February 2008

Managing Food Allergies in Mississippi Schools

Guidelines

Health is Academic

OFFICE OF HEALTHY SCHOOLS

Table of Contents

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Introduction

The Mississippi Department of Education/Office of Healthy Schools has developed guidelines for managing food allergies to assist Mississippi school districts and public schools in developing effective preventive measures to control the incidence of exposure to food allergens and manage the health and safety needs of school-aged children with life-threatening allergic conditions. Food allergy is a growing food safety and public health concern in the United States because of the increased prevalence.

As a result of this increased prevalence, school districts should anticipate the enrollment of students in their schools with life-threatening food allergies and face the challenge of providing a safe environment free of food allergens. Eighty-four percent (84%) of children who have food allergies have experienced some level of allergic reaction while attending school. The reaction that is triggered cascades, affecting various body systems, ranging from mild to life threatening. Even the smallest trace of an allergen can cause a potentially deadly reaction. There is no medication to prevent food allergies, only the avoidance of the allergen can prevent these reactions.

As with any emergency, schools should be prepared to address student needs through development of food allergy guidelines and individual student Food Allergy Action Plan (FAAP). This should be accomplished by providing food allergy education, limiting or eliminating potential exposure, and through treatment of allergic reactions.

Allergies to insects, latex, and other allergens can cause symptoms that are similar to the reaction in food allergies. These can also be life threatening. Treatments may also be similar. Allergens of all types should be avoided when possible. Students with all types of allergies should have an Individual Health Plan (IHP) and a FAAP. Students who present symptoms of an allergic reaction and do not have a plan should be managed according to the school's procedures regarding medical emergencies including activation of Emergency Medical Services (EMS).

These guidelines should assist school districts in developing procedures for an appropriate response to managing food allergies. Key components should include:

- Overview of the issue
- Existing Federal and state legislation/guidelines
- Responsibilities
- Suggested roles of school personnel
- Education and training
- Sample letters and plans
- Definitions
- Frequently Asked Questions
- References.

Overview

Because of the life-threatening nature of food allergies and its increasing prevalence, schools need to be ready for the needs of students with food allergies.

Prevalence

- Food allergies affect 6%-8% of school-age children.
- The 40%-50% of those diagnosed with a food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). Every reaction can develop into a life threatening reaction.
- Children may be allergic to more than one food.
- Children with food allergies and asthma are more likely to have a life-threatening episode.

Characteristics

- Reactions can range from mild to severe.
- Some students who are very sensitive may react to touching or inhaling the allergen.
- Exposure to even the smallest trace amount of an allergen - ingested, touched or inhaled - can cause death.
- Eight foods account for 90% of all food allergies:
    - Peanuts
    - Tree nuts
    - Milk
    - Egg
    - Soy
    - Wheat
    - Fish
    - Shellfish
- Peanuts and tree nuts account for 92% of the severe and fatal reactions.
- Allergies to peanuts, tree nuts, fish and shellfish are considered life-long allergies.

Impact on schools

- Accidental ingestion of the offending allergen occurs most often at school.
- Students with an undiagnosed food allergy may experience a first reaction at school.
- A physician's diagnosis of food allergy meets the definition of "disability" as defined in the Federal Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and the Individuals with Disabilities Education Act (IDEA) as it affects the student's ability to make educational progress.

Existing Legislation/Guidelines

Federal Legislation/Guidelines

- The Federal Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 states that any one with a physical or mental impairment which substantially limits one or more major life activities is a "person with a disability." Food allergies are included in this because of the "disabling" effects that are caused by exposure to an allergen.
- The Individuals with Disabilities Education Act states that a child having one or more of the recognized thirteen disability categories needs special education and related services. Food allergies are included, making the person with food allergies eligible for accommodations.
- United States Department of Agriculture and Food Nutrition Service has established guidelines for school food service staff, entitled "Accommodating Children with Special Dietary Needs in the School Nutrition Programs."

Mississippi Guidelines

- Mississippi Department of Education Policy and Procedures Manual for Child Nutrition Programs outlines several measures to consider.
    - Districts, at their discretion, should make substitutions for the individuals who are non-disabled and are unable to consume a food item because of medical or other special dietary needs. (p. 6-10)
    - Meals will be provided at no extra charge to students with special meal needs. (p. 6-4)
    - A physician must certify the request for special meal needs. (p. 6-4)
    - The medical statement must include the medical need for restricting the child, food or foods to be omitted, and signature of physician.

