



# EMS for Children Newsletter

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Volume 12, Issue 2

**EMS for Children Program / NJ Office of EMS / NJ Department of Health and Senior Services**  
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## Is It Food Intolerance or Food Allergy?

- BY KATHY LUTZ, MSN, CPNP-

Parents will frequently report that their child is "allergic" to something or other. People often think the terms "intolerance" and "allergy" are synonymous or they confuse the meanings of these two words.

Food intolerances may involve some of the same signs and symptoms as a food allergy, including nausea, vomiting, cramping and diarrhea. It is important to be able to distinguish between the two. Food allergies are a serious health condition. Learning how to recognize a food allergic reaction will help a child get the medical care needed as a true food allergic reaction can cause serious problems and even death.

Although many people have serious reactions to certain foods, a true food allergy isn't so common. Food intolerances are much more common than food allergies. In fact, at one time or another nearly every one of us has had an unpleasant reaction to certain foods, liquids or additives.

Food intolerance is a non-allergic reaction to food. It is actually a reaction of the digestive system. Either something in a particular food irritates a person's digestive system or a person is unable to properly digest that food. Symptoms include:

- Nausea
- Stomach pain
- Gas, cramps, or bloating
- Vomiting
- Heartburn
- Diarrhea
- Headaches
- Tachycardia
- Irritability or nervousness



*Continued on page 2*

## CO - "The Silent Killer"

- BY KATHY LUTZ, MSN, CPNP-

These are tough economic times and many people are looking for ways to save money. Many people are trying to get "just one more season" out of that old furnace. And alternative heating sources are being used in many homes as another money-saving option.

This exposes those homes and those families to the risk of carbon monoxide (CO) poisoning. But what exactly is carbon monoxide poisoning?

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### 2009 EMSC Advisory Council

#### Meeting Dates:

May 19, 2009

August 18, 2009

November 17, 2009

#### Meeting Location:

Health & Agriculture Bldg.  
HCC Conference Rm. - 6th Fl.

Market & S. Warren Sts.

Trenton, NJ 08611

609-633-7777

#### Meeting Time:

10:00 a.m. - 12:00 noon



Some people have an intolerance to a specific food. One example is lactose intolerance which affects approximately 10% of Americans. An individual with lactose intolerance does not have the enzyme needed to digest milk sugar (lactose) which is found in milk and other dairy products. This is the most common type of food intolerance. Also common are intolerances to some chemical ingredients added to foods, including dyes, sulfites and monosodium glutamate (MSG), a flavor enhancer. There is even a type of food intolerance with psychological triggers linked to some unpleasant event.

Ingestion of contaminated meat and dairy products cause symptoms that resemble a food allergy, including GI discomfort, when it is actually food poisoning. Some types of mushrooms can also be toxic as can spoiled tuna and other fish, triggering an adverse reaction. Some foods contain histamine (highly processed or fermented wine, aged cheese, yeast-containing foods and sauerkraut) and eating a large amount can trigger a reaction that closely resembles a food allergic reaction. This is called histamine toxicity.

Often people with food intolerances will not have symptoms if ingesting only a small amount of the food or ingredient to which they have an intolerance. Symptoms are usually present only after eating a large portion of that particular food or after eating it frequently.

In a food allergic reaction, the immune system mistakenly identifies a specific food or a component of a food as harmful and begins to create antibodies to it. The next time this food is eaten, the antibodies sense it and signal the immune system to protect the body. This protective response can affect the respiratory system, the cardiovascular system, the skin or the gastrointestinal tract causing symptoms that include:

- tingling sensation in the mouth
- swelling of the lips, face, tongue and throat
- wheezing or difficulty breathing
- hives
- vomiting
- abdominal cramps
- dizziness from a drop in blood pressure
- fainting/loss of consciousness

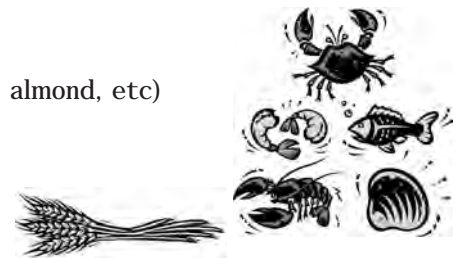
Did you know that almost 12 million Americans have a food allergy? This includes one in every 25 children under the age of 18. Food allergies account for more than 50,000 emergency room visits each year.

