Instructor Division of Allergy & Immunology, Department of Pediatrics, University of British Columbia

Nestor Fausto Cisneros MD, FRCPC, Pediatric Allergy and Clinical Immunology

Zave Chad MD, Past President of the Allergy Section of the Canadian Pediatric Society, Past Chair, Canadian Allergy, Asthma and Immunology Foundation and Past President of the Canadian Society of Allergy and Clinical Immunology

Edmond S. Chan MD, FRCPC, FAAAAI, Clinical Assistant Professor, Department of Pediatrics, Division of Allergy, University of British Columbia, BC Children's Hospital

Heather Cruickshank BA, Freelance Food and Environment Writer

Cheryl Cuddeford MD, Hon.Bsc (Hon.), Family Physician and parent of teen at risk for anaphylaxis

Michelle Dirk P.Eng, MBA

Audrey DunnGalvin PhD, Reg.Psychol.Ps.S.I., School of Applied Psychology, Department of Paediatric and Child Health, University College Cork, Ireland

Anne K. Ellis MD, MSc, FRCPC, FAAAAI, Associate Professor and Chair, Division of Allergy & Immunology, Department of Medicine, Queen's University

Julie L Gaalaas BSc, RRt, CRE, Pediatric Respiratory Lead, Alberta Health Services, Camrose, Alberta

Cathy Gillespie RN, MN, CAE, Allergy Clinical Nurse Specialist, Children's Hospital, Winnipeg, Manitoba

Ruchi Gupta MD MPH, Associate Professor of Pediatrics, Northwestern University Feinberg School of Medicine, Lurie Children's Hospital of Chicago

Joni Huang MBA, Consultant, parent of teen at risk for anaphylaxis

David Hummel MBChB, FRCPC, Assistant Professor of Pediatrics, University of Toronto & SickKids Hospital, Toronto, Ontario

Amin Kanani MDCM, FRCPC, Clinical Assistant Professor, Department of Medicine, University of British Columbia, Division of Allergy and Clinical Immunology, St. Paul's Hospital

Sandeep Kapur MD, FRCPC, FAAAAI, Assistant Professor, Dept of Pediatrics, Division of Allergy, Dalhousie University, President, Canadian Society of Allergy and Clinical Immunology

Linda Kirste RD, Senior Tele-Dietitian, Allergy Nutrition Service, HealthLink BC

Ching Sang (Peter) Lee MD, FRCPC, Clinical Immunology and Allergy, Victoria, British Columbia

Kingsley R. Lee MD, FRCPC, Clinical Immunology and Allergy, Victoria, British Columbia

Pamela Lee, Associate Editor, Allergic Living magazine

Per Lidman MD, FRCPC, Assistant Clinical Professor, University of Alberta, Stollery Children's Hospital

Douglas Mack MSc, MD, FRCPC, Assistant Clinical Professor, McMaster University

Anna Nowak-Wegrzyn MD, Associate Professor of Pediatrics, Mount Sinai School of Medicine, Jaffe Food Allergy Institute, New York, New York

Francisco Noya MD, Associate Professor of Pediatrics, Division of Allergy and Immunology, Montreal Children's Hospital and McGill University, Montreal, Quebec

Elizabeth Paton, parent of child with food allergy, Toronto, Ontario

Nancy Ross RN, CAE, Nurse Educator, Thompson Children's Allergy & Asthma Centre, Children's Hospital, Winnipeg, Manitoba

Lynda C. Schneider MD, Associate Professor of Pediatrics, Harvard Medical School, Boston Children's Hospital

Wayne Shreffler MD, PhD, Director, Food Allergy Center and Division Chief, Pediatric Allergy & Immunology, Massachusetts General Hospital Associate Professor of Pediatrics, Harvard Medical School

Gwen Smith, Editor, Allergic Living magazine

Donald F. Stark MD, FRCPC, Clinical Associate Professor, Department of Medicine UBC, Program Director Adult Clinical Immunology & Allergy UBC, Past President CSACI & Past Chair of CAAIF

Pamela Thomson, Teacher and Anaphylaxis Educator and parent of child with food allergy, Kamloops, British Columbia

