Food Allergies

Food allergies can have a tremendous impact on a person’s life. Managing a diet whether going out to dinner, or taking a vacation, or participating in Scouting events, can be a challenge when a person is allergic to common foods such as eggs, peanuts or milk, or any foods.

Causes of Food Allergies
Most people who develop food allergies have a family history of allergies, asthma, or eczema. The stronger the family history, or if both parents have food allergies, the greater the chance of having food allergies.

Is it an Intolerance or an Allergy?
Some people have food intolerances. Intolerances are different from allergies, though they may result in symptoms much like food allergies, so the difference can be easily confused. Allergies bring on a severe reaction that may occur immediately, or up to a couple of hours after contact with the allergen. Intolerances generally cause problems of the digestive tract and come on gradually.

Allergic reactions may be brought on not only by eating the offending food, but also by skin contact or inhalation of particles of the offending food.

What is a Food Allergy?
Food allergies generally develop at an early age, but they can develop at any age. Many times people can eat foods for many years without any problem, but then becomes allergic. This is an abnormal immune system response to a usually safe food.

A person does not have an allergic reaction the first time they eat a food. With the first exposure to the allergen (the food), something known as IgE antibodies are formed. With the second exposure, or at the time the allergic reaction first occurs, the allergen binds to the IgE antibodies that are attached to mast cells in the body. The mast cells signal release of histamine, which causes the reaction.

The serious allergic response to a food allergy may occur almost immediately, but up to several hours after exposure. The process of eating and digesting food, and where the immune cells are in the body, affect when and where in the body the reaction occurs.

For mild allergic reactions, we can take “antihistamines” to counteract the reaction. For more severe reactions epinephrine may be necessary. Those with severe allergies usually carry an epinephrine auto-injector such as an Epi-Pen or Auvi-Q to self-administer if a severe reaction occurs. Sometimes an allergy to one food will result in a “cross-reactive” food allergy. If allergic to shrimp, for instance, you may also have a reaction to other shell fish.

Another type of food intolerance is oral allergy syndrome. Oral allergy syndrome occurs with an allergy to certain raw fruits and vegetables, such as apples, cherries, kiwis, celery, tomatoes, or green peppers. You will experience itching and tingling inside the mouth, lips, and throat. Cooking or processing breaks down the
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proteins in the food that causes oral allergy syndrome and may prevent these uncomfortable symptoms.

Diagnosis of Food Allergies
If there is reason to suspect a food allergy, it is advisable to see a doctor who specializes in the diagnosis and treatment of allergies. The doctor will take a detailed medical history that will include your description of any allergic reactions you have had. The doctor will do a blood test to measure food specific levels of IgE in your blood. Other tests used to eliminate possible foods as the offender may include a diet diary of what you eat and any reaction you may have, an elimination diet to see whether the reactions stop when you eliminate certain foods from your diet, or a skin prick test—a tiny amount of food extract is injected under the skin. If there is a redness or swelling at the site, it indicates an allergy.

Prevention
Once any foods are identified as causing an allergic reaction, remove them from your diet. Read food labels carefully so as to avoid eating anything that has one of your offending foods in the product. Keep kitchen surfaces clean and free of allergens. And beware of food particles that are airborne that might be inhaled. Wash your hands carefully when cooking to help prevent having particles from offending foods on your hands.

Treatment of Food Allergy
The doctor may put you on “allergy shots” to help desensitize you to the food, or foods, that causes your reaction. Be prepared to handle unintentional exposures. Carry an epinephrine auto-injector, if prescribed by your doctor. And seek medical help immediately if you have a reaction or have to use your auto-injector.

For additional information on food allergies, check out the websites of the National Institute of Allergy and Infectious Diseases at www.niaid.nih.gov/topics/foodallergy/pages/default.aspx, the Mayo Clinic at mayoClinic.org/diseases-conditions/food-allergy/basics/

<table>
<thead>
<tr>
<th>Common Food Allergies</th>
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<tbody>
<tr>
<td>Children</td>
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<tr>
<td>Eggs</td>
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<tr>
<td>Milk</td>
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<td>Peanuts</td>
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<td>Tree nuts</td>
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<tr>
<td>Soy</td>
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<tr>
<td>Wheat</td>
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<tr>
<td>Adults</td>
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<tr>
<td>Shellfish</td>
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<tr>
<td>Peanuts</td>
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<td>Tree nuts</td>
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<td>Fish, as salmon</td>
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<table>
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<tr>
<th>Symptoms of Allergy</th>
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<tbody>
<tr>
<td>Mild to Moderate</td>
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<tr>
<td>Itching in mouth or ear canal</td>
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<tr>
<td>Swelling of lips</td>
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<tr>
<td>Hives, Eczema, Redness of skin or around eyes</td>
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<td>Nausea, vomiting, diarrhea, stomach pain</td>
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<tr>
<td>Nasal congestion or runny nose, sneezing</td>
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<td>Slight dry cough, odd taste in mouth</td>
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Do you have health and safety or risk management questions related to Scouting or your Scouting activities you could use a qualified answer for? Submit your questions to Nita Grubbs at ngrubbs@bsamail.org. Your questions will get an answer and your question and a response will be published in an upcoming Safety Zone Newsletter to benefit your fellow Scouters.
Meeting Place Inspection

Summer is just about over and we are looking forward to a brand new year of Scouting. As we look forward to a new year of activities, we also need to put thought into the safety of our Scouts and their families. One means of managing risk and ensuring safety for our units is by doing a meeting place inspection. This allows us to be sure that the proper safety measures and safety equipment are available, in the best possible order, and up to date, as needed. The Guide to Safe Scouting recommends a meeting place inspection be held once or twice a year to identify any health and safety hazards.

