

FOOD ALLERGY FACT SHEET

Overview of Food Allergies

What is a food allergy?

A food allergy is when the body mistakenly reacts to a certain food or ingredient as if it were harmful. The food that causes the reaction is called an allergen.

What are the symptoms of a food allergy reaction?

Symptoms can happen within a few minutes or up to a few hours after being eaten, inhaled, or coming in contact with the allergen. Symptoms can be seen or felt in different parts of the body.

- Hives (reddish, swollen, itchy areas on the skin)
- Skin rash of eczema
- Swelling of the tongue or throat and difficulty breathing
- Itching in the mouth, throat, or ear canal
- Abdominal cramps, nausea, diarrhea, and/or vomiting
- Nasal congestion or a runny nose
- Sneezing or slight, dry cough
- Odd taste in the mouth
- Trouble swallowing
- Shortness of breath, turning blue
- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or “thready” pulse
- Sense of “impending doom”
- Anaphylaxis
- Death

What is anaphylaxis?

Anaphylaxis is a serious reaction that happens quickly. Anaphylaxis can involve many different parts of the body. The most severe symptoms can restrict breathing and blood circulation and may cause death.



What are the most common foods that cause allergic reactions?

The most common foods include:

- Milk
- Eggs
- Peanuts
- Tree nuts (for example, walnuts, almonds, cashews, pistachios, and pecans)
- Wheat
- Soy
- Fish
- Crustacean shellfish (for example, shrimp, lobster, and crab)

How are food allergies diagnosed?

A qualified medical professional, such as an allergist or physician, can diagnose food allergies by using a variety of tests.

How are allergic reactions treated?

Reactions should be treated according to the student’s Food Allergy Action Plan/Emergency Care Plan. Antihistamines and other medicines can be used. In severe cases, epinephrine should be given as soon as possible. Always call 911!

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How can an allergic reaction be avoided?

The best way to avoid a reaction is to avoid the food that causes the allergy. Develop a system for checking ingredient labels carefully and have a plan to limit the ways in which the child could have contact with the allergens, including airborne.

What is cross-contact?

Cross-contact happens when food containing an allergen comes in contact with food or surface that does not contain an allergen. For example, using a knife to spread peanut butter and using that same knife for cutting a turkey sandwich without properly cleaning in between could transfer peanut allergens.

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For More Information

- Centers for Disease Control and Prevention
Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs
<http://www.cdc.gov/healthyschools/foodallergies/>
- Institute of Child Nutrition
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- U.S. Department of Agriculture
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Common Questions

Are kamut and spelt safe alternatives to wheat?

No. Both kamut and spelt are grains that are closely related to wheat, and they are not safe for people with wheat allergies.

Is modified food starch a safe ingredient for people with wheat allergies?

Modified food starch can be made using a variety of grain products, including wheat. If the product is made using wheat, then the term “wheat” must be clearly marked on the label. Always contact the manufacturer if there are any questions regarding an ingredient.

How is celiac disease different from a wheat allergy?

Celiac disease is an inherited, or genetic, autoimmune disorder characterized by sensitivity to the protein gluten. The immune system of a person with celiac disease incorrectly perceives gluten as harmful and, as a result, damages tissues of the small intestine when this protein is eaten. This immune response differs from an immunoglobulin E (IgE) mediated response that causes allergies.

Many of the nutrients found in food are absorbed in the small intestine. A damaged small intestine may be unable to absorb these nutrients properly. This malabsorption may cause a variety of unpleasant gastrointestinal symptoms, such as diarrhea and abdominal pain, as well as medical conditions such as bone disease and anemia.

Gluten-free diets followed by individuals with celiac disease are not the same as wheat-free diets followed by individuals with wheat allergies. Gluten is found in wheat, barley, and rye.



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For More Information

Food Allergy Research and Education
<http://www.foodallergy.org>

Institute of Child Nutrition
<http://www.theicn.org/foodsafety>

National Digestive Diseases Information Clearinghouse, Celiac Disease
<https://www.niddk.nih.gov/health-information/digestive-diseases/celiac-disease>

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Managing Food Allergies: School Nutrition Staff

1. Know your district or school food allergy policy.

- Read your district or school food allergy policy.
- Understand your role in keeping students with food allergies safe.
- Know how to activate the school's emergency action plan if a student has an allergic reaction.

2. Be familiar with each student's medical statement and Food Allergy Action Plan.

- Follow the instructions in the student's medical statement.
- Understand each student's Food Allergy Action Plan/Emergency Care Plan and keep in a place that is easy to find.
- Seek clarification if the medical statement is not clear. Ask your manager or director to contact the parent/guardian, if necessary. Do not serve a child with a food allergy any food that is suspected to possibly contain or have come in contact with an allergen.
- Know your school's system to identify students who have food allergies.
- Keep all student information confidential.

3. Read ingredient labels to check for allergens (foods that can cause allergic reactions).

- Most ingredient labels list the major eight foods causing allergic reactions using their common name (milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish).
- Check labels for warning statements such as "may contain," "produced on shared equipment," or "produced in a plant that uses." These foods should not be served to students with food allergies.
- Check labels for allergens on every product each time the product is purchased and received. Contact the manufacturer if the label is unclear.
- Maintain labels for a minimum of 24 hours after the food is served.

4. Avoid cross-contact when preparing and serving food.

- Wash hands with soap and water before and after each task. Using water alone or hand sanitizer alone does not remove allergens.
- Thoroughly wash, rinse, and sanitize all cookware before and after each use when preparing allergen-free foods. Warm, soapy water and friction are the only effective way to remove allergens.
- Wash, rinse, and sanitize all food contact surfaces before use.
- Designate an allergen-free zone in the kitchen. When working with multiple food allergies, set up procedures to prevent cross-contact.
- Follow standardized recipes exactly as written.
- Use serving utensils and gloves designated for allergen-free foods.
- Wash, rinse, and sanitize tables and chairs before and after each meal and as needed.



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Common Questions: School Nutrition Staff

What should I do if I make an error when preparing food for a student with a food allergy?

If you make an error, notify your supervisor or manager as quickly as possible. If they are not available, notify the school office. Do not serve the food to the child with the food allergy.

What should I do if a student with a food allergy complains of symptoms but looks fine?

Take all complaints from a child with food allergies seriously. Notify your school nurse or office immediately.

What should I do if I notice a student with food allergies being bullied?

Teasing or taunting a student with food allergies should never be allowed. Respond to bullying quickly and consistently, and report all incidents to your manager or school office immediately.

How can I be prepared if a student has a severe allergic reaction?

Attend any food allergy training that is offered and know the symptoms of a severe allergic reaction. Be familiar with the food allergy action plan of each student with food allergies.

Can exposure to a very small amount of allergen cause a reaction?

Yes. Even a very small amount of an allergen has the potential to cause severe allergic reactions.

Are potholders and oven mitts sources of cross-contact?

Yes. Use only dedicated potholders and oven mitts when making allergen-free food items. Wash hands after using potholders and oven mitts.

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Managing Food Allergies: School Nutrition Directors

1. Participate in the district or school food allergy management team.

- Participate in a district or school food allergy management team to create and implement a food allergy policy.
- Incorporate procedures from the district or school emergency plan that address allergic reactions into your Standard Operating Procedures (SOPs).
- Offer to help write a food allergy plan if your school or district does not currently have one.
- Evaluate the policy annually and ensure implementation.
- Write the school nutrition portion of the district or school food allergy policy.

2. Participate in team meetings for individual students with food allergies.

- Meet with a team to discuss a student's individual food allergies.
- Work with team members, in particular, the school nurse and parents, to obtain a medical statement and Food Allergy Action Plan/Emergency Care Plan for the student with allergies.

3. Create and implement food allergy procedures for school nutrition program.

- Follow your state and Federal disability laws, and the USDA regulations regarding students with food allergies.
- Monitor, review, and update SOPs for food allergy compliance.
- Provide food allergy training for staff.
- Food allergy procedures should address:
 - Responding to a food allergy emergency
 - Identifying students with food allergies while keeping information confidential regarding students with food allergies
 - Providing allergy information for menus, à la carte items, and food prepared for field trips to parents/guardians
 - Discouraging students from sharing or trading food, drinks, straws, or utensils
 - Encouraging handwashing before and after eating
 - Following food production and cleaning procedures to prevent cross-contact
 - Reading ingredient labels
 - Keeping ingredient labels for the recommended 24 hours after the food is served in case of an allergic reaction
 - Maintaining contact information for vendors to obtain food ingredient information
 - Signing up for food recall alerts on the Federal government's food safety website: www.recalls.gov
 - Reporting bullying in the cafeteria



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Common Questions: School Nutrition Directors

Is the school required to make accommodations for all students with food allergies?

Any food allergy may be a disability depending on an assessment by a state licensed healthcare professional, such as a physician. All food allergies, whether life-threatening or not, may be considered a disability. School nutrition programs are required to make reasonable accommodations for disabilities. Other medical or special dietary needs may also be considered a disability. This, too, depends on the medical assessment of a state licensed healthcare professional. School nutrition programs are encouraged, but not required to make food substitutions for students with special dietary needs that are not considered disabilities.

Why is documentation required for students with food allergies?

Proper documentation is needed to make sure accommodations are being made to keep students with food allergies safe. Documentation is required to receive reimbursement for meals that do not follow the required meal pattern.

What documentation is needed to make accommodations for a student with food allergies?

