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# F A M E

# 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

**8 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 |
| • 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 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.

# 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.		
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25.		
26.		

# 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



# Cross-Contact

## Potential Sources

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

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

## 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, opihii)
- 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.