



# Food Allergy Management & Education

FAME@bjc.org | [stlouischildrens.org/FAME](http://stlouischildrens.org/FAME)

# FAME



# WELCOME!

Food allergy is a growing safety and public health concern. Everyone plays a part in helping keep students with food allergies safe. The FAME tool-kit is designed to help school nurses, school administrators, principals, teaching staff, support staff, school nutrition staff, parents/guardians, and students with and without food allergies learn:

- How to create a safer school environment.
- How to recognize and respond to an allergic reaction.
- Steps to avoid food allergens in the school environment.
- Elements to include in a comprehensive school based food allergy program.

## How to use the FAME Tool-kit:

### Where do I start?

**Step 1: Introduction**—All users read general food allergy awareness, how to prepare/respond in an emergency, and federal/state laws.

**Step 2: Next**—Review the section that represents your role in managing students with food allergies. The tool-kit is designed in color coded sections that pertains to the various roles in the school. Each section contains: checklist, forms, education and training resources.

**Step 3: Follow Checklist**—The checklist outlines items to review and complete based on role specific responsibilities.

**Step 4: Use Forms**—A variety of sample forms are included that help obtain detailed information on students with food allergies. For example: student health history and emergency action plan.  
*Note: all forms may be modified or used in their original format.*

**Step 5: Review Educational/Training Resources**—Use materials found in the FAME tool-kit to teach yourself and train others about food allergy management. Each section contains summary pages (print as posters to post around school), such as:

- **Cross-Contact**—reviews some common ways cross-contact can occur.
- **Food Allergies and Social Factors**—reviews the social and emotional effects food allergies can have on students.
- **Alternative Ways to Celebrate & Reward Children without Food**
- **How to Read a Food Label**—reviews how to read a food label for the 8 major food allergens.

**Step 6: Evaluate Educational Training**—Use the food Allergy Questionnaire, a 10 question pre/post questionnaire that can be used to assess knowledge.

### Click on the links below to open the sections:

1. **General Food Allergy Awareness**
2. **How to prepare and respond to an emergency**
3. **Healthcare Professionals** (School nurse)
4. **Administrators, Principals, and Teaching Staff**
5. **Support Staff** (Coaches, Lunch/Recess Monitors, Extended Day Providers, Transportation Providers, Facilities (Custodial) Staff, Administrative Support, Librarians, IS/Media Specialists, Security and Volunteers)

6. **School Nutrition Staff**
7. **Parents/Guardians**
8. **Student/Classmates**
9. **Federal/State Laws**
10. **FAME Manual**
11. **Glossary of Terms**
12. **Food Allergy Resources**





# GENERAL FOOD ALLERGY AWARENESS

**Estimated to affect 1 in every 13 children under the age of 18.<sup>1,2</sup>**

- Food allergy increased 50% among children age 0–17 years from 1997 through 2011<sup>3,7</sup>
- 30% of children with food allergies also have asthma which increases risk of anaphylaxis
- 17% to 27% of kids experience anaphylaxis for the first time at school.

**THERE IS NO CURE! Strict avoidance is key.**

## Food Allergy

- Immune system response
- Antibodies are created to certain food(s)
- Symptoms severe and life-threatening
- Symptoms: see potential signs & symptoms table

## Food Intolerance

- No immune system response
- Lack certain digestive enzyme (i.e., lactose intolerance)
- Symptoms normally non life-threatening
- Potential symptoms: gas, bloating, abdominal pain, headaches

**9 foods account for 90% of all reactions (note: any food can cause an allergic reaction)<sup>4,5,6:</sup>**

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Sesame
- Soy
- Wheat
- Fish
- Shellfish

## What is anaphylaxis (pronounced ana-fil-axis)?

This is an allergic EMERGENCY. It is a rapid, severe allergic reaction that occurs when a person is exposed to an allergen (an allergy-causing substance). When the allergen enters the blood stream, the body releases chemicals to “protect” itself from the allergen. This is an adverse immunologic response to food protein. These chemicals can cause dangerous symptoms including breathing difficulty, swelling, dizziness, low blood pressure, shock, and even death.

## Potential signs and symptoms of an allergic reaction

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of “impending doom,” irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

Be aware there are other allergens such as insect venom, medication, and latex that can cause anaphylactic reactions. Please see the FAME manual for additional details.





# GENERAL GUIDELINES ON MANAGING LIFE-THREATENING FOOD ALLERGIES (LTFA) IN THE SCHOOL SETTING

- The recommendation is that every school with a child at risk for anaphylaxis has a full time registered professional nurse on staff, responsible for the development of the Individual Healthcare Plan (IHP), or Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
- Every child at risk for anaphylaxis will have one or more of the following: Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP), an Individual Health Plan (IHP) and/or a 504 plan to include a specific classroom plan
- The school will contact local Emergency Medical Service (EMS) to inform them that a student with life-threatening allergy is enrolled (note: not all ambulances carry epinephrine)
- Staff will be trained on food allergy prevalence, symptoms and reaction prevention at least annually and as needed. Drills should also be practiced
- All necessary staff should be trained in epinephrine auto-injector administration
- All necessary staff should be aware of epinephrine auto-injector location (unlocked)
- Develop an emergency shelter-in-place (disaster) plan

## Best Practice

- Read food labels every time
- No food sharing or trading
- Practice good hand washing before and after eating (note: hand sanitizer does not remove the food—soap/water and/or hand wipes are okay)
- Prevent cross-contact of foods, utensils, eating areas, classroom surfaces, etc.
- Clean and disinfect all surfaces
- Substitute food items in classroom lesson plans and special events

1. Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. *NCHS Data Brief*. 2008 Oct(10):1-8.
2. Liu AH, Jaramillo R, Sicherer SH, Wood RA, Bock SA, Burks AW, Massing M, Cohn RD, Zeldin DC. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2010 Oct;126(4):798-806 e13.
3. Jackson KD, Howle LD, Akinbami LJ. Trends in Allergic Conditions Among Children: United States, 1997-2011. *NCHS Data Brief*. 2013 May(5): 1-8.
4. Sampson H. Food allergy. *J Allergy Clin Immunol* 2003; 111(2):540-547.
5. Sicherer SH, Muñoz-Furlong A, Murphy R, Wood RA, Sampson HA. Symposium: Pediatric Food Allergy. *Pediatrics* 2003; 111(6):1591-1594.
6. U.S. Food and Drug Administration. *Food Allergies: What You Need To Know*. Silver Spring, MD: U.S. Department of Health and Human Services
7. Wood RA, Camargo Jr CA, Lieberman P, Sampson HA, Schwartz LB, Zitt M, Collins C, Tringale M, Wilkinson M, Boyle J, Simons E. Anaphylaxis in America: The Prevalence and Characteristics of Anaphylaxis in the United States. *J Allergy Clin Immunol* 2013.08.016.

This tool-kit is intended as a reference and information source only. The information in this tool-kit is not a substitute for professional care, and must not be used for self-diagnosis or treatment.

BJC HealthCare assumes no liability for the information contained in this reference or for its use.



# ACKNOWLEDGEMENTS

FAME supports every school in coordinating the health and education needs of students with life-threatening food allergies by making available comprehensive evidence-based tools and resources to be used by school based teams.

St. Louis Children's Hospital owes a debt of gratitude to the board members that gave their time, talent, and knowledge to the development of St. Louis Children's Hospital Food Allergy Management and Education (FAME) Program. Every member of the board is a child advocate and is passionate about providing a safe and nurturing educational environment.

The FAME toolkit and manual was developed based upon guidance provided by leading allergists/health care professionals, national food allergy advocacy organizations, national school health organizations, national school educator organizations, school nurses, educators, registered dietitians, school nutritionist, attorneys, and parents/guardians of children with food allergies.

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## Founding St. Louis Children's Hospital Food Allergy Advisory Board Members:

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- **Gail Workman,** Parent

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- **Donna Freiner,** Head Nurse, St. Louis Children's Hospital Answer Line
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Note: Additional epinephrine auto-injectors may become available. Instructions for current epinephrine auto-injectors may at times be updated.





# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenalick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenalick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by

# ALLERGIC REACTION— EMERGENCY RESPONSE CHECKLIST

**GOAL:** To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the school nurse or school nurse designee immediately AND refer to the child's Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) (if immediately available).

**If anaphylaxis does occur or the ECP/FAAP direction states, the person with the child shall:**

- Inject epinephrine immediately
- Call 911
- Remain with the student and stay calm—have second dose readily available
- Place the student in a reclining position, raise legs and do not move them
- Contact parents/guardians/emergency contacts

## Things to consider if an emergency occurs at school:

- Who will stay with the student and who will attend to student's classmates?
- Who will activate the emergency response team (building specific and/or system-wide)?
- Who will notify the local emergency medical services that a life-threatening allergic reaction is occurring?
- Who will notify school administration?
- Who will notify the parents/guardians; student's primary care provider and/or allergy specialist?
- Who will meet emergency medical responders at school entrance and direct to the student?
- Who will accompany student to the emergency care facility?
- Who will manage crowd control, if applicable?
- Who will complete the necessary follow-up paperwork and follow-up with the family?

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126:S1-58.



# FOLLOW UP/DEBRIEFING QUESTIONS

The following debriefing questions are a critical part of the process to reflect on what occurred. These are questions your team should consider and discuss in your review process.

**1. What parties were involved?**

**2. List the incident that occurred?**

**3. Identify the source of the problem and what could be changed to prevent future reactions?**

**4. How did the emergency procedure work?**

**Was the Emergency Care Plan (ECP)/Food Allergy Action (FAAP) followed?**

**Epinephrine auto-injector administered by whom?**

**5. When was the last emergency drill?**

**6. Was emotional consideration given to the student or other students who witnessed the anaphylactic reaction?**

**7. Was the student taken to the emergency room by emergency medical services?  
If no, please describe.**

# HOW TO USE A GENERIC ADRENACLICK® AUTO-INJECTOR

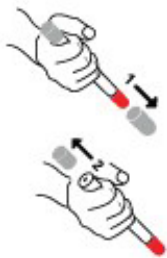
## Call 911 immediately after using the Epinephrine Auto-Injector

The effects of the epinephrine auto-injector begin to wear off after 10–15 minutes. It is very important to call 911 or the emergency number in your area immediately after using the epinephrine auto-injector. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the epinephrine auto-injector with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

### Steps to Using the Generic Adrenaclick® Auto-Injector



#### Step A



- Pull off GRAY end cap with the [1]; you will now see a RED tip. Never put thumb, finger, or hand over the RED tip.
- Pull off GRAY end cap with [2].

#### Step B



- Put the RED tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
- Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
- Remove the epinephrine auto-injector from your thigh.
- Check the RED tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat Step B.

#### Step C



**Get emergency  
medial help right  
away: Call 911.**

- **Be prepared** to give a second dose of the epinephrine auto-injector if symptoms do not improve in 5 to 15 minutes.

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

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## When to Use Generic Adrenaclick®

The Generic Adrenaclick® auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using epinephrine gives the life saving time needed to get further medical treatment.

### SYMPTOMS OF ANAPHYLAXIS INCLUDE

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Generic Adrenaclick®

- Comes in two strengths and are prescribed based on the individual weight.
- A Generic Adrenaclick® trainer is included in the box with the real Generic Adrenaclick®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[adrenaclick.com](http://adrenaclick.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

# GENERIC ADRENACLICK® AUTO-INJECTOR SKILLS TEST

Name \_\_\_\_\_ School \_\_\_\_\_

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Generic Adrenaclick® then call 911).	
3	Remove Generic Adrenaclick® from the case if ready to use. (Note: The Generic Adrenaclick® auto-injector is designed to go through clothing or directly on skin).	
4	Pull off GRAY end cap with the [1]. Be careful not to touch the RED tip.	
5	Pull off GRAY end cap with the [2].	
6	Place the RED tip of the Epinephrine auto-injector against the middle of the outer thigh area (upper leg).	
7	Press the Generic Adrenaclick® firmly against the thigh until the needle enters the thigh. Hold in place while slowly counting to 10.	
8	Remove the Generic Adrenaclick® from the injection site and monitor until help arrives.	
9	Have a second dose readily available to repeat steps 4-8, if symptoms do not improve or worsen in 5 to 15 minutes.	
<b>SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED</b>		<b>9</b>

## Potential Signs and Symptoms of Anaphylaxis

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Store and Use

- Room temperature
- DO NOT refrigerate
- Do not keep in car during hot/cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one
- Dispose of auto-injector properly

**Call 911 immediately after using the auto-injector.**

**Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.**

Which Generic Adrenaclick® should you use?

- (0.3 mg) if > 66 lbs
- (0.15 mg) if 33 – 66 lbs

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



# HOW TO USE AN AUVI-Q™ AUTO-INJECTOR

## Call 911 immediately after using the Auvi-Q™

The effects of the Auvi-Q™ begin to wear off after 10-15 minutes. It is very important to call 911 or the emergency number in your area immediately after using Auvi-Q™. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

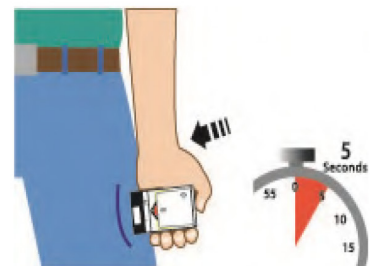
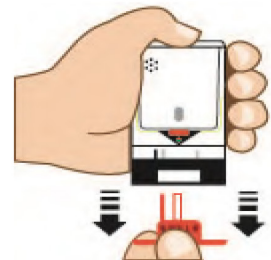
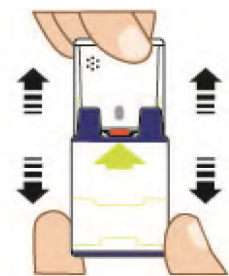
### Steps to Using the Auvi-Q™

1. Pull Auvi-Q™ from the outer case. Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.
2. Pull off **red** safety guard. To avoid accidental injection, never touch the **black** base of the auto-injector. If an accidental injection does occur, seek medical help immediately. *Note: The safety guard is meant to be tight. **Pull firmly to remove.***
3. Place **black** end against the middle of the outer thigh, then press firmly against thigh and hold in place for 5 seconds. Do not remove Auvi-Q™ until the 5 second countdown is done. The Auvi-Q™ makes a distinct sound (click and hiss) when activated.

**The Auvi-Q™ is designed to go through clothing or directly on skin. Each device is a single-use injection.**

- **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the Auvi-Q™ was used. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive and they will safely dispose of it.
- **Be prepared** to give a second dose of the Auvi-Q™ if symptoms do not improve or worsen in 5 to 15 minutes.

**Note:** Auvi-Q™ contains audio voice instructions that help guide you through the steps. In the event the audio instructions do not work properly, the Auvi-Q™ will still work during an allergic reaction.



This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

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## When to Use Auvi-Q™

The Auvi-Q™ Auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using the Auvi-Q™ gives the lifesaving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

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**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Auvi-Q™

- Comes in two strengths and are prescribed based on the individual weight.
- An Auvi-Q® trainer is included in the box with the real Auvi-Q®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[auvi-q.com](http://auvi-q.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.



# AUVI-Q™ SKILLS TEST

Name \_\_\_\_\_ School \_\_\_\_\_

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Auvi-Q™ then call 911).	
3	Remove Auvi-Q™ from the outer case if ready to use (note: The Auvi-Q™ is designed to go through clothing or directly on the skin).	
4	Pull off red safety guard. Be careful not to touch the black base of the auto-injector.	
5	Place the black end of the Auvi-Q™ against the middle of the outer thigh area.	
6	Press the Auvi-Q™ firmly against the thigh until a click and hiss is activated. Hold in place for 5 seconds.	
7	Remove the Auvi-Q™ from the injection site and monitor until help arrives.	
8	Have a second dose readily available to repeat steps 2-7, if symptoms do not improve or worsen in 5 to 15 minutes.	
<b>SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED</b>		<b>8</b>

## Potential Signs and Symptoms of Anaphylaxis

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Store and Use

- Room temperature in the outer case it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

**Call 911 immediately after using the Auvi-Q™.**

**Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.**

When do you use Auvi-Q™?

- Auvi-Q™ auto-injector (0.3 mg) if > 66 lbs
- Auvi-Q™ auto-injector (0.15 mg) if 33 – 66 lbs
- Auvi-Q™ auto-injector (0.1 mg) if 16.5 – 33 lbs

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# HOW TO USE EPIPEN® AUTO-INJECTOR

## Call 911 immediately after using the Epinephrine Auto-Injector

The effects of the epinephrine auto-injector begin to wear off after 10–15 minutes. It is very important to call 911 or the emergency number in your area immediately after using the epinephrine auto-injector. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the epinephrine auto-injector with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

### Steps in Using an EpiPen®

1. Remove the EpiPen® from the protective carrier tube by tipping and sliding it out.
2. Form a fist around the EpiPen® with the orange tip pointing down. Pull off the blue safety release.
3. Hold with the orange tip pointing toward the middle of the outer thigh.
4. Swing and press the orange tip **firmly** into the outer thigh until you hear a “click.” Keep holding it firmly against the thigh for 3 seconds. Note: If you are administering to a young child, hold the leg firmly in place while administering an injection. EpiPen® may be used through clothing or directly on the skin.
5. Remove the EpiPen® from the thigh and massage the area for 10 seconds.
6. **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the EpiPen® was used.
7. Be prepared to use a second EpiPen® if symptoms do not improve or worsen in 5 to 15 minutes. Each EpiPen® is for **single use only**.

#### Step 1



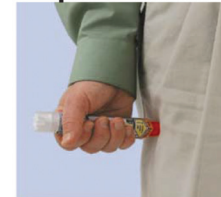
#### Step 2



#### Step 3



#### Step 4



#### Step 5



This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.



## When to Use EpiPen®

The EpiPen® auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using epinephrine gives the life saving time needed to get further medical treatment.

### SYMPTOMS OF ANAPHYLAXIS INCLUDE

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about EpiPen®

- Comes in two strengths and are prescribed based on the individual weight.
- An EpiPen® trainer is included in the box with the real EpiPen®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[epipen.com](http://epipen.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

# EPIPEN<sup>®</sup> SKILLS TEST

Name \_\_\_\_\_ School \_\_\_\_\_

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer EpiPen <sup>®</sup> then call).	
3	Remove EpiPen <sup>®</sup> from package and protective carry tube by flipping the yellow or green cap. (note: The EpiPen <sup>®</sup> is designed to work through clothing or directly on the skin).	
4	Make a fist around the EpiPen <sup>®</sup> Auto Injector and point the orange tip downward.	
5	Remove blue safety cap with your other hand, careful not to touch orange tip.	
6	Hold the EpiPen <sup>®</sup> with the orange tip pointing toward the middle part of the outer thigh area at a 90 degree angle.	
7	Swing and press the orange tip HARD into the outer thigh until you hear a "click." Keep pressing the EpiPen <sup>®</sup> firmly against the thigh for 3 seconds, counting out loud. If administering to a young child, hold the leg firmly in place.	
8	Remove EpiPen <sup>®</sup> straight out of injection site.	
9	Massage injection site for 10 seconds. Monitor status until help arrives. Have next dose ready if needed.	
10	Patient has received the correct dose of the medication if the orange needle tip is extended and the window is obscured. <b>If not, repeat steps 4-9.</b>	
<b>SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED</b>		<b>10</b>

## Potential Signs and Symptoms of Anaphylaxis

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Store and Use

- Room temperature in the plastic tube it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

**Call 911 immediately after using the EpiPen<sup>®</sup>.**

**Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.**

When do you use EpiPen<sup>®</sup> vs. EpiPen Jr<sup>®</sup>?

- EpiPen<sup>®</sup> auto-injector (0.3 mg) if > 66 lbs
- EpiPen Jr<sup>®</sup> auto-injector (0.15 mg) if 33 – 66 lbs

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenaclick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenaclick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by

# ALLERGIC REACTION— EMERGENCY RESPONSE CHECKLIST

**GOAL:** To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the school nurse or school nurse designee immediately AND refer to the child's Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) (if immediately available).

**If anaphylaxis does occur or the ECP/FAAP direction states, the person with the child shall:**

- Inject epinephrine immediately
- Call 911
- Remain with the student and stay calm—have second dose readily available
- Place the student in a reclining position, raise legs and do not move them
- Contact parents/guardians/emergency contacts

## Things to consider if an emergency occurs at school:

- Who will stay with the student and who will attend to student's classmates?
- Who will activate the emergency response team (building specific and/or system-wide)?
- Who will notify the local emergency medical services that a life-threatening allergic reaction is occurring?
- Who will notify school administration?
- Who will notify the parents/guardians; student's primary care provider and/or allergy specialist?
- Who will meet emergency medical responders at school entrance and direct to the student?
- Who will accompany student to the emergency care facility?
- Who will manage crowd control, if applicable?
- Who will complete the necessary follow-up paperwork and follow-up with the family?

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126:S1-58.



# HEALTHCARE PROFESSIONALS CHECKLIST

## Intake

### Student Health Records/Forms

- Student health history
- Medical release
- Date medication received/expires
- Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- Food allergy history form
- Medication authorization
- Healthcare provider contact information
- Photo of student:  Yes  No

## Policy/Procedure

### Laws Federal/State

### School District Policy/Procedures

- Food Allergy Management Prevention Plan (FAMPP)—[See resources for FAMPP](#)

### Team Development Meeting

- ECP/FAAP
- Individual Health Care Plan (IHP)
- 504 Accommodation Plan
- Individualized Education Plan (IEP)
- Will the student carry their own medication?
- Meal substitution necessary?
- Medical statement for special meals submitted?  Yes  No
- Designee in absence of school nurse
- Transportation (bus or other)

### All responsible staff (including substitutes) that interact with the student need copies of the students:

- ECP/FAAP  IHP  504/IEP

### Field Trips

- Field Trip Risk Assessment
- Medication bag

### Classroom Lessons/Celebrations

- Alternatives to food

### Emergency Procedures and Emergency Shelter-in-Place Plan

## Preparedness

### Education/Training (at least annually and as needed)

- Eight most common food allergens
- Signs and symptoms of an allergic reaction
- How to respond to an allergic reaction
- How to use an epinephrine auto-injector
- Hand washing or use hand wipes before/after eating
- How to Read a Food Label
- Provide and review role specific checklist

### Medication Handling and Storage

- Accessible location (unlocked)
- Can all staff administer epinephrine auto-injector or designee(s)
- Accessible by whom
- Date received/expires

### Emergency Prevention

- Contact local Emergency Medical Services (EMS)
- Do they carry epinephrine?

### Emergency Response

- Give epinephrine
- Call 911
- Know school's emergency protocol

## Review

### Intake forms submitted

### Education/training, emergency prevention and response

### Policy compliance

# STUDENT HEALTH HISTORY

**Student's name**

**Birthdate**

**Grade**

**Sex**

**Home phone**

**Cell phone**

The following information is needed to provide a safe and healthy environment for your child. If your child has a serious medical condition, it is vital that you discuss this with the nurse, teacher, and/or principal immediately. This information will be confidential and used as needed by the necessary school staff and applicable school volunteers to keep your child safe.

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
<b>ADD/ADHD</b>				
<b>Allergies</b> <input type="checkbox"/> Dust, pollen, ragweed, dustmites <input type="checkbox"/> Food allergies <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Insects Triggered by?				<b>List ALL environmental, food, insect, medication, and allergies:</b>  <b>Type of Response:</b> <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Vomiting <input type="checkbox"/> Swelling <input type="checkbox"/> Difficultly Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Other? Epinephrine auto-injector at home: <input type="checkbox"/> Y <input type="checkbox"/> N Epinephrine auto-injector at school: <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Anemia/Sickle Cell Anemia</b>				
<b>Anxiety/Panic Attack</b>				
<b>Asthma</b> Is an inhaler used? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? Triggered by?				
<b>Bladder Infections</b>				
<b>Blood Disorders</b>				
<b>Bone-Joint Disease</b>				
<b>Bowel Movement Condition</b>				
<b>Bronchitis/Upper Respiratory</b>				
<b>Cancer</b>				
<b>Cerebral Palsy</b>				
<b>Color Blindness</b>				
<b>Diabetes</b> Blood sugar checked at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin taken? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Depression</b>				
<b>Epilepsy/Seizure</b> Date of last seizure				
<b>Fainting Spells</b> (explain)				
<b>Headaches/Migraines</b>				

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
<b>Hearing Problems/Devices/ Frequent Ear Infections</b>				
<b>Heart Condition</b>				
<b>Kidney Trouble</b>				
<b>Muscle Disorder</b>				
<b>Neurological Concern</b>				
<b>Nose Bleeds</b> (frequent)				
<b>Orthopedic Concerns</b>				
<b>Physical Activity Limitations</b>				
<b>Speech Problems</b>				
<b>Vision Problems</b> Wears: <b>Glasses</b> or <b>Contacts</b>				<b>Eye Dr. name:</b> Phone #: Last eye exam:
<b>Dental Problems</b>				<b>Dentist name:</b> Phone #: Last visit:

**Healthcare provider**

**Phone**

**Last visit**

**Specialist name**

**Phone**

**Last visit**

IF STUDENT(S) REQUIRES MEDICATION PRESCRIBED BY A PHYSICIAN, DENTIST, OR OPTOMETRIST AT SCHOOL, PLEASE OBTAIN THE APPROPRIATE FORMS IN THE OFFICE. ALL MEDICATION MUST BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL PHARMACY OR MANUFACTURER'S LABELED CONTAINER.

**List any operations, injuries, hospitalizations, or other concerns:**

Incident 1:

Date

Incident 2:

Date

Comments

In case of emergency, accident, or serious illness to the student named on this sheet in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting emergency services through 911. The school may make whatever arrangements are necessary to transport the student to a hospital emergency room at my (parent/guardian) expense. This may involve cost.

**Parent/guardian name**

PARENT/GUARDIAN SIGNATURE

DATE

**Emergency contact**

**Phone**



# ALLERGY HISTORY

Please complete this form and return it to the school nurse. Thank you for helping us keep your child safe and healthy at school.

**Please list what your child is allergic to (include all foods, insects, medications, environmental, and latex):**

**1. What kind of reaction has your child had to the above listed allergen(s) in the past (note: each reaction can present with different symptoms)?**

- Hives    Rash    Itching    Vomiting    Swelling    Hard to breathe    Wheezing  
 Other?

**2. When was the last time your child had an allergic reaction?**

**3. Did you use an epinephrine auto-injector in this reaction?**  Yes    No

**4. Have you ever used an epinephrine auto-injector for your child's allergic reaction?**  Yes    No  
If yes, when?

**5. Does your child require an epinephrine auto-injector or any additional medication at school to keep them safe with allergies?**  Yes    No  
*(If yes, please complete and return the medication authorization form.)*

**6. When was your child's last doctor visit for the above listed allergy(ies) and what suggestions did he/she give if a reaction occurs?**

**7. Did you receive a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) from your child's doctor?**  Yes    No

**8. Does your child require special diet restrictions from the school cafeteria?**  Yes    No  
*(If yes, please complete and return the Medical Statement for Special Meals.)*

**Healthcare provider/allergist name**

**Phone**

**Parent/guardian name**

PARENT/GUARDIAN SIGNATURE

DATE



PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

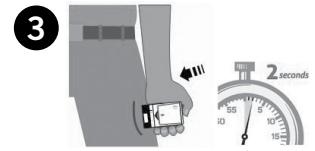
DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020



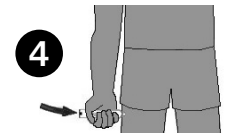
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



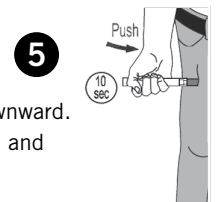
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_





Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Alérgico a: \_\_\_\_\_

Peso: \_\_\_\_\_ kilos. Asma:  **SÍ (Riesgo más alto de reacción grave)**  **No****COLOQUE  
UNA  
FOTOGRAFÍA  
AQUÍ****NOTA: No recurra a antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. UTILICE EPINEFRINA.**



**Extremadamente reactivo a los siguientes alérgenos:** \_\_\_\_\_

**POR LO TANTO:**

Si esta opción está marcada y es **PROBABLE** que se ha ingerido el alérgeno, administre epinefrina de inmediato ante **CUALQUIERA** de estos síntomas.

Si esta opción está marcada y es **SEGURO** que se ha ingerido el alérgeno, administre epinefrina de inmediato aunque no se observe ningún síntoma.