A student with food allergies or special dietary needs that are considered a disability and whose required modification does not meet the meal pattern must have a medical statement from a state licensed healthcare professional, such as a physician. Information that needs to be provided must include the following:

- the child's physical or mental impairment that is sufficient to allow the child nutrition staff to understand how it restricts the child's diet (in this situation a food allergy),

- an explanation of what must be done to accommodate the child's disability, and
- the food or foods to be omitted and recommended alternatives, in case a substitution or modified meal is needed.

School nutrition offices are encouraged to make the process of requesting a meal modification as simple and straightforward as possible. For example, they are encouraged to include information about modification requests when sending out applications for free and reduced-price school meals, in student handbooks, on the district's website, or in the same place where school lunch menus are posted.

If a meal modification for a child's disability can be made within the program meal pattern, a medical statement is not necessary, and USDA, Food and Nutrition Service (FNS) does not require child nutrition departments to obtain a medical statement. However, State agencies and/or school districts may choose to require a medical statement in this situation. Check with your State agency before changing any policies. It is also best practice to document what procedures and processes are done to protect the child.

To what length must school nutrition operations go to accommodate a child with a food allergy?

If a child's food allergy is considered a disability, a school must make a reasonable accommodation to provide an allergen-free meal to the student and a safe environment in which to consume the meal. The school nutrition staff must work closely with parents and the school community to determine how best to meet the dietary needs of the child.



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If making substitutions for students with food allergies costs extra money, where can I get funding?

A school cannot charge a student with allergies more than it charges other students. Extra expenses can be minimized by choosing an allergen-free menu from the items already being offered. Additional funds could come from the school's general fund, or from resources listed in USDA's *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals*.

Can I use a website to check food labels for allergens?

Although labeling information posted on websites can be helpful, they may not be up to date. To make sure a product is safe, read the ingredients label each time you receive it and call the manufacturer if you have questions.



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- Institute of Child Nutrition. (2016). *Serving safe food to students with food allergies sample SOP*. <https://theicn.org/foodsafety>
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06/23/2020



Institute of Child Nutrition



FOOD ALLERGY FACT SHEET

Wheat Allergies

What is a wheat allergy?

Wheat allergy is an abnormal immune system reaction to one of the four proteins found in wheat: glutenin, albumin, globulin, and gliadin. Wheat allergies are more common in children, especially babies and toddlers. By age 12, about two-thirds of children with wheat allergies will outgrow it.

What are the symptoms?

Wheat allergy symptoms can range from mild to severe and can include:

- Swelling, itching, or irritation of the mouth or throat
- Hives, itchy rash, or swelling of the skin
- Nasal congestion
- Headache
- Itchy, watery eyes
- Difficulty breathing
- Digestive symptoms (cramps, nausea, diarrhea, or vomiting)
- Anaphylaxis
 - Swelling or tightness of the throat
 - Chest pain or tightness
 - Severe difficulty breathing
 - Trouble swallowing
 - Pale, blue skin color
 - Dizziness or fainting



Individuals with wheat allergies cannot consume products that contain wheat in any form. Child nutrition staff should become familiar with the types of food that may contain wheat so that extra care can be taken to avoid accidental exposure. The following is a list of some products that could contain wheat.

What foods contain wheat?

- Baking mixes
- Beverages, such as root beer and powder-based drink mixes
- Bread and bread products (bagels, muffins, rolls, pastries, donuts, pancakes, waffles)
- Bread crumbs
- Breaded meat, poultry, and fish
- Bulgur
- Cakes, cookies, pies, and other baked goods
- Cereals (some varieties)
- Chips and pretzels
- Chocolate
- Condiments (soy sauce, ketchup, mustard, Worcestershire sauce, salad dressings, barbecue sauces, marinades, glazes, some vinegars)
- Couscous
- Crackers and cracker meal
- Durum
- Einkorn
- Emmer
- Farina
- Farro
- Flour (all-purpose, enriched, graham, high-gluten, high-protein, instant, pastry, self-rising, soft wheat, steel ground, stone-ground, whole wheat)
- Flour tortillas
- Freekeh (wheat that is harvested while young and green) – commonly found in Middle Eastern diets
- Gravies and sauces thickened with flour or starch
- Hydrolyzed wheat protein
- Ice cream
- Kamut

FOOD ALLERGY FACT SHEET

- Matzoh/matzo/matzah
- Meat or poultry packaged with broth
- Pasta and noodle products
- Processed entrees (meat, poultry, or fish with fillers; luncheon meats; hot dogs)
- Pudding
- Seitan (vegetarian meat substitute)
- Semolina
- Spelt
- Triticale (wheat and rye hybrid plant)
- Wheat (bran, gluten, grass, malt, sprouts, starch)
- Wheat germ/wheat meat
- Wheat germ oil
- Wheatgrass
- Wheat protein isolate
- Whole wheat berries
- Yogurt

Keep in mind wheat can also be found in:

- Asian dishes
- Candy
- Glucose syrup
- Sauces (mariana)
- Soup, including broth
- Starch (gelatinized, modified, vegetable)
- Surimi

Where is wheat located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement.

For example, barbeque sauce that contains wheat could be labeled in either of the ways shown in the following example (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: water, high fructose corn syrup, brown sugar, vinegar, tomato juice, modified food starch, molasses, spice, salt, mustard flour, Worcestershire sauce (distilled white vinegar, water, molasses, high fructose corn syrup, salt)</p> <p>Contains: Wheat</p>	<p>INGREDIENTS: water, high fructose corn syrup, brown sugar, vinegar, tomato juice, modified food starch (wheat), molasses, spice, salt, mustard flour, Worcestershire sauce (distilled white vinegar, water, molasses, high fructose corn syrup, salt)</p>

Labels should also be checked for warnings such as “may contain wheat,” “produced on shared equipment with wheat,” or “produced in a plant that uses wheat in other products.” These foods should be avoided as the product may contain a small amount of wheat due to cross-contact.

All child nutrition staff should be trained to read product labels and recognize food allergens. Because food labels change from time to time, child nutrition staff should check labels for wheat and wheat ingredients for every product each time it is received. If the label does not provide clear information, then the school must contact the manufacturer for clarification or use a different product. It is recommended that labels be maintained for 24 hours for every product served to a child with food allergies in case of a reaction. If the product is saved for later use as leftovers, the labels should be kept for 24 hours after all product has been used up or discarded.



FOOD ALLERGY FACT SHEET

What substitutes can be used for wheat in student meals?

Individuals on a wheat-restricted diet can eat a wide variety of foods, but the grain source must be something other than wheat. In planning a wheat-free diet, look for alternate grains such as amaranth, barley, corn, oat, quinoa, rice, rye, and tapioca.

There are many grains and flours that can be substituted for wheat. Special recipes must be used when making substitutions for wheat flour because all grains do not have the same properties. When baking from scratch, a combination of wheat-free flours usually provides the best outcome. Some breads made with non-wheat flours are available on the commercial market. However, because bread can contain blends of different types of flour, read labels carefully to ensure that wheat flour is not an ingredient.

Wheat Alternatives

- Amaranth
- Arrowroot
- Barley
- Buckwheat
- Chickpea
- Cornmeal
- Millet
- Oat
- Potato
- Potato Starch
- Quinoa
- Rice
- Rye
- Sorghum



When menu substitutions or accommodations for a student with a food allergy, that is considered a disability, are outside of the meal pattern, a medical statement from a state licensed healthcare professional is required. Life-threatening food allergies are considered disabilities. The Americans with Disabilities Act (ADA) requires a broad interpretation of a disability, and it is reasonable to expect that other types of food allergies may be considered disabilities, as determined by a state licensed healthcare professional, such as a licensed physician. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Foodservice Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the medical statement.

If there is uncertainty about the statement, or if it does not provide enough information, contact the household or physician (as permitted by the family) for clarification. However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.

When planning menus for children with wheat allergies, consider current food choices offered to determine if a reimbursable meal can be selected from foods that do not contain wheat protein. This approach will minimize the need to prepare special recipes or to make menu substitutions. The chart below lists common menu items that may be used as safe alternatives to items that contain wheat. Child nutrition staff should always carefully read labels, even for foods that do not generally contain wheat.

FOOD ALLERGY FACT SHEET

Common Menu Items That May Contain Wheat	Possible Substitutes or Alternatives That Do Not Typically Contain Wheat*
Breaded products (for example, chicken nuggets or patties, fried zucchini, okra)	Non-breaded products (for example, grilled chicken patties)
Bread, muffins, bagels, biscuits, and other bread products	Breads made without wheat flour or wheat products: barley, potato, rye, pure corn, rice, arrowroot, and corn tortillas
Casseroles containing soups, bread crumbs, or sauces thickened with flour or starch	Casseroles, soups, and sauces without wheat products
Chocolate	Wheat-free chocolate or pure cocoa powder
Cottage and cream cheese (some varieties)	Cottage and cream cheese without wheat products
Condiments (for example, salad dressings, soy sauce, soy bean paste)	Salt, chili powder, flavoring extracts, herbs, nuts, olives, pickles, popcorn, peanut butter
Crackers and snack chips (some varieties)	Rye cracker, rice cakes
Ice cream and frozen yogurt	Water or fruit ices
Meatloaf and meatballs	Beef, pork, ham, chicken, turkey, or fish; beans and legumes
Pasta	Rice pasta/noodles, other non-wheat pastas, rice, and polenta
Prepared baked goods (for example, cookies, cakes, quick breads)	Oatmeal, arrowroot, rice, or rye cookies made without wheat products
Pretzels	Corn or potato snack chips
Processed meats	“All meat” hot dogs or luncheon meats prepared without wheat flour fillers or wheat products
Processed soups	Soup without wheat products
Wheat-based cereals	Oatmeal, cream of rice, puffed rice, or other cereals made from pure corn, oats, or rice to which no wheat has been added
Yogurt	Milk

*Always check the ingredient label to verify ingredients and check for potential cross-contact.