Responsibilities

District Responsibilities

- Develop written policies and protocols regarding the care of students with life-threatening allergies, including:
    - Measures to decrease the incidence of allergen exposure, and
    - Procedures to treat allergic reactions.
- Consider management of anaphylaxis in individuals with unknown allergies, including a standing order protocol signed by the school physician if the school has access to one.

School Responsibilities

- Know and follow the federal and state laws that apply to this issue, including:
    - ADA
    - IDEA
    - USDA

    - FERPA
    - HIPPA
- Identify a school representative to review the student's health records that are submitted by the parent. The most appropriate representative is a school nurse or other administrator if a school nurse is not available.
- Do not exclude student from activities solely based on food allergies.
- Identify an allergy management team to work with parent(s) and the student (age appropriate) to establish a prevention plan.
- Ensure appropriate storage of emergency medications.
- Require and provide education of key personnel who regularly interact with the allergic student.
- Train designated school personnel according to the Mississippi Board of Nursing's "Assisted Self Administration Curriculum" (when a school nurse is present).
- Work with transportation personnel to assure bus driver training in awareness of presenting symptoms.
- Establish a no eating policy on buses, with exception(s) to be made for students with other special needs.
- Plan strategies for managing food allergies while on field trips.
- Take threats or harassment against an allergic child seriously.

Family Responsibilities:

- Notify the school of the child's allergies.
- Work with the school allergy management team to develop a plan.
- Provide written medical documentation, orders, and medication from physician.
- Provide properly labeled medications, and replace medications after use or upon expiration.
- Educate child on self management of his or her food allergies, including:
    - Safe and unsafe foods
    - Strategies to avoid exposure
    - Symptoms of reaction
    - How and when to tell an adult
    - How to read food labels
- Review plan after a reaction has occurred, or at least every year.
- Provide a list of foods and ingredients that the child should avoid, as recommended by the physician.
- Participate in field trips, if time permits.
- Consider providing a medical alert bracelet for child.

Student Responsibilities

- Do not trade foods
- Take responsibility for avoiding exposure to allergen by not eating certain foods and foods with unknown ingredients.
- Notify an adult immediately if they eat something they believe may contain the food to which they are allergic.

- Learn to recognize symptoms of allergic reaction and take them seriously in early stages.
- Learn to read food labels.
- Wash hands before and after eating.
- Develop trusting friendship with peers and ask them for help if needed.
- Share educational information with friends and assist with training peers in allergy action plan.
- Report teasing or harassment immediately.

Suggested Roles of School Personnel

Development of a plan is best accomplished by a team approach. It should be represented by all areas of school life. It should include administration, school nurse, food service personnel, teachers and teacher specialists, counselors, coaches, custodians, transportation personnel, local EMS, other support staff, and student if age appropriate. Team members should be provided educational material and specific role duties. Discussion should include prevention and management of allergic reactions. Communication is essential, not only during the planning phase, but also during a specific situation.

Role of School Nurse (when present)

- Manage the allergy management team.
- Get to know student and orient him or her to the location of the health office and the specific plan.
- Assure that the IHP is current and accurate.
- Encourage parent participation in development of IHP and FAAP.
- Coordinate and conduct in-service training for all key personnel.
- Check medications for expiration dates, placing them in easy to reach location.

In the absence of a school nurse, these duties should be assigned to other personnel.

Role of Administrator

- Include in the school's emergency response plan, a written plan for managing life-threatening allergic reactions.
- Participate in IHP and FAAP development.
- Maintain communication devices for direct communication during an emergency.
- Ensure that training and education of all involved personnel is completed each year.
- Inform parent(s) of any student allergic reactions experienced at school.
- Maintain strategies to reduce risk of exposure.

Role of Classroom Teacher and Specialist

- Report any defective communication devices (intercom, walkie-talkie).
- Participate in allergy management team planning meetings.

- Keep student's FAAP accessible for use during emergencies or for use by substitutes.
- Work to keep certain foods out of the classroom.
- Inform parent(s) of special events that include food.
- Never send student to office alone if he or she reports suspected allergen exposure.
- Act quickly in activating the FAAP.
- Prohibit sharing and trading of snacks.

Role of Guidance Counselor

- Communicate with school nurse as needed in development of plan.
- Assist with staff training related to the anxiety of caring for a student with a life-threatening food allergy.
- Monitor anxiety, stress levels, and social development of students with life-threatening food allergies and provide appropriate interventions.
- Act as a resource for parent(s) regarding anxiety, stress and normal development.
- Educate classmates to avoid endangering, isolating, stigmatizing and harassing student with food allergies, with parental permission.