Stephanie von Dehn BSW, Consultant and Anaphylaxis Educator, parent of a child with multiple food allergies, Vancouver, British Columbia

Susan Wasserman MSc, MD, FRCPC, Professor of Medicine, Division of Allergy and Clinical Immunology, McMaster University

Wade Watson MD, MEd, FRCPC, Professor and Associate Chair, Department of Pediatrics, Head, Division of Allergy IWK Health Centre

References

- ¹ National Institute of Allergy and Infectious Disease (NIAID)-Sponsored Expert Panel. "Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel." *The Journal of Allergy and Clinical Immunology* 126.6 (2010): S1-S58.
- ² Sampson, H.A. et. al. "Second symposium on the definition and management of anaphylaxis: Summary report—Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network symposium." *The Journal of Allergy and Clinical Immunology* 117.2 (2006): 391-397.
- ³ Canadian Society of Allergy and Clinical Immunology. *Anaphylaxis in Schools & Other Settings*. 3rd Ed. 2015.
- ⁴ Maloney, J.M., Chapman, M.D., and Sicherer, S.H. "Peanut allergen exposure through saliva: Assessment and interventions to reduce exposure." *The Journal of Allergy and Clinical Immunology* 118.3 (2006): 719-724.
- ⁵ Simonte, S.J. et al. "Relevance of casual contact with peanut butter in children with peanut allergy." *The Journal of Allergy and Clinical Immunology* 112.1 (2003): 180-182.
- ⁶ Wainstein, B.K. et al. "Combining skin prick, immediate skin application and specific-IgE testing in the diagnosis of peanut allergy in children." *Pediatric Allergy and Immunology* 18 (2007): 231-239.
- ⁷ Kim, J.S. and Sicherer, S.H. "Living with Food Allergy: Allergen Avoidance." *Pediatric Clinics of North America* 58.2 (2011): 459-470.
- ⁸ Tulve, N. et al. "Frequency of mouthing behavior in young children." *Journal of Exposure Analysis and Environmental Epidemiology* 12 (2002): 259-264.
- ⁹ Nicas, M., and Best, D.J. "A study quantifying the hand-to-face contact rate and its potential application to predicting respiratory tract infection." *Journal of Occupational Environmental Hygiene* 5.6 (2008): 347-52.
- ¹⁰ Roberts, G., Golder, N. and Lack, G. "Bronchial challenges with aerosolized food in asthmatic, food-allergic children." *Allergy* 57.8 (2002): 713-7.
- ¹¹ Hefle, S.L. et al. "Consumer attitudes and risks associated with packaged foods having advisory labeling regarding the presence of peanuts." *The Journal of Allergy and Clinical Immunology* 120.1 (2007): 171-176.
- ¹² Perry, T.T. et al. "Distribution of peanut allergen in the environment." *Journal of Allergy and Clinical Immunology* 113.5 (2004): 973-6.
- ¹³ Sampson, H.A., Mendelson, L. and Rosen, J.P. "Fatal and near-fatal anaphylactic reactions to food in children and adolescents." *New England Journal of Medicine* 327 (1992): 380-384.
- ¹⁴ Rudders, S.A. et al. "Multicenter study of repeat epinephrine treatments for food-related anaphylaxis." *Pediatrics* 125.4 (2010): e711-e718.
- ¹⁵ Bock, A.S., Muñoz-Furlong, A. and Sampson, H.A. "Fatalities due to anaphylactic reactions to foods." *The Journal of Allergy and Clinical Immunology* 107.1 (2001): 191-193.
- ¹⁶ Pumphrey, R.S.H. "Fatal posture in anaphylactic shock." *The Journal of Allergy and Clinical Immunology* 112.2 (2003): 451-452.
- ¹⁷ Simon, E. et al. "World Allergy Organization guidelines for the assessment and management of anaphylaxis." *World Health Organization - World Allergy Organization Journal* (2011) 21-22.