FOOD ALLERGY FACT SHEET

Tree Nut Allergies

For both children and adults, tree nut allergies are one of the most common food allergies. For infants and younger children, in particular, it is the second most common food allergy.

What nuts should be avoided when a person has a tree nut allergy?

Typically, individuals with tree nut allergies are not just allergic to one type of tree nut, so physicians recommend avoiding all tree nuts and possibly peanuts (even though a peanut is a legume and not a nut). Under U.S. law, the following common nuts are considered “tree nuts”: almonds, Brazil nuts, cashews, chestnuts, filberts, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, and walnuts. Less common nuts that also fall under this law include beechnut, butternut, chinquapin, coconut, ginkgo, hickory, lychee nut, pili nut, and shea nut. Disclosure on food labels of all of these tree nuts is required by law.

What are the symptoms?

The most common symptoms of an allergic reaction to tree nuts include:

- Eczema
- Hives
- Itching of mouth, throat, eyes, skin, or other areas
- Asthma, shortness of breath
- Runny nose or nasal congestion
- Nausea
- Vomiting
- Digestive symptoms (abdominal pain, cramps, or diarrhea)
- Difficulty swallowing
- Anaphylaxis
 - Constriction of airways (swollen throat or a lump in the throat making breathing difficult)
 - Abdominal pain and cramping
 - Rapid pulse
 - Shock (a severe drop in blood pressure felt as dizziness, lightheadedness, or loss of consciousness)

Tree nuts tend to cause particularly severe allergic reactions, even if very small amounts are consumed. Many people are not aware of previous exposure or allergies to tree nuts when they have their first reaction. Tree nut allergies tend to be lifelong; only about 9% of children will outgrow tree nut allergies.

What foods contain tree nuts?

There are many unexpected sources of tree nuts, so reading food labels is important to eliminate exposure to tree nuts. Tree nuts are often ingredients in prepared products and ethnic cuisines, such as African, Chinese, Mexican, Thai, and Vietnamese. Natural extracts, such as almond or wintergreen extract, may contain tree nut protein. Tree nuts also can be found in household products, such as lotions and soaps.

Many items may not contain tree nuts but may be produced in a facility where tree nuts are used. As a result, cross-contact with tree nuts may occur. Many snack foods may be produced in a facility where many different types of snack foods or varieties of a product (for example, cereal bars) are produced. Some of the varieties of that product may include tree nuts. A product that is labeled as being produced in a facility with tree nuts should not be consumed by an individual with a tree nut allergy.



FOOD ALLERGY FACT SHEET

Products or Ingredients with Tree Nuts

- All tree nuts (see next page for a full list of tree nuts)
- Artificial nuts and flavoring
- Baked goods
- Barbeque sauces
- Black walnut hull extract (flavoring)
- Breeding for chicken
- Candies
- Energy bars
- Fish dishes
- Gianduja (a chocolate-nut mixture)
- Granola bars
- Honey
- Mandelonas (peanuts soaked in almond flavoring)
- Marinades
- Marzipan/almond paste
- Meat-free burgers
- Mortadella
- Natural nut extracts and flavorings (for example, almond, walnut)
- Nougat
- Nut butters (for example, cashew butter)
- Nut distillates/alcoholic extracts
- Nut meal
- Nut meat
- Nut milk (for example, almond milk, cashew milk)
- Nut oils (for example, walnut oil or almond oil)
- Nut paste (for example, almond paste)
- Pancakes, waffles
- Pasta
- Pesto
- Pie crust
- Praline
- Salads and salad dressing
- Walnut hull extract (flavoring)

Where are tree nuts located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight

food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement.

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required to list the specific tree nut on the product label. Child nutrition staff should look for the word “tree nut” or any of the specific tree nuts listed below:

- Almonds
- Beechnuts
- Brazil nuts
- Bush nuts
- Butternuts
- Cashews
- Chestnuts
- Chinquapin nuts
- Coconut
- Filberts
- Ginkgo nuts
- Hazelnuts
- Hickory nuts
- Lychee/lichee/litchi nuts
- Macadamia nuts
- Nangai nuts
- Nut pieces
- Pecans
- Pili nuts
- Pine nuts (pignoli, pignolia, pignon, pignon, and pinyon nut)
- Pistachios
- Shea nuts
- Walnuts

For example, a cereal that contains tree nuts could be labeled in either of the ways shown in the examples below (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: Whole grain oats (includes oat bran), Sugar, Modified corn starch, Honey, Brown sugar syrup, Salt, Tripotassium phosphate, Canola and/or rice bran oil, Natural almond flavor.</p> <p>Contains: Almond</p>	<p>INGREDIENTS: Whole grain oats (includes oat bran), Sugar, Modified corn starch, Honey, Brown sugar syrup, Salt, Tripotassium phosphate, Canola and/or rice bran oil, Natural almond flavor (Almond).</p>



FOOD ALLERGY FACT SHEET

Labels should also be checked for warnings such as “may contain tree nuts,” “produced on shared equipment with tree nuts,” or “produced in a plant that uses tree nuts in other products.” These foods should be avoided as the product may contain a small amount of tree nuts through cross-contact. USDA-regulated foods, namely meat, poultry, and egg products are not required to follow FALCPA labeling regulations but may do so voluntarily. Only common or usual names of the ingredients are required to be identified on these labels.

All child nutrition staff should be trained to read product labels and recognize food allergens. Because food labels change from time to time, child nutrition staff should check labels for tree nuts and tree nut ingredients for every product each time it is received. It is recommended that labels be maintained for a minimum of 24 hours following every product served in case of a reaction. If the product is saved for later use as leftovers, the labels should be kept for 24 hours after all product has been used up or discarded.



What substitutes can be used for tree nuts in student meals?

When menu substitutions or accommodations for a student with life-threatening food allergies are outside of the meal pattern, a medical statement from a state licensed healthcare professional, such as a physician, is required. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs; Guidance for School Foodservice Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the physician’s statement. If there is uncertainty about the statement, or if it does not provide enough information, contact the household or physician (as permitted by the family) for clarification.

However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.

When planning menus for children with tree nut allergies, consider current food choices offered to determine if a reimbursable meal can be selected from foods offered that do not contain tree nut protein. This approach will minimize the need to prepare special recipes or to make menu substitutions. Child nutrition staff should always read labels carefully, even for foods that do not generally contain tree nuts. The following chart lists common menu items that may be used as safe alternatives to items that contain tree nuts.

FOOD ALLERGY FACT SHEET

Common Menu Items That May Contain Tree Nuts	Possible Substitutes or Alternatives That Do Not Typically Contain Tree Nuts*
Granola bars, cereal bars, and breakfast bars	Bars without tree nut proteins
Ready-to-eat cereals	Hot cereals and ready-to-eat cereals without tree nut proteins
Tree nut butters (for example, almond butter and cashew butter) and products including tree nut butters	Soy butter (check label for cross-contact), bean spreads such as hummus
Trail mix or snack mix	Trail mix without tree nuts; soy nuts
Baked goods (for example, breakfast breads, rolls, or cookies)	Breads, rolls, and cookies without tree nut proteins
Asian entrees	Entrees without tree nut proteins (for example, macaroni and cheese)

*Always check the ingredient label to verify ingredients and check for potential cross-contact.

Common Questions

Should coconut be avoided by someone with tree nut allergies?

There is conflicting information about whether or not a person with a tree nut allergy should avoid coconut. Coconut has not been typically restricted for a person with tree nut allergies, but in 2006 the FDA began identifying coconut as a tree nut. There are some documented cases of coconut allergies, but most occurred in people without other tree nut allergies. Always try to get clarification from a healthcare professional.

Are nutmeg and water chestnuts safe for a person with tree nut allergies?

Yes. These foods are not tree nuts and are usually considered safe for a person with a tree nut allergy. Nutmeg is a seed, and water chestnut is a root.

Can a person with a tree nut allergy use oils made from tree nuts?

Tree nut oils are frequently less refined oils and may contain traces of tree nut protein. They are not usually considered safe for individuals with tree nut allergies.

Should a person with a tree nut allergy also avoid seeds such as sunflower, sesame, poppy, etc.?

Seeds usually do not need to be avoided unless recommended by a healthcare professional or unless the person has an additional allergy to seeds.



FOOD ALLERGY FACT SHEET

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- U.S. Food and Drug Administration. (2018). *What you need to know about food allergies*. <https://www.fda.gov/food/buy-store-serve-safe-food/what-you-need-know-about-food-allergies>

For More Information

Food Allergy Research & Education
<http://www.foodallergy.org>

Institute of Child Nutrition
<http://www.theicn.org/foodsafety>

U.S. Food and Drug Administration
Food Allergens
<https://www.fda.gov/food/food-ingredients-packaging/food-allergens>

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Institute of Child Nutrition



FOOD ALLERGY FACT SHEET

Soy Allergies

What population does soy allergies affect?

Soy is a common allergen that often starts in infancy. About 0.4% of children in America have a soy allergy. Most children outgrow soy allergies by the age of ten, but some adults have soy allergies.

What are the symptoms?