Role of Food Service Personnel

- Communicate with School Nurse regarding the development of a FAAP.
- Have on file a copy of the students FAAP.
- Read food labels for potential food allergies.
- Train food service staff to read labels.
- Maintain contact information on the manufacturers of food products.
- Maintain sound food handling practices to avoid cross-contamination with potential food allergies.
- Create specific areas that will be allergen safe, if feasible.
- After receiving a physician's orders, make appropriate substitutions or modifications in meal planning and service.
- Use non-latex gloves.
- Provide advanced copies of menus for parent(s) to use in planning.
- Have a functioning communication device to support emergencies.

Role of Coaches and other staff

- Complete allergy management training.
- Keep available the student's FAAP.
- Have functioning communication device.
- Take preventive measures to have allergen free environment, such as no snacks, and report bee hives that should be removed.

Role of Bus Driver

- Maintain open communications with team.
- Maintain a functioning communication device.
- Know local EMS procedures.

- Do not allow food consumption on the bus unless medically necessary as in the case of a diabetic student.
- Receive training in allergy management and CPR.

Education and Training

The Food Allergy Network is a recommended resource for training materials. They have a comprehensive program for managing food allergies at school, including DVDs, posters, and a sample plan. All personnel who may be present in the event of an allergic reaction or possible anaphylaxis should have general education on managing life-threatening allergies. Training requirements should include:

- Scheduling and implementation of the training in collaboration with administration, by the school nurse if available or local EMS authority.
- Annual training at a minimum.
- Cleaning classrooms and cafeteria to prevent reactions.
- Guidelines for snacks, parties, and lunch substitutions based on USDA guidelines.
- Consideration of an allergen free table in cafeteria, being careful to maintain confidentiality.
- Student and staff hygiene, including hand washing.
- Field trip and bus management.
- Emergency response protocol, including use of Epi-pen and CPR.

All school nurses that present training will use the "Assisted Self Administration" curriculum provided by the Mississippi Board of Nursing as a guide in the use of emergency medications. In Mississippi, nurses can not delegate the administration of medications to unlicensed personnel. In the absence of the school nurse, trained school personnel should follow steps in their school's emergency response plan.

Sample Letters and Plan

The following pages include:

- Food Allergy Action Plan
- Sample letter that can be used for parents of students who share a classroom with another student that has food allergies
- Sample letter to be given to substitute teachers informing them of students with food allergies

Due to confidentiality use caution when using these letters.

Food Allergy Action Plan

Place Child's Picture Here

Student's Name:_____ **D.O.B:**_____ **Teacher:**_____

ALLERGY TO:_____

Asthmatic Yes* ☐ No ☐ *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

Symptoms:		**Give Checked Medication**:** **(To be determined by physician authorizing treatment)
▪ If a food allergen has been ingested, but *no symptoms*:		☐ Epinephrine ☐ Antihistamine
▪ Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine ☐ Antihistamine
▪ Skin	Hives, itchy rash, swelling of the face or extremities	☐ Epinephrine ☐ Antihistamine
▪ Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine ☐ Antihistamine
▪ Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine ☐ Antihistamine
▪ Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine ☐ Antihistamine
▪ Heart†	Weak or thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine ☐ Antihistamine
▪ Other†	_____	☐ Epinephrine ☐ Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:		☐ Epinephrine ☐ Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give_____
medication/dose/route

Other: give_____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent_____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship	Phone Number(s)	
a. _____	1.)_____	2.) _____
b. _____	1.)_____	2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature_____ Date_____

Doctor's Signature_____ Date_____
(Required)

TRAINED STAFF MEMBERS

1. _____ Room _____

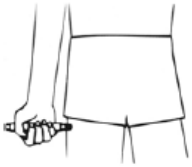
2. _____ Room _____

3. _____ Room _____

EpiPen® and EpiPen® Jr. Directions

- **Pull off gray activation cap.**

- **Hold black tip near outer thigh (always apply to thigh).**



- **Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

- **Remove caps labeled "1" and "2."**

- **Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**

SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- **Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**

- **Slide yellow collar off plunger.**

- **Put needle into thigh through skin, push plunger down all the way, and remove.**

Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

The Food Allergy & Anaphylaxis Network

June / 2007

Dear Parent,

This letter is to inform you that a student in your child's classroom has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life threatening allergic reaction. We are asking your assistance in providing the student with a safe learning environment.