Most people do not understand how serious food allergies can be. It is not okay to give even a small amount of the food allergen to an individual who is allergic. Food allergy symptoms can range from mild to severe and the amount of food needed to trigger an allergic reaction varies from person to person. The signs and symptoms of a food allergy usually develop within a few minutes to an hour after eating the offending food. Initially mild symptoms that occur after ingesting a food allergen are not always an indicator of mild severity. Those mild symptoms can become more serious in a very short time.

Anaphylaxis is the most severe form of allergic reaction. This sudden systemic allergic reaction involves multiple areas of the body. Anaphylactic shock, the most severe type of anaphylaxis, occurs when the allergic response leads to systemic vasodilation. In addition, there can also be swelling of the airway, difficulty with breathing, a drop in blood pressure, loss of consciousness, and in some cases death. Each year in the U.S., it is estimated that anaphylactic shock is responsible for thousands of emergency room visits, 2,000 hospitalizations and as many as 200 deaths.

A food allergy frequently starts in childhood, but it can begin at any age. And although a person could be allergic to any food, there are eight foods that account for 90% of all food allergic reactions. These include:

- Milk
- Egg
- Peanut
- Tree nut (walnut, almond, etc)
- Fish
- Shellfish
- Soy, and
- Wheat



Some people will outgrow their food allergy. Of those who are allergic to milk, about 80% will eventually outgrow the allergy. About two-thirds with allergies to eggs and about 80% with a wheat or soy allergy will outgrow those by the time they are 5 years old. Other food allergies are harder to outgrow. Only about 20% of people with allergies to peanuts and about 10% of those allergic to tree nuts outgrow the allergies. Fish and shellfish allergies usually develop later in life and are only rarely outgrown.

No medication can cure a food allergy. The best treatment for food allergies is avoidance of all

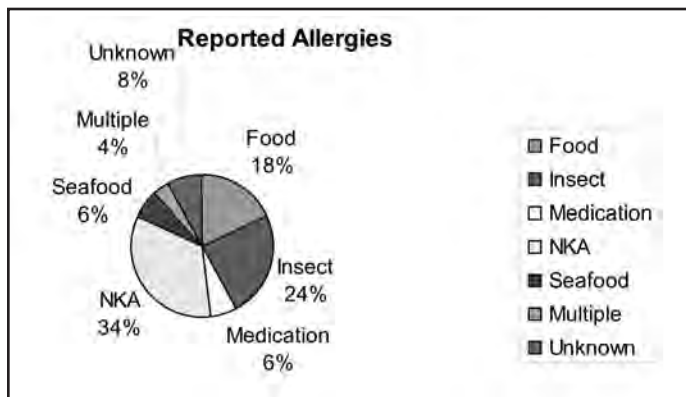
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foods containing the source of the allergy with careful review of ingredient labels and early recognition and management of a food allergic reaction.

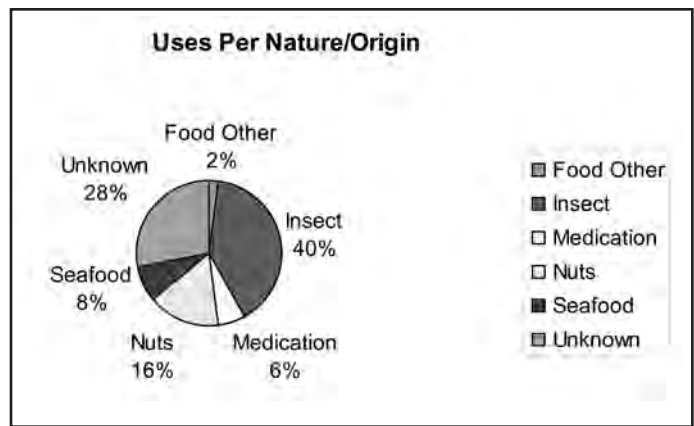
To help Americans avoid the health risks of food allergic reactions, Congress passed the Food Allergen Labeling and Consumer Protection Act of 2004. The law applies to all foods regulated by the U.S. Food and Drug Administration (FDA), both domestic and imported, which were labeled on or after January 1, 2006. The law requires that food labels identify the food source of the eight major food allergens in one of two ways. The name of the food must be in parentheses following the name of the ingredient - lecithin (soy), flour (wheat) or whey (milk) - or a "contains" statement must be included after the list of ingredients - Contains Wheat, Soy and Milk.

Individuals with prior severe allergic reactions or a history of anaphylaxis should wear a medical alert bracelet to notify others of the condition. They should also carry an epinephrine auto injector to ensure rapid treatment during a food allergic reaction. Be mindful of the expiration date for any epinephrine auto injector you use.

