

WHAT'S INSIDE

- **General Food Allergy Awareness** 2
- **Emergency Preparedness Checklist** 4
- **Emergency Response Checklist** 5
- **School Nutrition Staff Checklist** 6
- **Forms**
 - Medical Statement for Special Meals/Accommodations 7
 - Sample Medical Statement for Special Meals/Accommodations 10
 - Medical Statement for Students Requiring Special Meals 12
 - Sample Medical Statement for Students Requiring Special Meals 13
 - Sack Lunch Request Form 14
- **Education/Training**
 - Food Allergy Basics 15
 - Cross-Contact Poster 16
 - How to Read a Food Label 17

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 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
- 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

Definitions¹

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).

¹ USDA Accommodating Children with Special Dietary Needs in the School Nutrition Programs, 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 PHYSICIAN'S USE ONLY**** (TO BE COMPLETED BY A LICENSED PHYSICIAN)

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

** 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)

Physician's name (please print) _____ Office phone _____

PHYSICIAN'S SIGNATURE

DATE

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 AND/OR ACCOMMODATIONS

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

Student's name John Sample Birth date 1/3/04 Gender M F
 School attended City Elementary Grade 3rd
 Parent/guardian name Mr. & Mrs. Sample Home phone (987) 654-3210
 Work phone (987) 012-3456 Cell phone (987) 123-4567

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 PHYSICIAN'S USE ONLY****** (TO BE COMPLETED BY A LICENSED PHYSICIAN)

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

Life-threatening food allergy

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) Dairy/milk, peanuts
 Diabetic (attach meal plan) Calorie level (attach meal plan)
 Other (describe) _____

OMITTED FOODS/BEVERAGES

ALLOWED SUBSTITUTIONS

<u>Milk including products prepared with milk</u>	<u>Soy milk</u>
<u>Peanuts</u>	<u>Soy nut butter</u>

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

*** 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)

Physician's name (please print) Dr. Philip Lamm Office phone (987) 231-4567

Dr. Philip Lamm

2/25/13

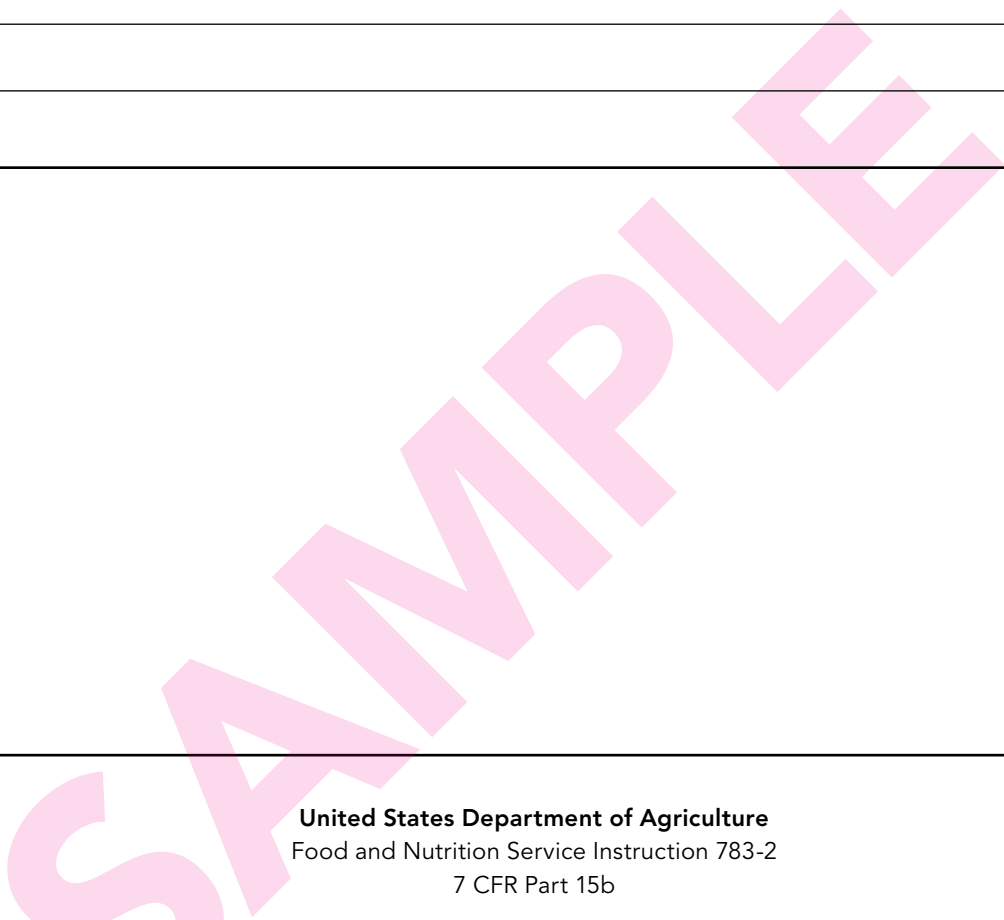
PHYSICIAN'S SIGNATURE

DATE

Student's name John Sample

School attended City Elementary

Additional comments or instructions Read all labels carefully and avoid items with advisory statements



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.

PHYSICIAN'S NAME

DATE

PHYSICIAN'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

PHYSICIAN'S NAME

Dr. Sam Louis

PHYSICIAN'S SIGNATURE

1/15/13

DATE

(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.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
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

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, 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.