The greatest potential for exposure at school is to peanut products and nut products. To reduce the risk of exposure, the classroom will be peanut/nut free. Please do not send any peanut or nut-containing products for your child to eat during snack in the classroom. Any exposure to peanuts and nuts through contact or ingestion can cause a severe reaction. If you child has eaten peanut or nuts prior to coming to school, please be sure your child's hands have been thoroughly washed prior to entering the school.

Your child may bring peanut/nut products for lunch. Please make sure the teacher is aware of the lunch contents so that she can make arrangements for the allergic student to avoid contact. Following lunch, students will wash their hands prior to returning to the scheduled activities.

Please complete and return the bottom of this form so that we are certain that every family has received this information. If you have any questions, please contact me.

_____

Signature of Principal/Teacher/Nurse

I have read and understand the peanut/nut free classroom procedure. I agree to do my part in keeping the classroom peanut/nut free.

Child's Name:_____

Parent Signture:_____

Date:_____

Dear Substitute Teacher,

The students listed below in this classroom have severe life-threatening food allergies.

Should the student ingest, touch, or inhale the substance to which they are allergic, a severe reaction (anaphylaxis) may follow requiring emergency procedures. The proper response will be according to the students Allergy Action Plan.

Student	Allergies

Please treat this information confidentially to protect the privacy of the students. Your cooperation is essential to ensure their safety. Should you have any problems please contact the school nurse _____
Or the Principal_____

_____
Classroom Teacher

Food Allergy Definitions

Allergen: A food or other substance that triggers an allergic reaction in individuals who are sensitive, to it. Allergens can cause allergic reactions when they are swallowed, touched, or even inhaled.

Allergic Reaction: A damaging immune response by the body to a particular substance that is wrongly perceived as a threat to the body. It may vary in severity from mild to life-threatening.

Allergy Action Plan (AAP) or Food Allergy Action Plan (FAAP): A written emergency care plan for students who have a life-threatening food allergy. It provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen. It is part of the Individual Health Plan (IHP).

Anaphylaxis: A severe allergic reaction, the extreme end of the allergic spectrum and may be fatal if not treated quickly with Epinephrine. The entire body is affected often within minutes of exposure to the allergen but sometimes hours later.

Antihistamine: A medication used to block the effects of histamine, a chemical that is released during an allergic reaction. Antihistamines are available by prescription and over the counter.

Biphasic Reaction (within 2 to 4 hours): The reoccurrence of an allergic reaction. Children who have an anaphylactic reaction may experience a reoccurrence in the hours following the beginning of the reaction and require further medical treatment. The secondary reaction is called biphasic meaning phase II.

Competent: An individual who, by way of training and/or experience, is knowledgeable of self-administration of his/her own medication, regardless of physical capabilities.

Epinephrine (Adrenaline): The drug of choice in emergency treatment of acute anaphylaxis. It relaxes bronchial smooth muscle by stimulating alpha and beta receptors in the sympathetic nervous system. It must be administered as soon as anaphylaxis is suspected. For this reason an allergic patient often carries their own adrenaline injection kit such as Epi-pen auto injector.

Epi-pen: An adrenaline injection prescribed by many doctors: an easy to use device with a concealed needle. Epinephrine Auto injector, single or twinject is available by prescription only as treatment for people with history of anaphylactic reactions.

Food Intolerance: When the body has difficulty digesting food and the immune system is not affected. Signs and symptoms may occur within minutes or hours after eating the food and includes headaches, abdominal pain, also a rash. Unlike the case of food allergies where only a tiny amount of the food is needed to trigger a reaction, with

intolerance the person may be able to eat small quantities of the food without any problems, e.g., lactose intolerance with milk.

504/IDEA: When a physician assesses that a child's food allergy may result in anaphylaxis, the child's condition meets the definition of "disability" and is covered under the Federal Americans with Disability Act (ADA) section 504 of the Rehabilitation Act of 1973. Also it may be covered under the Individuals with Disabilities Education Act (IDEA), if the allergy management affects the student's ability to make educational progress.

Immune System: A complex network of specialized cell tissues and organs that defend the body against attacks by disease-causing microbes.

Individual Education Plan (IEP): A written statement for a child with a disability that is developed and implemented. It is developed through a collaborative process with the child parents and a multi-disciplinary team in the child's school.