The BSA, in the Guide to Safe Scouting, has a Meeting Place Inspection Checklist that can be used to inspect the facilities where you meet with your Scouts and Scout families. The checklist includes the room(s) where your meeting takes place, where your exits are and if they are close to your meeting space, special considerations if your meeting room(s) is not on the ground level, fire protection, and fire drills.

The form allows for recommendations to be made to the chartered organization to improve safety or provide input about things that need to be addressed for safety.

To Glue or Not to Glue?

We often get the question in first aid and wilderness first aid classes about using Krazy Glue or Super Glue on cuts as an appropriate first aid measure. Their use would be a quick and easy way to seal the edges of a cut and stop the bleeding, we’re told.

Glues such as these were brought into use during the Vietnam War era for emergency use in the field. The use of glue stopped the bleeding until the patient could get to a facility where their wounds could be better treated. The use of glue in these emergencies probably saved lives.

The chemical in these “over-the-counter” glues, however, is not designed to be used on the skin and can cause skin irritation and tissue damage. Inhalation of the fumes may on occasion trigger asthma. Glues such as Super Glue or Krazy Glue are not approved by the Food and Drug Administration to be used on the skin for first aid care.

There are a number of medical grade skin adhesives on the market that are much less toxic, but also more expensive. These may be used according to manufacturer’s directions.

Your basic first aid care is still the gold standard for treating minor wounds. More serious wounds should receive basic care and the patient taken or referred to a qualified health care provider.

Remember, when making a decision about using a treatment that is not a standard practice, that you are legally responsible for the care you give and that your care should be based on the scope of your training.

Enterovirus D68

Enterovirus D68 (EV-D68) has been much in the news of late, as very ill children in a number of states struggle to recover from the virus. Children, usually those with underlying medical problems such as asthma, have been hospitalized with the illness. North Carolina has joined the ranks, with 6 confirmed cases (as of 9-23-14).

The usual symptoms of the virus include: fever, runny nose, sneezing, cough, and body and muscle aches; much like what you would experience with flu. The most ill children may have difficulty breathing and/or wheezing.

This virus is spread, just as a cold or flu, through saliva, nasal mucus, or sputum; through coughing, sneezing, or touching surfaces that have the virus on them.

The most at risk are generally infants, children, and teens. Confirmation is done through a special lab test.

Treatment consists of using over-the-counter medications for pain and fever. Remember that aspirin should not be given to children. Some people with severe respiratory symptoms may need to be hospitalized, though there are no antiviral medications cur-

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It's About Being Prepared: Health and Safety Training Opportunities

October
18  First Aid, Adult CPR/AED, Child and Infant CPR

November
1   Cub Leader Pow Wow—disAbility Awareness Training
14-46 Wilderness First Aid
22   First Aid, Adult CPR/AED, Child and Infant CPR

December  No Scheduled Training in December

January
17   First Aid, Adult CPR/AED, Child and Infant CPR
31   Event Director’s/Health Officer’s Training

February
28   First Aid, Adult CPR/AED, Child and Infant CPR

March
14   First Aid, Adult CPR/AED, Child and Infant CPR
21   CPR for the Professional Rescuer w/First Aid
28   Event Director’s/Health Officer’s Training

Courses may have registration deadlines that are strictly adhered to. Check brochures or the council website for deadlines and additional information. Youth protection guidelines are adhered to and are the responsibility of the Scout’s parents or unit leadership. All Scouts must attend with a buddy or appropriate adult partner.

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Currently available to treat this illness.

Prevention includes good hand hygiene, avoid touching eyes, nose and mouth, kissing, hugging, and sharing eating utensils and cups or glasses. Disinfect frequently touched surfaces, especially if someone has signs of illness.

For additional information on Enterovirus D68 see the website of the Centers for Disease Control and Prevention: www.cdc.gov/non-polio-enterovirus/about/ev-d68.html.

Every Scout deserves a trained leader!!

For brochures or additional information, visit the Scout office, the council website at www.bsaonsc.org, or contact Nita Grubbs at ngrubbs@bsamail.org.

The Safety Zone is a quarterly publication of the Old North State Council. Leaders are encouraged to comment on articles, make suggestions for articles or submit articles for publication. Content of submissions is subject to editing. Comments, suggestions, submissions, or questions should be directed to Nita Grubbs at ngrubbs@bsamail.org.