As of 2007, the New Jersey Department of Health and Senior Services authorized New Jersey certified EMT-Basics to carry and administer epinephrine auto injectors in accordance with specific policies and protocols per N.J.S.A. 26:2K-47.1, et seq. Over the two year period from January 2007 through December 2008 there were 50 reported epinephrine auto injector device uses reported. Below are two charts which provide a quick overview of those usages and patient reported allergies.



This first chart indicates known allergy histories (including 12 reported food allergies) as indicated on the patient care reports submitted to NJDHSS Office of Emergency Medical Services following epinephrine auto injector device usage over the initial two year period that the above policy was in effect.



This second chart shows the various reasons for the epinephrine auto injector device use as indicated on those patient care reports over that initial two year period, including 13 known food allergic reactions. (For reporting, the nuts category combines tree nuts and legumes/peanuts and the insect category includes arachnids.)

Each year millions of Americans have allergic reactions to foods. Most of these reactions cause relatively mild symptoms, but some can cause severe reactions, or even be life-threatening. Early recognition and management are important measures to prevent serious health consequences.



*References:*

Allison, Beth A. Pediatric Food Allergy. *The American Journal for Nurse Practitioners*. 2007; 11(9):10-19.

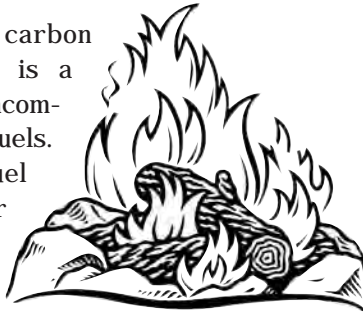
Center for Food Safety and Applied Nutrition U.S. Food and Drug Administration at [www.cfsan.fda.gov/~dms/ffalrgn.html](http://www.cfsan.fda.gov/~dms/ffalrgn.html)

Shah, E and Pongracic, J. Food-Induced Anaphylaxis. *Pediatric Annals*. 2008; 37(8) 536-541.

Story, Rachel. Manifestations of Food Allergy in Infants and Children. *Pediatric Annals*. 2008; 37(8): 530-535.

The Food Allergy and Anaphylaxis Network at [www.foodallergy.org](http://www.foodallergy.org)

First let's discuss carbon monoxide. Carbon monoxide is a natural by-product of the incomplete combustion of fossil fuels. It is present whenever fuel (gas, oil, kerosene, wood or charcoal) is burned. Common sources in the home include gas or oil furnaces, gas hot water heaters, gas clothes dryers, ovens and ranges and space heaters. Generators, barbecue grills and cars operating in enclosed spaces can also lead to the accumulation of carbon monoxide.



Carbon monoxide cannot be seen, tasted or smelled and it can cause deadly results in only minutes. Low levels of carbon monoxide exposure can resemble flu or food poisoning at low levels, cause permanent neurological dysfunction at moderate levels and be deadly at high levels. It is responsible for more deaths than any other single poison - sixty-eight deaths on average each year in the United States.

Children, infants and unborn babies are more vulnerable to carbon monoxide poisoning than healthy adults because of their smaller bodies and higher metabolic rates. Those with respiratory and heart disorders and the elderly are also at increased risk because carbon monoxide can aggravate preexisting conditions of restricted oxygen flow.

When inhaled, CO is absorbed into the bloodstream and displaces oxygen, prevents the formation of oxyhemoglobin and reduces the oxygen supply to the tissues and vital organs. Low levels of exposure can lead to:

- Sleepiness
- Fatigue
- Headaches and
- Irritability

Higher levels of exposure result in:

- Nausea
- Vomiting
- Irregular heartbeat
- Impaired vision and coordination and
- Eventually, seizures, coma and death

Initial treatment includes removal of the victim from the dangerous environment to fresh air and administration of high-flow oxygen. Please note: Pulse oximeter will provide inaccurate normal readings in

patients with CO poisoning. Anyone who has, or may have, been subjected to carbon monoxide should be transported to a hospital emergency room as quickly as possible. Anyone with possible exposure to carbon monoxide needs medical evaluation because they can have serious sequelae.

Only special equipment can detect the presence of carbon monoxide. CO detectors can be installed to constantly watch the levels of carbon monoxide in a building. The Consumer Product Safety Commission (CPSC) recommends that there be at least one functioning carbon monoxide detector in every home. Additional detectors on every level and in every bedroom will provide an extra measure of safety.