- ¹⁸. Ellis, A.K. and Day, J.H. "Incidence and characteristics of biphasic anaphylaxis: a prospective evaluation of 103 patients." *Annals of Allergy, Asthma & Immunology* 98.1 (2007): 64-69.
- ¹⁹. Muñoz-Furlong, A. "Daily Coping Strategies for Patients and Their Families." *Pediatrics* 111.3 (2003): 1654-1661.
- ²⁰. Young, M.C., Muñoz-Furlong, A. and Sicherer, S.H. "Management of food allergies in schools: a perspective for allergists." *Journal of Allergy and Clinical Immunology* 124.2 (2009): 175-182.
- ²¹. McIntyre, C.L., Sheetz, A.H., Carroll, C.R. and Young, M.C. "Administration of epinephrine for life-threatening allergic reactions in school settings." *Pediatrics* 116.5 (2005): 1134-1140.
- ²². Sicherer, S., Furlong, T.J., DeSimone, J., and Sampson, H.A. "The US Peanut and Tree Nut Allergy Registry: Characteristics of reactions in schools and daycare." *Pediatrics* 38 (2001): 560-565.
- ²³. Furlong, T.J., DeSimone, J. and Sicherer, S.H. "Peanut and tree nut allergic reactions in restaurants and other food establishments." *The Journal of Allergy and Clinical Immunology* 108.5 (2001): 867-870.
- ²⁴. Cohen, B.L., Noone, S., Muñoz-Furlong, A. and Sicherer, S.H. "Development of a questionnaire to measure quality of life in families with a child with food allergy." *Journal of Allergy and Clinical Immunology* 114 (2004): 1159-63.
- ²⁵. Umasunthar, T., Leonardi-Bee, J., Hodes, M., Turner, P.J., Gore, C., Habibi, P., Warner, J.O., Boyle, R.J. "Incidence of fatal food anaphylaxis in people with food allergy: a systematic review and meta-analysis." *Clinical and Experimental Allergy* 43.12 (2013): 1333-1341.
- ²⁶. DunnGalvin, A., Gaffney, A. and Hourihane, J.O'B. "Developmental Pathways in food allergy: a new theoretical framework." *Allergy – European Journal of Allergy and Clinical Immunology* 64.4 (2009): 560-568.
- ²⁷. Sampson, M.A., Muñoz-Furlong, A. and Sicherer, S.H. "Risk-taking and coping strategies of adolescents and young adults with food allergy." *Journal of Allergy and Clinical Immunology* 117.6 (2006): 1440-5.
- ²⁸. Monks, H. et al. "How do teenagers manage their food allergies?" *Clinical and Experimental Allergy* 40.10 (2010): 1533-1540.
- ²⁹. Chapman, J.A. et al. "Food allergy: a practice parameter." *Annals of Allergy, Asthma & Immunology* 96.3 (2006): S1-S68.



Food Allergy Canada

Show your support today. A donation to Food Allergy Canada will help fund programs and services like the Newly Diagnosed Support Centre. Your generous donation will help families affected by life-threatening allergies.

Mail to:
Food Allergy Canada
2005 Sheppard Avenue East,
Suite 800
Toronto, Ontario M2J 5B4

Head Office
T • 416-785-5666
T • 1-866-785-5660
F • 416-785-0458
info@foodallergycanada.ca

Western Region Office
T • 250-314-4814
T • 1-877-322-9378
F • 1-888-872-6014
acwest@foodallergycanada.ca

Please complete this form and mail or fax it to Food Allergy Canada

Name _____

Address _____

Phone Home _____ Mobile _____

Email _____

☐ I give Food Allergy Canada permission to contact me by mail.

☐ I give Food Allergy Canada permission to contact me by email.

Donation

☐ I wish to become a member of the **Future of Hope Monthly Giving Club**. Monthly donation amount: \$ _____

☐ I wish to make a **one-time donation** of: ☐ \$25 ☐ \$50 ☐ \$100 ☐ Other: \$ _____

Method of Payment

☐ My cheque is enclosed (*Payable to Food Allergy Canada*)

☐ I will pay by credit card: Visa / Mastercard / American Express (circle one)

Card Number: _____ / _____ / _____ / _____ Expiry: ____ / ____ Card holder's signature: _____

Thank you for your support!

Food Allergy Canada is a registered charitable organization in Canada. Charitable Business #887208676RR0001
Please note receipts will be provided for donations over \$20.00 CDN.



Food Allergy Canada



FoodAllergyCan



Food Allergy Canada

This publication is also available in French and Spanish.