Symptoms of a soy allergy may occur within a few minutes to an hour after ingesting soy and vary from person to person. Common reactions to soy include:

- Tingling in the mouth
- Hives, itching, or eczema (itchy, scaly skin)
- Swelling of the lips, face, tongue, throat, or other parts of the body
- Wheezing, runny nose, or difficulty breathing
- Abdominal pain, diarrhea, nausea, or vomiting
- Dizziness, lightheadedness, or fainting
- Skin redness (flushing)

Symptoms of a soy allergy are usually mild, but in rare cases, anaphylaxis can occur. Signs of anaphylaxis include:

- Constriction of airways by throat swelling, making breathing difficult
- Rapid pulse
- Shock with a severe drop in blood pressure
- Dizziness, lightheadedness, or loss of consciousness



What foods contain soy?

Soybeans are not generally a major food in the United States, but some variations of soybeans, such as edamame, have become a niche food. Regardless, soy is versatile as an ingredient. Soy can be found in processed food (for example, chicken/vegetable broth, bouillon cubes, cereals, and baked goods) as well as many meat and vegetarian entrees. Asian cuisine often has soy ingredients. It is important that child nutrition staff read all food labels to check for soy to avoid accidental exposure.

Products or Ingredients with Soy

- Bean curd
- Cold-pressed, expelled, or extruded soy oil*
- Edamame (soybeans in the pod)
- Kinako (roasted soybean flour)
- Koya dofu (freeze-dried tofu)
- Miso (soybean paste)
- Natto
- Okara (soy pulp)
- Processed meats (for example, hotdogs)
- Shoyu
- Soybean (granules, curd, flour, paste)
- Soy/Soya (soy albumin, soy fiber, soy flour, soy grits, soy sprouts)
- Soy lecithin*
- Soy milk (soy infant formula, soy cheese, soy yogurt, soy ice cream)
- Soy nuts and nut butter
- Soy protein (concentrate, hydrolyzed, isolate)
- Soy sauce and other sauces
- Supro
- Tamari (a type of soy sauce)
- Tempeh (fermented soybean product)
- Teriyaki sauce
- Textured soy flour (TSF)
- Textured soy protein (TSP)
- Textured vegetable protein (TVP)
- Tofu
- Worcestershire sauce
- Yaki-dofu (grilled tofu)
- Yuba (bean curd)

FOOD ALLERGY FACT SHEET

Soy may be found in:

- Artificial flavoring
- Asian foods (e.g., Japanese, Chinese, Indian, Indonesian, Thai, Vietnamese, etc.)
- Baked goods (cookies, crackers, etc.)
- Canned items (broths, soups, tuna, and meats)
- Cereals
- High-protein energy bars and snacks
- Hydrolyzed plant protein
- Hydrolyzed vegetable protein (HVP)
- Lecithin*
- Low-fat peanut butter
- Natural flavoring
- Vegetable broth
- Vegetable gum
- Vegetable starch

*Food production companies are not required to label highly refined soy oil as an allergen. Some studies show that most people with soy allergies can safely eat highly refined soy oil and soy lecithin. Consult your doctor about consuming these products if you have a soy allergy.

Where is soy located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement.

For example, the cereal that contains soy could be labeled in either of the following ways shown (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: Whole Grain Wheat, Sugar, Raisins, Almond Pieces, Corn Bran, Partially Hydrogenated Cottonseed, Oil, Corn Syrup, Glycerin, Brown Sugar Syrup, Salt, Soy Lecithin, Natural and Artificial Flavor</p> <p>CONTAINS: Wheat, Almond, Soy</p>	<p>INGREDIENTS: Whole Grain Wheat, Sugar, Raisins, Almond Pieces, Corn Bran, Partially Hydrogenated Cottonseed, Oil, Corn Syrup, Glycerin, Brown Sugar Syrup, Salt, Soy Lecithin (Soy), Natural and Artificial Flavor</p>

Labels should also be checked for warnings such as “may contain soy,” “produced on shared equipment with soy,” or “produced in a plant that uses soy in other products.” These foods should be avoided because the product may contain a small amount of soy due to cross-contact.

All child nutrition staff should be trained to read product labels and recognize food allergens. Because food labels change from time to time, child nutrition staff should check labels for soy and soy ingredients for every product each time it is received. If the label does not provide clear information, then the school must contact the manufacturer for clarification or use a different product. It is recommended that labels be maintained for a minimum of 24 hours for every product served to a child with food allergies in case of a reaction. If the product is saved as leftovers, the labels should be kept for 24 hours after all the food item has been used up or discarded.



FOOD ALLERGY FACT SHEET

What substitutes can be used for soy in student meals?

When menu substitutions or accommodations for a student with life-threatening food allergies are outside of the meal pattern, a medical statement from a state licensed healthcare professional, such as a physician, is required. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Foodservice Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the physician’s statement. If there is uncertainty about the statement, or if it does not provide enough information, contact the household or physician (as permitted by the family) for clarification. However, clarification of the medical statement should not delay the child nutrition staff from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended medical statement.

When planning menus for children with soy allergies, consider current food choices offered to determine if a reimbursable meal can be selected from foods offered that do not contain soy. This approach will minimize the need to prepare special recipes or to make menu substitutions. The following chart lists common menu items that may be used as safe alternatives to items that contain soy. Soy is a common ingredient in many foods. Child nutrition staff should always carefully read labels, even for foods that generally do not contain soy.

Common Menu Items/Ingredients That May Contain Soy	Possible Substitutes or Alternatives That Do Not Typically Contain Soy*
Asian foods	Asian foods made without soy; other ethnic foods
Prepared baked goods (for example, bread, cookies, and crackers)	Scratch-made baked goods prepared without soy
Breakfast cereals	Oatmeal and other hot cereals; cereal without any soy
Canned broths and soups, bouillon	Scratch-made soups prepared without soy or canned varieties without soy
Canned tuna and meat	Fresh tuna and meat
Condiments, salad dressings and sauces (for example, soy sauce and soybean paste)	Condiments (for example, ketchup and mustard), salad dressings, or sauces that do not contain soy
Processed meats (for example, chicken nuggets, hamburgers, and hotdogs)	Beef, pork, ham, chicken, turkey, or fish; beans and legumes

*Always check the ingredient label to verify ingredients and check for potential cross-contact.



FOOD ALLERGY FACT SHEET

Common Questions

Are soybean oil and soy lecithin safe for people with soy allergies?

Research indicates that most people with soy allergies can safely consume highly refined soybean oil and soy lecithin. It is always best to check with a healthcare professional first. Highly refined soybean oil is exempt from being labeled as an allergen, but soy lecithin must be labeled.

A physician has stated that soy lecithin is safe for a student to eat. If soy lecithin is the only soy ingredient on the food label, but soy is listed in the allergen statement, is the product safe to use?

Not necessarily. Because the common name of an allergen in a product is only required by FALCPA to appear once, it is possible that there are other soy-derived ingredients in the product that are not listed. All ingredients on the food label need to be reviewed carefully. If there are any questions, the manufacturer should be contacted for additional information.



FOOD ALLERGY FACT SHEET

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For More Information

Food Allergy Research & Education
<http://www.foodallergy.org>

Institute of Child Nutrition
<http://www.theicn.org/foodsafety>

U.S. Food and Drug Administration
Food Allergens
<https://www.fda.gov/food/food-ingredients-packaging/food-allergens>

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Institute of Child Nutrition



FOOD ALLERGY FACT SHEET

Shellfish Allergies

Which shellfish are most likely to cause an allergic reaction?

There are two types of shellfish: crustaceans (crab, lobster, shrimp, crawfish, and prawn) and mollusks (clams, mussels, squid, snails, oysters, and scallops). Crustacean shellfish are considered the most allergenic. Because many people with allergies to one type of shellfish are also allergic to other types, it may be advised to avoid all shellfish. Shellfish is the most common food allergy reported by adults and usually develops in early adulthood. Shellfish allergies are considered life-long.

What are the symptoms?

Shellfish allergy symptoms include:

- Hives, itching, or eczema
- Swelling of the lips, face, tongue, throat, or other parts of the body
- Wheezing, nasal congestion, or trouble breathing
- Digestive symptoms (abdominal pain, diarrhea, nausea, or vomiting)
- Dizziness, lightheadedness, or fainting
- Tingling in the mouth

Shellfish, along with peanuts and tree nuts, is one of the most common causes of anaphylaxis.

- Anaphylaxis
 - Constriction of airways (swollen throat or a lump in the throat making breathing difficult)
 - Rapid pulse
 - Shock (a severe drop in blood pressure felt as dizziness, lightheadedness, or loss of consciousness)

What foods contain shellfish?

Individuals with a shellfish allergy should check with their healthcare professional to find out what type of shellfish they should avoid (crustaceans and/or mollusks). Asian foods and sauces commonly contain shellfish, so a person with shellfish allergies should use extreme caution when eating Asian foods or should completely avoid these foods.

Seafood restaurants should also be avoided because the possibility of cross-contact is very high. It is important that the child nutrition staff read all food labels to check for shellfish. Below is a list of items that could contain shellfish and should be avoided. A list of specific crustacean and mollusk names are listed later in this resource.