**ANTE CUALQUIERA DE LOS SIGUIENTES: SÍNTOMAS GRAVES**

 <b>PULMÓN</b> Falta de aire, sibilancia, mucha tos	 <b>CORAZÓN</b> Tez azulada o pálida, desmayo, pulso débil, mareo	 <b>GARGANTA</b> Ronquera u oclusión, dificultad para tragar o respirar	 <b>BOCA</b> Hinchazón significativa de la lengua o los labios
 <b>PIEL</b> Urticaria extendida en las distintas partes del cuerpo, enrojecimiento generalizado	 <b>INTESTINOS</b> Vómitos reiterados, diarrea grave	 <b>OTRO</b> Sensación de que va a pasar algo malo, ansiedad, confusión.	<b>O UNA COMBINACIÓN</b> de los síntomas de las distintas áreas

↓ ↓ ↓

- 1. INYECTE EPINEFRINA DE INMEDIATO**
- 2. Llame al 911.** Avise al operador telefónico que el paciente tiene anafilaxia y puede necesitar epinefrina cuando llegue el equipo de emergencia.
  - Considere la administración de otros medicamentos además de la epinefrina:
    - Antihistamínico
    - Inhalador (broncodilatador) en caso de respiración sibilante
  - Mantenga al paciente en posición horizontal, con las piernas en alto y abrigado. Si tiene dificultades para respirar o vómitos, manténgalo sentado o tendido sobre un costado.
  - Si los síntomas no mejoran o vuelven a aparecer, puede administrar otras dosis adicionales de epinefrina a partir de los 5 minutos de la administración de la última dosis.
  - Comuníquese con los contactos de emergencia.
  - Lleve al paciente a la sala de emergencias, aunque los síntomas hayan desaparecido. (El paciente debe permanecer en la guardia médica durante por lo menos 4 horas porque los síntomas pueden reaparecer).

**SÍNTOMAS LEVES**

 <b>NARIZ</b> Picazón o moqueo nasal, estornudos	 <b>BOCA</b> Picazón bucal	 <b>PIEL</b> Algunas ronchas, picazón leve	 <b>INTESTINO</b> Náuseas leves o malestar
------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

**EN CASO DE SÍNTOMAS LEVES EN MÁS DE UN ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.**

**EN CASO DE SÍNTOMAS LEVES EN UN ÁREA ÚNICA SIGA ESTAS INSTRUCCIONES:**

1. Se pueden administrar antihistamínicos, con prescripción médica.
2. Quédese junto a la persona; comuníquese con los contactos de emergencia.
3. Observe atentamente los posibles cambios. Si los síntomas empeoran, administre epinefrina.

**MEDICAMENTOS/DOSIS**

Marca de epinefrina o fármaco genérico: \_\_\_\_\_

Dosis de epinefrina:  0,1 mg IM  0,15 mg IM  0,3 mg IM

Marca de antihistamínico o fármaco genérico: \_\_\_\_\_

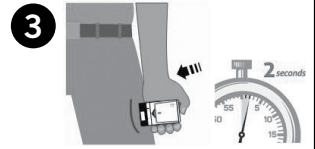
Dosis de antihistamínico: \_\_\_\_\_

Otros (por ejemplo, broncodilatador en caso de sibilancia): \_\_\_\_\_

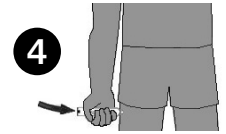
FIRMA DE AUTORIZACIÓN DEL PACIENTE O PADRE/TUTOR \_\_\_\_\_ FECHA \_\_\_\_\_ FIRMA DE AUTORIZACIÓN DEL MÉDICO O PROFESIONAL DE SALUD INTERVINIENTE \_\_\_\_\_ FECHA \_\_\_\_\_

**CÓMO UTILIZAR AUVI-Q® (INYECCIÓN DE EPINEFRINA, USP), KALEO**

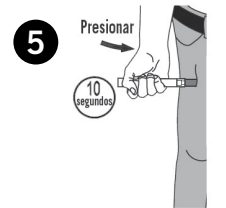
1. Retire AUVI-Q del estuche externo. Saque la tapa de seguridad roja.
2. Coloque el extremo negro de AUVI-Q® contra la parte exterior media del muslo.
3. Oprima firmemente hasta escuchar un clic y un silbido, mantenga presionado por 2 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.

**CÓMO USAR EL AUTOINYECTOR DE EPINEFRINA EPIPEN® Y EPIPEN JR® Y LA INYECCIÓN DE EPINEFRINA (FÁRMACO GENÉRICO AUTORIZADO DE EPIPEN®), USP (AUTOINYECTOR), MYLAN**

1. Retire el autoinyector EpiPen® o EpiPen Jr® del tubo transparente.
2. Sujete el autoinyector firmemente con el puño con la punta naranja (el extremo de la aguja) apuntando hacia abajo. Con la otra mano, retire el protector de seguridad azul tirando firmemente hacia arriba.
3. Gire y oprima con firmeza el autoinyector contra la parte exterior media del muslo hasta que haga clic. Sostenga firmemente en el lugar durante 3 segundos (cuente lentamente 1, 2, 3).
4. Retire el dispositivo y masajee el área durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.

**CÓMO UTILIZAR LA INYECCIÓN DE EPINEFRINA IMPAX (GENÉRICO AUTORIZADO DE ADRENALIN®), USP, AUTOINYECTOR, LABORATORIOS IMPAX**

1. Retire del autoinyector de epinefrina de su estuche protector. Saque las dos tapas de extremo azul. Ahora podrá ver una punta roja.
2. Sujete el autoinyector firmemente con el puño con la punta roja apuntando hacia abajo. Coloque la punta roja contra la parte exterior media del muslo en un ángulo de 90°, en posición perpendicular al muslo.
3. Oprima y sostenga con firmeza durante aproximadamente 10 segundos. Retire el dispositivo y masajee el área durante 10 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.

**CÓMO UTILIZAR SYMJEPITM (INYECCIÓN DE EPINEFRINA, USP)**

1. Cuando esté listo para aplicar la inyección, retire la tapa para dejar la aguja expuesta. No coloque el dedo encima del dispositivo.
2. Sostenga la inyección SYMJEPITM solo con los dedos e inserte la aguja en el muslo suavemente. SYMJEPITM puede inyectarse a través de la ropa si es necesario.
3. Después de que la aguja esté en el muslo, empuje el émbolo hacia abajo hasta que haga clic y manténgalo durante 2 segundos.
4. Retire la jeringa y masajee el lugar de la inyección durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.
5. Una vez que se haya administrado la inyección, colocando una mano con los dedos detrás de la aguja, deslice la protección de seguridad por sobre la aguja.

**INFORMACIÓN DE ADMINISTRACIÓN Y SEGURIDAD PARA TODOS LOS AUTOINYECTORES**

1. No coloque el dedo pulgar, los demás dedos o la mano sobre la punta del autoinyector ni aplique la inyección fuera de la parte exterior media del muslo. En caso de inyección accidental, diríjase inmediatamente a la sala de emergencias más cercana.
2. Si administra el medicamento a un niño pequeño, sostenga su pierna firmemente antes y durante la aplicación para evitar posibles lesiones.
3. Si es necesario, la epinefrina se puede aplicar a través de la ropa.
4. Llame al 911 inmediatamente luego de aplicar la inyección.

**INSTRUCCIONES/INFORMACIÓN ADICIONAL** (la persona puede llevar epinefrina, el paciente puede autoadministrarse la medicación, etc.):

Trate a la persona antes de llamar a los contactos de emergencia. Las primeras señales de una reacción pueden ser leves, pero los síntomas pueden agravarse con rapidez.

**CONTACTOS DE EMERGENCIA – LLAME AL 911**

EQUIPO DE RESCATE: \_\_\_\_\_

MÉDICO: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_

PADRE O TUTOR: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_

**OTROS CONTACTOS DE EMERGENCIA**

NOMBRE/RELACIÓN: \_\_\_\_\_

TELÉFONO: \_\_\_\_\_

NOMBRE/RELACIÓN: \_\_\_\_\_

TELÉFONO: \_\_\_\_\_

## Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!*

### Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- |                                                |                                               |
|------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Adrenaclick (0.15 mg) | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg)      | <input type="checkbox"/> Auvi-Q (0.3 mg)      |
| <input type="checkbox"/> EpiPen Jr (0.15 mg)   | <input type="checkbox"/> EpiPen (0.3 mg)      |

Epinephrine Injection, USP Auto-injector- authorized generic

- |                                          |                                         |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> (0.15 mg)       | <input type="checkbox"/> (0.3 mg)       |
| <input type="checkbox"/> Other (0.15 mg) | <input type="checkbox"/> Other (0.3 mg) |

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

\_\_\_\_\_  
Parent's Signature (for individuals under age 18 yrs)/Date

This information is for general purposes and is not intended to replace the advice of a qualified health professional. For more information, visit  
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# Allergy and Anaphylaxis Emergency Plan

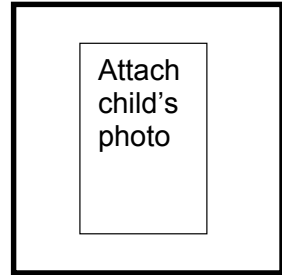


Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_kg

Child has allergy to \_\_\_\_\_

- Child has asthma.  Yes  No (If yes, higher chance severe reaction)  
 Child has had anaphylaxis.  Yes  No  
 Child may carry medicine.  Yes  No  
 Child may give him/herself medicine.  Yes  No (If child refuses/is unable to self-treat, an adult must give medicine)



## IMPORTANT REMINDER

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

<p><b>For Severe Allergy and Anaphylaxis</b> <b>What to look for</b></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of "doom," confusion, altered consciousness, or agitation</li> </ul> <p><input type="checkbox"/> <b>SPECIAL SITUATION:</b> If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, <b>give epinephrine.</b></p>	<p><b>Give epinephrine!</b> <b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Inject epinephrine right away! Note time when epinephrine was given.</li> <li>2. Call 911.             <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine.</li> <li>• Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>• Call parents and child's doctor.</li> <li>• Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.             <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler/bronchodilator</li> </ul> </li> </ol>
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<p><b>For Mild Allergic Reaction</b> <b>What to look for</b></p> <p>If child has had any mild symptoms, <b>monitor child.</b> Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>	<p><b>Monitor child</b> <b>What to do</b></p> <p>Stay with child and:</p> <ul style="list-style-type: none"> <li>• Watch child closely.</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor.</li> <li>• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</li> </ul>
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## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.15 mg  0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Authorization Signature      Date      Physician/HCP Authorization Signature      Date**

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

## Contacts

Call 911 / Rescue squad: (\_\_\_) \_\_\_-\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

© 2017 American Academy of Pediatrics. All rights reserved. Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor. Page 2 of 2.

# 504 PLAN

This federal civil rights law, commonly referred to as Section 504, helps ensure that individuals with handicaps/disabilities are not excluded from participating in any program or activity that receives federal financial assistance. Students who are covered by this law are eligible to receive what is known as a 504 Plan.

A 504 Plan is a written management plan developed on a case by case basis. Individual accommodation(s) will vary based upon each student's individual needs, and may require input from their healthcare provider. Examples of 504 accommodations may include, but not be limited to, special seating arrangements, curriculum adjustments, field trips, special school events and staff training. Parents/guardians are within their rights to request an evaluation for eligibility and to pursue such a plan. All schools subject to this law should have a 504 Coordinator on staff who can help parents/guardians throughout the 504 process.

Accommodations should be reasonable and supported by using evidence based practice standards such as the CDC Voluntary Guidelines. The following 504 outline provides an overview of steps to take to create a 504 Plan.

**Please review the following step by step instructions on how to use the 504 Plan flow chart that starts on the next page:**

**Step 1:** Identify your role in creating the 504 Plan.

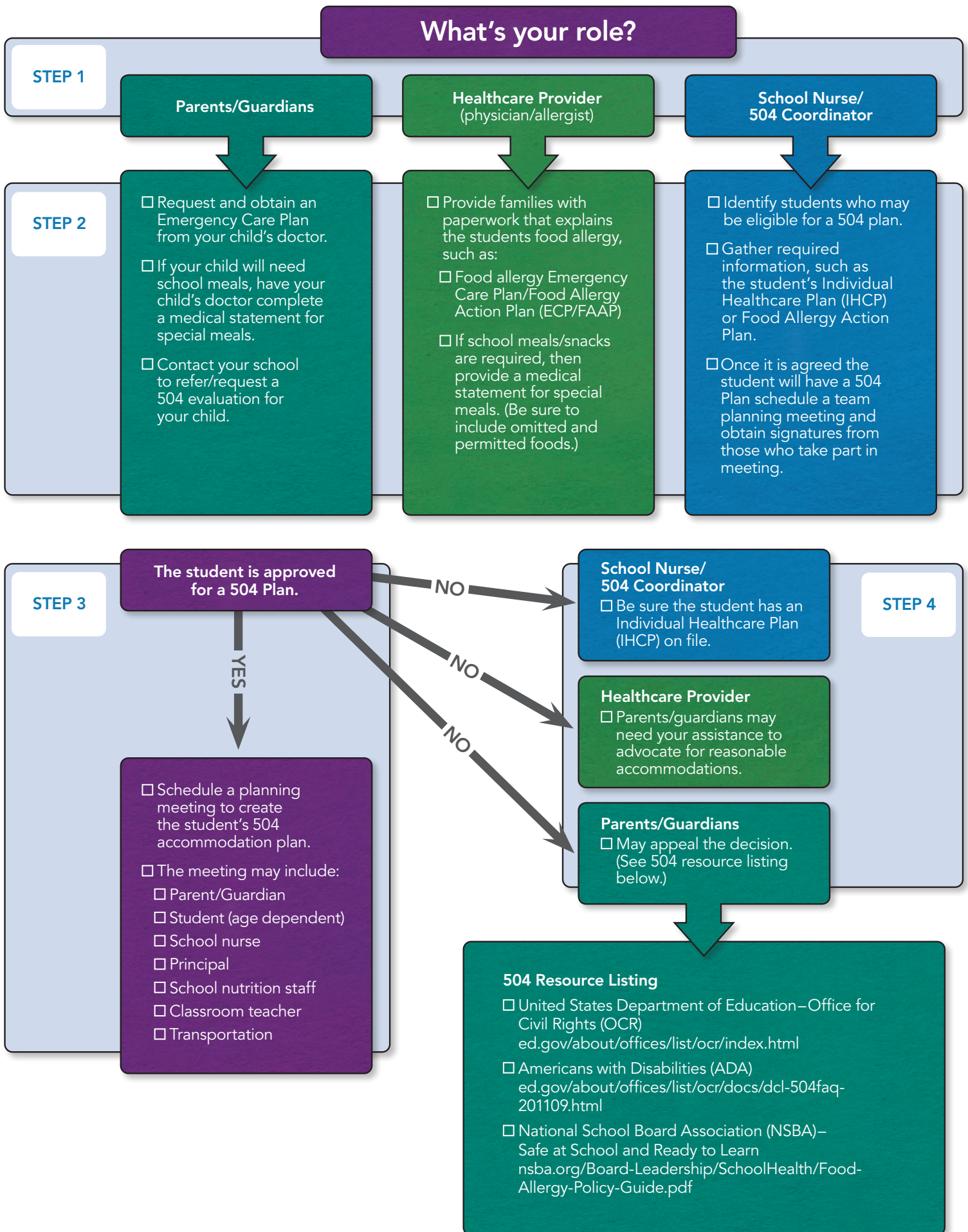
**Step 2:** Review and complete the tasks listed under your specific role.

**Step 3:** Once the student is approved for a 504 Plan, then review details on the flow chart which follows this page:

- a. Scheduling a 504 planning meeting
- b. Sample accommodation listing (*note: The accommodation listing features check boxes for building a 504 plan to meet the student's individual needs.*)

**Step 4:** If the school does not approve a 504 Plan, there is information on who to contact and resources to assist.

# What's your role?





# Accommodations

(sample recommendations adapted from CDC Voluntary Guidelines)

Some states and school districts have a 504 template; contact your schools 504 coordinator and/or school administrator for details.

## General Accommodations

- All staff will follow the schools food allergy policies.
- School nurse will educate and train all staff members who have contact with the student in recognizing the symptoms of an allergic reaction, emergency procedures and the use of epinephrine auto-injectors.
- Student's epinephrine auto-injectors will be kept in secure (unlocked), accessible area.
- Make sure events and field trips are consistent with food allergy policies.
- Have access to epinephrine auto-injectors and train relevant staff to use them.
- Have children, school staff, and volunteers to wash hands before and after handling or eating food.
- Have a system in place to identify all students with food allergies.

### Emergency Accommodations

- Student will self carry two epinephrine auto-injectors at all times (age dependent.)
- Student will have access to safe foods in case of an Emergency Shelter-in-Place.

### Transportation Accommodations

- Train transportation staff how to respond to food allergy emergencies.
- Do not allow food to be eaten on buses except by children with special needs such as diabetes.

### Classroom Accommodations

- Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, rewards or for other purposes.
- Inform and educate substitute of child's food allergy.
- Support parents/guardians who wish to provide safe snack items for their child.
- Use non-food incentives for prizes, gifts, awards.

### Celebrations

- Consider celebrations with non-food items (school supplies, toys/trinkets, crafts, t-shirts, prize system).
- If food is allowed, check for allergens and make sure all items are clearly labeled.
- Wash all desks, tables, chairs, with soap and water/district approved cleaning products after celebrations with food.

Accommodations  
(cont. on next page)

## Accommodations (cont. from previous page)

### School Activities, Field Trips, Accommodations

- Do not exclude children with food allergies from field trips, events or extracurricular activities.
- Package meals and snacks appropriately to prevent cross-contact.
- Invite parents/guardians of children with food allergies to chaperone (but do not require.)

### Social/Emotional Accommodations

- Provide age appropriate education to all children on the seriousness of food allergies.
- If teasing, harassment, or bullying occurs, immediate disciplinary actions will take place based on the school's anti-bullying policy.

### Cafeteria Accommodations

- Consider allergy-friendly (allergen-free) tables.
- Have a system in place to identify all students with food allergies.

### If school prepared meals required

- Make necessary changes to school meals.
- Obtain approval from licensed physician or as stated in the ECP.
- Designate an allergen-safe food preparation area.
- Provide menu copies to parents/guardians in advance to plan meals.
- Provide food labels, recipes or ingredient lists used to prepare meals and snacks.
- Keep food labels for at least 24 hours after servicing the food in case the child has a reaction.
- Read all food labels with each purchase for potential food allergens.
- Wash all tables and chairs with soap and water district approved cleaning products after each meal services.

### Physical Education & Recess

- Access to epinephrine auto-injectors.

- **Review 504 Plan annually and as needed.**
- **Designate responsible party to follow through with accommodations (see sample on next page.)**
- **Have all participants sign the final 504 Plan.**

# 504 PLAN

**Student's name**

**Date**

**School**

**Grade**

**Disability**

## 504 Participants

Name	Title
	Parent/Guardian
	School Nurse
	Principal
	Assistant Principal
	Counselor
	School Nutrition Staff
	504 Coordinator
	Transportation Staff
	Classroom Teacher
	Other
	Other

- Received a written notice of my rights under Section 504.
- Give permission for the 504 coordinator to distribute copies of the 504 accommodation.

PARENT/GUARDIAN SIGNATURE

DATE

**All participants received a copy of this Accommodation Plan**

504 COORDINATOR SIGNATURE

DATE

(504 PLAN CONTINUED ON OTHER SIDE)

# 504 PLAN

Accommodations	Responsible Party	Done	Completion Date
<p><b>General</b></p> <ul style="list-style-type: none"> <li>The school nurse will educate/train all staff (including support and substitute) annually and as needed.                             <ul style="list-style-type: none"> <li>-This training may include: review of district policy/procedures, staff responsibilities, signs/symptoms of an allergic reaction, and the use of epinephrine auto-injectors.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>School nurse</li> <li>District representative</li> <li>School nurse</li> <li>District representative</li> </ul>	<input type="checkbox"/>  <input type="checkbox"/>	<hr/> <hr/>
<p><b>Emergency</b></p> <ul style="list-style-type: none"> <li>Epinephrine auto-injectors will be accessible to all staff that have contact with the child.</li> <li>Student’s epinephrine auto-injectors will be kept in a secure (unlocked), accessible area.</li> <li>The student will have access to safe foods box in case of an emergency Shelter-in-Place.</li> </ul>	<ul style="list-style-type: none"> <li>School nurse</li> <li>Administrator</li> <li>Counselor</li> <li>School nutrition service</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/>
<p><b>Social/Emotional</b></p> <ul style="list-style-type: none"> <li>If teasing, harassment, or bullying occurs, immediate disciplinary actions will take place based on the school’s anti-bullying policy</li> </ul>	<ul style="list-style-type: none"> <li>Administrator</li> <li>Counselor</li> <li>Teacher</li> </ul>	<input type="checkbox"/>	<hr/>
<p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, rewards or for other purposes</li> <li>Students will wash hands or use hand wipes before and after eating.</li> <li>Incentives will take the form of a nonfood item.</li> </ul>	<ul style="list-style-type: none"> <li>Classroom teacher</li> <li>Administrator</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/>
<p><b>Cafeteria</b></p> <ul style="list-style-type: none"> <li>Make necessary substitutions to meal once approval is obtained from a licensed physician through dietary orders or as stated in the ECP.</li> <li>Designate an allergen-safe food preparation area.</li> <li>Provide advanced copies of menus for parents/guardians to use in planning meals.</li> <li>Parents/guardians will be contacted if school menu changes.</li> <li>Designated person staff will wipe the table/chair where the child sits before and after breakfast/lunch/snacks.</li> <li>Students will wash hands or use hand wipes before and after eating.</li> </ul>	<ul style="list-style-type: none"> <li>School nutrition services</li> <li>Parent/guardian</li> <li>School nutrition services</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>School Activities/Field Trips</b></p> <ul style="list-style-type: none"> <li>Inform parents/guardians about field trips and provide parents/guardians the opportunity to attend.</li> <li>Enforce a no No eating policy on transportation.</li> <li>Have two-way communication devices available in case of an emergency.</li> <li>Have access to epinephrine auto-injectors and train staff to use them.</li> </ul>	<ul style="list-style-type: none"> <li>Administrator</li> <li>District representative</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <hr/> <hr/> <hr/>
<p><b>Review Annually and as Needed</b></p>	<ul style="list-style-type: none"> <li>Parent/guardian</li> <li>School nurse</li> <li>Principal</li> <li>Assistant principal</li> <li>Counselor</li> <li>School nutrition staff</li> <li>District representative</li> </ul>		



# INSTRUCTIONS TO COMPLETE AN INDIVIDUAL HEALTH CARE PLAN (IHP)

## Section I: Identifying Information—Provide detailed information

- a. **Student's Information**
- b. **Parents/Guardians Information**
- c. **Physician's Information**
- d. **Hospital Information**
- e. **School Nurse Information**

## Section II. Medical Overview—Complete the questions on the lines provided

- a. **Medical Condition:** include ALL medical conditions (i.e., food allergies, asthma)
- b. **Medications:** include ALL medications
- c. **Side Effects:** include ANY side effects from medications
- d. **Necessary Health Care Procedures at School**
- e. **Healthcare Plan for Period:** include start and end date

## Section III. Other Information—add in optional information that has not been covered in the IHP

## Section IV. Background Information/Nursing Assessment—provide detailed information on the following, if necessary check the box and attach additional sheets.

- a. **Medical History:** description of the child's past allergic reactions, include triggers, signs/symptoms, and the child's verbal description
- b. **Social/Emotional Concerns:** describe how the medical conditions can cause social and emotional response in the child and require the need for support
- c. **Academic Achievement:** describe academic achievements and/or challenges that can be affected due to the medical condition(s)

## Section V. Interventions— Provide detailed information on the following, if necessary check the box and attach additional sheets.

- a. Medications:** List medications or refer to Emergency Care Plan (ECP) and/or Food Allergy Action Plan (FAAP)
- b. Diet:** List meal substitutions; note if parent/guardian is requesting the school provide school meal substitutions then a written physician statement is necessary
- c. Transportation:** List the student’s form of transportation to/from school: bus, car, walker; Note: it is highly recommended that no eating/drinking is allowed on the bus
- d. Classroom School Modifications:** Consider seating assignments; handwashing schedules/procedures; cleaning procedures for chairs/desks
- e. Equipment:** Remember emergency medications, first aid kit, cleaning supplies, snacks
- f. Safety Measures:** Attach Emergency Care Plan (ECP), Food Allergy Action Plan (FAAP), 504 Plan/IEP
- g. Substitute Backup Staff:** It is highly recommended that all substitute staff be included in training
- h. Possible Problems:** i.e., all staff training; staff/parent/guardian resistance with procedures; understanding that food allergies are life-threatening
- i. Training:** Consider annually/biannually; do the parents/guardians want to participate

## Section VI. Individual Health Plan Review— Document Next Review Date

Section VII. Documentation of Participation— Have ALL school staff members who are identified as responsible parties read, review and sign the IHP.

Section VIII. Parent/Guardian Authorization for Special Health Services— provide child name, DOB, and parents/guardians signature/date.

# INDIVIDUAL HEALTH PLAN (IHP)

## Section I: Identifying Information

<b>Student's name</b>	<b>Birth date</b>	<b>Age</b>
<b>School</b>	<b>Grade</b>	

### PARENTS/GUARDIANS

Mother's name

Mother's address

Mother's home phone	Work	Cell
---------------------	------	------

Father's name

Father's address

Father's home phone	Work	Cell
---------------------	------	------

### PHYSICIAN

Physician name	Phone
----------------	-------

Physician address

### HOSPITAL

Hospital emergency room	Phone
-------------------------	-------

Hospital address

Ambulance service	Phone
-------------------	-------

### SCHOOL

School nurse	Phone
--------------	-------

## Section II: Medical Overview

Medical condition

Any known allergies

Medications

Possible side effects

Necessary health care procedures at school

Healthcare plan for period

to

## Section III: Other Important Information

--

## Section IV: Background Information/Nursing Assessment

<b>Brief Medical History</b>	<input type="checkbox"/> Check if additional information is attached.
<b>Social/Emotional Concerns:</b>	<input type="checkbox"/> Check if additional information is attached.
<b>Academic Achievement</b>	<input type="checkbox"/> Check if additional information is attached.



# INDIVIDUAL HEALTH PLAN (IHP)

## Section V: Interventions

<b>Medications:</b> See Emergency Plan and Medication Authorization Forms.		
<input type="checkbox"/> Check if additional information is attached.		
<b>Diet</b>		
<input type="checkbox"/> Check if additional information is attached.		
<b>Transportation:</b>		
<input type="checkbox"/> Check if additional information is attached.		
<b>Classroom School Modifications:</b>		
<input type="checkbox"/> Check if additional information is attached.		
<b>Necessary Equipment/Supplies</b>	<b>Provided by Parent/Guardian</b>	<b>Provided by District</b>
<b>Safety Measures:</b> See attached Emergency Action Plans.		
<input type="checkbox"/> Check if additional information is attached.		
<b>Substitute Backup Staff (when primary staff not available):</b> ECP/FAAP or IEP will be in the substitute folder. Substitute teachers will be trained in the recognition of allergy symptoms, administration of epinephrine auto-injectors.		
<b>Possible Problems to be Expected</b>		
<b>Training:</b> All staff at _____ School will participate in training annually and as needed that addresses recognizing signs/symptoms of an allergic reaction, administering epinephrine auto-injectors, cross-contact, and understanding related social-emotional issues. All staff training will be documented.  New staff will be trained prior to working with students during the school day.		

## Section VI: Individual Health Plan Review

**Next review date of Health Care Plan: As needed, when requested by any team member.**

## Section VII: Documentation of Participation

We the undersigned staff of the \_\_\_\_\_ School District, have read and understand the Individual Health Plan and agree with its contents and attachments. The parents/guardians will be notified by a staff member to be identified by the school nurse or school counselor, if there is a change or cancellation of a procedure.

SIGNATURE

DATE

### School nurse

Documentation of teacher, teacher assistant, and office staff reviewing and understanding the contents of the IHP its attachments will be documented by the school district.

## VIII: Parent/Guardian Authorization for Special Health Services

We (I) the undersigned who are the parents/guardians of (child) \_\_\_\_\_ (date of birth) \_\_\_\_\_ have participated in the development of this Individualized Health Plan. We approve this Individualized Health Plan and the attachments.

We (I) understand that (a) qualified designated person(s) will perform the health care service. It is our understanding that in performing this service, the designated person(s) will be using a standardized procedure.

We (I) will notify the school immediately if the health status of child changes, we change physicians, or there is a change or cancellation in procedure.