It is important to consider the possibility of carbon monoxide poisoning whenever your patient has altered mental status or vague, flu-like symptoms, especially during autumn and winter or when a group of people in the same area have the same symptoms,

*References:*

Limmer, D, O'Keefe, M. Emergency Care 10th Edition Update. Pearson Education Inc, Upper Saddle River, NJ. 2007.

KidSource online at:

[www.kidsource.com/kidsource/content2/news2/monoxide.2.9.25.html](http://www.kidsource.com/kidsource/content2/news2/monoxide.2.9.25.html)

US Consumer Product Safety Commission. CPSC Warns of Deadly Fire and Carbon Monoxide Hazards with Winter Home Heating. [www.cpsc.gov](http://www.cpsc.gov)



On December 12, 2008, the National Association of Emergency Medical Technicians (NAEMT) released a position paper supporting the development of emergency action plans that require accessibility of Automated External Defibrillators (AEDs) for emergency cardiac care in all schools. The full Position Statement can be viewed at [www.naemt.org/Libraries/NAEMT%20Documents/AEDs%20in%20Schools.sflb](http://www.naemt.org/Libraries/NAEMT%20Documents/AEDs%20in%20Schools.sflb)

# Change in EMT- B Recertification Effective June 2009

**E**ffective with any EMT-B certifications that expire June 30, 2009, a new recertification process is to be utilized. All recertifying EMT-Bs must complete the two page recertification form within six months of their expiration date. The form requires that you answer several questions and list all of the DHSS-OEMS approved CEU programs you have completed during your three year certification period. The new form can be found on the LMS at [www.njoemscert.com](http://www.njoemscert.com) and should only be submitted to OEMS:

- ❖ Once you have completed all recertification requirements and
- ❖ It is within 6 months of the date of the expiration of your EMT-B certification.

If your transcript on the LMS is correct, you may utilize the LMS record in lieu of creating a separate list of CEU credits. If credits are missing from the LMS, please contact the course coordinator. The completed Recertification form must then be submitted to OEMS via e-mail at [EMT.Recert@doh.state.nj.us](mailto:EMT.Recert@doh.state.nj.us), United States Postal Service mail or fax (609-633-7954). Once OEMS receives your completed form, an updated EMT-B certification card will be issued.

The computer will randomly select a percentage of recertifying EMT-Bs for audit. OEMS staff will contact you if additional documentation is required to validate CEU program completion. If an individual is found to have purposefully falsified their recertification documentation, the Department will initiate action to revoke their EMT-B certification.

So, what should you do to prepare for the new recertification process? Continue to track all CEU programs you complete! It is truly that simple.

To assist you with your record keeping, you can download the recertification form from LMS ([www.njoemscert.com](http://www.njoemscert.com)) prior to your certification expiration date, and utilize page two to document the program information necessary for recertification. We

encourage you to continue to register for DHSS-OEMS approved CEU programs on the LMS, as the software can create a transcript for you. Please encourage your CEU program instructors to:

- ❖ Document your successful completion of classes on the LMS and
- ❖ Provide you with written documentation of class completion.



## EMSC Newsletter Also Available On-Line

The EMS for Children Newsletter has traditionally been mailed to each NJ EMT and Paramedic and many school nurses twice yearly. Because of increasing interest and electronic communications capability we are now offering you the newsletters more frequently and on-line. There will be a new newsletter every 3-4 months so check back frequently. Check out the December 2008 issue-with articles on Inhalant Abuse, Winter Hazards and Pandemic Influenza by going to [www.state.nj.us/health/ems/documents/news/news\\_winter08.pdf](http://www.state.nj.us/health/ems/documents/news/news_winter08.pdf)

Each issue of the EMS for Children Newsletter offers one CEU for NJ EMTs and one Professional Development Credit for NJ School Nurses. Just print out the issue, read it at your leisure and then answer the Post Test questions (with a passing grade of at least 70%). Complete and return the answer sheet (prior to the test expiration date) via fax, e-mail or USPS mail to:

**OEMS**  
**Attention EMSC/Kathy Lutz**  
**PO Box 360**  
**Trenton NJ 08625-0360**  
**fax: (609) 633-7954**  
**e-mail: [emsc@doh.state.nj.us](mailto:emsc@doh.state.nj.us)**

E-mail us your pediatric questions and/or article ideas !!!  
[emsc@doh.state.nj.us](mailto:emsc@doh.state.nj.us)

**Dates to Remember:**



- **March 15-21, 2009** National Poison Prevention Week. For FREE poison education materials visit [www.NJPIES.org](http://www.NJPIES.org)
- **May 6, 2009** National School Nurses Day
- **May 6-12, 2009** National Nurses Week
- **May 17-23, 2009** EMS Week. Download the FREE 2009 EMS Week Planner [www.acep.prg/emsweek](http://www.acep.prg/emsweek)
- **May 20, 2009** EMS for Children (EMSC) Day
- **Nov. 12-14, 2009** NJ Statewide Conference on EMS

