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GENERAL FOOD ALLERGY AWARENESS

Estimated to affect 1 in every 13 children under the age of 18.^{1,2}

- Food allergy increased 50% among children age 0–17 years from 1997 through 2011^{3,7}
- 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

8 foods account for 90% of all reactions (note: any food can cause an allergic reaction)^{4,5,6}:

- | | | | |
|--------|---------|-----------|-------------|
| • Milk | • Eggs | • Peanuts | • Tree Nuts |
| • 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.

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
 - Generic Adrenalick® Skills Test
 - Instructions on how to use the Auvi-Q™: auvi-q.com
 - Auvi-Q™ Skills Test
 - Instructions on how to use an EpiPen®: 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/healthyouth/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):

- | | |
|---|---|
| <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

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.		
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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.^{1,2}
- The number of children with food allergies is increasing.³
- There is no cure for food allergies. Strict avoidance is key.⁴

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.

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

²Liu 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.

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

⁴U.S. Food and Drug Administration, Food Allergies: What You Need to Know Available at fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm, last accessed on April 18, 2013.

Food Allergy Basics

8 Most Common Food Allergens

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

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

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

Egg is sometimes found in the following:

- baked goods
- breaded foods
- 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.

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)
- 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.
- 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.

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
- flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat)
- 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
- soy sauce
- starch (gelatinized starch, modified starch, modified food starch, vegetable starch)
- surimi

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

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 (crawdud, 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, opih)
- 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 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 is sometimes found in the following:
 - Caesar salad/dressing
 - caponata (Sicilian eggplant relish)
 - caviar
 - Fish gelatin (kosher gelatin, marine gelatin)
 - fish oil
 - fish sauce
 - imitation fish
 - pizza
 - seafood flavoring
 - shark cartilage, fin
 - sushi
 - 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.

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