We (I) agree to provide the following,

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

# MEDICAL INFORMATION RELEASE

**Student**

**Date of birth**

**Address**

**City**

**State**

**Zip**

I, \_\_\_\_\_ the (parent/guardian) of the student named above,  
authorize \_\_\_\_\_ (name of the school/organization)

to release the necessary confidential health information to the appropriate school representatives including nurse, principal, teacher(s), food service staff, emergency personnel, and applicable volunteers who have a need to know my child's health information to provide safety at school.

**Information to be released includes the following (check if applicable):**

- Health record
- Psychological/psychiatric evaluation
- IHP or ECP/FAAP or 504/IEP
- Parent/guardian contact information
- LTFA and asthma history
- Other:
- Social worker/counselor report

I understand that signing this form is voluntary, and it will be used only for the specific information authorized for release regarding my child to specified party, as designated above.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

# AUTHORIZATION OF MEDICATION AT SCHOOL

**Student**

**Date of birth**

**School**

**Grade**

## PARENT/GUARDIAN PLEASE READ and COMPLETE THIS PORTION

- I request the listed medication be given as ordered by the licensed healthcare professional.
- I give health services staff permission to communicate with the medical office about this medication. I understand certain medication may be administered by non-licensed staff members who have been trained and are supervised by a registered nurse.
- I understand medication information may be shared with all school staff working with my child and emergency staff, if necessary.
- All medication must be brought to the school in the original pharmacy or manufacturer's labeled container with instructions as noted below by the licensed healthcare professional.
- I request and authorize my child to carry and/or self-administer their medication.  Yes  No

PARENT/GUARDIAN SIGNATURE

DATE

**Home phone**

**Work or cell phone**

## THIS SECTION TO BE COMPLETED ONLY BY A LICENSED HEALTHCARE PROFESSIONAL (please print clearly)

Medication Name	Diagnosis/Reason for Medication	Dosage	Administration Method	Time(s) to be Taken

- I request and authorize this student to carry their medication:  Yes  No
- I request and authorize this student to self-administer their medication:  Yes  No
- List possible medication side effects:

I request and authorize the above-named student be administered the above identified medication in accordance with the indicated instructions from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current school year and summer school).

**Name of licensed healthcare professional** (please print)

**Contact number**

SIGNATURE OF LICENSED HEALTHCARE PROFESSIONAL

DATE



# AUTHORIZATION FOR STUDENTS TO SELF-CARRY

Please fill out and complete all four sections.

Student's name

School year

## To be Completed by Prescribing Health Professional

It is my professional opinion that  
is capable of carrying and self-administering the following medication:

Medication name

Dosage

Frequency

I recommend self-administration of this medication for the treatment of:

Special Instructions or Comments

HEALTH CARE PROVIDER SIGNATURE

DATE

PRINT NAME

PHONE

## To Be Completed by Parent/Guardian

I, request and authorize my child \_\_\_\_\_ to carry  
and/or self-administer their \_\_\_\_\_ medication.

This authorization is given based on the following:

- I hereby give permission for my child to self-administer prescribed medication at school.
- I authorize release of information related to my child's health/medications between the school nurse and the prescribing healthcare provider.
- I understand that my child shall be permitted to carry their medication at all times providing they do not misuse the medication.
- I understand that if my child misuses the medication, school employees will take the medication and terminate this agreement.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE

Continued on the back side

## To Be Completed by Licensed School Nurse

- The student can demonstrate correct use/administration.
- The student can recognize correct dosage.
- The student recognizes prescribed timing for medication.
- The student agrees to not share the medication with others.
- The student will keep a second labeled container in the health office.

The student (is/is not) able to demonstrate the specified responsibilities. The student (may/may not) carry the prescribed medication.

LICENSED SCHOOL NURSE NAME (PLEASE PRINT)

SIGNATURE

DATE

## To Be Completed by the Student

I, \_\_\_\_\_ agree to the responsibilities of carrying medication. I have been trained in the proper use of my prescribed medication and understand how it is given. I will keep this medication with me at all times and take my responsibility to self-carry seriously. I also understand that if I misuse my medication, this agreement will end. If I take my medication I will contact the school nurse.

STUDENT NAME (PLEASE PRINT)

STUDENT SIGNATURE

DATE

# FIELD TRIP RISK ASSESSMENT

## Questions for Coordinator of the Field Trip Destination

**Child's name**

**Child's teacher/grade**

**Child's allergy(ies)**

**Conversation with parents/guardians:**  Yes  No  N/A **Date?**

Will parent/guardian attend?  Yes  No

**Nurse attending:**  Yes  No

*If no, identify trained adult to attend, who will review Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) with school nurse and receive epinephrine administration training:*

**Field trip date**

**Field trip time**

**Field trip destination**

**Destination contact name and phone number**

## Questions

1. Will any food or beverages be distributed before, during or after the field trip?

Any food displayed or demonstrations?

Any hands on activities involving food (i.e. feeding animals)?

Are sack lunches necessary?  Yes  No

*If yes, provide school nutrition services proper notice to prepare.*

2. How will snack/lunches be stored on the bus ride to the fieldtrip destination? If necessary, what steps will be taken to keep the child's lunch/snack separate from the others?

3. Where will the children eat snack and/or lunch?

4. Where will students wash their hands or use wipes before/after snack/lunch?
5. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths?
6. Which trained adult will be in charge of the child's snack/lunch who has food allergy and monitor to ensure that the offending allergen is not given to the child?
7. Who will privately discuss with all attending adults, teachers, and parent/guardian chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults/children? The child must only eat/drink food that has been provided by the parent/guardian and distributed to the child by the teacher/nurse in charge.
8. Prior to the field trip, will all teachers and adults responsible for the children review the emergency response protocol?
9. Will the nurse map out an emergency route to the nearest hospital from the field trip destination and give it to the classroom teacher and/or the bus driver prior to the day of the field trip?
10. Who will be responsible for carrying and administering the medications (i.e. epinephrine auto-injector, inhaler) in an emergency situation?
11. Will the nurse/teacher carrying the medicine pack carry a charged cell phone? If not, how will they contact 911?
12. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the epinephrine auto-injector?

**Epinephrine auto-injectors must be with the child on all field trips, both long and short.**

**Medications, authorizations, and emergency care plans will be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason.**

Adapted from AllergySupport.Org. Copyright © 2004-2005, and also, [Guideline for Managing Life-Threatening Food Allergies in Connecticut Schools](#)



# MEDICAL STATEMENT FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The following forms are sample medical statements for food substitutions or modifying meals.

*Note: Families may also obtain a detailed letter from the student's physician identifying all of the items below in a–e.*

## **United States Department of Agriculture (USDA) Regulations:**

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

## **Definitions<sup>1</sup>**

USDA FNS Instruction 783-2, 7 CFR Part 15b

**Disability:** Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

**"Physical or mental impairment:"** means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

**Major life activities:** are defined as caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

<sup>1</sup>USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture ( 196 section 131).

<sup>1</sup>USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, [fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](https://fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)

# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS AND/OR ACCOMMODATIONS

Please note: This statement must be updated when there is a change or discontinuance of a diet order.

**Student's name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Gender**  M  F

**School attended** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent/guardian name** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**Work phone** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

I hereby give permission for the school staff to follow the stated nutrition plan below. I give my permission for School Nutrition services to contact the doctor named below with any questions related to my child's nutrition requirements and share such information with appropriate school staff.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## \*\*\*\*FOR PROVIDERS'S USE ONLY\*\*\*\* (TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER)

Indicate student's disability or medical condition (including allergies) requiring the student to need a special diet.

Check major life activities affected by the student's disability or medical condition.

- Caring for self     Eating     Performing manual tasks     Walking     Seeing     Hearing  
 Speaking     Breathing     Learning     Working     Other \_\_\_\_\_  
 Major bodily function (i.e. immune system, neurological, respiratory, circulatory, endocrine, & reproductive functions)

Diet prescription (check all that apply)

- Food allergy (please specify all) \_\_\_\_\_  
 Diabetic (attach meal plan) \_\_\_\_\_  Calorie level (attach meal plan) \_\_\_\_\_  
 Other (describe) \_\_\_\_\_

OMITTED FOODS/BEVERAGES

ALLOWED SUBSTITUTIONS

OMITTED FOODS/BEVERAGES	ALLOWED SUBSTITUTIONS

\*\* If milk allergy listed above in the omitted box, please specify fluid milk substitution: \_\_\_\_\_

\*\*\* If lactose intolerance, please specify one of the following:

- No fluid milk only (may have cheese, yogurt, pudding, ice cream, etc.)  
 No milk products (no fluid milk, yogurt, cheese, pudding, ice cream, etc.)  
 No milk products and no products prepared with milk (i.e., no breads, desserts, or other products prepared with milk)

**Healthcare provider's name** (please print) \_\_\_\_\_ **Office phone** \_\_\_\_\_

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

Revised 7/2022

**Student's name**

**School attended**

**Additional comments or instructions**

**United States Department of Agriculture**

Food and Nutrition Service Instruction 783-2

7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"Disabled person" means any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

**Student's name**

**Birth date**

**School attended**

**School district**

**Parent/guardian name**

**Phone number**

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

2. How does the disability restrict the diet?

3. What major life activity is affected?

4. Diet Prescription:

5. List food/type of food to be omitted. A specific list/menu may also be included, for the safety of the child:

6. List food/type of food to be substituted. A specific list/menu may also be included, for the safety of the child:

7. Additional Comments/Concerns:

8. The above named student needs special school meals as described above, due to student's disability or chronic medical condition.

HEALTHCARE PROVIDER'S NAME

DATE

HEALTHCARE PROVIDER'S SIGNATURE

PHONE NUMBER



# LETTERS/NEWSLETTERS

As school administrators, educators, and school nurses to create a nurturing, learning environment is challenging when major health issues such as life-threatening food allergies are present. Food allergies are a growing concern in schools across America. Education of staff, parents/guardians and students can assist in increasing awareness and maintaining safety.

Below are ideas to include in letters/newsletters to families in your school.

## **I. Include facts/stats, for example (see food allergy resources for additional sources):**

- Food allergies are estimated to affect 1 in every 13 children.<sup>1,2</sup>
- The number of children with food allergies is increasing.<sup>3</sup>
- There is no cure for food allergies. Strict avoidance is key.<sup>4</sup>

## **II. Outline your school food allergy policy (for example):**

- Our school district has adopted a food allergy policy that focuses on providing a safe and healthy environment for all students to learn.
- School personnel will take part in food allergy education and training.
- All students will take part in age appropriate food allergy education.
- In the cafeteria, allergen friendly seating may be necessary.
- Classroom projects or activities will avoid using common food allergens that are harmful to students.
- Bullying and teasing will result in immediate corrective action.
- No eating on the school bus.
- We will celebrate special events with non-food items, such as school supplies or a special reward system. If food is involved, only labeled prepackaged healthy food items with a complete ingredient listing are allowed.

## **III. Include what parents/guardians and classmates can do to help keep all children safe (for example):**

- All students should wash their hands before/after meals or snacks. Hand sanitizers do not remove the food allergen.
- We will keep a box of hand wipes in the classroom, and ask your child to use them.
- No sharing/trading food/drinks, eating utensils or food containers with other students.
- Report any bullying or teasing that you hear or see.
- Please plan to celebrate special occasions without food.

## **IV. Closing**

- Thank you in advance for your support.
- This is a learning process for all of us, but we trust that you will follow these guidelines.
- If you have any questions or concerns about food allergy related issues, please contact us.

<sup>1</sup>Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. NCHS Data Brief. 2008 Oct(10):1-8.

<sup>2</sup>Liu AH, Jaramillo R, Sicherer SH, Wood RA, Burks AW, Massing M, Cohn RD, Zeldin DC. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2010 Oct;126(4):798-806 e13.

<sup>3</sup>Trends in Allergic Conditions Among Children: United States, 1997-2011; National Center of Health Statistics Data Brief, 121, May 2013.

<sup>4</sup>U.S. Food and Drug Administration, Food Allergies: What You Need to Know Available [atfda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm](http://atfda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm), last accessed on April 18, 2013.

# Food Allergy Basics

## 9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

## Know the Difference

### Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

### Food Allergy

an immune system response to a certain food

### Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

## What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# Self Image and Social Factors



Having food allergies can cause social and emotional responses that could include:

- Increased stress
- Fear
- Anxiety
- Anger/frustration
- Sadness/depression
- Guilt
- Denial
- Embarrassment
- Sibling rivalry
- Teasing/harassment\*
- Bullying\*

\* Teasing, harassment, and bullying of children with food allergies is common

## Positive Social and Emotional Tips

- Children with food allergies are like any other children, except they have to be careful what they eat
- Listen and allow the children to talk about their feelings
- Provide encouragement: to help the children speak up for their own health and safety
- Educate others: All children should be taught about food allergies to increase peer compassion
- Respond to teasing, harassment, and bullying—zero tolerance



# Cross-Contact

## Potential Sources

- Unclean hands or gloves
- Cooking oils
- Splashed or spilled food
- Fryers or grills
- Tables/chairs & desks
- Counter surface or food prep areas
- All utensils, dishes, pots/pans and cutting boards
- Meat/cheese slicers
- Soiled linens/cleaning cloths & sponges

## Ways to AVOID/PREVENT

- Know what foods the child can or cannot have
- Read ALL food labels, everytime—every line
- Use clean utensils, dishes, pot/pans—must be washed thoroughly in hot soapy water and sanitized
- Practice good hand washing and use clean gloves
- NO food sharing or trading
- Clean tables, counter surfaces and food prep areas
- Have an emergency plan

IT IS IMPORTANT to always read food labels due to hidden food allergens.

### Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavoring, worcestershire sauce
- **Milk:** cheese, bread/buns, soup, hot dogs, canned tuna, deli meat
- **Wheat:** flours, soup/gravy mixes, snacks
- **Soy:** baked goods, breads/buns, candy
- **Peanut/Tree Nuts:** candy, chocolate, ice cream, baked goods, salads, salad dressings, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**



# HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

## How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

### Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, butter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

### Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

### Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

## How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

### Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

### Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

## How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

### Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soya
- soybean (*curd, granules*)
- soy protein (*concentrate, hydrolyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

### Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.

## How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

### Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

### Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

### Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product’s ingredients must be listed on the label such as “lupin” or “lupine.”
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

## How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

### Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

### Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

## How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

### Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

### Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

### Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

## How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

### Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

### Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

### Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

## How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

### The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- flounder
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fish sauce
- imitation fish or shellfish
- isinglass lutefisk maw, maws (fish maw)
- fish stock
- fishmeal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

### Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

## How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

### Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil\*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

\* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

### Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

### Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.

# FOOD ALLERGY QUESTIONNAIRE

School: \_\_\_\_\_ Date: \_\_\_\_\_

True or False: circle the correct answer for the following questions:		
1. Food allergy and food intolerance are the same thing.	True	False
2. Hand washing with soap & water helps prevent the spread of food allergens.	True	False
3. After administering epinephrine to a child, they may resume normal activities.	True	False
4. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.	True	False
5. There are several effective forms of treatment for food allergies.	True	False
6. Allergic reactions only occur if the individual eats the offending food.	True	False
7. Only children with severe food allergies need to have a Food Allergy Action Plan.	True	False
8. If anaphylactic shock is not treated immediately, it can be fatal.	True	False
9. Once a food label is checked there is no reason to check it the next time the item is purchased.	True	False
10. Children typically outgrow their food allergies to peanuts, tree nuts and fish.	True	False

(answers on back)



# FOOD ALLERGY QUESTIONNAIRE

School: \_\_\_\_\_ Date: \_\_\_\_\_

Answer Key
<p><b>1. Food allergy and food intolerance are the same thing.</b> <b>False:</b> Food allergy is a true immune system response that can result in anaphylaxis and food intolerance occurs when the body has difficulty digesting certain foods but the immune system is not affected.</p>
<p><b>2. Hand washing with soap &amp; water helps prevent the spread of food allergens.</b> <b>True:</b> Hand washing with soap &amp; water helps prevent the spread of food allergens. Note: studies show that antibacterial sanitizers do not remove the food allergen protein.</p>
<p><b>3. After administering epinephrine to a child, they may resume normal activities.</b> <b>False:</b> After administering epinephrine to a child, the child should be transported to nearest emergency facility for follow up. Remember, a biphasic anaphylactic reaction can occur.</p>
<p><b>4. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.</b> <b>True:</b> Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.</p>
<p><b>5. There are several effective forms of treatment for food allergies.</b> <b>False:</b> There is no cure or treatment for food allergies, only strict avoidance. Epinephrine is not a treatment it is an emergency medication given in case an anaphylactic reaction occurs.</p>
<p><b>6. Allergic reactions only occur if the individual eats the offending food.</b> <b>False:</b> Allergic reactions can occur through ingestion, skin contact and in some cases inhalation.</p>
<p><b>7. Only children with severe food allergies need to have a Food Allergy Action Plan.</b> <b>False:</b> It is recommended that all children with food allergies have a Food Allergy Action Plan.</p>
<p><b>8. If anaphylactic shock is not treated immediately, it can be fatal.</b> <b>True:</b> Anaphylaxis is a life-threatening medical emergency that involves several systems in the body. Death can occur with delayed administration of epinephrine.</p>
<p><b>9. Once a food label is checked there is no reason to check it the next time the item is purchased.</b> <b>False:</b> Food labels should be checked every time for hidden ingredients and manufacturer changes.</p>
<p><b>10. Children typically outgrow their food allergies to peanuts, tree nuts and fish.</b> <b>False:</b> Peanuts, tree nuts, fish and shellfish are typically lifelong allergies, only 20% or less of children will ever outgrow these allergies.</p>

# GENERIC ADRENACLICK® AUTO-INJECTOR SKILLS TEST

Name \_\_\_\_\_ School \_\_\_\_\_

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Generic Adrenaclick® then call 911).	
3	Remove Generic Adrenaclick® from the case if ready to use. (Note: The Generic Adrenaclick® auto-injector is designed to go through clothing or directly on skin).	
4	Pull off GRAY end cap with the [1]. Be careful not to touch the RED tip.	
5	Pull off GRAY end cap with the [2].	
6	Place the RED tip of the Epinephrine auto-injector against the middle of the outer thigh area (upper leg).	
7	Press the Generic Adrenaclick® firmly against the thigh until the needle enters the thigh. Hold in place while slowly counting to 10.	
8	Remove the Generic Adrenaclick® from the injection site and monitor until help arrives.	
9	Have a second dose readily available to repeat steps 4-8, if symptoms do not improve or worsen in 5 to 15 minutes.	
<b>SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED</b>		<b>9</b>

## Potential Signs and Symptoms of Anaphylaxis

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of “impending doom,” irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Store and Use

- Room temperature
- DO NOT refrigerate
- Do not keep in car during hot/cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one
- Dispose of auto-injector properly

**Call 911 immediately after using the auto-injector.**

**Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.**

Which Generic Adrenaclick® should you use?

- (0.3 mg) if > 66 lbs
- (0.15 mg) if 33 – 66 lbs

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# AUVI-Q™ SKILLS TEST

Name \_\_\_\_\_ School \_\_\_\_\_

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer Auvi-Q™ then call 911).	
3	Remove Auvi-Q™ from the outer case if ready to use (note: The Auvi-Q™ is designed to go through clothing or directly on the skin).	
4	Pull off red safety guard. Be careful not to touch the black base of the auto-injector.	
5	Place the black end of the Auvi-Q™ against the middle of the outer thigh area.	
6	Press the Auvi-Q™ firmly against the thigh until a click and hiss is activated. Hold in place for 5 seconds.	
7	Remove the Auvi-Q™ from the injection site and monitor until help arrives.	
8	Have a second dose readily available to repeat steps 2-7, if symptoms do not improve or worsen in 5 to 15 minutes.	
<b>SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED</b>		<b>8</b>

## Potential Signs and Symptoms of Anaphylaxis

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of “impending doom,” irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Store and Use

- Room temperature in the outer case it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

**Call 911 immediately after using the Auvi-Q™.**

**Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.**

When do you use Auvi-Q™?

- Auvi-Q™ auto-injector (0.3 mg) if > 66 lbs
- Auvi-Q™ auto-injector (0.15 mg) if 33 – 66 lbs
- Auvi-Q™ auto-injector (0.1 mg) if 16.5 – 33 lbs

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# EPIPEN® SKILLS TEST

Name \_\_\_\_\_ School \_\_\_\_\_

Place a (1) in the box if the skill is attained.

1	Identify five signs and symptoms of anaphylaxis.	
2	Have someone call 911 (If no one available, administer EpiPen® then call).	
3	Remove EpiPen® from package and protective carry tube by flipping the yellow or green cap. (note: The EpiPen® is designed to work through clothing or directly on the skin).	
4	Make a fist around the EpiPen® Auto Injector and point the orange tip downward.	
5	Remove blue safety cap with your other hand, careful not to touch orange tip.	
6	Hold the EpiPen® with the orange tip pointing toward the middle part of the outer thigh area at a 90 degree angle.	
7	Swing and press the orange tip HARD into the outer thigh until you hear a “click.” Keep pressing the EpiPen® firmly against the thigh for 3 seconds, counting out loud. If administering to a young child, hold the leg firmly in place.	
8	Remove EpiPen® straight out of injection site.	
9	Massage injection site for 10 seconds. Monitor status until help arrives. Have next dose ready if needed.	
10	Patient has received the correct dose of the medication if the orange needle tip is extended and the window is obscured. <b>If not, repeat steps 4-9.</b>	
<b>SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED</b>		<b>10</b>

## Potential Signs and Symptoms of Anaphylaxis

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of “impending doom,” irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Store and Use

- Room temperature in the plastic tube it comes in
- DO NOT refrigerate
- Do not place/leave in vehicle in hot or cold weather
- Check expiration date, most expire within one year
- View color through window of unit: Should be clear. If brown, need new one.
- Dispose of auto-injector properly

**Call 911 immediately after using the EpiPen®.**

**Transport by emergency personnel and monitor for further medical assistance in the emergency room at least 4 hours.**

When do you use EpiPen® vs. EpiPen Jr®?

- EpiPen® auto-injector (0.3 mg) if > 66 lbs
- EpiPen Jr® auto-injector (0.15 mg) if 33 – 66 lbs

STAFF SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



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# FAME



# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenalick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenalick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by

# ALLERGIC REACTION— EMERGENCY RESPONSE CHECKLIST

**GOAL:** To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the school nurse or school nurse designee immediately AND refer to the child's Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) (if immediately available).

**If anaphylaxis does occur or the ECP/FAAP direction states, the person with the child shall:**

- Inject epinephrine immediately
- Call 911
- Remain with the student and stay calm—have second dose readily available
- Place the student in a reclining position, raise legs and do not move them
- Contact parents/guardians/emergency contacts

## Things to consider if an emergency occurs at school:

- Who will stay with the student and who will attend to student's classmates?
- Who will activate the emergency response team (building specific and/or system-wide)?
- Who will notify the local emergency medical services that a life-threatening allergic reaction is occurring?
- Who will notify school administration?
- Who will notify the parents/guardians; student's primary care provider and/or allergy specialist?
- Who will meet emergency medical responders at school entrance and direct to the student?
- Who will accompany student to the emergency care facility?
- Who will manage crowd control, if applicable?
- Who will complete the necessary follow-up paperwork and follow-up with the family?

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126:S1-58.

# SCHOOL BOARD CHECKLIST

- Comply with federal and state laws
- Adopt written policies that include effective practices for managing the risk of food allergy reactions and the response to food allergy emergencies
  - Policies and practices should address competitive foods such as school vending machines, school stores, classroom parties, athletic events, and during after school programs.
  - Policies should address food allergy management on field trips
  - Refer to CDC—Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs, section 2, pages 45-47. [cdc.gov/healthyyouth/foodallergies](http://cdc.gov/healthyyouth/foodallergies)
- Require standardized procedures that promote consistency of priorities, actions, and options for managing food allergies across the district
- Require district schools to develop and implement school district food allergy procedures that include applicable state and federal laws
- Require district food allergy practices to be integrated into the overall district wellness policy which includes annual reporting on implementation of the wellness policy.
- Best Practice—Require that all Administrators and appropriate staff do the following:
  - Identification of students with food allergies and provision of school health services
  - Every school with a child at risk for anaphylaxis has a registered professional nurse responsible for the development of the Individual Healthcare Plan (IHP), or Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Individual written management plans such as an individual health plan and/or a 504 plan
  - Establish medication protocols that include storage, access, administration and documentation
  - Approach to food allergy management should be comprehensive, systematic and coordinated providing a healthy and safe environment
  - Communication and confidentiality
    - Inform all personnel involved in the care of a student diagnosed with a life-threatening food allergy of the student’s written management plan following state and federal privacy/confidentiality laws
    - Inform parents/guardians and students of their procedural/due process rights under state and federal laws
  - Establish emergency response protocols to life-threatening food allergy.
  - Professional development and training on food allergies for all school personnel at least annually
  - Ensure that external vendors and contractors comply with district food allergy policy & applicable laws
  - Ensure that age appropriate food allergy education is included into classroom curriculum
  - Including educating students on: hand washing, not trading/sharing food, food allergy basics/awareness

# SCHOOL BOARD CHECKLIST (CONT.)

## Best Practice (cont.)

- Educate the student with food allergies on the importance of self-management
- Provide opportunities for school community education.
- Review and update food allergy policy at least annually

## Prevention

- Ensure that all staff receive comprehensive training at least annually.
  - This education and training should include but not limited to the following:
    - Learn the signs and symptoms of an allergic reaction
    - How to respond to an allergic reaction
    - How to use epinephrine auto-injector
    - District's emergency response protocol
    - Role specific training may include: food label reading, proper cleaning of surfaces, equipment, hand washing, and avoiding cross-contact
    - Social and emotional needs of the student with LTFA and bullying prevention

## Review

- Compliance with state and school district policy/procedure at the school building level as well as for all staff including support staff such as facilities, transportation providers and any contracted staff
- Food allergy policy and practices updated at least annually to:
  - Collect and review data on when and where medication was used and the impact on the affected individual(s). Identify risks, modify policy or practices if needed
  - Incorporate lessons learned
  - Align with current evidenced-based practice on food allergies
  - Verify that health records from the student's parents/guardians and licensed healthcare providers are current
  - Determine if the appropriate staff received allergy education/training, are competent in performing assigned responsibilities in implementation of emergency response procedures

National School Boards Association publication, *SAFE AT SCHOOL AND READY TO LEARN: A Comprehensive Policy Guide for Protecting Students with Life-threatening Food Allergies*, 2011.

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Department of Health and Human Services; 2013.

# ADMINISTRATORS/PRINCIPALS CHECKLIST

- Comply with federal and state laws
- Implement state and school district food allergy policy and procedure
- Identify your 504 Coordinator
- Schedule team planning meeting for students with food allergies

- Be aware of:**
- Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
  - Individual Health Plan (IHP)
  - 504 Accommodation Plan
  - Individualized Education Plan (IEP)

## Best Practice

- Identify and provide a means of emergency communication devices (i.e., two-way radio, intercom, walkie-talkie, cell phone) for all school activities
- Develop procedures for managing food allergies on field trips
- Consider allergic reaction implications for classroom animal and pet
- Notify substitute teachers and provide a copy of student's ECP/FAAP in the substitute's folder
- Assure that outside vendors are in compliance with district food allergy policy & procedures
- Include food allergy education into curriculum\*
  - Educate students on: hand washing, not trading/sharing food, food allergy awareness
  - Educate the student with food allergies on the importance of taking responsibility for their food allergies
- Notify parent/guardian of changes in personnel
- Develop a food allergy plan Emergency/Shelter-In-Place (i.e., safe foods and epinephrine auto-injectors)
- Send all necessary forms home at the end of the school year to plan for upcoming year

## Prevention

### **Educate/Train (at least annually and as needed)**

- Implement and schedule ALL staff comprehensive education and training (including emergency response drills)
  - Learn the signs and symptoms of an allergic reaction
  - How to respond to an allergic reaction
  - How to use epinephrine auto-injector
  - School's emergency response protocol and follow-up
  - Role specific training may include: food label reading, proper cleaning/hand washing, and avoiding cross-contact
  - Social and emotional needs of the student with LTFA/Bullying\*
- Provide community education as appropriate, this may include: letters to parent/guardian, food allergy workshops, parent/guardian presentations/discussion

## Review

- Compliance with state and school district policy/procedure (this includes reviewing cleaning practices with all staff including support staff such as facilities and transportation providers)
- School's Emergency protocol
- Send newsletter

\* See Resource List for information on student food allergy curriculum and bullying.