Products or Ingredients

- Asian foods and sauces (for example, fried rice and oyster sauce)
- Bouillabaisse
- Cioppino
- Ceviche
- Cuttlefish ink
- Egg rolls
- Fish sticks or portions
- Fish stock
- Glucosamine (also a dietary supplement)
- Gumbo
- Imitation seafood products (for example, imitation crab)
- Jambalaya
- Paella
- Seafood flavorings (crab or clam extract)
- Surimi
- Sushi
- Worcestershire sauce

Where are shellfish located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act (FALCPA)*. FALCPA requires that the major eight food allergens are listed on the label in one of



FOOD ALLERGY FACT SHEET

three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement. Crustacean shellfish is considered by FALCPA to be one of the major eight food allergens. FALCPA requires that the specific type of crustacean shellfish (for example, crab, lobster, or shrimp) be declared on the food label.

For example, egg rolls that contain shrimp, a crustacean shellfish, must follow FALCPA regulation and could be labeled in either of the ways shown in the examples below (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: FILLING INGREDIENTS - cabbage, shrimp, onion, water, carrots, celery, textured vegetable protein [soy flour, zinc oxide, niacinamide, ferrous sulfate, salt, sugar, spice, natural flavor, corn syrup solids and citric acid]. WRAPPER INGREDIENTS - enriched wheat flour [wheat flour, niacin, reduced iron, thiamine mononitrate (vitamin B1), riboflavin (vitamin B2)], water, modified food starch, cottonseed oil, egg, salt, sodium benzoate, corn starch (use for dusting). Fried in cottonseed and/or canola oil.</p> <p>Contains: Shrimp</p>	<p>INGREDIENTS: FILLING INGREDIENTS - cabbage, shrimp, onion, water, carrots, celery, textured vegetable protein [soy flour, zinc oxide, niacinamide, ferrous sulfate, salt, sugar, spice, natural flavor, corn syrup solids and citric acid]. WRAPPER INGREDIENTS - enriched wheat flour [wheat flour, niacin, reduced iron, thiamine mononitrate (vitamin B1), riboflavin (vitamin B2)], water, modified food starch, cottonseed oil, egg, salt, sodium benzoate, corn starch (use for dusting). Fried in cottonseed and/or canola oil.</p>

Mollusks are not considered a major allergen by FALCPA, so ingredient information for this type of shellfish may not be fully disclosed on the label. Because mollusks are not required to be labeled the same way that crustaceans are labeled, special care must be taken when reading labels for different types of shellfish.

A food label for oyster sauce containing oysters, a mollusk shellfish, is not required to follow FALCPA regulations but is required to list ingredients by their usual and common names.

Label
<p>INGREDIENTS: water, sugar, salt, oyster extractives (oyster, water, salt), modified corn starch, caramel color.</p>

If there is uncertainty about whether a food product contains a type of shellfish that the student must avoid, call the manufacturer for more information and do not serve the food to the student. Below is a list of types of shellfish with specific shellfish names.

Crustaceans

- Barnacle
- Crab
- Crawfish (crawdad, crayfish, or ecrevisse)
- Krill
- Lobster (langouste, langoustine, scampi, tomalley, Moreton bay bugs)
- Prawn
- Shrimp (crevette, scampi)

Mollusks

- Abalone
- Clam (cherrystone, geoduck, littleneck, Pismo, quahog)
- Cockle
- Cuttlefish
- Limpet (lapas, opihi)
- Mussel
- Octopus
- Oyster
- Periwinkle
- Scallop
- Sea cucumber
- Sea urchin
- Snail (escargot)
- Squid (calamari)
- Whelk (Turban shell)



FOOD ALLERGY FACT SHEET

Labels also should be checked for warnings such as “may contain shellfish,” “produced on shared equipment with shellfish,” or “produced in a plant that uses shellfish in other products.” These foods should be avoided because they may contain a small amount of shellfish due to cross-contact.

Because food labels change from time to time, child nutrition staff should check labels for shellfish and shellfish ingredients for every product each time it is received. It is recommended that labels be maintained for a minimum of 24 hours for every product served to a child with food allergies in case of a reaction. If the product is saved as leftovers, labels should be kept for 24 hours after the entire product is used up or discarded.

What substitutes can be used for shellfish in student meals?

When menu substitutions or accommodations for a student with life-threatening food allergies are outside of the meal pattern, a medical statement from a state licensed healthcare professional, such as a physician, is required. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the medical statement. If there is uncertainty about the statement, or if it does not provide enough information, contact the household or healthcare professional (as permitted by the family) for clarification. However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.

Making menu substitutions for shellfish is usually easily done because they are not used often on school and child care menus. However, shellfish based ingredients in condiments and sauces may be a concern in child nutrition programs, particularly with the increasing popularity of ethnic dishes. If shellfish or entrees containing shellfish as an ingredient are used on the menu, make sure another entree that does not contain shellfish can be selected for that meal. This approach will minimize the need to prepare special recipes or to make menu substitutions.

The chart below lists common menu items that may be used as safe alternatives to items that contain shellfish. Child nutrition staff should always read labels carefully, even for foods that do not generally contain shellfish.

Common Menu Items/Ingredients That May Contain Shellfish	Possible Substitutes or Alternatives That Do Not Typically Contain Shellfish*
Asian foods (for example, egg rolls, fried rice, lo mein)	Asian foods made without shellfish, other ethnic foods
Jambalaya or paella	Jambalaya or paella made without shellfish, other rice dishes without shellfish
Shellfish products (for example, crab, lobster, shrimp)	Beef, pork, ham, chicken, turkey, or fish; beans and legumes
Fish sticks, nuggets, or patties	Chicken nuggets or patties
Worcestershire sauce, salad dressings, fish sauce, soy sauce, surimi	Sauces and dressings that do not contain shellfish

*Always check ingredient labels to verify ingredients and check for potential cross-contact.



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Common Questions

Are there any special concerns with cross-contact when preparing food for children with shellfish allergies?

Cross-contact is a concern for all allergens, but there are specific concerns related to shellfish allergies. Frying is not a recommended method of cooking in schools and child care centers, but if shellfish are fried, the cooking oil can become contaminated. If you have students with shellfish allergies, no food for this student should be cooked in the same oil that was used for cooking shellfish or shellfish products. Cross-contact also can occur from utensils and grills.

Do I need to worry about shellfish exposure? My school does not serve shellfish.

Shellfish can be an ingredient in some common sauces and condiments, such as soy sauce and Worcestershire sauce, so it is still important to read food labels to ensure safety. Shellfish is sometimes used as an ingredient in fish products, so specifically, check these labels for shellfish.



FOOD ALLERGY FACT SHEET

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Peanut Allergies

Why should special precautions be taken with peanut allergies?

Peanuts are one of the most dangerous allergies because peanuts tend to cause particularly severe reactions. Peanut allergies account for the largest number of allergy-related deaths and the greatest incidence of anaphylaxis (a serious allergic reaction that can cause death). For some individuals, trace amounts of peanuts can cause a severe reaction. Non-ingestion contact (such as touching peanuts or inhaling peanut particles) is less likely to trigger severe reactions compared with ingestion contact. Even so, extreme caution should always be used because proximity to peanuts increases the opportunity for ingestion. The prevalence of peanut allergies in American children tripled from 1997 to 2008. Still, approximately 20% of children with a peanut allergy do outgrow it.

What are the symptoms?

The most common symptoms of an allergic reaction to peanuts include:

- Eczema
- Hives, redness, or swelling of the skin
- Itching or tingling around or in mouth and throat
- Tightness in throat
- Asthma, shortness of breath, or wheezing
- Runny nose
- Digestive symptoms (diarrhea, stomach cramps, nausea, or vomiting)

Peanut is the most common cause of food-induced anaphylaxis. Signs of anaphylaxis may include one or more of the following symptoms:

- Constriction of airways (swollen throat or a lump in the throat making breathing difficult)
- A severe drop in blood pressure
- Rapid pulse
- Shock (a severe drop in blood pressure felt as dizziness, lightheadedness, or loss of consciousness)



What foods contain peanuts?

There are many unexpected sources of peanuts, so reading food labels is important to eliminate exposure to peanuts. Peanuts are often ingredients in prepared products and ethnic cuisines, such as African, Chinese, Indonesian, Mexican, Thai, and Vietnamese foods. Artificial nuts can be peanuts that have been decaffeinated and recaffeinated with pecan, walnut, or almond. Mandelonas are peanuts soaked in almond flavoring.

Many items may not contain peanuts but may be produced in a facility where peanuts are processed or used as an ingredient. As a result, cross-contact with peanuts may occur. Many snack foods may be produced in a facility where many different types of snack foods or many different varieties of a product (for example, cereal bars) are produced. Some of the varieties of that product may include peanuts or peanut butter. A product that is labeled as being produced in a facility with peanuts should not be consumed by an individual with a peanut allergy.



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Products or Ingredients with Peanuts

- Arachis oil (another name for peanut oil)
- Artificial nuts
- Beer nuts
- Candy/Candy cereals (chocolate candy)
- Chili
- Cold-pressed, expressed, or expelled peanut oil*
- Egg rolls
- Enchilada sauce
- Frozen yogurt and ice cream
- Glazes and marinades
- Granola bars, cereal bars, and breakfast bars
- Ground nuts
- Hydrolyzed plant protein
- Hydrolyzed vegetable protein
- Ice creams
- Lupin (or lupine) – common flour substitute for gluten-free food, reaction due to possible cross-reaction
- Mandelonas (peanuts soaked in almond flavoring)
- Marzipan
- Mixed nuts
- Nougat
- Nut meat
- Nut pieces
- Peanuts, peanut butter, peanut flour, monkey nuts, and goobers
- Peanut protein hydrolysate
- Potato pancakes
- Sauces such as chili sauce, spaghetti sauce, hot sauce, pesto, gravy, mole sauce, and salad dressing
- Specialty pizzas
- Sweets such as pudding, cookies, and hot chocolate
- Vegetarian food products, especially those advertised as meat substitutes

* Highly refined peanut oil is not required to be labeled as an allergen.