Individual Health Plan (IHP): A health care plan developed by a registered nurse for children with acute or chronic health issues. Parent and other health care providers involved with the child participate in the development of the plan. The plan is to be used to guide health care professionals in the school setting as they care for that child's health issues.

Parental Consent: Written permission from a parent that is required before a student can be administered medication or be a recipient of health care procedures in the school setting. Health care procedures also require an order from the student's physician.

Frequently Asked Food Allergy Questions

Q. What is a food allergy?
An abnormal response to a food, triggered by the body's immune system. Once the immune system decides that a particular food is harmful, it creates specific antibodies against it.

Q. What is food intolerance?
When the body has difficulty digesting the food but the immune system is not affected. The symptom can look and feel like a food allergy. Lactose intolerance is one example of food intolerance. A person with lactose intolerance lacks an enzyme that is needed to digest milk sugar when the person eats mild products. Symptoms such as gas, bloating and abdominal pain may occur.

Q. What is anaphylaxis?
Severe allergic reaction, the extreme end of the allergic spectrum, and may be fatal if not treated quickly with adrenaline. This induced systemic re generalized sensitivity, a

potentially life-threatening medical condition, occurs in allergic individuals after exposure to their specific allergens. The entire body is affected often within minutes of exposure to the allergen. Some of the dangerous symptoms include: difficulty breathing, swelling, dizziness, shock, and even death. If in doubt it is better to give the epinephrine and seek medical care.

Q. What are some causes of anaphylaxis?
Foods: milk, eggs, fish, shellfish, food additives, peanuts, peanut oil, peanut products, soy, wheat, tree nuts (walnuts, cashews, pecans, hazelnuts, almonds).
Medications: medications, commonly antibiotics.
Latex: elastic waistbands, kitchen gloves, balloons.
Some anaphylaxis reactions have no known cause.

Q. Is anaphylaxis a medical emergency?
Anaphylaxis requires immediate medical attention because death may occur within minutes.

Q. How can anaphylaxis be prevented?
Strict avoidance of substances and situations that trigger severe allergic reaction is the only prevention. Read labels of all foods, and if a label contains unfamiliar terms, do not eat or serve. However, it is impossible to avoid all allergens completely all the time.

Q. What are some of the symptoms of anaphylaxis?
These symptoms may include one or more of the following:

Difficulty breathing	Itching	Difficulty swallowing
Flushed pale skin	Wheezing	Swelling of lips, tongue, and throat
Shortness of breath	Hives	Coughing
Vomiting	Dizziness	Red watery eyes

Q. Who should have training?
Anyone who has contact with the student that has allergies, can volunteer for the training.

Q. Who conducts training?
Training should be obtained through the local district. The school nurse or other skilled professionals such as local Emergency Medical Systems (EMS) can lead this training. It should be offered each year.

Appendix

HOW TO READ A LABEL for a MILK-FREE DIET

Avoid foods that contain milk or any of these ingredients:

artificial butter flavor
butter, butter fat, butter oil
buttermilk
casein (*casein hydrolysate*)
caseinates (*in all forms*)
cheese
cream
cottage cheese
curds
custard
ghee
half & half
lactalbumin, lactalbumin phosphate
lactoferrin
lactulose
milk (*in all forms including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, low-fat, malted, milkfat, non-fat, powder, protein, skimmed, solids, whole*)
nisin
nougat
pudding
recaldent
rennet casein
sour cream, sour cream solids
sour milk solids
whey (*in all forms*)
yogurt

May indicate the presence of milk protein:

caramel candies
chocolate
flavorings (*including natural and artificial*)
high protein flour
lactic acid starter culture
lactose
luncheon meat, hot dogs, sausages
margarine
non-dairy products

The Food Allergy & Anaphylaxis Network

11781 Lee Jackson Hwy.
Suite 160
Fairfax, VA 22033-3309
Phone: 703-691-3179
Fax: 703-691-2713
Website: www.foodallergy.org
E-mail: faan@foodallergy.org

HOW TO READ A LABEL for an EGG-FREE DIET

Avoid foods that contain eggs or any of these ingredients:

albumin (*also spelled as* albumen)
egg (*dried, powdered, solids, white, yolk*)
eggnog
lysozyme
mayonnaise
meringue (*meringue powder*)
surimi

May indicate the presence of egg protein:

flavoring (*including natural and artificial*)
lecithin
macaroni
marzipan
marshmallows
nougat
pasta