# TEACHING STAFF CHECKLIST

(This includes but is not limited to Classroom and Specialty teachers, Paraprofessionals, and Counselors)

- Comply with federal and state laws
- Follow school district food allergy policy and procedure
- Participate in team planning meeting for food allergy students

## Be aware of:

- Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- Individual Health Plan (IHP)
- 504 Accommodation Plan
- Individualized Education Plan (IEP)

## Best Practice

- Avoid food in your lesson plans/classroom supplies; for special projects evaluate for possible food allergens
- Include food allergy education in classroom lesson plans or activities
- Consider food allergies when planning for field trips (Field Trip Risk Assessment)
- Notify substitute teachers and provide a copy of student's ECP/FAAP in the substitute's folder
- Have students wash hands or use hand wipes before/after eating
- Educate children not to share food
- Don't use food as an incentive or reward
- Eliminate/Minimize the use of food in class parties or events
- In the event meals/snacks are permitted in the classroom, designated staff will wash all tables/chairs before and after use for students with life-threatening food allergies, using separate cleaning supplies
- Eliminate/Minimize the use of animals in the classroom. If animals are permitted, consider possible allergies to the animals, its food, and its habitat needs
- Be sensitive to the social and emotional needs of the child with food allergies
- Monitor peer interactions
- Have the food allergy related books in the school library

## Prevention

### Educate/Train (at least annually and as needed)

- Learn the symptoms of an allergic reaction
- What to do if an allergic reaction occurs
- Review of high-risk areas
- School district's emergency response protocol
- How to use an epinephrine auto-injector

## Review

- What food(s) the student can or cannot eat
- Students Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- School's emergency protocol
- Time scheduled for training and drills
- Location of epinephrine auto-injector

# MEDICAL INFORMATION RELEASE

**Student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

I, \_\_\_\_\_ the (parent/guardian) of the student named above,

authorize \_\_\_\_\_ (name of the school/organization)

to release the necessary confidential health information to the appropriate school representatives including nurse, principal, teacher(s), food service staff, emergency personnel, and applicable volunteers who have a need to know my child's health information to provide safety at school.

**Information to be released includes the following (check if applicable):**

- Health record
- Psychological/psychiatric evaluation
- IHP or ECP/FAAP or 504/IEP
- Parent/guardian contact information
- LTFA and asthma history
- Other: \_\_\_\_\_
- Social worker/counselor report

I understand that signing this form is voluntary, and it will be used only for the specific information authorized for release regarding my child to specified party, as designated above.

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
WITNESS SIGNATURE DATE

# FIELD TRIP RISK ASSESSMENT

## Questions for Coordinator of the Field Trip Destination

**Child's name** \_\_\_\_\_

**Child's teacher/grade** \_\_\_\_\_

**Child's allergy(ies)** \_\_\_\_\_

**Conversation with parents/guardians:**  Yes  No  N/A **Date?** \_\_\_\_\_

Will parent/guardian attend?  Yes  No

**Nurse attending:**  Yes  No

*If no, identify trained adult to attend, who will review Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) with school nurse and receive epinephrine administration training:*

\_\_\_\_\_

**Field trip date** \_\_\_\_\_ **Field trip time** \_\_\_\_\_

**Field trip destination** \_\_\_\_\_

**Destination contact name and phone number** \_\_\_\_\_

## Questions

1. Will any food or beverages be distributed before, during or after the field trip? \_\_\_\_\_

\_\_\_\_\_

Any food displayed or demonstrations? \_\_\_\_\_

Any hands on activities involving food (i.e. feeding animals)? \_\_\_\_\_

Are sack lunches necessary?  Yes  No

*If yes, provide school nutrition services proper notice to prepare.*

2. How will snack/lunches be stored on the bus ride to the fieldtrip destination? If necessary, what steps will be taken to keep the child's lunch/snack separate from the others?

\_\_\_\_\_

3. Where will the children eat snack and/or lunch? \_\_\_\_\_

\_\_\_\_\_

4. Where will students wash their hands or use wipes before/after snack/lunch? \_\_\_\_\_
5. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths? \_\_\_\_\_
6. Which trained adult will be in charge of the child's snack/lunch who has food allergy and monitor to ensure that the offending allergen is not given to the child?  
\_\_\_\_\_
7. Who will privately discuss with all attending adults, teachers, and parent/guardian chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults/ children? The child must only eat/drink food that has been provided by the parent/guardian and distributed to the child by the teacher/nurse in charge. \_\_\_\_\_
8. Prior to the field trip, will all teachers and adults responsible for the children review the emergency response protocol? \_\_\_\_\_
9. Will the nurse map out an emergency route to the nearest hospital from the field trip destination and give it to the classroom teacher and/or the bus driver prior to the day of the field trip?  
\_\_\_\_\_
10. Who will be responsible for carrying and administering the medications (i.e. epinephrine auto-injector, inhaler) in an emergency situation? \_\_\_\_\_
11. Will the nurse/teacher carrying the medicine pack carry a charged cell phone? If not, how will they contact 911? \_\_\_\_\_
12. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the epinephrine auto-injector? \_\_\_\_\_

**Epinephrine auto-injectors must be with the child on all field trips, both long and short.**

**Medications, authorizations, and emergency care plans will be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason.**

Adapted from AllergySupport.Org. Copyright © 2004-2005, and also, Guideline for Managing Life-Threatening Food Allergies in Connecticut Schools

# FIELD TRIP SACK LUNCH ORDER FORM

Orders must be submitted at least 2 weeks before field trip.

School \_\_\_\_\_ Date submitted \_\_\_\_\_

Date of field trip \_\_\_\_\_ Time sack lunches needed \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Total # of sack lunches needed \_\_\_\_\_ # special diet lunches \_\_\_\_\_

Sack lunch menu \_\_\_\_\_

Name of Student	Student Lunch #	Allergy or Special Dietary Needs?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		



# LETTERS/NEWSLETTERS

As school administrators, educators, and school nurses to create a nurturing, learning environment is challenging when major health issues such as life-threatening food allergies are present. Food allergies are a growing concern in schools across America. Education of staff, parents/guardians and students can assist in increasing awareness and maintaining safety.

Below are ideas to include in letters/newsletters to families in your school.

## **I. Include facts/stats, for example (see food allergy resources for additional sources):**

- Food allergies are estimated to affect 1 in every 13 children.<sup>1,2</sup>
- The number of children with food allergies is increasing.<sup>3</sup>
- There is no cure for food allergies. Strict avoidance is key.<sup>4</sup>

## **II. Outline your school food allergy policy (for example):**

- Our school district has adopted a food allergy policy that focuses on providing a safe and healthy environment for all students to learn.
- School personnel will take part in food allergy education and training.
- All students will take part in age appropriate food allergy education.
- In the cafeteria, allergen friendly seating may be necessary.
- Classroom projects or activities will avoid using common food allergens that are harmful to students.
- Bullying and teasing will result in immediate corrective action.
- No eating on the school bus.
- We will celebrate special events with non-food items, such as school supplies or a special reward system. If food is involved, only labeled prepackaged healthy food items with a complete ingredient listing are allowed.

## **III. Include what parents/guardians and classmates can do to help keep all children safe (for example):**

- All students should wash their hands before/after meals or snacks. Hand sanitizers do not remove the food allergen.
- We will keep a box of hand wipes in the classroom, and ask your child to use them.
- No sharing/trading food/drinks, eating utensils or food containers with other students.
- Report any bullying or teasing that you hear or see.
- Please plan to celebrate special occasions without food.

## **IV. Closing**

- Thank you in advance for your support.
- This is a learning process for all of us, but we trust that you will follow these guidelines.
- If you have any questions or concerns about food allergy related issues, please contact us.

<sup>1</sup>Branum AM, Lukacs SL. Food allergy among U.S. children: trends in prevalence and hospitalizations. NCHS Data Brief. 2008 Oct(10):1-8.

<sup>2</sup>Liu AH, Jaramillo R, Sicherer SH, Wood RA, Bock SA, Burks AW, Massing M, Cohn RD, Zeldin DC. National prevalence and risk factors for food allergy and relationship to asthma: results from the National Health and Nutrition Examination Survey 2005-2006. *J Allergy Clin Immunol* 2010 Oct;126(4):798-806 e13.

<sup>3</sup>Trends in Allergic Conditions Among Children: United States, 1997-2011; National Center of Health Statistics Data Brief, 121, May 2013.

<sup>4</sup>U.S. Food and Drug Administration, Food Allergies: What You Need to Know Available at [fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm](http://fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm), last accessed on April 18, 2013.

# Food Allergy Basics

## 9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

## Know the Difference

### Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

### Food Allergy

an immune system response to a certain food

### Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

## What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# Self Image and Social Factors



Having food allergies can cause social and emotional responses that could include:

- Increased stress
- Fear
- Anxiety
- Anger/frustration
- Sadness/depression
- Guilt
- Denial
- Embarrassment
- Sibling rivalry
- Teasing/harassment\*
- Bullying\*

\* Teasing, harassment, and bullying of children with food allergies is common

## Positive Social and Emotional Tips

- Children with food allergies are like any other children, except they have to be careful what they eat
- Listen and allow the children to talk about their feelings
- Provide encouragement: to help the children speak up for their own health and safety
- Educate others: All children should be taught about food allergies to increase peer compassion
- Respond to teasing, harassment, and bullying—zero tolerance



# Celebrate & Reward Children without Food

## Recognition/Privileges

- Recognize over school intercom system
- Ribbon or certificate of recognition
- Photo recognition board
- Assigned as the special helper for the day
  - Line leader
  - Run errands around the school
  - Teach the class or a younger classroom
  - Read the morning announcements
- No “homework” pass
- Extra technology time
- Extra recess or favorite special class (PE, art, music)
- Eat lunch with a special friend and/or teacher
- Make a t-shirt and wear for the day
- Make a crown and be a prince or princess for the day
- Plant a seed/flower to grow a plant

**Note:** Creates a safe school environment.

## Rewards

- Books (reading/coloring/sticker)
- Cups/water bottles
- Goodie bags with trinkets/gadgets (stickers, puzzles, toy cars, stuffed animals, finger puppets, action figures, key chains, flashlights)
- School supplies (pencils, pens, erasers, notepads, crayons/markers, rulers, pencil sharpeners)
- Physical activity gear (jump ropes, yo-yo’s, frisbees, nerf balls)
- Develop a point/ticket or token system that allows students to accumulate a certain number in exchange for larger rewards such as: gift certificate to the school store, local book store/movie theatre

**Note:** Use **latex free** rewards.

**Note:** If food is absolutely necessary to celebrate, please follow your school guidelines regarding the process and read food labels carefully. It is **highly** recommended to choose items of high nutritional value and that are safe for **all** students in the classroom to consume. Remember, children with food allergies enjoy celebrations just like any other child.

Adapted from the Healthy Schools Campaign and the Center for Science in the Public Interest

# HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

## How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

### Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, butter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

### Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

### Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

## How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

### Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

### Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

## How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

### Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soy protein (*concentrate, hydrolyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

### Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.



## How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

### Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

### Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

### Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product's ingredients must be listed on the label such as "lupin" or "lupine."
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

## How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word "wheat" on the product label. The law defines any species in the genus *Triticum* as wheat.

### Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

### Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

## How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

### Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

### Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

### Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

## How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

### Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

### Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

### Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

## How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

### The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- fl under
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fi h sauce
- imitation fish or shellfish
- isinglass lutefisk maw, maws (fish maw)
- fish stock
- fi h meal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

### Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

## How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

### Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil\*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

\* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

### Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

### Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.

# FOOD ALLERGY QUESTIONNAIRE

School: \_\_\_\_\_ Date: \_\_\_\_\_

True or False: circle the correct answer for the following questions:		
1. Food allergy and food intolerance are the same thing.	True	False
2. Hand washing with soap & water helps prevent the spread of food allergens.	True	False
3. After administering epinephrine to a child, they may resume normal activities.	True	False
4. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.	True	False
5. There are several effective forms of treatment for food allergies.	True	False
6. Allergic reactions only occur if the individual eats the offending food.	True	False
7. Only children with severe food allergies need to have a Food Allergy Action Plan.	True	False
8. If anaphylactic shock is not treated immediately, it can be fatal.	True	False
9. Once a food label is checked there is no reason to check it the next time the item is purchased.	True	False
10. Children typically outgrow their food allergies to peanuts, tree nuts and fish.	True	False

(answers on back)

# FOOD ALLERGY QUESTIONNAIRE

School: \_\_\_\_\_ Date: \_\_\_\_\_

Answer Key
<p><b>1. Food allergy and food intolerance are the same thing.</b> <b>False:</b> Food allergy is a true immune system response that can result in anaphylaxis and food intolerance occurs when the body has difficulty digesting certain foods but the immune system is not affected.</p>
<p><b>2. Hand washing with soap &amp; water helps prevent the spread of food allergens.</b> <b>True:</b> Hand washing with soap &amp; water helps prevent the spread of food allergens. Note: studies show that antibacterial sanitizers do not remove the food allergen protein.</p>
<p><b>3. After administering epinephrine to a child, they may resume normal activities.</b> <b>False:</b> After administering epinephrine to a child, the child should be transported to nearest emergency facility for follow up. Remember, a biphasic anaphylactic reaction can occur.</p>
<p><b>4. Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.</b> <b>True:</b> Early symptoms of a food allergy may mimic symptoms seen in food poisoning such as nausea, abdominal pain, vomiting and diarrhea.</p>
<p><b>5. There are several effective forms of treatment for food allergies.</b> <b>False:</b> There is no cure or treatment for food allergies, only strict avoidance. Epinephrine is not a treatment it is an emergency medication given in case an anaphylactic reaction occurs.</p>
<p><b>6. Allergic reactions only occur if the individual eats the offending food.</b> <b>False:</b> Allergic reactions can occur through ingestion, skin contact and in some cases inhalation.</p>
<p><b>7. Only children with severe food allergies need to have a Food Allergy Action Plan.</b> <b>False:</b> It is recommended that all children with food allergies have a Food Allergy Action Plan.</p>
<p><b>8. If anaphylactic shock is not treated immediately, it can be fatal.</b> <b>True:</b> Anaphylaxis is a life-threatening medical emergency that involves several systems in the body. Death can occur with delayed administration of epinephrine.</p>
<p><b>9. Once a food label is checked there is no reason to check it the next time the item is purchased.</b> <b>False:</b> Food labels should be checked every time for hidden ingredients and manufacturer changes.</p>
<p><b>10. Children typically outgrow their food allergies to peanuts, tree nuts and fish.</b> <b>False:</b> Peanuts, tree nuts, fish and shellfish are typically lifelong allergies, only 20% or less of children will ever outgrow these allergies.</p>



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# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenalick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenalick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by

# ALLERGIC REACTION— EMERGENCY RESPONSE CHECKLIST

**GOAL:** To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the school nurse or school nurse designee immediately AND refer to the child's Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) (if immediately available).

**If anaphylaxis does occur or the ECP/FAAP direction states, the person with the child shall:**

- Inject epinephrine immediately
- Call 911
- Remain with the student and stay calm—have second dose readily available
- Place the student in a reclining position, raise legs and do not move them
- Contact parents/guardians/emergency contacts

## Things to consider if an emergency occurs at school:

- Who will stay with the student and who will attend to student's classmates?
- Who will activate the emergency response team (building specific and/or system-wide)?
- Who will notify the local emergency medical services that a life-threatening allergic reaction is occurring?
- Who will notify school administration?
- Who will notify the parents/guardians; student's primary care provider and/or allergy specialist?
- Who will meet emergency medical responders at school entrance and direct to the student?
- Who will accompany student to the emergency care facility?
- Who will manage crowd control, if applicable?
- Who will complete the necessary follow-up paperwork and follow-up with the family?

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126:S1-58.

# COACHES, EXTENDED DAY PROVIDERS, LUNCH/RECESS MONITORS CHECKLIST

- Follow school district food allergy policy and procedure
- Participate in team planning meeting for students with food allergies

- Be aware of:**
- What food(s) the student can or cannot eat
  - Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
  - Individual Health Plan (IHP)
  - 504 Accommodation Plan
  - Individualized Education Plan (IEP)

## Best Practice

- Change or remove food allergens from activities
- Have students wash hands or use hand wipes before/after eating
- Ensure that activities comply with school districts policies and procedures regarding life-threatening food allergies (LTFA). (i.e., if no nuts allowed then all events should follow this policy)
- No food sharing
- Learn how to read food labels
- If meals/snacks are permitted, designated staff will wash all tables/chairs before and after use for students with LTFA, using separate cleaning supplies
- Understand food allergy anxiety, peer pressure, teasing or bullying
- Take all complaints seriously from students with life-threatening food allergies

## Prevention

### **Participate in Educate/Train (at least annually and as needed)**

- Learn signs and symptoms of an allergic reaction
- What to do if an allergic reaction occurs
- How to use epinephrine auto-injector
- School's emergency response protocol
- Identify and have a means of two-way communication (i.e., cell phone, two way radio, intercom)

## Review

- Location of epinephrine auto-injector
- Who will give the epinephrine auto-injector
- School district food allergy policy and procedure

# OTHER SUPPORT STAFF/VOLUNTEERS CHECKLIST

(This includes but is not limited to Administrative Support, Librarians, Media/IS Specialist, and Security)

## Follow school district food allergy policy and procedure

- Be aware of:**
- What food(s) the student can or cannot eat
  - Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
  - Individual Health Plan (IHP)
  - 504 Accommodation Plan
  - Individualized Education Plan (IEP)

## Best Practice

- Have students wash hands or use hand wipes before/after eating
- No food sharing
- If meals/snacks are permitted, designated staff will wash all tables/chairs before and after use for students with life-threatening food allergies, using separate cleaning supplies
- Take all complaints seriously from students with life-threatening food allergies

## Prevention

### **Participate in Educate/Train (at least annually and as needed)**

- Learn signs and symptoms of an allergic reaction
- What to do if an allergic reaction occurs
- How to use epinephrine auto-injector
- School's emergency response protocol
- Identify and have a means of two-way communication (i.e., cell phone, two way radio, intercom)

## Review

- Location of epinephrine auto-injector
- Who will give the epinephrine auto-injector
- School district food allergy policy and procedure



# FACILITIES (CUSTODIAL) CHECKLIST

## Follow school district food allergy policy and procedure

- Be aware of:**
- What food(s) the student can or cannot eat
  - Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)

## Best Practice

- Identify all potential non-food allergens, including these items: cleaning supplies, paints, work materials, or other substances in the school and remove
- Routinely clean all tables, chairs and floors after each seating
- Give special attention to allergen free eating areas/tables, use separate cloths or appropriate disposable wipes effective in removing allergen traces
- Routinely clean classroom, desks, computer keyboards, doorknobs, lockers, give special attention to classrooms with children with life-threatening food allergies
- Take all complaints seriously from students with life-threatening food allergies

## Prevention

### **Participate in Educate/Train (at least annually and as needed)**

- Learn signs and symptoms of an allergic reaction
- What to do if an allergic reaction occurs
- How to use epinephrine auto-injector
- School's emergency response protocol

## Review

- Food Allergy Information poster
- Location of epinephrine auto-injector
- Who will give the epinephrine auto-injector

# TRANSPORTATION PROVIDER CHECKLIST

- Follow school district food allergy policy procedure
- Participate in team planning meeting for food allergy students
  - Keep a copy of the Emergency Care Plan(ECP)/Food Allergy Action Plan (FAAP) on the bus
  - Have a plan for communicating with parents/guardians and EMS
- Best Practice**
  - No eating on the bus (except if medically necessary, such as a student with diabetes)
  - Follow district cleaning practices (i.e., bus surfaces, seats, handrails, etc.)
  - Consider student placement on the bus
  - Take all complaints seriously from students with life-threatening food allergies
  - Provide and identify a means of two-way communication devices (i.e., cell phone, two-way radio, intercom)
  - Know location of the epinephrine auto-injector and other emergency medications
- Prevention**
  - Participate in Educate/Train (at least annually and as needed)**
    - Learn signs and symptoms of an allergic reaction
    - What to do if an allergic reaction occurs
    - How to use epinephrine auto-injector
    - Cross-contact training
- Emergency response protocol**
  - Include emergency contacts and means of emergency contact
- Review**
  - Location of epinephrine auto-injector
  - Who will give the epinephrine auto-injector

# AUTHORIZATION OF MEDICATION AT SCHOOL

**Student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

## PARENT/GUARDIAN PLEASE READ and COMPLETE THIS PORTION

- I request the listed medication be given as ordered by the licensed healthcare professional.
- I give health services staff permission to communicate with the medical office about this medication. I understand certain medication may be administered by non-licensed staff members who have been trained and are supervised by a registered nurse.
- I understand medication information may be shared with all school staff working with my child and emergency staff, if necessary.
- All medication must be brought to the school in the original pharmacy or manufacturer's labeled container with instructions as noted below by the licensed healthcare professional.
- I request and authorize my child to carry and/or self-administer their medication.  Yes  No

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work or cell phone** \_\_\_\_\_

## THIS SECTION TO BE COMPLETED ONLY BY A LICENSED HEALTHCARE PROFESSIONAL (please print clearly)

Medication Name	Diagnosis/Reason for Medication	Dosage	Administration Method	Time(s) to be Taken

- I request and authorize this student to carry their medication:  Yes  No
- I request and authorize this student to self-administer their medication:  Yes  No
- List possible medication side effects: \_\_\_\_\_

I request and authorize the above-named student be administered the above identified medication in accordance with the indicated instructions from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current school year).

**Name of licensed healthcare professional** (please print) \_\_\_\_\_

**Contact number** \_\_\_\_\_

SIGNATURE OF LICENSED HEALTHCARE PROFESSIONAL \_\_\_\_\_

DATE \_\_\_\_\_

# FIELD TRIP RISK ASSESSMENT

## Questions for Coordinator of the Field Trip Destination

**Child's name** \_\_\_\_\_

**Child's teacher/grade** \_\_\_\_\_

**Child's allergy(ies)** \_\_\_\_\_

**Conversation with parents/guardians:**  Yes  No  N/A **Date?** \_\_\_\_\_

Will parent/guardian attend?  Yes  No

**Nurse attending:**  Yes  No

*If no, identify trained adult to attend, who will review Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) with school nurse and receive epinephrine administration training:*

\_\_\_\_\_

**Field trip date** \_\_\_\_\_ **Field trip time** \_\_\_\_\_

**Field trip destination** \_\_\_\_\_

**Destination contact name and phone number** \_\_\_\_\_

## Questions

1. Will any food or beverages be distributed before, during or after the field trip? \_\_\_\_\_

\_\_\_\_\_

Any food displayed or demonstrations? \_\_\_\_\_

Any hands on activities involving food (i.e. feeding animals)? \_\_\_\_\_

Are sack lunches necessary?  Yes  No

*If yes, provide school nutrition services proper notice to prepare.*

2. How will snack/lunches be stored on the bus ride to the fieldtrip destination? If necessary, what steps will be taken to keep the child's lunch/snack separate from the others?

\_\_\_\_\_

3. Where will the children eat snack and/or lunch? \_\_\_\_\_

\_\_\_\_\_

4. Where will students wash their hands or use wipes before/after snack/lunch? \_\_\_\_\_
5. Are the tables where the children eat able to be adequately washed with soap and water (and by whom?) or do they need plastic tablecloths? \_\_\_\_\_
6. Which trained adult will be in charge of the child's snack/lunch who has food allergy and monitor to ensure that the offending allergen is not given to the child?
7. Who will privately discuss with all attending adults, teachers, and parent/guardian chaperones, that under no circumstances is the child to be allowed to eat or touch or given any food or drink by any other adults/ children? The child must only eat/drink food that has been provided by the parent/guardian and distributed to the child by the teacher/nurse in charge. \_\_\_\_\_
8. Prior to the field trip, will all teachers and adults responsible for the children review the emergency response protocol? \_\_\_\_\_
9. Will the nurse map out an emergency route to the nearest hospital from the field trip destination and give it to the classroom teacher and/or the bus driver prior to the day of the field trip?
- \_\_\_\_\_
10. Who will be responsible for carrying and administering the medications (i.e. epinephrine auto-injector, inhaler) in an emergency situation? \_\_\_\_\_
11. Will the nurse/teacher carrying the medicine pack carry a charged cell phone? If not, how will they contact 911? \_\_\_\_\_
12. What steps will be taken if 911 (no cell phone connection) cannot be reached in the event of an emergency after the child has received the epinephrine auto-injector? \_\_\_\_\_

**Epinephrine auto-injectors must be with the child on all field trips, both long and short.**

**Medications, authorizations, and emergency care plans will be routinely sent with classroom teachers for all medically involved students when leaving the school grounds for any reason.**

Adapted from AllergySupport.Org. Copyright © 2004-2005, and also, Guideline for Managing Life-Threatening Food Allergies in Connecticut Schools



# FIELD TRIP SACK LUNCH ORDER FORM

Orders must be submitted at least 2 weeks before field trip.

School \_\_\_\_\_ Date submitted \_\_\_\_\_

Date of field trip \_\_\_\_\_ Time sack lunches needed \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Total # of sack lunches needed \_\_\_\_\_ # special diet lunches \_\_\_\_\_

Sack lunch menu \_\_\_\_\_

Name of Student	Student Lunch #	Allergy or Special Dietary Needs?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		

# Food Allergy Basics

## 9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

## Know the Difference

### Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

### Food Allergy

an immune system response to a certain food

### Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

## What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# Self Image and Social Factors



Having food allergies can cause social and emotional responses that could include:

- Increased stress
- Fear
- Anxiety
- Anger/frustration
- Sadness/depression
- Guilt
- Denial
- Embarrassment
- Sibling rivalry
- Teasing/harassment\*
- Bullying\*

\* Teasing, harassment, and bullying of children with food allergies is common

## Positive Social and Emotional Tips

- Children with food allergies are like any other children, except they have to be careful what they eat
- Listen and allow the children to talk about their feelings
- Provide encouragement: to help the children speak up for their own health and safety
- Educate others: All children should be taught about food allergies to increase peer compassion
- Respond to teasing, harassment, and bullying—zero tolerance



# Celebrate & Reward Children without Food

## Recognition/Privileges

- Recognize over school intercom system
- Ribbon or certificate of recognition
- Photo recognition board
- Assigned as the special helper for the day
  - Line leader
  - Run errands around the school
  - Teach the class or a younger classroom
  - Read the morning announcements
- No “homework” pass
- Extra technology time
- Extra recess or favorite special class (PE, art, music)
- Eat lunch with a special friend and/or teacher
- Make a t-shirt and wear for the day
- Make a crown and be a prince or princess for the day
- Plant a seed/flower to grow a plant

**Note:** Creates a safe school environment.

## Rewards

- Books (reading/coloring/sticker)
- Cups/water bottles
- Goodie bags with trinkets/gadgets (stickers, puzzles, toy cars, stuffed animals, finger puppets, action figures, key chains, flashlights)
- School supplies (pencils, pens, erasers, notepads, crayons/markers, rulers, pencil sharpeners)
- Physical activity gear (jump ropes, yo-yo’s, frisbees, nerf balls)
- Develop a point/ticket or token system that allows students to accumulate a certain number in exchange for larger rewards such as: gift certificate to the school store, local book store/movie theatre

**Note:** Use **latex free** rewards.

**Note:** If food is absolutely necessary to celebrate, please follow your school guidelines regarding the process and read food labels carefully. It is **highly** recommended to choose items of high nutritional value and that are safe for **all** students in the classroom to consume. Remember, children with food allergies enjoy celebrations just like any other child.

Adapted from the Healthy Schools Campaign and the Center for Science in the Public Interest

# Cross-Contact

## Potential Sources

- Unclean hands or gloves
- Cooking oils
- Splashed or spilled food
- Fryers or grills
- Tables/chairs & desks
- Counter surface or food prep areas
- All utensils, dishes, pots/pans and cutting boards
- Meat/cheese slicers
- Soiled linens/cleaning cloths & sponges

## Ways to AVOID/PREVENT

- Know what foods the child can or cannot have
- Read ALL food labels, everytime—every line
- Use clean utensils, dishes, pot/pans—must be washed thoroughly in hot soapy water and sanitized
- Practice good hand washing and use clean gloves
- NO food sharing or trading
- Clean tables, counter surfaces and food prep areas
- Have an emergency plan

IT IS IMPORTANT to always read food labels due to hidden food allergens.

### Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavoring, worcestershire sauce
- **Milk:** cheese, bread/buns, soup, hot dogs, canned tuna, deli meat
- **Wheat:** flours, soup/gravy mixes, snacks
- **Soy:** baked goods, breads/buns, candy
- **Peanut/Tree Nuts:** candy, chocolate, ice cream, baked goods, salads, salad dressings, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**



# HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

## How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

### Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, but-ter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

### Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

### Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

## How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

### Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

### Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

## How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

### Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soya
- soybean (*curd, granules*)
- soy protein (*concentrate, hydro-lyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

### Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.

## How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

### Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

### Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

### Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product’s ingredients must be listed on the label such as “lupin” or “lupine.”
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

## How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

### Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

### Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

## How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

### Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

### Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

### Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

## How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

### Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

### Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

### Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

## How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

### The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- flounder
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fish sauce
- imitation fish or shellfish
- isinglass
- lutefisk
- maw, maws (fish maw)
- fish stock
- fishmeal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

### Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

## How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

### Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil\*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

\* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

### Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

### Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.



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# F A M E



# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenalick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenalick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by

# ALLERGIC REACTION– EMERGENCY RESPONSE CHECKLIST

**GOAL:** To quickly recognize, respond and appropriately provide treatment and management of an allergic reaction.

For an allergic reaction, contact the school nurse or school nurse designee immediately AND refer to the child's Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) (if immediately available).

**If anaphylaxis does occur or the ECP/FAAP direction states, the person with the child shall:**

- Inject epinephrine immediately
- Call 911
- Remain with the student and stay calm–have second dose readily available
- Place the student in a reclining position, raise legs and do not move them
- Contact parents/guardians/emergency contacts

## Things to consider if an emergency occurs at school:

- Who will stay with the student and who will attend to student's classmates?
- Who will activate the emergency response team (building specific and/or system-wide)?
- Who will notify the local emergency medical services that a life-threatening allergic reaction is occurring?
- Who will notify school administration?
- Who will notify the parents/guardians; student's primary care provider and/or allergy specialist?
- Who will meet emergency medical responders at school entrance and direct to the student?
- Who will accompany student to the emergency care facility?
- Who will manage crowd control, if applicable?
- Who will complete the necessary follow-up paperwork and follow-up with the family?

Boyce JA, Assa'ad A, Burks AW, Jones SM, Sampson HA, Wood RA, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol* 2010;126:S1-S8.

# SCHOOL NUTRITION STAFF CHECKLIST

## Comply and follow federal/state laws and guidelines

- Review and implement USDA regulations for Accommodating School Children with Special Dietary Needs in the School Nutrition Programs, [fns.usda.gov/sites/default/files/special\\_dietary\\_needs.pdf](https://fns.usda.gov/sites/default/files/special_dietary_needs.pdf)
- Ensure school nutrition process for identifying and managing students with food allergies follows local, state and federal policies and procedures

## Participate in team planning

- Request list of students with food allergies from school nurse
- Obtain medical statements signed by a licensed physician for students requiring special meals
- Assist in developing 504 Accommodation Plans, as necessary
- Obtain copies of Emergency Care Plan (ECP)/ Food Allergy Action Plan (FAAP)

## Review all ingredient labels prior to food production

- Read ingredient labels for all foods every time offered. Labels may change at any time without notice. Notify main office of label changes.
- Keep all ingredient labels onsite for at least 24 hours following meal service or until leftovers are consumed or disposed.

## Practice allergen-safe cleaning procedures

- Identify allergen-safe prep areas and utensils to prevent cross-contact
- Prior to meals and after each meal period, designated staff will wash all tables and chairs for use by students with life-threatening food allergies (LTFA), using separate cleaning supplies

## Best practices

- Compile manual and/or database listing all foods offered and their ingredients
- Create database of all students with food allergies sorted by allergens using medical statements and nurse's list of students with food allergies
- Make predetermined meal substitutions or modifications, as necessary. Be mindful of alternate serving locations.
- Establish daily menu review with all kitchen staff to discuss potential allergens in foods offered that day
- Create Point-of-Sale (POS) food allergen alert message indicating if student has a food allergy
- Ensure food allergy and menu compliance at last point of contact.
- Notify school nurse and classroom teacher(s) of any menu changes
- Display food allergy information and cross-contact posters in kitchen and serving areas
- Select products with limited eight major allergen content
- Provide Sack Lunch Request Forms for teachers to indicate students with food allergies
- Stock shelf stable allergen safe snacks for emergency shelter-in-place situations

## Prevention

- Participate in food allergy training (at least annually and as needed), including but not limited to:
  - Signs and symptoms of an allergic reaction
  - Reading food labels for allergen identification
  - Cross-contact avoidance strategies and safe food handling practices
  - USDA regulations for Accommodating Children with Special Dietary Needs in the School Nutrition Programs

# MEDICAL STATEMENT FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The following forms are sample medical statements for food substitutions or modifying meals.

Note: Families may also obtain a detailed letter from the student's physician identifying all of the items below in a–e.

## United States Department of Agriculture (USDA) Regulations:

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

## Definitions<sup>1</sup>

USDA FNS Instruction 783-2, 7 CFR Part 15b

**Disability:** Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

**"Physical or mental impairment:"** means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

**Major life activities:** are defined as caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture (196 section 131).

<sup>1</sup> USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, [fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](https://fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)





**Student's name** \_\_\_\_\_

**School attended** \_\_\_\_\_

**Additional comments or instructions**

**United States Department of Agriculture**

Food and Nutrition Service Instruction 783-2

7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"Disabled person" means any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.



**Student's name** John Sample

**School attended** City Elementary

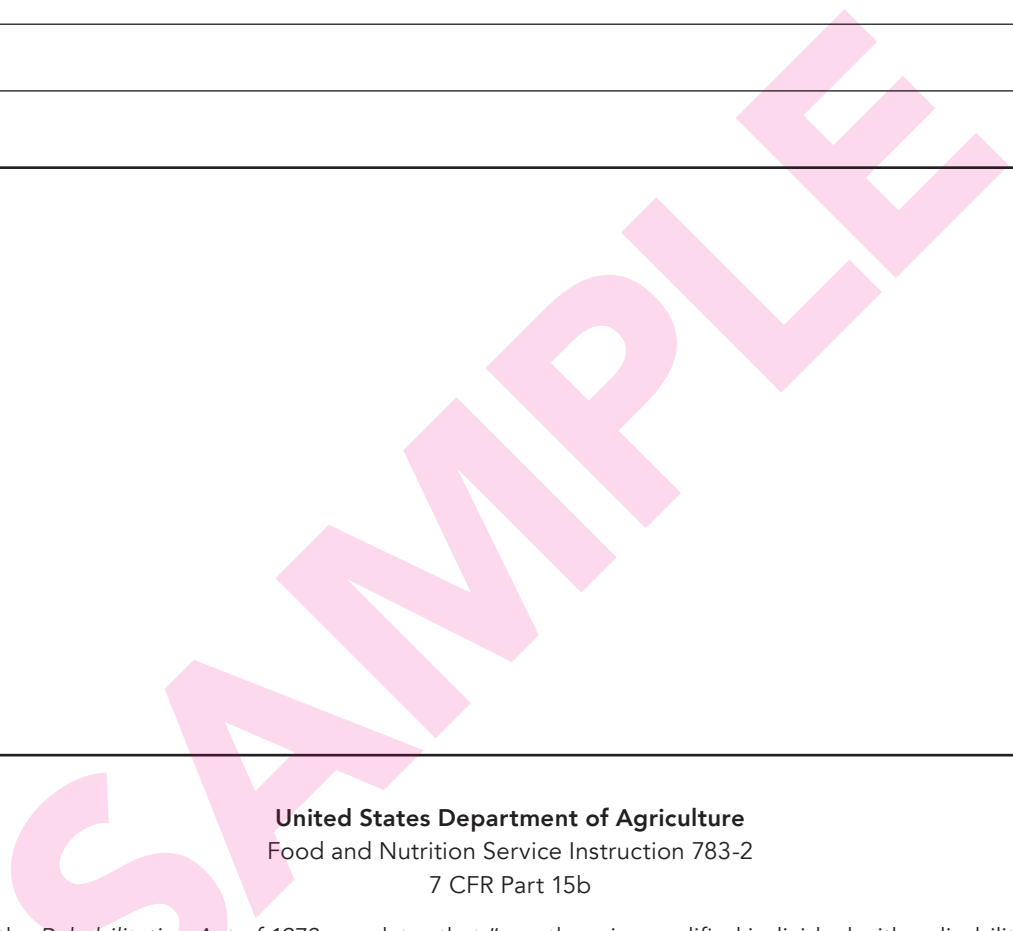
**Additional comments or instructions** Read all labels carefully and avoid items with advisory statements

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**United States Department of Agriculture**  
Food and Nutrition Service Instruction 783-2  
7 CFR Part 15b

Section 504 of the *Rehabilitation Act of 1973* mandates that "no otherwise qualified individual with a disability shall solely by reason of his or her disability be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program (school) or activity receiving Federal financial assistance."

"Disabled person" means any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

"Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sensory organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin, and endocrine or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

**Student's name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**School attended** \_\_\_\_\_ **School district** \_\_\_\_\_

**Parent/guardian name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

2. How does the disability restrict the diet?

3. What major life activity is affected?

4. Diet Prescription:

5. List food/type of food to be omitted. A specific list/menu may also be included, for the safety of the child:

6. List food/type of food to be substituted. A specific list/menu may also be included, for the safety of the child:

7. Additional Comments/Concerns:

8. The above named student needs special school meals as described above, due to student's disability or chronic medical condition.

\_\_\_\_\_  
HEALTHCARE PROVIDER'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
PHONE NUMBER



# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

**Student's name** Samual Smith **Birth date** 8/16/2002  
**School attended** West Middle **School district** West County  
**Parent/guardian name** Mr. and Mrs. Smith **Phone number** (321) 467-9982

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

Life-threatening food allergy

2. How does the disability restrict the diet?

The disability may cause anaphylaxis

3. What major life activity is affected?

Eating, breathing, major bodily function (immune system)

4. Diet Prescription:

Food allergy - no fish or wheat

5. List food/type of food to be omitted. A specific list/menu may also be included, for the safety of the child:

Fish including products made with fish (i.e., - fish gelatin)

Wheat

6. List food/type of food to be substituted. A specific list/menu may also be included, for the safety of the child:

Fish - nonfish items such as chicken, beef, turkey, veggies

Wheat - rice, corn products

7. Additional Comments/Concerns:

Read labels carefully and avoid items with advisory statements.

8. The above named student needs special school meals as described above, due to student's disability or chronic medical condition.

Dr. Sam Louis

HEALTHCARE PROVIDER'S NAME

1/15/13

DATE

Dr. Sam Louis

HEALTHCARE PROVIDER'S SIGNATURE

(321) 454-8921

PHONE NUMBER

# FIELD TRIP SACK LUNCH ORDER FORM

Orders must be submitted at least 2 weeks before field trip.

School \_\_\_\_\_ Date submitted \_\_\_\_\_

Date of field trip \_\_\_\_\_ Time sack lunches needed \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Total # of sack lunches needed \_\_\_\_\_ # special diet lunches \_\_\_\_\_

Sack lunch menu \_\_\_\_\_

Name of Student	Student Lunch #	Allergy or Special Dietary Needs?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
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16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		

# Food Allergy Basics

## 9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

## Know the Difference

### Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

### Food Allergy

an immune system response to a certain food

### Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

## What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# Cross-Contact

## Potential Sources

- Unclean hands or gloves
- Cooking oils
- Splashed or spilled food
- Fryers or grills
- Tables/chairs & desks
- Counter surface or food prep areas
- All utensils, dishes, pots/pans and cutting boards
- Meat/cheese slicers
- Soiled linens/cleaning cloths & sponges

## Ways to AVOID/PREVENT

- Know what foods the child can or cannot have
- Read ALL food labels, everytime—every line
- Use clean utensils, dishes, pot/pans—must be washed thoroughly in hot soapy water and sanitized
- Practice good hand washing and use clean gloves
- NO food sharing or trading
- Clean tables, counter surfaces and food prep areas
- Have an emergency plan

IT IS IMPORTANT to always read food labels due to hidden food allergens.

### Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavoring, worcestershire sauce
- **Milk:** cheese, bread/buns, soup, hot dogs, canned tuna, deli meat
- **Wheat:** flours, soup/gravy mixes, snacks
- **Soy:** baked goods, breads/buns, candy
- **Peanut/Tree Nuts:** candy, chocolate, ice cream, baked goods, salads, salad dressings, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

## How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

### Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, butter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

### Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

### Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

## How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

### Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

### Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

## How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

### Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soya
- soybean (*curd, granules*)
- soy protein (*concentrate, hydrolyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

### Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.



## How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

### Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

### Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

### Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product's ingredients must be listed on the label such as "lupin" or "lupine."
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

## How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word "wheat" on the product label. The law defines any species in the genus *Triticum* as wheat.

### Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

### Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

## How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

### Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

### Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

### Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

## How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

### Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

### Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

### Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

## How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

### The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- fl under
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fi h sauce
- imitation fish or shellfish
- isinglass lutefisk maw, maws (fish maw)
- fish stock
- fi h meal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

### Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

## How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

### Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil\*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

\* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

### Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

### Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.



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# EMERGENCY PREPAREDNESS CHECKLIST

- Get child's emergency contact information
- Get child's emergency care plan/Food Allergy Action Plan(FAAP)
- Get medication from parents/guardians
- Have stock supply of epinephrine auto-injectors if your state allows  
*Note: There are an increasing number of severe reactions in students with undiagnosed LTFA (see FAME manual for details on undiagnosed LTFA)*
- Contact your local Emergency Medical Services (EMS)
  - Inform that a child has life-threatening food allergy (LTFA)
  - Is epinephrine carried on ambulance
- Education and Training
  - Know signs and symptoms of anaphylaxis
  - Review how to use epinephrine auto-injector
  - Have emergency medication readily available in a secure accessible area. Have a second dose readily available along with permission for non-licensed trained personnel to give. See Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP).
  - Know expiration date
  - Instructions on how to use the Generic Adrenalick®: [epinephrineautoinject.com](http://epinephrineautoinject.com)
  - Generic Adrenalick® Skills Test
  - Instructions on how to use the Auvi-Q™: [auvi-q.com](http://auvi-q.com)
  - Auvi-Q™ Skills Test
  - Instructions on how to use an EpiPen®: [epipen.com](http://epipen.com)
  - EpiPen® Skills Test
- Develop an emergency response plan and team
  - Develop a plan for school, home, and community
  - Emergency Shelter-In-place plan (disaster plan)
  - Have safe foods available for students with life-threatening food allergies
- Do emergency drills
  - Date completed
  - Frequency
  - Completed by



# PARENTS/GUARDIANS CHECKLIST

- Obtain a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- Obtain and submit all completed health forms prior to your child starting or transferring school
  - Student health history
  - Release of confidential information
  - Medication authorization (epinephrine, antihistamine, etc.)
  - Provide all necessary medication
  - Medical Statement for Special Meals/Accommodations (if school meal substitutions necessary)

*Note: It is very important to have all forms signed and emergency medication returned to the school nurse/designee.*

- Talk to your school nurse/designee and school nutrition about your child's food allergies

- Participate in team planning meeting for your child

Note: it may be necessary to develop:

- Individual Health Plan (IHP)
- 504 Accommodation Plan
- Individualized Education Plan (IEP)

## Prevention

- Inform and educate all who come in contact with your child
- Provide emergency contact information
- Know how to read food labels
- Know the signs and symptoms of an allergic reaction
- Know how to use an epinephrine auto-injector

## If your child receives epinephrine

- Your child should be transported by Emergency Medical Services (EMS) and monitored for at least 4-6 hours after an anaphylactic reaction
- Follow up with his/her healthcare professional within 1-2 weeks after anaphylaxis occurs

## Best Practice

- Inform school nurse/designee of your child's food allergies
- Obtain medical identification (ID) jewelry based on the students developmental stage (check with your physician, food allergy support group, or local children's hospital for resources)
- Work with school staff to ensure safe shelf stable allergen free snacks are available
- Consider attending class trips and/or parties with your child
- Send items that clearly list product ingredients
- Children should go to the doctor at least once per year (Asthma—at least twice per year)

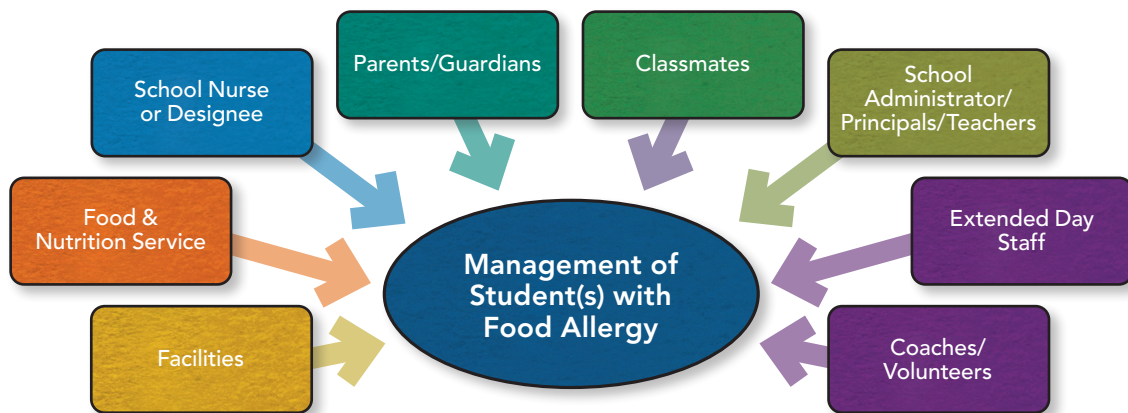
# PARENTS/GUARDIANS — FREQUENTLY ASKED QUESTIONS (FAQS)

## 1. Questions parents/guardians should ask their child's health care professional/allergist when they are planning for their child to enter school:

- Exactly what food(s) is my child allergic to
- Does my child need a referral to a dietician
- What are food allergy basics
- What are possible signs and symptoms of an allergic reaction and how might my child describe it (such as my tongue is hot/ burning, something is poking my tongue, there is hair on my tongue, something stuck in my throat, there's a frog in my throat, it feels like bugs in my ear/ itchy ear)
- Ask for the necessary prescriptions and get them filled
- How to use an epinephrine auto-injector
- What are avoidance strategies
- Get a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
- How to involve their child in an age appropriate way in self management of their life-threatening allergies

## 2. How do I ensure my child's safety at school? All children have the right to learn in an environment that is safe. For some families sending a child with life-threatening allergies to school can be scary.

- **Parents/guardians are encouraged to have open communication** and work to form a partnership between school staff, yourself and your child. This partnership should include the school nurse, school administrators, teaching staff, food & nutrition staff, transportation, coaches, and your child's classmates.



- **Submit the necessary paperwork and medications to assist school staff in creating a safe learning environment for your child such as:**
  - i. Allergy History
  - ii. Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP)
  - iii. Medication Authorization, include the medications in original containers
  - iv. Submit the Medical Statement for Special Meals signed by a licensed physician
- **Ask for advance notice to identify field trips/school events:**
  - i. Site/Location
  - ii. Safety Risks
  - iii. Meals/Snacks
  - iv. An adult trained in epinephrine auto-injector administration
  - v. The epinephrine auto-injector is accessible
  - vi. If an allergic reaction were to occur, what is the emergency procedure?
- **Consider attending class trips and/or parties with your child.**

**3. Who can administer epinephrine in schools?** Administration of epinephrine in schools will vary depending upon state regulations, school nurse practice acts, and individual school districts policies/procedures.

- It is recommended that ALL school staff first receive training in recognition of the signs and symptoms of an allergic response, and in the safe and proper use of epinephrine premeasured auto-injection devices.
- If any trained staff member determines that an allergic reaction is potentially life-threatening, the staff member may administer epinephrine at the direction of the school nurse (or designee) and according to the standing order and/or emergency care plan (ECP)/food allergy action plan (FAAP) for the student.

**4. Can my child possess/self carry medication at school or school sponsored activities?** Possession and self-administration of medication in schools will vary depending upon state regulations and individual school districts policies/procedures.

- Contact your local school district to determine the exact requirements.
- School district can deny your request for your child to self carry/self-administration if the required paperwork is not submitted and/or if the child fails to follow school policies regarding self carry/self-administration.

## References:

- [health.mo.gov/living/families/schoolhealth/pdf/mo\\_allergy\\_manual.pdf](http://health.mo.gov/living/families/schoolhealth/pdf/mo_allergy_manual.pdf), *Guidelines for Allergy Prevention and Response—Missouri Department of Health and Senior Services—Frequently Asked Questions (FAQS)*, accessed on June 1, 2012.
- [foodallergy.org/document.doc?id=123](http://foodallergy.org/document.doc?id=123), *Managing Food Allergies in the School Setting—Guidance for Parents, The Food Allergy & Anaphylaxis Network (FAAN)*, accessed on June 13, 2012.
- [kidswithfoodallergies.org/school-preparation](http://kidswithfoodallergies.org/school-preparation), *Allergist ABC's—Make the grade by making time for an allergist this school year, featuring Dr. Pistiner, by Beth Puliti*, accessed on May 9, 2012.

# ADVOCATING FOR YOUR CHILD

If your child is in a public school you have the right under The Rehabilitation Act of 1973 to ask that a 504 Plan is developed. The 504 plan will help make sure your child is not excluded from program/activities and help safely manage their food allergy.

If your child is in a private school, charter school, or other independent school you have the right under The Americans with Disabilities Act (ADA) and possibly under other federal/state legislation to ask that a plan is developed.

*Note: See sample 504 Plan in the Healthcare Professionals section*

If your school does not have a school nurse you may want to contact your school board, superintendent, principal, teacher, and counselor to request a school nurse.

## **These are some points to include when speaking and/or writing to school staff.**

- My child (name of child) suffers from life-threatening food allergy to (name of allergen).
- If (name of child) is exposed to even a trace amount of (name of allergen), he/she could have an anaphylactic reaction, which could be deadly within minutes.
- Emergency treatment of anaphylaxis involves prompt administration of epinephrine auto-injector like Generic Adrenaclick®, Auvi-Q™ or EpiPen®.
- Generally, students with life-threatening food allergy are recognized as being disabled under federal law (Section 504, ADA).
- Schools are required to keep children safe during the entire school day, and the way to assure their safety is to have a full-time, qualified school nurse.
- An anaphylactic reaction can happen at any time during the day, and a school nurse is the only member of the school staff who is fully qualified to recognize an allergic reaction and respond appropriately.
- I am requesting that a 504 Plan is developed for (name of child), and that a full-time nurse is part of the plan.
- Some members of the school staff (teachers, coaches, administrative staff, etc.) may have been trained on use of an auto-injector. However, only a school nurse has clinical training in making an assessment of the severity of an allergic reaction.
- There are many other children at (name of school) who have health issues such as asthma, and diabetes that need to be monitored by a school nurse.

*Note: Be sure to keep any notes, letters, etc. and include the dates and to say thank you for taking the time to listen/read this note, look forward to your thoughtful reply.*

**If you involve your child's health care provider:**

- The healthcare provider may write a letter to your School Board, Superintendent, Principal, Teacher, and Counselor. In the letter they can include some of the same points found above, as well as additional reasons for accommodations and the benefit of having a school nurse, such as:
  - a) Due to the critical nature of food allergies, school districts must be ready to make accommodations to prevent exposure to given foods and respond immediately should a life threatening event occur.
  - b) Ensuring that the school is prepared for a student with life-threatening food allergies and managing his/her care require the services of a professional nurse, who understands the severity of the condition.
  - c) The school nurse is the most qualified professional to provide:
    - i) Assessment and planning upon entry to school
    - ii) Education and training of all school personnel on effective prevention and response to a life-threatening event
    - iii) Management of epinephrine auto-injectors
  - d) The school nurse must also coordinate with the parent/guardian, pediatrician, allergy specialist, teaching staff, and emergency medical services to ensure that an effective emergency action plan is in place. This includes attention to details such as proper storage and handling of specialized medications, student self-management, and field trip management.
  - e) The school nurse is also the only individual that can administer school-stocked prescription epinephrine to a student or staff member who experiences their first life- threatening allergic reaction at school. Data indicates that 20 to 25% of life-threatening allergic events in schools occur in individuals with no previous history of reactions.



# STUDENT HEALTH HISTORY

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

The following information is needed to provide a safe and healthy environment for your child. If your child has a serious medical condition, it is vital that you discuss this with the nurse, teacher, and/or principal immediately. This information will be confidential and used as needed by the necessary school staff and applicable school volunteers to keep your child safe.

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
<b>ADD/ADHD</b>				
<b>Allergies</b> <input type="checkbox"/> Dust, pollen, ragweed, dustmites <input type="checkbox"/> Food allergies <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Insects Triggered by? _____ _____ _____				<b>List ALL environmental, food, insect, medication, and allergies:</b> _____ _____ <b>Type of Response:</b> <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Itching <input type="checkbox"/> Vomiting <input type="checkbox"/> Swelling <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheezing <input type="checkbox"/> Other? _____ Epinephrine auto-injector at home: <input type="checkbox"/> Y <input type="checkbox"/> N Epinephrine auto-injector at school: <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Anemia/Sickle Cell Anemia</b>				
<b>Anxiety/Panic Attack</b>				
<b>Asthma</b> Is an inhaler used? <input type="checkbox"/> Yes <input type="checkbox"/> No How often? _____ Triggered by? _____ _____				
<b>Bladder Infections</b>				
<b>Blood Disorders</b>				
<b>Bone-Joint Disease</b>				
<b>Bowel Movement Condition</b>				
<b>Bronchitis/Upper Respiratory</b>				
<b>Cancer</b>				
<b>Cerebral Palsy</b>				
<b>Color Blindness</b>				
<b>Diabetes</b> Blood sugar checked at school? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin taken? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Depression</b>				
<b>Epilepsy/Seizure</b> Date of last seizure _____				
<b>Fainting Spells</b> (explain) _____ _____				
<b>Headaches/Migraines</b>				

Has your child had any of the following? (check the boxes below for ALL that apply)	Yes ✓	No ✓	Medication required at school or home Yes or No?	If YES, give details/name the medication, dosage, and if used at school (S) and/or home (H)
<b>Hearing Problems/Devices/ Frequent Ear Infections</b>				
<b>Heart Condition</b>				
<b>Kidney Trouble</b>				
<b>Muscle Disorder</b>				
<b>Neurological Concern</b>				
<b>Nose Bleeds</b> (frequent)				
<b>Orthopedic Concerns</b>				
<b>Physical Activity Limitations</b>				
<b>Speech Problems</b>				
<b>Vision Problems</b> Wears: <b>Glasses</b> or <b>Contacts</b>				<b>Eye Dr. name:</b> _____ Phone #: _____ Last eye exam: _____
<b>Dental Problems</b>				<b>Dentist name:</b> _____ Phone #: _____ Last visit: _____

**Healthcare provider** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Last visit** \_\_\_\_\_

**Specialist name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Last visit** \_\_\_\_\_

IF STUDENT(S) REQUIRES MEDICATION PRESCRIBED BY A PHYSICIAN, DENTIST, OR OPTOMETRIST AT SCHOOL, PLEASE OBTAIN THE APPROPRIATE FORMS IN THE OFFICE. ALL MEDICATION MUST BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL PHARMACY OR MANUFACTURER'S LABELED CONTAINER.

**List any operations, injuries, hospitalizations, or other concerns:**

Incident 1: \_\_\_\_\_ Date \_\_\_\_\_

Incident 2: \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

In case of emergency, accident, or serious illness to the student named on this sheet in which medical treatment is required, I (parent/guardian) request the school to contact me. If the school is unable to reach me, my signature below authorizes the school to exercise their own judgment in contacting emergency services through 911. The school may make whatever arrangements are necessary to transport the student to a hospital emergency room at my (parent/guardian) expense. This may involve cost.

**Parent/guardian name** \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE

**Emergency contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

# ALLERGY HISTORY

Please, complete this form and return it to the school nurse. Thank you for helping us keep your child safe and healthy at school.