Those with peanut allergies need to be mindful of food items that may be produced on equipment that

also produces peanuts. These food items could still cause a reaction for a child with a peanut allergy.

Some examples include:

- African, Asian, and Mexican restaurant food
- Alternative nut butters, such as soy nut butter or sunflower seed butter
- Sunflower seeds

Where are peanuts located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement.

For example, granola bars that contain peanuts could be labeled in either of the ways shown below (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: Roasted peanuts, high maltose corn syrup, sugar, dark chocolate chunks (chocolate liquor, sugar, soy lecithin, natural flavor), whole grain oats, high fructose corn syrup, rice flour, palm kernel oil, fructose, canola oil, nonfat milk, salt, peanut butter (peanuts, salt), whey, baking soda, malt</p> <p>Contains: Peanuts, Milk, Almond, Wheat, and Soy</p>	<p>INGREDIENTS: Roasted peanuts, high maltose corn syrup, sugar, dark chocolate chunks (chocolate liquor, sugar, soy lecithin, natural flavor), whole grain oats, high fructose corn syrup, rice flour, palm kernel oil, fructose, canola oil, nonfat milk, salt, peanut butter (peanuts, salt), whey, baking soda, malt</p>



FOOD ALLERGY FACT SHEET

Labels should also be checked for warnings such as “may contain peanuts,” “produced on shared equipment with peanuts,” or “produced in a plant that uses peanuts in other products.” These foods should be avoided as the product may contain a small amount of peanut through cross-contact.

USDA-regulated foods, namely meat, poultry, and egg products are not required to follow FALCPA labeling regulations but may do so voluntarily. Only common or usual names of the ingredients are required to be identified on these labels.

All child nutrition staff should be trained to read product labels and recognize food allergens. Because food labels change from time to time, child nutrition staff should check labels for peanut and peanut ingredients for every product each time it is received. It is recommended that labels be maintained for a minimum of 24 hours for every product served to a child with food allergies in case of a reaction. If a food item is saved as leftovers, the label should be kept for 24 hours after the product is completely used up or discarded.



What substitutes can be used for peanuts in student meals?

When menu substitutions or accommodations for a student with life-threatening food allergies are outside of the meal pattern, a statement from a state licensed healthcare professional, such as a physician, is required. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the medical statement.

If there is uncertainty about the statement, or if it does not provide enough information, contact the household or healthcare professional (as permitted by the family) for clarification. However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.

When planning menus for children with peanut allergies, consider current food choices offered to determine if a reimbursable meal can be selected from foods offered that do not contain peanuts. This approach will minimize the need to prepare special recipes or to make menu substitutions. Child nutrition staff should always carefully read labels, even for foods that generally do not contain peanuts. The following chart lists common menu items that may be used as safe alternatives to items that contain peanuts.

FOOD ALLERGY FACT SHEET

Common Menu Items That May Contain Peanuts	Possible Substitutes or Alternatives That Do Not Typically Contain Peanuts*
Granola bars, cereal bars, and breakfast bars	Bars without peanut proteins
Ready-to-eat cereals	Ready-to-eat cereals without peanut proteins
Peanut butter and products including peanut butter	Soy butter, bean spreads, sunflower butter
Trail mix or snack mix	Scratch-made trail mix without peanuts or soy nuts
Baked goods: breakfast breads or rolls, cookies	Scratch-made breads, rolls, and cookies without peanut proteins

*Always check the ingredient label to verify ingredients and check for potential cross-contact.

Common Questions

For a field trip, what is a good shelf-stable alternative to a peanut butter sandwich?

One option may be to substitute the peanut butter with soy or sunflower seed butters (please see the question on nut and seed butters). A few other options include a cheese sandwich, hummus or bean dip and chips, or a pre-cooked meal carried in a cooler with temperature control.

Can alternative nut butters (for example, cashew nut butter) or seed butters (for example, sunflower seed butter) be substituted for peanut butter?

Many nut and seed butters are produced on equipment used to process peanut butter, therefore making it somewhat of a risky alternative unless the manufacturer specifies that the item is peanut-free. Many experts recommend peanut-allergic patients avoid tree nuts, as well. Check with the manufacturer and healthcare professional for the safety of these alternatives.

How should I address a request for a peanut-free environment?

A school district's allergy policy should be based on consensus from all appropriate stakeholders involved. Many factors must be considered to determine if it is feasible to provide a peanut-free environment. Reasonable accommodations need to be taken if there are students with a peanut allergy, including discouraging food sharing, encouraging handwashing, and providing peanut-free zone guidelines to prevent ingestion, which is the most dangerous type of exposure. This request should be referred to the school's administrator.

Universal exclusion of specific foods (for example, peanuts) for an entire school is not a USDA, Food and Nutrition Service policy, but could be appropriate depending on local circumstances. However, if a school chooses to enact a universal ban, the specific allergen must never be present in the school, as the family will assume the school is a safe place for their child based on the stated ban. The school should still make every effort to educate the school community about food allergies to ensure the food allergen is not brought to school.

As a best practice, experts recommend placing a greater emphasis on educating the school community and raising awareness about food allergies, rather than banning a specific food since such an option cannot guarantee a totally safe environment or a fail-safe way to prevent an allergen from inadvertently entering into a building.



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Can a person with a peanut allergy consume tree nuts (almonds, walnuts, pecans, etc.)?

About 30% to 40% of people with peanut allergies are also allergic to tree nuts, so many allergists recommend that people with peanut allergies also avoid tree nuts. Additionally, the incidence of cross-contact between peanuts and tree nuts during the manufacturing process is high. If there are questions for a particular student, refer to that student's medical statement or request clarification from their state licensed healthcare professional.

Can a person with a peanut allergy use peanut oil?

Highly-processed peanut oil has been shown to be safe for the vast majority of individuals allergic to peanuts. Peanut oils that are cold-pressed, expelled, or extruded may contain peanut particles, and are, therefore, NOT safe for use. Check with the healthcare professional about whether or not peanut oil is safe for the individual with a peanut allergy.

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For More Information

Food Allergy Research & Education
<http://www.foodallergy.org>

Institute of Child Nutrition
<http://www.theicn.org/foodsafety>

U.S. Food and Drug Administration
Food Allergens
<http://www.fda.gov/Food/IngredientsPackagingLabeling/FoodAllergens/default.htm>

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Milk Allergies

What age group is most likely to have a milk allergy?

About 2.5% of children under the age of three have a milk allergy, which is the most common cause of allergic reactions in young children. This allergy is usually outgrown in the first few years of life, so it is more common in infants and young children than in adults.

Many proteins in milk can cause an allergic reaction. There are two main categories of proteins in milk:

1. Casein—proteins found in the solid part or curd (part of milk that curdles)
2. Whey—proteins found in the liquid part of milk (what remains after milk curdles)

What are the symptoms?

Milk allergies can cause a range of symptoms that occur within a few minutes to a few hours after exposure.

Immediate symptoms of a milk allergy might include:

- Hives (urticaria)
- Wheezing
- Itching or tingling around the lips/mouth
- Swelling of lips, tongue, or throat
- Coughing or shortness of breath
- Vomiting

Symptoms that may take more time to develop include:

- Loose stools or diarrhea, which may contain blood
- Abdominal cramps
- Runny nose
- Watery eyes
- Colic in babies



Milk, along with peanuts and tree nuts, is one of the most common causes of anaphylaxis. Signs of anaphylaxis may include one or more of the following symptoms:

- Constricted airways (making breathing difficult)
- Facial flushing
- Itching
- Shock with a severe drop in blood pressure

What foods contain milk?

Individuals with a milk allergy need to follow a completely milk-free diet to avoid possible reactions. Eliminating fluid milk and other dairy products such as cheese from the diet is obvious, but many nondairy products and processed foods contain casein and whey (the proteins in milk). Reading food labels is important to eliminate exposure to ingredients that contain milk.

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Products or Ingredients with Milk

The following list of products may contain milk and should be avoided.

- Butter (butterfat, butter oil, butter acid, butter ester)
- Buttermilk
- Casein & caseinates — ammonium caseinate, calcium caseinate, casein hydrolysate, hydrolyzed casein, iron caseinate magnesium caseinate, potassium caseinate, sodium caseinate, zinc caseinate
- Cheese (all types)
- Cottage cheese
- Cream, whipped cream
- Cream cheese
- Curds
- Custard
- Dairy product solids
- Diacetyl
- Galactose
- Ghee
- Half and half
- Hydrolysates — casein hydrolysate, milk protein hydrolysate, protein hydrolysate, whey hydrolysate, whey protein hydrolysate
- Ice cream, ice milk, sherbet
- Lactalbumin/lactalbumin phosphate
- Lactoferrin
- Lactose/lactulose
- Lactate solids
- Lactic yeast
- Lactitol monohydrate
- Lactoglobulin
- Margarine
- Milk (all forms – condensed, derivative, dry, evaporated, goat’s milk and milk from other animals, low-fat, malted, milkfat, non-fat, powder, protein, skimmed, solids, whole)
- Milk fat, anhydrous milk fat
- Pudding
- Quark
- Recaldent
- Rennet, rennet casein
- Simplese® (fat replacer)
- Sour cream, sour cream solids, imitation sour cream
- Sour milk solids
- Tagatose
- Whey (all forms)
- Whey protein hydrolysate
- Yogurt (regular or frozen), yogurt powder

Keep in mind milk/milk ingredients can also be found in:

- Baked goods/breaded food items
- Candy (caramel, chocolate, or nougat)
- Flavoring (artificial butter, caramel, or natural)
- High protein flour
- Lactic acid (usually not a problem), lactic acid starter culture
- Luncheon meats, hot dogs, or sausages (may use casein as a binder)
- Margarine
- Milk substitutes (soy-, nut- or rice-based dairy products, possible cross-contact)
- Nisin
- Nondairy products (may contain casein)
- Shellfish (may be dipped in milk to reduce fishy odor)
- Tuna (may contain casein)

Allergens are not always present in these foods. Always read the labels and ask questions if unsure about a product’s ingredient.