**OEMS Materials Available**

The following OEMS materials can be requested free of charge:

- ❖ Emergency Care in the School poster (for school nurses) 11" x 17" (2006)
- ❖ EMS Charts now available to all EMS transport agencies. For more information or to register go to: [www.state.nj.us/health/emsc](http://www.state.nj.us/health/emsc)
- ❖ Homeland Security Advisory System for EMS Agencies poster 30" x 40"
- ❖ Pediatric Assessment Ambulance poster 8 ½" x 11" (2005)
- ❖ Personal Protective Equipment for EMS Agencies poster 30" x 40"
- ❖ Triage Tags - request form available at [www.state.nj.us/health/emsc](http://www.state.nj.us/health/emsc)

Unless otherwise noted, e-mail your request for any of the above materials to:

[emsc@doh.state.nj.us](mailto:emsc@doh.state.nj.us)



**Additional Information:**

- Consumers are now able to get important safety updates about child seats and tire recalls automatically e-mailed or sent to a PDA device as part of a federal government notification service. Visit [www.safercar.gov](http://www.safercar.gov) and click on "E-mail" or "RSS" option to register for this notification service.
- The Maternal and Child Health Library in collaboration with the National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center presents information for First Responders Responding to Sudden Infant Death. Contents include bereavement practice guidelines, standards and protocols, training, overcoming language barriers, and state laws. The Web page is available at [www.sidscenter.org/firstresponders.html](http://www.sidscenter.org/firstresponders.html)

**METI GAMES 2009**

**November 12<sup>th</sup> – 14<sup>th</sup>, 2009**

Featured at the  
 NJ Conference on EMS

*Join us as the competition heats up!*

**Unite with your team as you manage the realistic responses of the patient human simulator, and are challenged with complicated scenarios!**



WHO WILL GIVE THE "LIFE SAVING" PERFORMANCE AND BE CROWNED THE 2009 METI GAMES CHAMPION ???

*Form your winning team today!*

# POST TEST

1. Food intolerance is a reaction of the digestive system to a food.  
A. True  
B. False
2. Histamine toxicity is a form of food allergy.  
A. True  
B. False
3. Symptoms of food allergy include all of the following except \_\_\_\_\_  
A. Cramping  
B. Headaches  
C. Hives  
D. Tingling sensation in the mouth
4. Eight foods account for 90% of all food allergic reactions. They include \_\_\_\_\_  
A. Soy  
B. Corn  
C. Tree nuts  
D. A & B  
E. A & C
5. The most severe food allergic reaction is \_\_\_\_\_  
A. Anaphylaxis  
B. Vomiting  
C. Loss of consciousness  
D. Difficulty breathing
6. Fish and shellfish allergies are usually outgrown.  
A. True  
B. False
7. Infants are more vulnerable to CO poisoning because of \_\_\_\_\_  
A. Restricted oxygen flow  
B. Increased oxygen supply  
C. Presence of oxyhemoglobin  
D. High metabolic rate
8. Carbon monoxide exposure can cause flu-like symptoms.  
A. True  
B. False
9. When entering a room you can detect the presence of CO by smell.  
A. True  
B. False
10. Carbon monoxide occurs naturally as a byproduct of combustion.  
A. True  
B. False

-----  
Cut here  
-----

Please Print Clearly

Name: \_\_\_\_\_ ID : \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Answer sheets with incomplete, illegible or inaccurate information will be discarded. Do not send any other correspondence with the answer sheet. All answer sheets must be received prior to July 31, 2009.

Answer Sheet (#090235713) EMSC Newsletter Spring 2009  
1 (One) Elective CEU for NJ EMTs with a minimum score of 70%

1 (One) Professional Development Hour for NJ School Nurses with a minimum score of 70%

Check this box if NJ EMT

Check this box if NJ School Nurse

Food Allergy (circle correct answers)

1. A B

6. A B

2. A B

7. A B C D

3. A B C D

8. A B

4. A B C D E

9. A B

5. A B C D

10. A B

Complete and return only the answer sheet to:

OEMS

Attention EMSC/Kathy Lutz

P.O. Box 360 Trenton, NJ 08625-0360

Fax:(609) 633-7954

e-mail: emsc@doh.state.nj.us

**EMS for Special Populations & Services**

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Published by the

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