**Please list what your child is allergic to (include all foods, insects, medications, environmental, and latex):**

**1. What kind of reaction has your child had to the above listed allergen(s) in the past (note: each reaction can present with different symptoms)?**

Hives    Rash    Itching    Vomiting    Swelling    Hard to breathe    Wheezing

Other? \_\_\_\_\_

**2. When was the last time your child had an allergic reaction?** \_\_\_\_\_

**3. Did you use an epinephrine auto-injector in this reaction?**  Yes    No

**4. Have you ever used an epinephrine auto-injector for your child's allergic reaction?**  Yes    No

If yes, when? \_\_\_\_\_

**5. Does your child require an epinephrine auto-injector or any additional medication at school to keep them safe with allergies?**  Yes    No

*(If yes, please complete and return the medication authorization form.)*

**6. When was your child's last doctor visit for the above listed allergy(ies) and what suggestions did he/she give if a reaction occurs?**

**7. Did you receive a Emergency Care Plan (ECP)/Food Allergy Action Plan (FAAP) from your child's doctor?**  Yes    No

**8. Does your child require special diet restrictions from the school cafeteria?**  Yes    No

*(If yes, please complete and return the Medical Statement for Special Meals.)*

**Healthcare provider/allergist name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/guardian name** \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**FARE**

Food Allergy Research &amp; Education

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No****PLACE  
PICTURE  
HERE****NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.****Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

**SEVERE SYMPTOMS****LUNG**

Shortness of breath, wheezing, repetitive cough

**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness

**THROAT**

Tight or hoarse throat, trouble breathing or swallowing

**MOUTH**

Significant swelling of the tongue or lips

**SKIN**

Many hives over body, widespread redness

**GUT**

Repetitive vomiting, severe diarrhea

**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS****NOSE**

Itchy or runny nose, sneezing

**MOUTH**

Itchy mouth

**SKIN**

A few hives, mild itch

**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.****FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

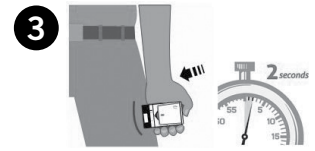
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FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH &amp; EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020



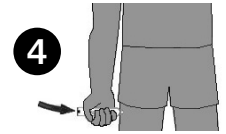
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



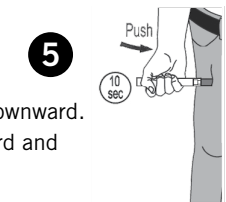
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



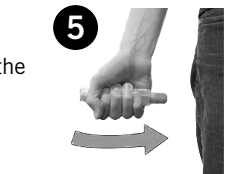
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_



**COLOQUE  
UNA  
FOTOGRAFÍA  
AQUÍ**

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Alérgico a: \_\_\_\_\_

Peso: \_\_\_\_\_ kilos. Asma:  **SÍ (Riesgo más alto de reacción grave)**  **No****NOTA: No recurra a antihistamínicos ni inhaladores (broncodilatadores) para tratar una reacción grave. UTILICE EPINEFRINA.**








**Extremadamente reactivo a los siguientes alérgenos:** \_\_\_\_\_

**POR LO TANTO:**

Si esta opción está marcada y es **PROBABLE** que se ha ingerido el alérgeno, administre epinefrina de inmediato ante **CUALQUIERA** de estos síntomas.

Si esta opción está marcada y es **SEGURO** que se ha ingerido el alérgeno, administre epinefrina de inmediato aunque no se observe ningún síntoma.




**ANTE CUALQUIERA DE LOS SIGUIENTES: SÍNTOMAS GRAVES**

 <b>PULMÓN</b> Falta de aire, sibilancia, mucha tos	 <b>CORAZÓN</b> Tez azulada o pálida, desmayo, pulso débil, mareo	 <b>GARGANTA</b> Ronquera u oclusión, dificultad para tragar o respirar	 <b>BOCA</b> Hinchazón significativa de la lengua o los labios
 <b>PIEL</b> Urticaria extendida en las distintas partes del cuerpo, enrojecimiento generalizado	 <b>INTESTINOS</b> Vómitos reiterados, diarrea grave	 <b>OTRO</b> Sensación de que va a pasar algo malo, ansiedad, confusión.	<b>O UNA COMBINACIÓN</b> de los síntomas de las distintas áreas

↓ ↓ ↓

- 1. INYECTE EPINEFRINA DE INMEDIATO**
- 2. Llame al 911.** Avise al operador telefónico que el paciente tiene anafilaxia y puede necesitar epinefrina cuando llegue el equipo de emergencia.
  - Considere la administración de otros medicamentos además de la epinefrina:
    - Antihistamínico
    - Inhalador (broncodilatador) en caso de respiración sibilante
  - Mantenga al paciente en posición horizontal, con las piernas en alto y abrigado. Si tiene dificultades para respirar o vómitos, manténgalo sentado o tendido sobre un costado.
  - Si los síntomas no mejoran o vuelven a aparecer, puede administrar otras dosis adicionales de epinefrina a partir de los 5 minutos de la administración de la última dosis.
  - Comuníquese con los contactos de emergencia.
  - Lleve al paciente a la sala de emergencias, aunque los síntomas hayan desaparecido. (El paciente debe permanecer en la guardia médica durante por lo menos 4 horas porque los síntomas pueden reaparecer).

**SÍNTOMAS LEVES**

 <b>NARIZ</b> Picazón o moqueo nasal, estornudos	 <b>BOCA</b> Picazón bucal	 <b>PIEL</b> Algunas ronchas, picazón leve	 <b>INTESTINO</b> Náuseas leves o malestar
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**EN CASO DE SÍNTOMAS LEVES EN MÁS DE UN ÁREA DEL CUERPO, ADMINISTRE EPINEFRINA.**

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**EN CASO DE SÍNTOMAS LEVES EN UN ÁREA ÚNICA SIGA ESTAS INSTRUCCIONES:**

1. Se pueden administrar antihistamínicos, con prescripción médica.
2. Quédese junto a la persona; comuníquese con los contactos de emergencia.
3. Observe atentamente los posibles cambios. Si los síntomas empeoran, administre epinefrina.

**MEDICAMENTOS/DOSIS**

Marca de epinefrina o fármaco genérico: \_\_\_\_\_

Dosis de epinefrina:  0,1 mg IM  0,15 mg IM  0,3 mg IM

Marca de antihistamínico o fármaco genérico: \_\_\_\_\_

Dosis de antihistamínico: \_\_\_\_\_

Otros (por ejemplo, broncodilatador en caso de sibilancia): \_\_\_\_\_

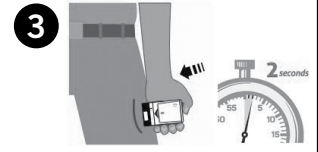
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FIRMA DE AUTORIZACIÓN DEL PACIENTE O PADRE/TUTOR \_\_\_\_\_ FECHA \_\_\_\_\_ FIRMA DE AUTORIZACIÓN DEL MÉDICO O PROFESIONAL DE SALUD INTERVINIENTE \_\_\_\_\_ FECHA \_\_\_\_\_



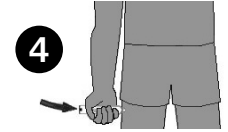
**CÓMO UTILIZAR AUVI-Q® (INYECCIÓN DE EPINEFRINA, USP), KALEO**

1. Retire AUVI-Q del estuche externo. Saque la tapa de seguridad roja.
2. Coloque el extremo negro de AUVI-Q® contra la parte exterior media del muslo.
3. Oprima firmemente hasta escuchar un clic y un silbido, mantenga presionado por 2 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.



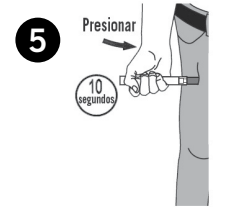
**CÓMO USAR EL AUTOINYECTOR DE EPINEFRINA EPIPEN® Y EPIPEN JR® Y LA INYECCIÓN DE EPINEFRINA (FÁRMACO GENÉRICO AUTORIZADO DE EPIPEN®), USP (AUTOINYECTOR), MYLAN**

1. Retire el autoinyector EpiPen® o EpiPen Jr® del tubo transparente.
2. Sujete el autoinyector firmemente con el puño con la punta naranja (el extremo de la aguja) apuntando hacia abajo. Con la otra mano, retire el protector de seguridad azul tirando firmemente hacia arriba.
3. Gire y oprima con firmeza el autoinyector contra la parte exterior media del muslo hasta que haga clic. Sostenga firmemente en el lugar durante 3 segundos (cuente lentamente 1, 2, 3).
4. Retire el dispositivo y masajee el área durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.



**CÓMO UTILIZAR LA INYECCIÓN DE EPINEFRINA IMPAX (GENÉRICO AUTORIZADO DE ADRENALIN®), USP, AUTOINYECTOR, LABORATORIOS IMPAX**

1. Retire del autoinyector de epinefrina de su estuche protector. Saque las dos tapas de extremo azul. Ahora podrá ver una punta roja.
2. Sujete el autoinyector firmemente con el puño con la punta roja apuntando hacia abajo. Coloque la punta roja contra la parte exterior media del muslo en un ángulo de 90°, en posición perpendicular al muslo.
3. Oprima y sostenga con firmeza durante aproximadamente 10 segundos. Retire el dispositivo y masajee el área durante 10 segundos.
4. Llame al 911 y pida asistencia médica de emergencia de inmediato.



**CÓMO UTILIZAR SYMJEPITM (INYECCIÓN DE EPINEFRINA, USP)**

1. Cuando esté listo para aplicar la inyección, retire la tapa para dejar la aguja expuesta. No coloque el dedo encima del dispositivo.
2. Sostenga la inyección SYMJEPITM solo con los dedos e inserte la aguja en el muslo suavemente. SYMJEPITM puede inyectarse a través de la ropa si es necesario.
3. Después de que la aguja esté en el muslo, empuje el émbolo hacia abajo hasta que haga clic y manténgalo durante 2 segundos.
4. Retire la jeringa y masajee el lugar de la inyección durante 10 segundos. Llame al 911 y pida asistencia médica de emergencia de inmediato.
5. Una vez que se haya administrado la inyección, colocando una mano con los dedos detrás de la aguja, deslice la protección de seguridad por sobre la aguja.



**INFORMACIÓN DE ADMINISTRACIÓN Y SEGURIDAD PARA TODOS LOS AUTOINYECTORES**

1. No coloque el dedo pulgar, los demás dedos o la mano sobre la punta del autoinyector ni aplique la inyección fuera de la parte exterior media del muslo. En caso de inyección accidental, diríjase inmediatamente a la sala de emergencias más cercana.
2. Si administra el medicamento a un niño pequeño, sostenga su pierna firmemente antes y durante la aplicación para evitar posibles lesiones.
3. Si es necesario, la epinefrina se puede aplicar a través de la ropa.
4. Llame al 911 inmediatamente luego de aplicar la inyección.

**INSTRUCCIONES/INFORMACIÓN ADICIONAL** (la persona puede llevar epinefrina, el paciente puede autoadministrarse la medicación, etc.):

Trate a la persona antes de llamar a los contactos de emergencia. Las primeras señales de una reacción pueden ser leves, pero los síntomas pueden agravarse con rapidez.

**CONTACTOS DE EMERGENCIA – LLAME AL 911**

EQUIPO DE RESCATE: \_\_\_\_\_  
 MÉDICO: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_  
 PADRE O TUTOR: \_\_\_\_\_ TELÉFONO: \_\_\_\_\_

**OTROS CONTACTOS DE EMERGENCIA**

NOMBRE/RELACIÓN: \_\_\_\_\_  
 TELÉFONO: \_\_\_\_\_  
 NOMBRE/RELACIÓN: \_\_\_\_\_  
 TELÉFONO: \_\_\_\_\_

## Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (*high risk for severe reaction*)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

*Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!*

### Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):  Adrenacllick (0.15 mg)  Adrenacllick (0.3 mg)

Auvi-Q (0.15 mg)  Auvi-Q (0.3 mg)

EpiPen Jr (0.15 mg)  EpiPen (0.3 mg)

Epinephrine Injection, USP Auto-injector- authorized generic

(0.15 mg)  (0.3 mg)

Other (0.15 mg)  Other (0.3 mg)

Specify others: \_\_\_\_\_

**IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.**

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature/Date/Phone Number

\_\_\_\_\_  
Parent's Signature (for individuals under age 18 yrs)/Date

This information is for general purposes and is not intended to replace the advice of a qualified health professional. For more information, visit  
www.aaaai.org. © 2017 American Academy of Allergy, Asthma & Immunology 4/2017

# Allergy and Anaphylaxis Emergency Plan

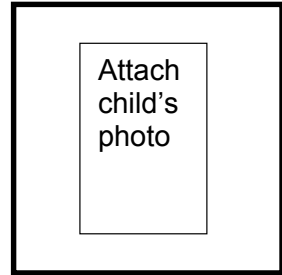


Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Weight: \_\_\_\_\_kg

Child has allergy to \_\_\_\_\_

- Child has asthma.  Yes  No (If yes, higher chance severe reaction)  
 Child has had anaphylaxis.  Yes  No  
 Child may carry medicine.  Yes  No  
 Child may give him/herself medicine.  Yes  No (If child refuses/is unable to self-treat, an adult must give medicine)



## IMPORTANT REMINDER

**Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.**

<p><b>For Severe Allergy and Anaphylaxis</b> <b>What to look for</b></p> <p>If child has ANY of these severe symptoms after eating the food or having a sting, <b>give epinephrine.</b></p> <ul style="list-style-type: none"> <li>• Shortness of breath, wheezing, or coughing</li> <li>• Skin color is pale or has a bluish color</li> <li>• Weak pulse</li> <li>• Fainting or dizziness</li> <li>• Tight or hoarse throat</li> <li>• Trouble breathing or swallowing</li> <li>• Swelling of lips or tongue that bother breathing</li> <li>• Vomiting or diarrhea (if severe or combined with other symptoms)</li> <li>• Many hives or redness over body</li> <li>• Feeling of "doom," confusion, altered consciousness, or agitation</li> </ul> <p><input type="checkbox"/> <b>SPECIAL SITUATION:</b> If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, <b>give epinephrine.</b></p>	<p><b>Give epinephrine!</b> <b>What to do</b></p> <ol style="list-style-type: none"> <li>1. Inject epinephrine right away! Note time when epinephrine was given.</li> <li>2. Call 911.             <ul style="list-style-type: none"> <li>• Ask for ambulance with epinephrine.</li> <li>• Tell rescue squad when epinephrine was given.</li> </ul> </li> <li>3. Stay with child and:             <ul style="list-style-type: none"> <li>• Call parents and child's doctor.</li> <li>• Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.</li> <li>• Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.</li> </ul> </li> <li>4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.             <ul style="list-style-type: none"> <li>• Antihistamine</li> <li>• Inhaler/bronchodilator</li> </ul> </li> </ol>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>For Mild Allergic Reaction</b> <b>What to look for</b></p> <p>If child has had any mild symptoms, <b>monitor child.</b> Symptoms may include:</p> <ul style="list-style-type: none"> <li>• Itchy nose, sneezing, itchy mouth</li> <li>• A few hives</li> <li>• Mild stomach nausea or discomfort</li> </ul>	<p><b>Monitor child</b> <b>What to do</b></p> <p>Stay with child and:</p> <ul style="list-style-type: none"> <li>• Watch child closely.</li> <li>• Give antihistamine (if prescribed).</li> <li>• Call parents and child's doctor.</li> <li>• If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")</li> </ul>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Medicines/Doses

Epinephrine, intramuscular (list type): \_\_\_\_\_ Dose:  0.15 mg  0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): \_\_\_\_\_

Other (for example, inhaler/bronchodilator if child has asthma): \_\_\_\_\_

Parent/Guardian Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician/HCP Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

# Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Child's name: \_\_\_\_\_ Date of plan: \_\_\_\_\_

## Additional Instructions:

## Contacts

Call 911 / Rescue squad: (\_\_\_) \_\_\_-\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_) \_\_\_-\_\_\_\_\_

© 2017 American Academy of Pediatrics. All rights reserved. Your child's doctor will tell you to do what's best for your child. This information should not take the place of talking with your child's doctor. Page 2 of 2.



# 504 PLAN

This federal civil rights law, commonly referred to as Section 504, helps ensure that individuals with handicaps/disabilities are not excluded from participating in any program or activity that receives federal financial assistance. Students who are covered by this law are eligible to receive what is known as a 504 Plan.

A 504 Plan is a written management plan developed on a case by case basis. Individual accommodation(s) will vary based upon each student's individual needs, and may require input from their healthcare provider. Examples of 504 accommodations may include, but not be limited to, special seating arrangements, curriculum adjustments, field trips, special school events and staff training. Parents/guardians are within their rights to request an evaluation for eligibility and to pursue such a plan. All schools subject to this law should have a 504 Coordinator on staff who can help parents/guardians throughout the 504 process.

Accommodations should be reasonable and supported by using evidence based practice standards such as the CDC Voluntary Guidelines. The following 504 outline provides an overview of steps to take to create a 504 Plan.

**Please review the following step by step instructions on how to use the 504 Plan flow chart that starts on the next page:**

**Step 1:** Identify your role in creating the 504 Plan.

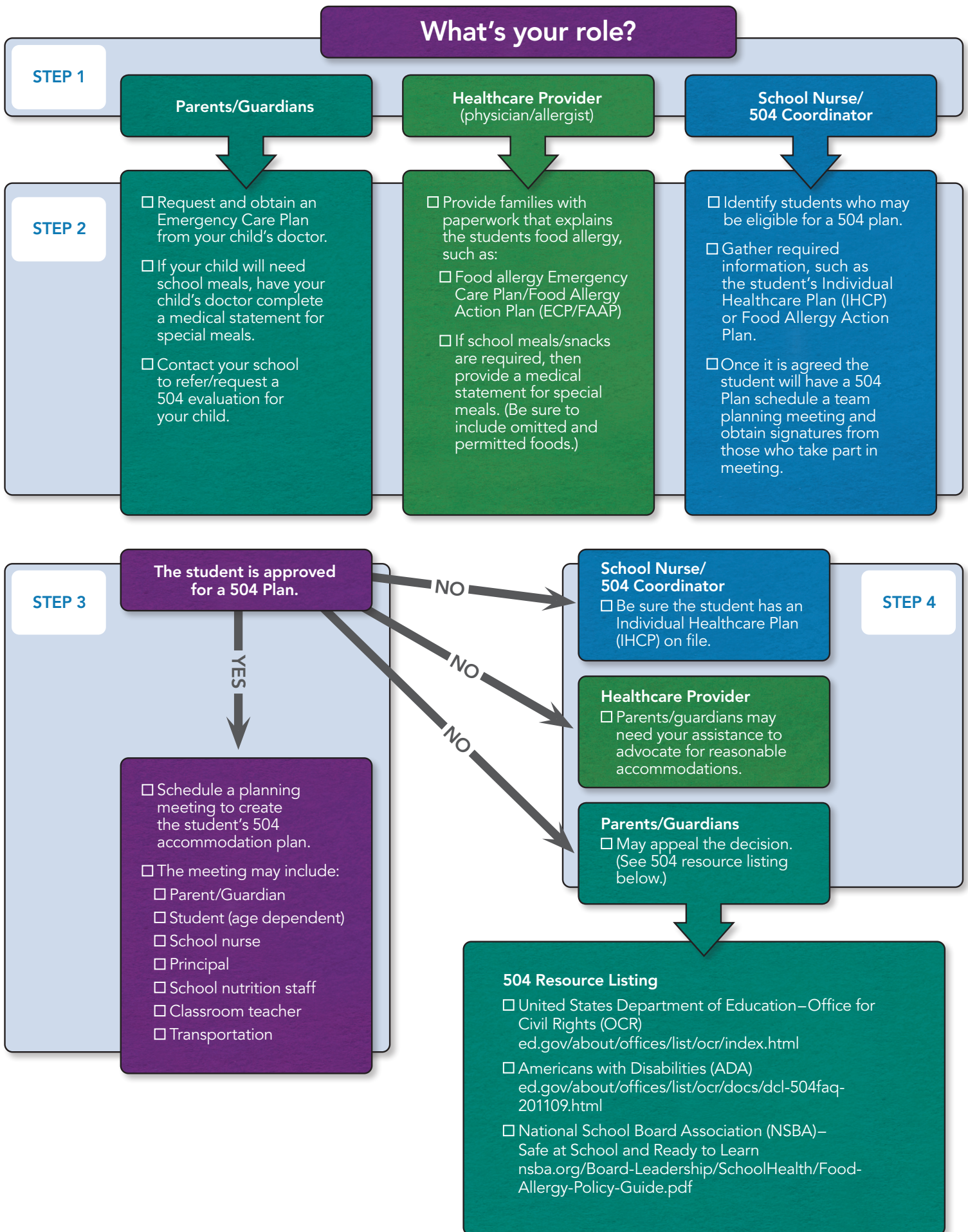
**Step 2:** Review and complete the tasks listed under your specific role.

**Step 3:** Once the student is approved for a 504 Plan, then review details on the flow chart which follows this page:

- a. Scheduling a 504 planning meeting
- b. Sample accommodation listing (*note: The accommodation listing features check boxes for building a 504 plan to meet the student's individual needs.*)

**Step 4:** If the school does not approve a 504 Plan, there is information on who to contact and resources to assist.

# What's your role?



# Accommodations

(sample recommendations adapted from CDC Voluntary Guidelines)

Some states and school districts have a 504 template; contact your schools 504 coordinator and/or school administrator for details.

## General Accommodations

- All staff will follow the schools food allergy policies.
- School nurse will educate and train all staff members who have contact with the student in recognizing the symptoms of an allergic reaction, emergency procedures and the use of epinephrine auto-injectors.
- Student's epinephrine auto-injectors will be kept in secure (unlocked), accessible area.
- Make sure events and field trips are consistent with food allergy policies.
- Have access to epinephrine auto-injectors and train relevant staff to use them.
- Have children, school staff, and volunteers to wash hands before and after handling or eating food.
- Have a system in place to identify all students with food allergies.

### Emergency Accommodations

- Student will self carry two epinephrine auto-injectors at all times (age dependent.)
- Student will have access to safe foods in case of an Emergency Shelter-in-Place.

### Transportation Accommodations

- Train transportation staff how to respond to food allergy emergencies.
- Do not allow food to be eaten on buses except by children with special needs such as diabetes.

### Classroom Accommodations

- Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, rewards or for other purposes.
- Inform and educate substitute of child's food allergy.
- Support parents/guardians who wish to provide safe snack items for their child.
- Use non-food incentives for prizes, gifts, awards.

### Celebrations

- Consider celebrations with non-food items (school supplies, toys/trinkets, crafts, t-shirts, prize system).
- If food is allowed, check for allergens and make sure all items are clearly labeled.
- Wash all desks, tables, chairs, with soap and water/district approved cleaning products after celebrations with food.

Accommodations  
(cont. on next page)



# Accommodations (cont. from previous page)

## School Activities, Field Trips, Accommodations

- Do not exclude children with food allergies from field trips, events or extracurricular activities.
- Package meals and snacks appropriately to prevent cross-contact.
- Invite parents/guardians of children with food allergies to chaperone (but do not require.)

## Social/Emotional Accommodations

- Provide age appropriate education to all children on the seriousness of food allergies.
- If teasing, harassment, or bullying occurs, immediate disciplinary actions will take place based on the school's anti-bullying policy.

## Cafeteria Accommodations

- Consider allergy-friendly (allergen-free) tables.
- Have a system in place to identify all students with food allergies.

## If school prepared meals required

- Make necessary changes to school meals.
- Obtain approval from licensed physician or as stated in the ECP.
- Designate an allergen-safe food preparation area.
- Provide menu copies to parents/guardians in advance to plan meals.
- Provide food labels, recipes or ingredient lists used to prepare meals and snacks.
- Keep food labels for at least 24 hours after servicing the food in case the child has a reaction.
- Read all food labels with each purchase for potential food allergens.
- Wash all tables and chairs with soap and water district approved cleaning products after each meal services.

## Physical Education & Recess

- Access to epinephrine auto-injectors.

- **Review 504 Plan annually and as needed.**
- **Designate responsible party to follow through with accommodations (see sample on next page.)**
- **Have all participants sign the final 504 Plan.**

# MEDICAL INFORMATION RELEASE

**Student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

I, \_\_\_\_\_ the (parent/guardian) of the student named above,

authorize \_\_\_\_\_ (name of the school/organization)

to release the necessary confidential health information to the appropriate school representatives including nurse, principal, teacher(s), food service staff, emergency personnel, and applicable volunteers who have a need to know my child's health information to provide safety at school.

**Information to be released includes the following (check if applicable):**

- |                                                         |                                                               |
|---------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Health record                  | <input type="checkbox"/> Psychological/psychiatric evaluation |
| <input type="checkbox"/> IHP or ECP/FAAP or 504/IEP     | <input type="checkbox"/> Parent/guardian contact information  |
| <input type="checkbox"/> LTFA and asthma history        | <input type="checkbox"/> Other: _____                         |
| <input type="checkbox"/> Social worker/counselor report | _____                                                         |

I understand that signing this form is voluntary, and it will be used only for the specific information authorized for release regarding my child to specified party, as designated above.

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
WITNESS SIGNATURE DATE



# AUTHORIZATION OF MEDICATION AT SCHOOL

**Student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

## PARENT/GUARDIAN PLEASE READ and COMPLETE THIS PORTION

- I request the listed medication be given as ordered by the licensed healthcare professional.
- I give health services staff permission to communicate with the medical office about this medication. I understand certain medication may be administered by non-licensed staff members who have been trained and are supervised by a registered nurse.
- I understand medication information may be shared with all school staff working with my child and emergency staff, if necessary.
- All medication must be brought to the school in its original container with instructions as noted below by the licensed healthcare professional.
- I request and authorize my child to carry and/or self-administer their medication.  Yes  No

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work or cell phone** \_\_\_\_\_

## THIS SECTION TO BE COMPLETED ONLY BY A LICENSED HEALTHCARE PROFESSIONAL (please print clearly)

Medication Name	Diagnosis/Reason for Medication	Dosage	Administration Method	Time(s) to be Taken

- I request and authorize this student to carry their medication:  Yes  No
- I request and authorize this student to self-administer their medication:  Yes  No
- List possible medication side effects: \_\_\_\_\_

I request and authorize the above-named student be administered the above identified medication in accordance with the indicated instructions from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current school year).

**Name of licensed healthcare professional** (please print) \_\_\_\_\_

**Contact number** \_\_\_\_\_

SIGNATURE OF LICENSED HEALTHCARE PROFESSIONAL \_\_\_\_\_

DATE \_\_\_\_\_

# AUTHORIZATION FOR STUDENTS TO SELF-CARRY

Please fill out and complete all four sections.

Student's name \_\_\_\_\_ School year \_\_\_\_\_

## To be Completed by Prescribing Health Professional

It is my professional opinion that \_\_\_\_\_

is capable of carrying and self-administering the following medication:

Medication name \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

I recommend self-administration of this medication for the treatment of:

\_\_\_\_\_

Special Instructions or Comments \_\_\_\_\_

HEALTHCARE PROVIDER SIGNATURE

DATE

PRINT NAME

PHONE

## To Be Completed by Parent/Guardian

I, request and authorize my child \_\_\_\_\_ to carry

and/or self-administer their \_\_\_\_\_ medication.

This authorization is given based on the following:

- I hereby give permission for my child to self-administer prescribed medication at school.
- I authorize release of information related to my child's health/medications between the school nurse and the prescribing healthcare provider.
- I understand that my child shall be permitted to carry their medication at all times providing they do not misuse the medication.
- I understand that if my child misuses the medication, school employees will take the medication and terminate this agreement.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE

Continued on the back side

## To Be Completed by Licensed School Nurse

- The student can demonstrate correct use/administration.
- The student can recognize correct dosage.
- The student recognizes prescribed timing for medication.
- The student agrees to not share the medication with others.
- The student will keep a second labeled container in the health office.

The student (is/is not) able to demonstrate the specified responsibilities. The student (may/may not) carry the prescribed medication.

---

LICENSED SCHOOL NURSE NAME (PLEASE PRINT)

---

SIGNATURE

---

DATE

## To Be Completed by the Student

I, \_\_\_\_\_ agree to the responsibilities of carrying medication. I have been trained in the proper use of my prescribed medication and understand how it is given. I will keep this medication with me at all times and take my responsibility to self-carry seriously. I also understand that if I misuse my medication, this agreement will end. If I take my medication I will contact the school nurse.

---

STUDENT NAME (PLEASE PRINT)

---

STUDENT SIGNATURE

---

DATE

# MEDICAL STATEMENT FOR SPECIAL MEALS AND/OR ACCOMMODATIONS

The following forms are sample medical statements for food substitutions or modifying meals.

*Note: Families may also obtain a detailed letter from the student's physician identifying all of the items below in a – e.*

## **United States Department of Agriculture (USDA) Regulations:**

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

## **Definitions 1**

USDA FNS Instruction 783-2, 7 CFR Part 15b

**Disability:** Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

**"Physical or mental impairment:"** means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

**Major life activities:** are defined as caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture ( 196 section 131).