Where is milk located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement.



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For example, hot dog buns that contain milk could be labeled in either of the ways shown in the examples below (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: Whole wheat flour, water, high fructose corn syrup, egg, soybean oil, whey, yeast, sugar, soy flour</p> <p>Contains: Milk, Soy, Egg, Wheat</p>	<p>INGREDIENTS: Whole wheat flour, high fructose corn syrup, egg, soybean oil, whey (milk), yeast, sugar, soy flour</p>

Labels also should be checked for warnings such as, “may contain milk,” “produced on shared equipment with milk,” or “produced in a plant that uses milk in other products.” These foods should be avoided as the product may contain trace amounts of milk protein due to cross-contact.

All child nutrition staff should be trained how to read product labels and recognize food allergens. Because food labels change from time to time, child nutrition staff should check labels for milk and milk ingredients for every product each time it is received. If the label does not provide clear information, then the manufacturer must be contacted for clarification or a different product should be used. It is recommended that labels be maintained for a minimum of 24 hours for every product served to a child with food allergies in case of a reaction. If the product is saved for later use as leftovers, keep labels for 24 hours after all product has been used up or discarded.

Ingredients That Do Not Contain Milk

Listed are some ingredients that may be confused with ingredients that do contain milk, but these ingredients do not contain milk and need not be restricted by someone with a milk allergy:

- Calcium lactate
- Calcium stearoyl lactylate
- Cocoa butter
- Cream of tartar
- Lactic acid (however, lactic acid starter culture may contain milk)
- Oleoresin
- Sodium lactate
- Sodium stearoyl lactylate

What substitutes can be used for milk in school meals for students with a milk-related disability?

When a child has a milk-related disability, as determined by a state licensed healthcare professional, such as a physician, the program regulation [7 CFR 210.10 (m)] requires the school to provide the milk substitute specified by the healthcare professional. The child’s parent or legal guardian must provide the school with a medical statement signed by a state licensed healthcare professional before a milk substitute can be provided. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the physician’s statement.

If there is uncertainty about the statement, or if it does not provide enough information, contact the household or physician (as permitted by the family) for clarification. However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.



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What substitutes can be used for milk in school meals for students without a milk-related disability?

Schools have the option to offer a milk substitute in accordance with program regulation for the National School Lunch Program located at 7 CFR 210.10(m). For example, when a milk substitute is requested, and there is not a recognized disability, but may be a medical or other special dietary need such as milk intolerance.

Child nutrition departments must inform the State agency of any schools opting to provide milk substitutes and must ensure those milk substitutions meet USDA, Food and Nutrition Service (FNS) nutrient requirements (milk substitutes must be nutritionally equivalent to fluid milk). For example, low-fat or fat-free lactose-free milk, or reduced-lactose milk, would meet the nutrient requirements, among others. Be aware that school nutrition programs will not receive Federal reimbursement for a meal that substitutes juice or water for milk for a non-disability reason.

In this instance, since the milk substitution is due to a non-disability reason and can be accommodated within the established meal pattern, USDA, FNS does not require school districts to request a medical statement.

However, although it is not required by FNS, your local State agency may still require a medical statement. Check with your State agency before changing any policies. Furthermore, even if not required by the State agency, child nutrition offices may still choose to request a written medical statement from a state licensed healthcare professional in support of a request for a modification within the program's meal pattern. Child nutrition departments will be reimbursed for a non-disability modified meal that is within the meal pattern, regardless of whether they have obtained a written medical statement. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* on the USDA website for information on the required nutrient content of milk substitutes for non-disability cases.

When planning menus, consider current food choices offered to determine if a student who cannot consume milk may select a reimbursable meal from foods offered that do not contain milk proteins. This approach will minimize the need to prepare special recipes or to make menu substitutions for children with milk allergies. The following chart lists common menu items that may be used as safe alternatives to items that contain milk. Child nutrition staff should always carefully read labels, even for foods that generally do not contain milk.

Common Menu Items That May Contain Milk	Possible Substitutes or Alternatives That Do Not Typically Contain Milk*
Biscuits	Rolls or breadsticks made without milk
Breaded products (for example, chicken nuggets or patties, fried zucchini or okra)	Non-breaded products (for example, grilled chicken patty)
Bread, muffins, bagels, and other bread products	Tortillas, homemade bread products made without milk
Butter	Dairy-free margarine
Casseroles containing milk, cheese, butter, or sour cream	Scratch-made casseroles with dairy-free margarine, soy sour cream**, soy cheeses
Cheese and any menu items that contain cheese in any form	Soy cheese** or menu items without cheese (for example, a hamburger instead of a cheeseburger)
Chocolates and candies	Dairy-free chocolates
Crackers (some varieties)	Dairy-free crackers, some chips
Ice cream and frozen yogurt	Sorbet, ices, soy ice cream



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Mayonnaise- or cream-based salad dressings	Oil and vinegar-based salad dressings
Pasta (some varieties)	Rice, couscous, barley, beans, legumes
Prepared baked goods (cookies, cakes, quick breads)	Scratch-made baked goods without milk or dairy (angel food cake and oil-based cookies and cakes)
Processed meats (hot dogs, luncheon meats, sausages)	100% beef, chicken, pork, etc.
Processed soups (some varieties, especially cream- or milk-based soups)	Scratch-made soups without milk
Pudding	100% beef, chicken, pork, etc.
Yogurt	Soy pudding**

*Always check the ingredient label to verify ingredients and check for potential cross-contact.

**Soy products are common substitutes for milk products, but soy also is a common allergen.

Baking Substitutions

Water or fruit juice can be substituted in equal amounts for milk in baking and cooking. For example, use 1 cup of water in place of 1 cup of milk.

Common Questions

How does lactose intolerance differ from a milk allergy?

Food intolerances can sometimes be mistaken for food allergies. Lactose intolerance is caused by a deficiency of lactase, the enzyme that breaks down the sugar (lactose) found in milk into its digestible components. Common symptoms of lactose intolerance are nausea, bloating, diarrhea, gas, and cramps. Lactose intolerance is not life-threatening. Schools may offer lactose-free milk as part of the reimbursable meal without a written request. Those with lactose intolerance can often eat foods that contain milk as an ingredient and can usually consume other dairy products such as yogurt without symptoms. Milk allergy, in contrast, is a reaction to the proteins (rather than the sugar) in milk and is an immune response.

Is a milk allergy a disability?

A milk allergy is considered a disability, and child nutrition staff are required to provide a milk substitute, as prescribed by a state licensed healthcare professional's statement. The *Americans with Disabilities Act* states a broad interpretation of a disability, and it is reasonable to expect that other types of milk allergies and lactose intolerance may be considered disabilities, as determined by a state licensed healthcare professional.

Is a medical statement required for a milk substitution?

If a student has a milk-related disability, a medical statement is required in order to provide a substitute beverage for the milk that does not meet FNS nutrient requirements for milk. For students without a milk-related disability, schools may choose to provide a substitute beverage for the milk; schools may accept a written substitution request from a parent or legal guardian or a medical authority as recognized by the state. Any milk substitution in a non-disability



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situation must be nutritionally equivalent to fluid milk as provided in the National School Lunch Program regulation located at 7 CFR 210.10(m). Schools are not required to grant substitution requests for students without milk-related disabilities but are encouraged to consider ethnic and religious preferences when providing a fluid milk substitution. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* for information on the required nutrient content of milk substitutes for non-disability cases.

Can a child have a milk allergy and still consume cheese?

A child with a true milk allergy will not be able to consume any dairy products, including cheese and yogurt. On the other hand, children with lactose intolerance may be able to consume some types of cheese and yogurt without experiencing adverse effects.

Can juice be substituted for milk?

Students without milk-related disabilities may only be offered a nondairy beverage that is nutritionally equivalent to fluid milk. However, if a student has a milk-related disability, a juice substitution written in the medical statement must be followed.

Is goat's milk a safe alternative to cow's milk for students with food allergies?

Goat's milk protein is similar to cow's milk protein and may cause a reaction in milk-allergic individuals. It is not a safe alternative.

If a product is labeled "dairy-free" or "nondairy," is it safe for a person with milk allergies?

No. The term "dairy-free" does not have an FDA regulated definition, so there is no assurance that the product does not contain milk proteins. The FDA definition of "nondairy" states that the product can include milk proteins and still be labeled "nondairy." Consequently, ingredient labels should always be checked for the presence of milk even if one of these terms is used on the packaging.



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For More Information

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Institute of Child Nutrition
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The National Institute of Diabetes and Digestive and Kidney Diseases, *Lactose Intolerance*
<https://www.niddk.nih.gov/health-information/digestive-diseases/lactose-intolerance>

U.S. Food and Drug Administration
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Fish Allergies

Which fish are most likely to cause allergic reactions?