HOW TO READ A LABEL for a PEANUT-FREE DIET

Avoid foods that contain peanuts or any of these ingredients:

artificial nuts
beer nuts
cold pressed, expelled, or extruded peanut oil
goobers
ground nuts
mixed nuts
monkey nuts
nutmeat
nut pieces
peanut
peanut butter
peanut flour

May indicate the presence of peanut protein:

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

- Mandelonas are peanuts soaked in almond flavoring.
- Studies show most allergic individuals can safely eat peanut oil (***not*** cold pressed, expelled, or extruded peanut oil).
- Arachis oil is peanut oil.
- Experts advise patients allergic to peanuts to avoid tree nuts as well.
- A study showed that unlike other legumes, there is a strong possibility of cross reaction between peanuts and lupine.
- Sunflower seeds are often produced on equipment shared with peanuts.

HOW TO READ A LABEL for a WHEAT-FREE DIET

Avoid foods that contain wheat or any of these ingredients:

bran
bread crumbs
bulgur
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)*
gluten
kamut
matzoh, matzoh meal (*also spelled as matzo*)
pasta
seitan
semolina
spelt
triticale
vital gluten
wheat (*bran, germ, gluten, malt, sprouts*)
wheat grass
whole wheat berries

May indicate the presence of wheat protein:

flavoring (*including natural and artificial*)
hydrolyzed protein
soy sauce
starch (*gelatinized starch, modified starch, modified food starch, vegetable starch, wheat starch*)
surimi

HOW TO READ A LABEL for a SOY-FREE DIET

Avoid foods that contain soy or any of these ingredients:

edamame
hydrolyzed soy protein
miso
natto
shoyu sauce
soy (*soy albumin, soy fiber, soy flour, soy grits, soy milk, soy nuts, soy sprouts*)
soya
soybean (*curd,granules*)
soy protein (*concentrate, isolate*)
soy sauce
Tamari
Tempeh
textured vegetable protein (*TVP*)
tofu

May indicate the presence of soy protein:

Asian cuisine
flavoring (*including natural and artificial*)
vegetable broth
vegetable gum
vegetable starch

- Studies show most individuals allergic to soy may safely eat soybean oil.
- Most individuals allergic to soy can safely eat soy lecithin.

Check with your doctor if you have questions about these ingredients.

HOW TO READ A LABEL for a SHELLFISH-FREE DIET

Avoid foods that contain shellfish or any of these ingredients:

abalone
clams (*cherrystone, littleneck, pismo, quahog*)
cockle (*periwinkle, sea urchin*)
crab
crawfish (*crayfish, ecrevisse*)
lobster (*langouste, langoustine, scampo, coral, tomalley*)
mollusks
mussels
octopus
oysters
prawns
scallops
shrimp (*crevette*)
snails (*escargot*)
squid (*calamari*)

May indicate the presence of shellfish protein:

bouillabaisse
cuttlefish ink
fish stock
flavoring (*including natural and artificial*)
seafood flavoring (*such as crab or clam extract*)
surimi

Keep the following in mind:

- Any food served in a seafood restaurant may be cross contaminated with fish or shellfish.
- For some individuals, a reaction may occur from cooking odors or from handling fish or shellfish.
- Always carry medications and use them as soon as symptoms develop.

HOW TO READ A LABEL for a TREE NUT-FREE DIET

Avoid foods that contain nuts or any of these ingredients:

almonds
artificial nuts
beech nut
Brazil nuts
butternut
caponata
cashews
chestnuts
chinquapin
coconut
filberts/hazelnuts
gianduja (*a nut mixture found in some chocolate*)
ginko nut
hickory nuts
lichee/lychee nut
macadamia nuts
marzipan/almond paste
nan-gai nuts
natural nut extract (*i.e., almond, walnut*)
nougat
nut butters (*i.e., cashew butter*)
nut meal
nutmeat
nut oil
nut paste (i.e., almond paste)
nut pieces
pecans (*Mashuga Nuts®*)
pesto
pili nut
pine nuts *(also referred to as Indian, piñon, pinyon, pignoli, pigñolia, and pignon nuts)*
pistachios
praline
sheanut
walnuts

- Mandelonas are peanuts soaked in almond flavoring.
- Mortadella may contain pistachios.
- Natural and artificial flavoring may contain tree nuts.
- Experts advise patients allergic to tree nuts avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed here.

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