<sup>1</sup> USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, [fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](https://fns.usda.gov/cnd/guidance/special_dietary_needs.pdf)





# MEDICAL STATEMENT FOR STUDENTS REQUIRING SPECIAL MEALS

**Student's name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**School attended** \_\_\_\_\_ **School district** \_\_\_\_\_

**Parent/guardian name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

1. Identify the disability, or medical condition (diagnosis) that requires a special diet/meal or accommodation?

---

---

2. How does the disability restrict the diet?

---

3. What major life activity is affected?

---

4. Diet Prescription:

---

---

5. List food/type of food to be omitted. A specific list/menu may also be included, for the safety of the child:

---

---

6. List food/type of food to be substituted. A specific list/menu may also be included, for the safety of the child:

---

---

7. Additional Comments/Concerns:

---

8. The above named student needs special school meals as described above, due to student's disability or chronic medical condition.

\_\_\_\_\_  
HEALTHCARE PROVIDER'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEALTHCARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

# Food Allergy Basics

## 9 Most Common Food Allergens

- Milk
- Eggs
- Peanuts
- Tree Nuts
- Soy
- Wheat
- Fish
- Shellfish
- Sesame

Note: Any food can cause a reaction

## Know the Difference

### Food Intolerance

when the body has difficulty digesting a certain food—the immune system is not affected

### Food Allergy

an immune system response to a certain food

### Anaphylaxis

a sudden, severe allergic reaction that can cause difficulty breathing, tongue and throat swelling—even DEATH

## What Does an Allergic Reaction Look Like?

- Hives
- Puffy face, lips, or tongue
- Itchy red skin
- Hard to breathe
- Tight throat
- Hard to swallow
- Tummy ache
- Diarrhea
- Vomiting (Throwing-up)
- Weakness (drop in blood pressure)

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# Celebrate & Reward Children without Food

## Recognition/Privileges

- Recognize over school intercom system
- Ribbon or certificate of recognition
- Photo recognition board
- Assigned as the special helper for the day
  - Line leader
  - Run errands around the school
  - Teach the class or a younger classroom
  - Read the morning announcements
- No “homework” pass
- Extra technology time
- Extra recess or favorite special class (PE, art, music)
- Eat lunch with a special friend and/or teacher
- Make a t-shirt and wear for the day
- Make a crown and be a prince or princess for the day
- Plant a seed/flower to grow a plant

**Note:** Creates a safe school environment.

## Rewards

- Books (reading/coloring/sticker)
- Cups/water bottles
- Goodie bags with trinkets/gadgets (stickers, puzzles, toy cars, stuffed animals, finger puppets, action figures, key chains, flashlights)
- School supplies (pencils, pens, erasers, notepads, crayons/markers, rulers, pencil sharpeners)
- Physical activity gear (jump ropes, yo-yo’s, frisbees, nerf balls)
- Develop a point/ticket or token system that allows students to accumulate a certain number in exchange for larger rewards such as: gift certificate to the school store, local book store/movie theatre

**Note:** Use **latex free** rewards.

**Note:** If food is absolutely necessary to celebrate, please follow your school guidelines regarding the process and read food labels carefully. It is **highly** recommended to choose items of high nutritional value and that are safe for **all** students in the classroom to consume. Remember, children with food allergies enjoy celebrations just like any other child.

Adapted from the Healthy Schools Campaign and the Center for Science in the Public Interest



# Cross-Contact

## Potential Sources

- Unclean hands or gloves
- Cooking oils
- Splashed or spilled food
- Fryers or grills
- Tables/chairs & desks
- Counter surface or food prep areas
- All utensils, dishes, pots/pans and cutting boards
- Meat/cheese slicers
- Soiled linens/cleaning cloths & sponges

## Ways to AVOID/PREVENT

- Know what foods the child can or cannot have
- Read ALL food labels, everytime—every line
- Use clean utensils, dishes, pot/pans—must be washed thoroughly in hot soapy water and sanitized
- Practice good hand washing and use clean gloves
- NO food sharing or trading
- Clean tables, counter surfaces and food prep areas
- Have an emergency plan

IT IS IMPORTANT to always read food labels due to hidden food allergens.

### Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavoring, worcestershire sauce
- **Milk:** cheese, bread/buns, soup, hot dogs, canned tuna, deli meat
- **Wheat:** flours, soup/gravy mixes, snacks
- **Soy:** baked goods, breads/buns, candy
- **Peanut/Tree Nuts:** candy, chocolate, ice cream, baked goods, salads, salad dressings, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

In case of an Allergic Reaction  
**Give Epinephrine then Call 911**

# HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as “may contain...” or “made/manufactured on equipment” or “in a facility that processes...”

## How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word “milk” on the product label.

### Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, butter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (*in all forms*)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (*in all forms, including condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole*)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (*in all forms*)
- whey protein hydrolysate
- yogurt

### Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

### Keep the following in mind:

- Individuals who are allergic to cow’s milk are often advised to also avoid milk from other domestic animals. For example, goat’s milk protein is similar to cow’s milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

## How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

### Avoid foods that contain eggs or any of these ingredients:

- albumin (*also spelled albumen*)
- egg (*dried, powdered, solids, white, yolk*)
- eggnog
- lysozyme
- mayonnaise
- meringue (*meringue powder*)
- ovalbumin
- surimi
- vitellin
- Words starting with “ovo” or “ova” (such as ovalbumin)

### Egg is sometimes found in the following:

- baked goods
- breaded foods
- drink foam (alcoholic, specialty coffee)
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

## How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word “soy” on the product label.

### Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (*soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt*)
- soya
- soybean (*curd, granules*)
- soy protein (*concentrate, hydrolyzed, isolate*)
- shoyu
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

### Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor’s advice regarding these ingredients.



## How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word “peanut” on the product label.

### Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

### Peanut is sometimes found in the following:

- African, Asian (*especially Chinese, Indian, Indonesian, Thai, and Vietnamese*), and Mexican dishes
- baked goods (*i.e., pastries, cookies*)
- candy (*including chocolate candy*)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

### Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor’s advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine (or lupin). Flour derived from lupine is becoming a common substitute for gluten-containing flours. The law requires that a food product’s ingredients must be listed on the label such as “lupin” or “lupine.”
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.
- Some alternative nut butters, such as soy nut butter or sunflower seed butter, are produced on equipment shared with other tree nuts and, in some cases, peanuts. Contact the manufacturer before eating these products.

## How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

### Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- farro
- flour (*all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat*)
- freekah
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (*also spelled as matzo, matzah, or matza*)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (*bran, durum, germ, gluten, grass, malt, sprouts, starch*)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

### Wheat is sometimes found in the following:

- glucose syrup
- oats
- soy sauce
- starch (*gelatinized starch, modified starch, modified food starch, vegetable starch*)
- surimi

## How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

### Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (*crawdad, crayfish, ecrevisse*)
- krill
- lobster (*langouste, langoustine, Moreton bay bugs, scampi, tomalley*)
- prawns
- shrimp (*crevette, scampi*)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

### Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (*cherrystone, geoduck, littleneck, pismo, quahog*)
- cockle
- cuttlefish
- limpet (*lapas, opihi*)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (*escargot*)
- squid (*calamari*)
- whelk (*Turban shell*)

### Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (*i.e., crab or clam extract*)
- surimi

### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

## How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

### Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, piñolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

### Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

### Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbecue sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross-contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps. lotions.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed
- Coconut, the seed of a drupaceous fruit, has typically not been restricted in the diets of people with tree nut allergy. However, in October of 2006, the FDA began identifying coconut as a tree nut. Medical literature documents a small number of allergic reactions to coconut; most occurred in people who were not allergic to other tree nuts. Ask your doctor if you need to avoid coconut.

## How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.

### The term "fish" encompasses all species of finned fish, including (but not limited to):

- anchovies
- bass
- catfish
- cod
- flounder
- grouper
- haddock
- hake
- herring
- mahi mahi
- perch
- pike
- pollock
- salmon
- scrod
- sole
- snapper
- swordfish
- tilapia
- trout
- tuna
- fish fume
- Fish gelatin (kosher gelatin, marine gelatin)
- fish oil
- fish sauce
- imitation fish or shellfish
- isinglass lutefisk maw, maws (fish maw)
- fish stock
- fishmeal
- nuoc mam (Vietnamese name for fish sauce; beware of other ethnic names)
- pizza (anchovy topping)
- roe
- salad dressing
- seafood flavoring
- shark cartilage, fin
- sushi, sashimi
- surimi (artificial crabmeat also known as "sea legs" or "sea sticks")
- worcestershire sauce

### Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross-contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross-contact, even if you do not order fish.

## How to Read a Label for a Sesame-Free Diet

Sesame is not currently included in the list of major allergens that must be declared by food manufacturers as part of the Food Allergen Labeling Consumer Protection Act (FALCPA). The list below includes information about ingredients to avoid if you have a sesame allergy, including uncommon names for the ingredient.

### Avoid foods that contain sesame or any of these ingredients:

- Benne, benne seed, benniseed
- Gingelly, gingelly oil
- Gomasio (sesame salt)
- Halvah
- Sesame flour
- Sesame oil\*
- Sesame paste
- Sesame salt
- Sesame seed
- Sesamol
- Sesamum indicum
- Sesemolina
- Sim sim
- Tahini, Tahina, Tehina
- Til

\* Studies show that most individuals with specific food protein allergies can safely consume highly refined oils derived from the original food source (examples include highly refined peanut and soybean oil). Because sesame oil is not refined, it is recommended that it be avoided by individuals with sesame allergy.

Sesame may also be included and undeclared in ingredients such as flavors or spice blends. If you are unsure whether or not a product could contain sesame, you should call the manufacturer to ask about their ingredients and manufacturing practices. Because spice blend and flavoring recipes are generally considered proprietary information, it is advised to specifically inquire if sesame is used as an ingredient, rather than simply asking what ingredients are used in a flavoring or spice blend.

Sesame has been found as an ingredient in the food items listed below. Please note this list is not all inclusive. It does not imply that sesame is always present in these foods. It is intended to serve as a reminder to always be vigilant and ask questions about ingredients before eating a food that you have not prepared yourself.

### Examples of foods that may contain sesame include:

- Asian cuisine (sesame oil is commonly used in cooking)
- Baked goods (such as bagels, bread, breadsticks, hamburger buns and rolls)
- Bread crumbs
- Cereals (such as granola and muesli)
- Chips (such as bagel chips, pita chips and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dipping sauces (such as baba ghanoush, hummus and tahini sauce)
- Dressings, gravies, marinades and sauces
- Ethnic foods such as flavored rice, noodles, risotto, shish kebabs, stews and stir fry
- Falafel
- Goma-dofu (Japanese dessert)
- Herbs and herbal drinks
- Margarine
- Pasteli (Greek dessert)
- Processed meats and sausages
- Protein and energy bars
- Snack foods (such as pretzels, candy, Halvah, Japanese snack mix and rice cakes)
- Soups
- Sushi
- Tempeh
- Turkish cake
- Vegetarian burgers

### Sesame may also be found in non-food items, including:

- Cosmetics (including soaps and creams)
- Medications
- Nutritional supplements
- Pet foods

In non-food items, the scientific name for sesame, *Sesamum indicum*, may be on the label.

# HOW TO USE A GENERIC ADRENALIN® AUTO-INJECTOR

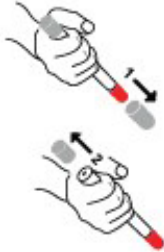
## Call 911 immediately after using the Epinephrine Auto-Injector

The effects of the epinephrine auto-injector begin to wear off after 10–15 minutes. It is very important to call 911 or the emergency number in your area immediately after using the epinephrine auto-injector. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the epinephrine auto-injector with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

### Steps to Using the Generic Adrenalin® Auto-Injector



#### Step A



- Pull off GRAY end cap with the [1]; you will now see a RED tip. Never put thumb, finger, or hand over the RED tip.
- Pull off GRAY end cap with [2].

#### Step B



- Put the RED tip against the middle of the outer side of your thigh (upper leg) as shown. It can go through clothes.
- Press down hard until the needle enters your thigh (upper leg) through your skin. Hold it in place while slowly counting to 10.
- Remove the epinephrine auto-injector from your thigh.
- Check the RED tip. If the needle is exposed, you received the dose. If the needle is not visible, repeat Step B.

#### Step C



**Get emergency  
medial help right  
away: Call 911.**

- **Be prepared** to give a second dose of the epinephrine auto-injector if symptoms do not improve in 5 to 15 minutes.

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

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## When to Use Generic Adrenaclick®

The Generic Adrenaclick® auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using epinephrine gives the life saving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Generic Adrenaclick®

- Comes in two strengths and are prescribed based on the individual weight.
- A Generic Adrenaclick® trainer is included in the box with the real Generic Adrenaclick®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
  - Do not refrigerate.
  - Do not keep in a vehicle during hot or cold weather.
  - Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[adrenaclick.com](http://adrenaclick.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.



# HOW TO USE AN AUVI-Q™ AUTO-INJECTOR

## Call 911 immediately after using the Auvi-Q™

The effects of the Auvi-Q™ begin to wear off after 10-15 minutes. It is very important to call 911 or the emergency number in your area immediately after using Auvi-Q™. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

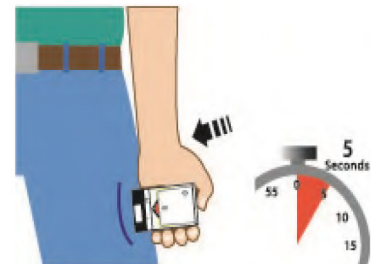
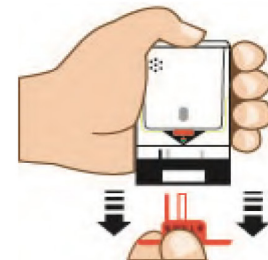
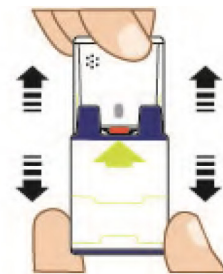
### Steps to Using the Auvi-Q™

1. Pull Auvi-Q™ from the outer case. Do not proceed to step 2 until you are ready to use Auvi-Q™. If not ready to use, replace the outer case.
2. Pull off **red** safety guard. To avoid accidental injection, never touch the **black** base of the auto-injector. If an accidental injection does occur, seek medical help immediately. *Note: The safety guard is meant to be tight. **Pull firmly to remove.***
3. Place **black** end against the middle of the outer thigh, then press firmly against thigh and hold in place for 5 seconds. Do not remove Auvi-Q™ until the 5 second countdown is done. The Auvi-Q™ makes a distinct sound (click and hiss) when activated.

**The Auvi-Q™ is designed to go through clothing or directly on skin. Each device is a single-use injection.**

- **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the Auvi-Q™ was used. Bring the Auvi-Q™ with you to the hospital or give to emergency personnel when they arrive and they will safely dispose of it.
- **Be prepared** to give a second dose of the Auvi-Q™ if symptoms do not improve or worsen in 5 to 15 minutes.

**Note:** Auvi-Q™ contains audio voice instructions that help guide you through the steps. In the event the audio instructions do not work properly, the Auvi-Q™ will still work during an allergic reaction.



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## When to Use Auvi-Q™

The Auvi-Q™ Auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using the Auvi-Q™ gives the lifesaving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about Auvi-Q™

- Comes in two strengths and are prescribed based on the individual weight.
- An Auvi-Q® trainer is included in the box with the real Auvi-Q®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[auvi-q.com](http://auvi-q.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

# HOW TO USE EPIPEN® AUTO-INJECTOR

## Call 911 immediately after using the Epinephrine Auto-Injector

The effects of the epinephrine auto-injector begin to wear off after 10–15 minutes. It is very important to call 911 or the emergency number in your area immediately after using the epinephrine auto-injector. Your child could have another reaction and needs to be observed in the emergency department for at least 4 hours. Bring the epinephrine auto-injector with you to the hospital or give to emergency personnel when they arrive to safely dispose of it.

### Steps in Using an EpiPen®

1. Remove the EpiPen® from the protective carrier tube by tipping and sliding it out.
2. Form a fist around the EpiPen® with the orange tip pointing down. Pull off the blue safety release.
3. Hold with the orange tip pointing toward the middle of the outer thigh.
4. Swing and press the orange tip **firmly** into the outer thigh until you hear a "click." Keep holding it firmly against the thigh for 3 seconds. Note: If you are administering to a young child, hold the leg firmly in place while administering an injection. EpiPen® may be used through clothing or directly on the skin.
5. Remove the EpiPen® from the thigh and massage the area for 10 seconds.
6. **Call 911 and seek immediate medical attention.** Tell them that your child has had an allergic reaction and that the EpiPen® was used.
7. Be prepared to use a second EpiPen® if symptoms do not improve or worsen in 5 to 15 minutes. Each EpiPen® is for **single use only**.

#### Step 1



#### Step 2



#### Step 3



#### Step 4



#### Step 5



This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.

## When to Use EpiPen®

The EpiPen® auto-injector is an epinephrine shot used to treat severe allergic reactions (anaphylaxis). A severe allergic reaction can become fatal within minutes if untreated. Using epinephrine gives the life saving time needed to get further medical treatment.

### **SYMPTOMS OF ANAPHYLAXIS INCLUDE**

**Mouth:** Itchy, swelling of tongue and/or lips

**Throat:** Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

**Skin:** Itchy, hives, redness, swelling, red watery eyes

**Gut:** Nausea, vomiting, cramps, diarrhea

**Lung:** Short of breath, wheeze, repetitive cough

**Heart:** Pale or blue skin color, dizzy/faint, weak pulse

**Neurological:** Sense of "impending doom," irritability, change in alertness, mood change, confusion

**Other:** Itchy, red, watery eyes

## Tips about EpiPen®

- Comes in two strengths and are prescribed based on the individual weight.
- An EpiPen® trainer is included in the box with the real EpiPen®.
- The trainer does not have medicine or a needle.
- Use the trainer to practice steps of giving the injection.
- Store at room temperature.
- Do not refrigerate.
- Do not keep in a vehicle during hot or cold weather.
- Do not expose to direct sunlight.
- Be sure the medicine is clear/colorless in the viewing window.
- Check the expiration date. If expired get a refill.

**Additional Information:**  
**[epipen.com](http://epipen.com)**

This handout is for general information only. The information and above list are guidelines and do not include all symptoms. This document is not a substitute for your child being seen by a doctor. Always call your doctor if you have questions or seek emergency medical attention if necessary.



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# EMERGENCY PREPAREDNESS CHECKLIST

## Ways to prepare for an emergency

- Go over your action plan with your parents/guardians
- Keep your emergency medicine called epinephrine in a safe area
- Always have two epinephrine auto-injectors with you

## Learn about an allergic reaction

- Signs of an allergic reaction
- The name of your medicine (epinephrine)
- How to use your medicine (epinephrine)
- Practice what to do if there is an emergency at home or school



## Ask who will help you

- Does an adult know about your food allergies
- Does an adult know how to use your emergency medicine (epinephrine)

## What if there is an emergency

- Tell an adult or call 911 right away!
- If you use your emergency medicine (epinephrine), **call 911 right away!**

# STUDENTS WITH FOOD ALLERGIES CHECKLIST

- Follow Your Food Allergy Action Plan (FAAP)
- Join in Your Food Allergy Planning Meeting
- Prevention
  - Know what food(s) are unsafe
  - Tell your friends and adults the foods you can or cannot eat
    - Ask your friends to learn how to use your emergency medicine (epinephrine), just in case needed
  - Always have two epinephrine auto-injector at school
  - Go to your doctor at least once per year (Asthma—twice per year)
- If You Have an Allergic Reaction, Go See Your Doctor Within 1–2 Weeks
- Best Practice
  - Wash your hands before and after eating
  - Carry two epinephrine auto-injector at school and with you at all times
  - Do not share or trade food or drinks
    - Make sure surfaces are clean before eating
    - Carry wet wipes
  - Say “no, thank you” to food that is unsafe or without a label
  - Report any teasing, threats, or bullying
- Review
  - What foods are unsafe
  - What happens when you eat unsafe foods
  - Know where your life-saving medicine is kept
  - When to tell an adult or **call 911**

# CLASSMATES CHECKLIST

## Follow Your School's Rules About Food Allergies

### Best Practice

- Wash your hands before and after eating
- Do not share or trade food or drinks with friends who have food allergies
- Report any teasing, threats, or bullying
- What happens when your friend eats unsafe food?
  - Does your friend throw up/vomit?
  - Does your friend's face or tongue swell up?
  - Does your friend have trouble breathing?
  - Does your friend have a tingling tongue or itchy throat?
  - Does your friend have bumpy, itchy, red skin?
  - If your friend gets sick, GET HELP RIGHT AWAY!
- Know where your friend keeps their emergency medicine (epinephrine)

### Prevention

- Never take food allergies lightly
- Know what food(s) your friend can or cannot eat
- Help your friend avoid foods they are allergic to
- Do not tease or bully
- Your friend has feelings just like you, they just have to be careful what they eat
- Avoid eating foods that contain ingredients your friend is allergic to
- Celebrate with nonfood treats and activities, like games, stickers, songs and prizes.

### Review

- What foods your friend can or cannot eat
- What happens when your friend eats these foods
- When to tell an adult or **call 911**

# Take Charge

# Be Prepared

## At School

- **CLASSES**—avoid allergens in classes such as: chemistry or biology labs, home economics or culinary.
  - **Moving** from classroom to classroom may require reviewing your food allergy action plan, including where your epinephrine is located.
- **PREPARE** for lunch periods:
  - Make sure the eating surface/area is clean and practice good hand washing.
  - If going to restaurants for lunch plan ahead by asking for ingredients/safe menu options.
- If you use **VENDING MACHINES**, make sure you read **all** ingredient labels. Be aware of advisory statements such as “may contain...” or “in a facility that processes....”

## With Friends

- **WHY RISK IT?** Don't **PRACTICE** risky behaviors such as eating food that could cause a reaction or not reading food labels.
- **KISSING**—Tell the person you want to kiss about your allergies. If possible, ask them to avoid eating the food. Ask them to limit exposure by washing hands/face, or brushing teeth thoroughly, before kissing.
- Combining **ALCOHOL, DRUGS, AND FOOD ALLERGIES** can be very dangerous. Both alcohol and drugs can impair judgement and safe decision making.

## On the Go

- When **EATING AWAY** from home, ask if the food contains something you are allergic to.
  - **Ask to see** label/allergy information.
  - **Use** chef cards.
- When **TRAVELING** with food allergies plan ahead by doing the following:
  - **Contact the airline** to inform them of your food allergy, and ask if they have a food allergy policy. (For example, some airlines do not serve peanut snacks on their flights.)
  - **Bring foods/snacks** you enjoy and do not eat airline food. Contact the hotel and local restaurants to review ingredients and safe options.
  - **Wear** medical alert jewelry.
  - **Find out** where the nearest medical center is located in case of an emergency.



## Remember!

- **YOU ARE NOT ALONE!**
- **CARRY YOUR EPINEPHRINE AUTO-INJECTOR** on you at all times (have a **BACK UP**). Do not leave in your locker or backpack. Check your expiration date!
- **KNOW YOUR** Emergency Care Plan (ECP)/ Food Allergy Action Plan (FAAP)
- **SPEAK UP** about bullying and teasing. Talk to someone you trust such as school staff, a friend and or family.
- **DO NOT KEEP** your allergies a secret!

# Take Charge Be Prepared Resources

## ***ALLERGIC GIRL RESOURCES, INC. SUPPORTIVE SERVICES***

AllergicGirl.com

## ***ANTI-BULLYING***

stopbullying.gov

## ***FARE RESOURCES FOR TEENS***

foodallergy.org/resources/teens

## ***FARE RESOURCES FOR COLLEGE STUDENTS***

foodallergy.org/managing-food-allergies/at-college

## ***FOOD ALLERGY & ANAPHYLAXIS CONNECTION TEAM (FAACT)***

FoodAllergyAwareness.org

## ***MEDIC ALERT***

medicalert.org

## ***FOOD ALLERGY POSTERS***

allergyhome.org/teach

foodallergyawareness.org/education/food\_allergy\_awareness\_resources-12/

stlouischildrens.org/Fame

## ***RESTAURANT GUIDE, ACTIVE BLOG & VIDEOS***

AllergyEats.com

## ***SINGING GRAMS TO FIGHT FOOD ALLERGIES***

EZgreetings.org

## ***TEEN FA TUMBLR***

foodallergyteens.tumblr.com

## ***WHY RISK IT: WHERE REAL LIFE AND ALLERGIES COLLIDE***

whyriskit.ca/pages/en/resources/videos.php



# AUTHORIZATION FOR STUDENTS TO SELF-CARRY

Please fill out and complete all four sections.

Student's name \_\_\_\_\_ School year \_\_\_\_\_

## To be Completed by Prescribing Health Professional

It is my professional opinion that \_\_\_\_\_

is capable of carrying and self-administering the following medication:

Medication name \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

I recommend self-administration of this medication for the treatment of:

\_\_\_\_\_

Special Instructions or Comments \_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE

DATE

PRINT NAME

PHONE

## To Be Completed by Parent/Guardian

I, request and authorize my child \_\_\_\_\_ to carry

and/or self-administer their \_\_\_\_\_ medication.

This authorization is given based on the following:

- I hereby give permission for my child to self-administer prescribed medication at school.
- I authorize release of information related to my child's health/medications between the school nurse and the prescribing healthcare provider.
- I understand that my child shall be permitted to carry their medication at all times providing they do not misuse the medication.
- I understand that if my child misuses the medication, school employees will take the medication and terminate this agreement.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT NAME

PHONE

Continued on the back side

## To Be Completed by Licensed School Nurse

- The student can demonstrate correct use/administration.
- The student can recognize correct dosage.
- The student recognizes prescribed timing for medication.
- The student agrees to not share the medication with others.
- The student will keep a second labeled container in the health office.

The student (is/is not) able to demonstrate the specified responsibilities. The student (may/may not) carry the prescribed medication.

---

LICENSED SCHOOL NURSE NAME (PLEASE PRINT)

---

SIGNATURE

---

DATE

## To Be Completed by the Student

I, \_\_\_\_\_ agree to the responsibilities of carrying medication. I have been trained in the proper use of my prescribed medication and understand how it is given. I will keep this medication with me at all times and take my responsibility to self-carry seriously. I also understand that if I misuse my medication, this agreement will end. If I take my medication I will contact the school nurse.

---

STUDENT NAME (PLEASE PRINT)

---

STUDENT SIGNATURE

---

DATE

# Cross-Contact

## Potential Sources

- Dirty hands
- Sploshed or spilled food
- Tables and chairs
- Spoons, forks, and dishes
- Dirty cleaning cloths
- Pots/pans

## Ways to AVOID

- Know what foods your friend can or cannot have
- Practice good hand washing or use hand wipes
- Use clean spoons, forks and dishes
- NO food sharing or trading
- Always check labels

**IT IS IMPORTANT**  
to have an adult check the  
food label.

## Hidden Allergens

- **Eggs:** egg substitutes, mayonnaise, baked goods, noodles
- **Fish/Shellfish:** seafood flavorings
- **Milk:** cheese, bread/buns, soup/gravy, hot dogs, deli meat
- **Wheat:** flours, soup mixes, snacks
- **Soy:** baked goods, bread/buns, candy
- **Peanut/Tree Nuts:** candy, ice cream, baked goods, salads, salad dressing, barbecue sauce, cereal/granola bars
- **Sesame:** hummus, baked goods, protein and energy bars, dressings, bread crumbs

**IN CASE OF AN ALLERGIC REACTION  
TELL AN ADULT THEN CALL 911**

# How can I stay safe with food allergies?

## 1. Circle the food(s) you cannot eat:



Eggs



Peanuts/Tree Nuts



Milk



Draw the foods you cannot eat



Wheat



Soy



Fish/Shellfish



## 2. Circle what happens when you eat these foods.

Tummy pain

Tight throat

Hard to breathe

Throw up/vomit

Tongue itches

Puffy face and lips

Bumpy red skin

## 3. Ways to stay safe with food allergies

- Wash your hands before and after eating.
- Do not share food with others.
- Say "no" to foods you cannot eat.
- Always have your epinephrine
- Tell an adult or call 911.



Food Allergy Management and Education (FAME)

**Children's**  
HOSPITAL • ST. LOUIS  
BJC HealthCare



# FOOD ALLERGY RESOURCES (FOR CHILDREN)

## Book Resources

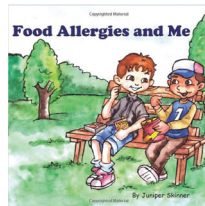
### **Alexander the Elephant Book Series**

Food Allergy and Anaphylaxis Network.  
foodallergy.org

- *Always Be Prepared*
- *A Special Day At School*
- *Alexander's First babysitter*
- *Alexander's First Plane Ride*
- *Alexander Goes Out to Eat*
- *Alexander Goes to a Birthday Party*
- *Alexander Goes Trick-or-Treating*
- *Alexander Learns His Lesson*
- *Alexander and His Pals Visit the Main Street School*
- *Alexander's Special Holiday Treat*

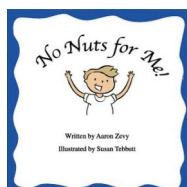
### **Food Allergies & Me**

Juniper Skinner.  
Create Space, 2010  
foodallergiesandme.com



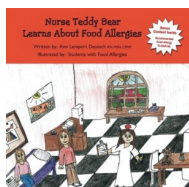
### **No Nuts for Me**

Aaron Zevy. Tumbleweed Pr,  
1996



### **Nurse Teddy Bear Learns About Food Allergies**

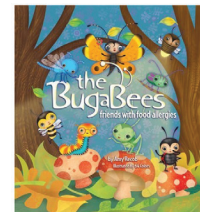
Ann Lempert Deutsch, 2012



### **The BugaBees: Friends with Food Allergies Book Series**

Amy Recob.  
Beaver's Pond Press  
thebugabees.com

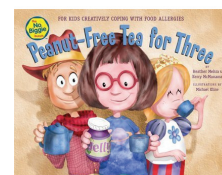
- *The Bugabees: Friends with Food Allergies*
- *The BugyBops: Friends for All Time (The BugaBees Series)*



### **The No Biggie Bunch Children's Book Series**

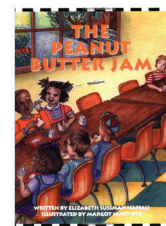
Heather M.Mehra. Parents Perk, Inc.  
nobiggiebunch.com

- *Dairy-Free Dino-Licious Dig*
- *Everyday Cool With Food Allergies*
- *Peanut-Free Tea for Three*
- *Sports-tastic Birthday Party Book*
- *Trade-or-Treat Halloween*



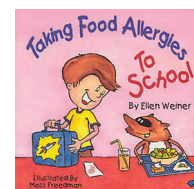
### **The Peanut Butter Jam Book**

Elizabeth Sussman Nassau and Margot Janet Ott. Health Press (NM), 2001



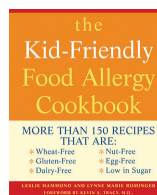
### **Taking Food Allergies to School**

Ellen Weiner and Moss Freedman.  
JayJo Books; 1st Edition, 1999



### **The Kid-Friendly Food Allergy Cookbook**

Leslie Hammond and Lynne Marie Rominger. Fair Winds Press, 2004

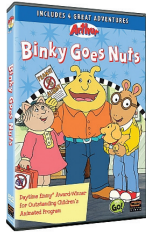


(Food Allergy Resources continued on other side)



## DVD Resource

**Binky Goes Nuts: Understanding Peanut Allergies (2007)**



## Online Resources

### **Allergy Home**

[allergyhome.org](http://allergyhome.org)

### **AllergyReady.com**

### **American Academy of Allergy Asthma & Immunology**

[aaaai.org/conditions-and-treatments/  
just-for-kids.aspx](http://aaaai.org/conditions-and-treatments/just-for-kids.aspx)

### **FARE resources for kids**

[foodallergy.org/resources/kids](http://foodallergy.org/resources/kids)

### **FARE Resources for Teens**

[foodallergy.org/resources/teens](http://foodallergy.org/resources/teens)

### **FARE Resources for College Students**

[foodallergy.org/resources/college-students](http://foodallergy.org/resources/college-students)

### **Kids with Food Allergies**

[community.kidswithfoodallergies.org](http://community.kidswithfoodallergies.org)

### **Kids Health**

[kidshealth.org](http://kidshealth.org)

## Food Allergy and Bullying

[healthychildren.org/English/Pages/default.aspx](http://healthychildren.org/English/Pages/default.aspx)  
(type *bullying* in the search box)

[kidshealth.org](http://kidshealth.org)

(type *bullying* in the search box)

[nea.org/bullyfree](http://nea.org/bullyfree)

[violencepreventionworks.org/  
public/bullying.page](http://violencepreventionworks.org/public/bullying.page)

[stopbullying.gov](http://stopbullying.gov)

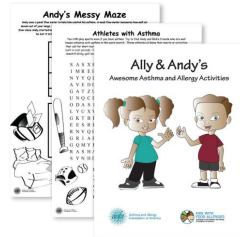
# FOOD ALLERGY GAMES AND ACTIVITIES FOR KIDS

## Activities

### **Ally & Andy's Activity Book**

[secure.aafa.org/np/clients/aafa/product.jsp?product=20&](https://secure.aafa.org/np/clients/aafa/product.jsp?product=20&)

Coloring and activity book for food allergy and asthma



### **Arthur and Friends**

[pbskids.org/arthur/health/allergy](https://pbskids.org/arthur/health/allergy)



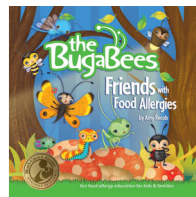
### **Mr. Nose it All**

Online game from the American Academy of Asthma, Allergies, and Immunology

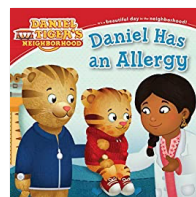
[aaaai.org/conditions-and-treatments/just-for-kids/food-allergy-bubble-game](https://aaaai.org/conditions-and-treatments/just-for-kids/food-allergy-bubble-game)

## Books

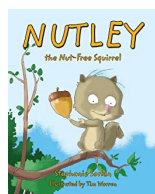
- **The Bugabees: Friends with Food Allergies**



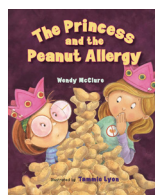
- **Daniel Has an Allergy, from the Daniel Tiger Series**



- **Nutley, the Nut-Free Squirrel**



- **The Princess and the Peanut Allergy**



## Apps

### **The BugaBees: Friends with Food Allergies (iOS and Android)**

### Food Allergy Phone Apps

The following are some helpful phone apps for people with food allergies or people who need to go on food avoidance diets. We do not endorse any particular app, and it is important to read and review food information and to not rely solely on information from the app(s). It is also important to talk to a chef or manager at a restaurant about food preparation.

### **AllergyEats**

This is a guide to food allergy-friendly restaurants. You can read feedback from other customers and view allergen lists and nutrition data.

### **Ipiit**

### **AllergyAware**

### **Shopwell**

These apps can help scan food product barcodes while shopping, to obtain relevant food allergen information. You can create personalized preferences for your or your child's food allergies.

### **Allergy Reality**

This app is an educational tool that uses games to empower people with food-restricted diets. Learn ways to avoid foods and stay healthy. Features wheat, dairy, nut, soy, and egg.

### **Spokin (iPhone only)**

Provides information on recipes, restaurants, hotels, etc that are food allergen friendly.

### **Yummly**

Eating with a food allergy can be expensive. This recipe app that searches multiple sites for recipes that meet your or your child's food avoidance needs, based on personal filters that you can set. Includes some step-by-step guided recipes.

## Food Allergy Resources

**FAME** through St. Louis Children's Hospital

We have tons of helpful information and links to other resources.

[stlouischildrens.org/fame](http://stlouischildrens.org/fame)

### **FARE – Food Allergy Research and Education**

[foodallergy.org](http://foodallergy.org)

### **Gateway FEAST – local support group**

[facebook.com/groups/23739682563/](https://facebook.com/groups/23739682563/)

Email: [GatewayFEAST@gmail.com](mailto:GatewayFEAST@gmail.com)

### **Teal Classroom**

Share this toolkit with your child's teacher to help with food allergy awareness. It is available as a PDF or booklet.

[community.kidswithfoodallergies.org/blog/share-our-teal-classroom-kit-with-your-child-s-school-to-promote-food-allergy-awareness](http://community.kidswithfoodallergies.org/blog/share-our-teal-classroom-kit-with-your-child-s-school-to-promote-food-allergy-awareness)

### **The Food Allergy Counselor Directory**

Food allergy can cause or contribute to anxiety. Dr. Skedgell at St. Louis Children's is a fabulous resource for kids with food allergy-related anxiety. There is also a directory (see below) listing health professionals who are recommended to see your child about food allergy-related anxiety.

[foodallergycounselor.com/directory.html](http://foodallergycounselor.com/directory.html)



## WHAT'S INSIDE

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- State Laws 9
- State Guidelines for Schools (Links) 10



# FAME



# FEDERAL LAWS

## The Rehabilitation Act of 1973 (29 USC s.794)

This federal civil rights law, commonly referred to as **Section 504**, helps ensure that individuals with handicaps/disabilities are not excluded from participating in any program or activity that receives federal financial assistance. All public schools and some private schools usually receive some form of federal financial assistance. Most, if not all, school districts already have procedures to implement Section 504. Students who are covered by this law are eligible to receive what is known as a 504 Plan.

Students with life-threatening food allergy fall under this law, as their health condition meets its definition of handicap/disability; i.e., a physical condition that substantially limits one or more major life activity (i.e., eating, breathing). As a result, schools need to make sure that these students are able to fully participate, alongside their peers, in the school day and curriculum related activities.

A **504 Plan** is a written management plan outlining certain accommodations made by the school that address the student's food allergy. Examples of 504 accommodations may include, but not be limited to, special seating arrangements, curriculum adjustments, field trips, special school events and staff training. Parents/guardians are within their rights to request an evaluation for eligibility and to pursue such a plan. All schools subject to this law should have a 504 Coordinator on staff who can help parents/guardians throughout the 504 process.

In addition, schools are required to a) notify parents/guardians that their child/children may be entitled to accommodations under 504 and b) are required to identify potentially eligible students, "Child Find." Parents of children with LTA's should ask the school nurse or administrator to speak with the 504 coordinator and, if needed request a comprehensive 504 plan evaluation. If further action is needed parents should contact their school superintendent. Some parents may require additional steps such as contacting a civil rights attorney or educational advocate.

The law is overseen by the US Department of Education's Office for Civil Rights (OCR).

- **Regional OCR contacts can be found at:**

[wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm](http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm)

- **More information about Section 504 can be found at:**

[ed.gov/about/offices/list/ocr/504faq.html](http://ed.gov/about/offices/list/ocr/504faq.html)

## The Americans with Disabilities Act (ADA) of 1990

The ADA and Section 504 are both federal civil rights laws; however, the ADA can be applied to institutions that do not receive federal financial assistance, such as some private schools, private child care centers, etc. Congress amended the ADA in 2008 (ADAAA) to clarify that it had always intended a broad definition of disability. Disability under ADAAA means a physical or mental impairment that substantially limits one or more major life activities; a record (or past history) of such an impairment; or being regarded as having a disability. The regulations that implement the ADAAA require broad interpretation of the term disability. Parents/advocates of children with food allergy often point to the ADAAA as further evidence that food allergy is a disability as defined by this law; i.e., an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

- **More information about the ADAAA can be found at:**

[ed.gov/about/offices/list/ocr/docs/dcl-504faq-201109.html](http://ed.gov/about/offices/list/ocr/docs/dcl-504faq-201109.html) (ADA Amendment Act Q & A)



## The Individuals with Disabilities Education Act (IDEA) originally adopted in 1975 and amended in 2004

IDEA provides protections for students with learning and other disabilities. Among the key provisions are the right to a free and appropriate public education (FAPE), placement in the least restrictive environment, and parent participation. The law also establishes safeguards to ensure enforcement. IDEA generally applies to students who have disabilities that impact their learning i.e., autism, vision/hearing impairment, etc. A food allergy alone generally does not apply to IDEA; however, some children with learning disabilities may also have food allergy. Typically in this situation, the child's food allergy is incorporated into an Individual Education Plan (IEP). IDEA is governed by each state's department of education.

The Individuals with Disabilities Education Act (IDEA) includes the Child Find mandate. Child Find requires all school districts to identify, locate and evaluate all children with disabilities, regardless of severity. This obligation to identify all children who may need special education services exists even if the school is not providing special education services to the child.

The IDEA requires all States to develop and implement a practical method of determining which children with disabilities are receiving special education and related services and which children are not.

Overall, the goal of IDEA is to provide children with disabilities the same opportunity for education as those students who do not have a disability.

- **More information about the IDEA can be found at:**

[idea.ed.gov](http://idea.ed.gov)

## The Food Allergen Labeling and Consumer Protection Act (FALCPA),

PUBLIC LAW 108-282—AUG. 2, 2004 took effect January 1, 2006, mandates that the labels of foods containing one of the eight major food allergens (milk, eggs, fish, crustacean shellfish, peanuts, tree nuts, wheat, and soy) declare the allergen in plain language, either in the ingredient list or via:

- the word "Contains" followed by the name of the major food allergen (i.e.) "Contains milk, wheat"
- a parenthetical statement in the list of ingredients—(i.e.) "albumin (egg)"

Such ingredients must be listed if they are present in any amount, even in colors, flavors, or spice blends. Additionally, manufacturers must list the specific nut (e.g., almond, walnut, cashew) or seafood (e.g., tuna, salmon, shrimp, lobster) that is used.

It is important to remember that FALCPA only applies to the eight major allergens listed above. Other potential allergens, such as sesame or mustard, would still have to be included in the ingredient list—if in fact they are in the food item—but would not warrant a separate "Contains..." statement or a parenthetical.

Also be aware that processing aids that contain major allergens, though at an insignificant level unlikely to cause an allergic reaction, are used by the food industry and fall under the scope of FALCPA. As an example, soy lecithin is used as a processing aid in nonstick spray to keep baked goods from sticking to baking pans, or as a carrier for certain flavor, spice, or vitamin ingredients. FALCPA requires food companies to label ingredients like soy lecithin, regardless of its level in the food you purchase. You, therefore, may notice "soy lecithin" or "Contains soy" on products that did not previously list soy, despite the fact that the amount of soy in the finished food is highly unlikely to trigger a reaction.

You may also see other ingredients derived from major allergens being treated as processing aids that had not been labeled pre-FALCPA. It is advised that, if you see a newly added allergen statement as a result of a processing aid such as soy lecithin, to consult with your health care provider instead of ignoring the newly added statement on the label.

It is also important to keep in mind that FALCPA does NOT regulate the use of precautionary allergen advisory statements such as “may contain”, “processed in a facility” or “manufactured on shared equipment”. It has always been advised that you do NOT purchase any food product with such a “may contain” statement. By using such a statement, the manufacturer is proclaiming that there may be a risk of cross-contact during the manufacturing process, and therefore the product may not be safe for an allergic individual.

This change to the food label may reduce the choice of food products available to someone with food allergy. However, it is potentially dangerous to assume that any label change is related to insignificant levels having to be labeled by FALCPA rather than a true reformulation of the food product. So rather than ignore “Contains...” statements, speak to your health care provider.

This act has made food label reading easier to identify food allergens for millions of Americans living with and caring for those with food allergies. However, ingredient labels on all packaged food items must be read carefully each time food is to be consumed.

- **More information about the FALCPA can be found at:**

[fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/allergens/ucm106890.htm](https://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/allergens/ucm106890.htm)

## The Food Labeling Modernization Act of 2015

### Sections pertaining to food allergies.

The Secretary is required to finalize the following three sections/regulation no later than three years following enactment of the Food Labeling Modernization Act of 2015.

**Sec. 8 – Food Allergen Labeling for Sesame:** This section includes sesame on the list of major food allergens, however the manner in which sesame must be disclosed will be determined.

**Sec. 9 – Information about Major Food Allergens in Non-prepackaged Foods:** This section requires that signs listing major food allergens be placed adjacent to non-packaged foods being offered for sale at retail.

**Sec. 10 – Submission and Availability of Food Label Information:** This section requires the manufacturer or importer of any food to submit to the Secretary all information that is to be included in the labeling of food, specifically: the nutrition facts panel; ingredients; any natural or artificial flavoring; an image of the primary display panel; allergy warnings or information; nutrient content claims; health related claims; and other relevant information as determined by the Secretary.

This section also requires the manufacturer or importer to update or supplement the information to keep the information up-to-date. It provides penalties for any violation of reporting requirements. It also creates a public database containing all information submitted that is searchable by the public.

## Public Law 117–11–Food Allergy Safety, Treatment, Education, and Research Act of 2021 or the FASTER Act of 2021

An act to improve the health and safety of Americans living with food allergies and related disorders, including potentially life-threatening anaphylaxis, food protein-induced enterocolitis syndrome, and eosinophilic gastrointestinal diseases, and for other purposes.

### What the FASTER Act Means for Food Allergy Families

More than 1.5 million people living in the U.S. are allergic to sesame. Reactions to sesame can be severe, even fatal, yet sesame ingredients aren't always identified on packaged foods. The FASTER Act of 2021 solves this problem by adding sesame to the list of allergens that must be labeled in plain language under the Federal Food, Drug, and Cosmetic Act.

As of January 1, 2023, sesame will be labeled on packaged foods sold in the U.S., in the same way that the other top allergens—milk, egg, peanut, tree nuts, wheat, soy, finned fish and crustacean shellfish—have been labeled since 2006. The FASTER Act of 2021 marks the first time that food allergen labeling has been expanded since the Food Allergen Labeling and Consumer Protection Act (FALCPA) became law in 2004.

In addition to labeling sesame, the FASTER Act mandates that the Secretary of Health and Human Services report to Congress on the prevalence, severity, diagnosis, prevention, treatment and management of food allergies. This report, to be delivered in late 2022, will also propose strategies to acquire accurate food allergy prevalence data and make recommendations toward developing and implementing a framework to label new major food allergens.

- **For more information:**

[foodallergy.org/resources/how-fare-advocates-helped-pass-faster-act](https://foodallergy.org/resources/how-fare-advocates-helped-pass-faster-act)  
[fda.gov/food/food-labeling-nutrition/food-allergies](https://fda.gov/food/food-labeling-nutrition/food-allergies)

## The FDA Food Safety Modernization Act

In 2011, Congress passed the FDA Food Safety Modernization Act to improve food safety in the United States by shifting the focus from response to prevention. Section 112 of the act calls for the Secretary of U.S. Department of Health and Human Services, in consultation with the Secretary of the U.S. Department of Education, to develop voluntary guidelines for schools and early childhood education programs to help them manage the risk of food allergies and severe allergic reactions in children.

In response, the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, in consultation with the U.S. Department of Education, developed the **Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs**.

- **More information and the Guidelines can be found at:**

[cdc.gov/healthyouth/foodallergies](https://cdc.gov/healthyouth/foodallergies)

## The School Access to Emergency Epinephrine Act

The School Access to Emergency Epinephrine Act was passed into law in 2013. This federal law encourages states to implement policies requiring schools to stock undesignated epinephrine auto-injectors for use in emergencies. States that develop such policies will be given additional preference for federal asthma education grants.

The new law stresses the importance for schools to be prepared to treat anaphylaxis; however, it does not mandate that schools stock epinephrine. The law encourages states to pass their own laws mandating that schools within that state stock epinephrine.

Parents/Guardians whose children have prescribed epinephrine to treat anaphylaxis need to provide the child's school with a physician's written order and a supply of prescribed epinephrine auto-injectors.

## Substitutions or Modifications in School Meals

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose disabilities restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician must identify:

- The student's disability or medical condition
- An explanation of why the disability restricts the student's diet
- The major life activity affected by the disability
- The food or foods to omit from the student's diet
- The food or choice of foods to substitute in the student's diet

Generally, students whose food allergy may result in severe, life-threatening reactions (anaphylaxis) meet this law's definition of disabled, and the school food service personnel must make the substitutions prescribed by the licensed physician. Parents/Guardians who encounter difficulties with schools and these USDA regulations are often advised to contact their regional USDA civil rights office.

- **More information about USDA regulations can be found at:**

[fns.usda.gov/school-meals/guidance-and-resources](https://fns.usda.gov/school-meals/guidance-and-resources)

USDA regulations have not been amended to reflect the ADA Amendments Act. Regulation will be updated by Department of Agriculture (198 section 131).

## The Family Education Rights and Privacy Act of 1974 (FERPA)

FERPA is a privacy act that addresses student confidentiality. Schools should be careful if they attempt to somehow identify or publicize a student's food allergy without consent from the student's parents/guardians. For example, there have been instances where schools have posted food allergy signs, notices etc. that specifically identify a particular student. Without parental consent, this may represent a violation of FERPA. Be aware that some states have school student records laws that are more restrictive than FERPA.

- **More information about FERPA can be found at:**

[ed.gov/policy/gen/guid/fpco/ferpa/index.html](https://ed.gov/policy/gen/guid/fpco/ferpa/index.html)

## State Educational Agency (SEA)

According to 34 CFR 77.1 (c) [Title 34—Education; Subtitle A—Office of the Secretary, Department of Education; Part 77—Definitions that apply to Department Regulations], the term State educational agency means “the State board of education or other agency or officer primarily responsible for the supervision of public elementary and secondary schools in a State. In the absence of this officer or agency, it is an officer or agency designated by the Governor or State law.”

- **Link to the State listing to find SEAs:**

[ed.gov/about/contacts/state/index.html](https://www.ed.gov/about/contacts/state/index.html)

## Food Allergy Management & Prevention Plan (FAMPP)

From CDC Vol. Guidelines 3. Page 25—Centers for Disease Control and Prevention. Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. Washington, DC: US Department of Health and Human Services; 2013.



# USDA REGIONAL CIVIL RIGHTS OFFICES

## Mid-Atlantic Regional States

Delaware, District of Columbia, Maryland, New Jersey, Puerto Rico, Pennsylvania, Virgin Islands, Virginia and West Virginia

### Regional Director MARO Civil Rights

Mercer Corporate Park  
300 Corporate Boulevard  
Robbinsville, NJ 08691-1598  
(609) 259-5123

## Midwest Regional States

Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin

### Regional Director MWRO Civil Rights

77 West Jackson Blvd, 20th Floor  
Chicago, IL 60604-3507  
(312) 353-3353

## Mountain Plains Regional States

Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah and Wyoming

### Regional Director MPRO Civil Rights

1244 Speer Boulevard, Suite 903  
Denver, CO 80204  
(303) 844-0307

## Northeast Regional States

Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont

### Regional Director NERO Civil Rights

10 Causeway Street, Room 501  
Boston, MA 02222-1065  
(617) 565-6424

## Southeast Regional States

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee

### Regional Director SERO Civil Rights

61 Forsyth Street, SW, Room 8t36  
Atlanta, GA 30303  
(404) 562-1808

## Southwest Regional States

Arkansas, Louisiana, New Mexico, Oklahoma and Texas

### Regional Director SWRO Civil Rights

100 Commerce Street, Room 5-A-6  
Dallas, TX 75242  
(214) 290-9820

## Western Regional States

Alaska, American Samoa, Arizona, California, Commonwealth of the Northern Mariana Islands, Guam, Hawaii, Idaho, Oregon, Trust Territories, Nevada and Washington

### Regional Director WRO Civil Rights

550 Kearny Street, Room 400  
San Francisco, CA 94108  
(415) 705-1322

# STATE LAWS

A variety of state laws can impact the way a school manages students with food allergy. For example:

- Most states have laws allowing students to self-carry their prescribed epinephrine while at school, at a school-sponsored event, or while in transit to and from school.
- Some states have a law or regulation allowing schools to obtain a non-student-specific (stock) epinephrine auto-injector to keep on hand for emergency use.
- Many states have published (through the department of education and/or department of health) statewide food allergy management guidelines for schools.
- Some states have laws/regulations pertaining to training of various school personnel on the usage of epinephrine.

**For more information about state laws or regulations regarding life-threatening allergies, see the following state guidelines (next page). In addition, you can contact your states department of education and/or health.**

# STATE GUIDELINES FOR SCHOOLS

## **Arizona State Guidelines for School Management of Food Allergies**

[azdhs.gov/phs/oeh/fses/pdf/allergies1007.pdf](http://azdhs.gov/phs/oeh/fses/pdf/allergies1007.pdf)

## **Connecticut State Guidelines for School Management of Food Allergies**

[sde.ct.gov/sde/lib/sde/pdf/publications/food\\_allergies/food\\_allergies.pdf](http://sde.ct.gov/sde/lib/sde/pdf/publications/food_allergies/food_allergies.pdf)

## **Illinois State Guidelines for Managing Life-Threatening Food Allergies in Illinois Schools**

[isbe.state.il.us/nutrition/pdf/food\\_allergy\\_guidelines.pdf](http://isbe.state.il.us/nutrition/pdf/food_allergy_guidelines.pdf)

## **Maryland State Guidelines for School Management of Food Allergies**

[wcps.k12.md.us/depts\\_programs/student\\_services/documents/anaphylactic\\_guidelines.pdf](http://wcps.k12.md.us/depts_programs/student_services/documents/anaphylactic_guidelines.pdf)

## **Massachusetts State Guidelines for School Management of Food Allergies**

[doe.mass.edu/cnp/allergy.pdf](http://doe.mass.edu/cnp/allergy.pdf)

## **Mississippi State Guidelines for School Management of Food Allergies**

[healthyschoolsms.org/health\\_services/documents/GuidelinesforManagingFoodAllergies.pdf](http://healthyschoolsms.org/health_services/documents/GuidelinesforManagingFoodAllergies.pdf)

## **Missouri State Guidelines for Allergy Prevention and Response**

[dhss.mo.gov/living/families/schoolhealth/pdf/mo\\_allergy\\_manual.pdf](http://dhss.mo.gov/living/families/schoolhealth/pdf/mo_allergy_manual.pdf)

## **New Jersey State Guidelines for School Management of Food Allergies**

[state.nj.us/education/students/safety/health/services/allergies.pdf](http://state.nj.us/education/students/safety/health/services/allergies.pdf)

## **New York State Guidelines for School Management of Food Allergies**

[health.ny.gov/professionals/protocols\\_and\\_guidelines/docs/caring\\_for\\_students\\_with\\_life\\_threatening\\_allergies.pdf](http://health.ny.gov/professionals/protocols_and_guidelines/docs/caring_for_students_with_life_threatening_allergies.pdf)

## **Pennsylvania State Guidelines for Management of Food Allergies in Schools– Recommendations & Resource Guide for School Personnel**

[pears.ed.state.pa.us/forms/files/PDE032i.pdf](http://pears.ed.state.pa.us/forms/files/PDE032i.pdf)

## **Rhode Island (Sample Rhode Island Food Allergy Policy)**

[thrivert.org/documents/Sample\\_School\\_Food\\_Allergy\\_Policy\\_10-08-08.pdf](http://thrivert.org/documents/Sample_School_Food_Allergy_Policy_10-08-08.pdf)

## **Tennessee State Guidelines for School Management of Food Allergies**

[tennessee.gov/education/schoolhealth/healthservices/doc/HealthCareProfessionals-HealthySchoolsGuidelines.pdf](http://tennessee.gov/education/schoolhealth/healthservices/doc/HealthCareProfessionals-HealthySchoolsGuidelines.pdf)

## **Texas State Guidelines for the Care of Students with Food Allergies at Risk for Anaphylaxis**

[dshs.state.tx.us/schoolhealth/docs/SB-27-guidelines-edit.doc](http://dshs.state.tx.us/schoolhealth/docs/SB-27-guidelines-edit.doc)

## **Vermont State Guidelines for School Management of Food Allergies**

[education.vermont.gov/documents/food\\_allergies\\_manual\\_0608.pdf](http://education.vermont.gov/documents/food_allergies_manual_0608.pdf)

## **Washington State Guidelines for School Management of Food Allergies**

[wwps.org/support/healthservices/documents/allergy/GuidelinesCareStudentsAllergies.pdf](http://wwps.org/support/healthservices/documents/allergy/GuidelinesCareStudentsAllergies.pdf)

## **West Virginia State Guidelines for School Management of Food Allergies**

[wvde.state.wv.us/healthyschools/documents/WVDEAllergyGuidelines.pdf](http://wvde.state.wv.us/healthyschools/documents/WVDEAllergyGuidelines.pdf)





There is no cure for food allergies.  
Strict avoidance is the only way  
to **PREVENT** life-threatening  
food allergies (LTFA) reactions.

After reviewing the FAME tool-kit you will learn the following:

- How to create/provide a safer school environment
- How to recognize and respond to an allergic reaction
- Steps to avoid food allergens in the school environment
- Components of a comprehensive school-based food allergy program

Food Allergy  
Management & Education

FAME@bjc.org | [stlouischildrens.org/FAME](http://stlouischildrens.org/FAME)