Salmon, tuna, and halibut are the fish most likely to cause allergic reactions, but it is recommended that individuals with any fish allergies avoid all fish. The term *fish* encompasses all species of finned fish, which can cause severe allergic reactions. The protein from the fish flesh is most likely to cause an allergic reaction, but fish gelatin and fish oil (which is often less refined and may contain traces of fish protein) should be avoided as they may also cause a reaction. Shellfish, although highly allergenic as well, are not in the same family as finned fish, so a person who has a fish allergy may be able to tolerate shellfish. Fish allergies are more common in adults than children and are considered to be life-long.

What are the symptoms?

Fish allergy symptoms can include:

- Hives
- Eczema, red spots
- Swelling
- Itchy, watery, swollen eyes
- Upset stomach
- Vomiting
- Diarrhea
- Cramps
- Nasal congestion
- Wheezing, coughing
- Trouble breathing, shortness of breath
- Hoarseness
- Throat tightening

A severe reaction to fish can lead to anaphylaxis.

Anaphylaxis

- Constriction of airways (swollen throat or a lump in the throat making breathing difficult)
- Abdominal pain and cramping
- Rapid pulse
- Shock (a severe drop in blood pressure felt as dizziness, lightheadedness, or loss of consciousness)

What foods contain fish?

Individuals with a fish allergy usually need to avoid all finned fish. Be mindful of Asian foods, which are often flavored with fish sauce; in addition, fish products are often used as ingredients in other ethnic cuisines, such as African, Chinese, Indonesian, Thai, and Vietnamese. A person with a fish allergy should use extreme caution when eating these foods or should completely avoid them. Seafood restaurants should also be avoided because the possibility of cross-contact is very high. It is important that child nutrition staff read all food labels to check for fish or fish ingredients. Below is a list of products that contain fish and should be avoided.

Products or Ingredients with Fish

- All finned fish (for example, anchovies, bass, catfish, cod, flounder, grouper, haddock, hake, halibut, herring, mahi mahi, perch, pike, pollock, salmon, scrod, sole, snapper, swordfish, tilapia, trout, and tuna)
- Barbecue sauce (may contain Worcestershire sauce)
- Breaded fish sticks and fish fillets
- Bouillabaisse
- Caesar salad and Caesar dressing
- Caponata (a Sicilian eggplant relish)
- Fish gelatin, made from the skin and bones of fish
- Fish oil
- Fish sauces (for example, Thai fish sauce or nam pla)
- Fish sticks
- Furmet (fish sauces)
- Imitation fish or shellfish (for example, surimi, sea legs, or sea sticks)
- Sushi
- Worcestershire sauce



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Where is fish located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement. FALCPA also requires the type of fish (for example, bass, flounder, cod) to be declared. This means that although fish is one of the eight major allergens, the label may not say “fish” but will state the name of the specific type of fish. For example, fish sauce that contains anchovies (a type of fish) could be labeled in either of the ways shown in the examples below (bold is used for illustrative purposes only):

Label 1	Label 2
INGREDIENTS: Anchovy extract, Salt, Pure cane sugar	INGREDIENTS: Anchovy extract , Salt, Pure cane sugar
Contains: Anchovy	

Labels also should be checked for warnings such as “may contain fish,” “produced on shared equipment with fish,” or “produced in a plant that uses fish in other products.” These foods should be avoided as the product may contain a small amount of fish due to cross-contact. U.S. Department of Agriculture (USDA)-regulated foods, namely meat, poultry, and egg products, are not required to follow FALCPA labeling regulations but may do so voluntarily. Only common or usual names of the ingredients are required to be identified on these labels.

All child nutrition staff should be trained to read food labels and recognize food allergens. Because food labels change from time to time, staff should check labels for fish and fish ingredients for every product every time it is received. If the label does not provide clear information, then the manufacturer

must be contacted for clarification or a different product should be used. It is recommended that labels be maintained for a minimum of 24 hours for every product after it is served to a child with food allergies in case of a reaction. If the product is kept as leftovers, be sure to keep the labels for 24 hours after all product is used up or discarded.

What substitutes can be used for fish in student meals?

When menu substitutions or accommodations for a student with life-threatening food allergies are outside of the meal pattern, a medical statement from a state licensed healthcare professional, such as a physician, is required. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the medical statement.

If there is uncertainty about the statement, or if it does not provide enough information, contact the household or healthcare professional (as permitted by the family) for clarification. However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.

When planning menus for children with fish allergies, consider current food choices offered to determine if a reimbursable meal can be selected from foods offered that do not contain fish. This approach will minimize the need to prepare special recipes or to make menu substitutions. The following chart lists common menu items that may be used as safe alternatives to items that contain fish. Child nutrition staff should always carefully read labels, even for foods that generally do not contain fish.



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Common Menu Items/Ingredients That May Contain Fish	Possible Substitutes or Alternatives That Do Not Typically Contain Fish*
Asian foods (for example, egg rolls, tempura, sushi)	Asian foods made without fish or fish sauce, other ethnic foods
Fish products (for example, baked fish, fish sticks)	Beef, veal, pork, ham, chicken, turkey, lamb; or beans/peas and legumes
Caesar salad and Caesar dressing (contain fish ingredients, anchovies); tuna salad	Salad and salad dressings that do not contain fish
Worcestershire sauce (may contain anchovies) and fish sauce	Condiments that do not contain fish

*Always check the ingredient label to verify ingredients and check for potential cross-contact.

Common Questions

Someone I know became ill after eating fish but did not test positive for fish allergies. How is that possible?

When scombroid species of fish – such as tuna, mackerel, skipjack, bonito, and bluefish, among others – are not held at proper temperatures, bacteria produce a toxin called histamine. This histamine from the contaminated fish can mimic the histamine produced in the body during an allergic reaction. Scombroid poisoning produces symptoms similar to those present in the body during an allergic reaction: flushing, sweating, headache, dizziness, nausea, rash or hives, diarrhea, and abdominal cramps. When serving scombroid fish, it is important to purchase it from a reputable vendor and to maintain cold holding temperatures. These histamines are not destroyed by freezing or cooking.

Are there special concerns with cross-contact when preparing food for children with fish allergies?

Cross-contact is a concern for all allergens, but there are a few specific concerns related to fish allergies. Frying is not a recommended method of cooking in schools and child care centers, but if fish is fried, the cooking oil can become contaminated. If you serve children with fish allergies, you should never cook other food in the same oil that was used for cooking fish. Additionally, fish proteins can become airborne in steam from cooking, so caution should be used to prevent cross-contact.



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For More Information

Food Allergy Research and Education
<http://www.foodallergy.org>

ICN Food Allergy Resources
<http://www.theicn.org/foodsafety>

U.S. Food and Drug Administration
Food Allergens
<http://www.fda.gov/Food/IngredientsPackagingLabeling/FoodAllergens/default.htm>

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06/23/2020



Institute of Child Nutrition



FOOD ALLERGY FACT SHEET

Egg Allergies

What age group is most affected by egg allergies?

Egg allergy is estimated to affect approximately 1.3% of young children, although most children outgrow this allergy. For infants and children, this is the second most common food allergy behind milk allergies. Most egg allergies begin in childhood, but egg allergies can develop at older ages.

The egg yolk and white both contain proteins that can cause allergies. There are over 40 different types of protein in eggs, but ovalbumin, found in the egg white, is the most prevalent. Allergic reactions to egg white are more common than allergies to egg yolk.

What are the symptoms?

The most common symptoms of an allergic reaction to eggs include:

- Skin inflammation or hives (most common reaction)
- Eczema
- Asthma symptoms (coughing, wheezing, chest tightness, or shortness of breath)
- Nasal congestion, runny nose, and sneezing (allergic rhinitis)
- Digestive symptoms (cramps, nausea, or vomiting)
- Anaphylaxis
 - Constriction of airways (swollen throat or a lump in the throat making breathing difficult)
 - Abdominal pain and cramping
 - Rapid pulse
 - Shock (a severe drop in blood pressure felt as dizziness, lightheadedness, or loss of consciousness)

What foods contain egg?

Even when a food is labeled “egg-free,” it could contain egg protein. Commercial egg substitutes typically are made of egg whites. Some fat substitutes, such as Simplese®, also are made with egg proteins. The following list includes some

products that may contain egg proteins, so extra care should be taken when reading food labels for these products.

Products or Ingredients with Egg

- Albumin (also spelled albumen)
- All egg products (scrambled eggs, hard-boiled eggs, etc.)
- Apovitellin
- Breeding on processed meat and poultry products
- Egg (whole, dried, powdered, solids, white, yolk)
- Eggnog
- Egg substitutes, cholesterol-free egg substitute (e.g., Eggbeaters®)
- Egg wash
- Fat substitutes
- Globulin
- Ice cream and gelato
- Livetin
- Lysozyme
- Marshmallows
- Marzipan
- Mayonnaise and mayonnaise-based salad dressings (including Caesar dressing)
- Meatloaf and meatballs
- Meringues (meringue powder)
- Ovalbumin
- Ovoglobulin
- Ovomucin
- Ovomuroid
- Ovotransferrin
- Ovovitelia
- Ovovitellin
- Processed meats
- Pudding and custard
- Sauces
- Silici albuminate
- Simplese®
- Soufflés
- Stratas and quiche
- Surimi
- Trailblazer
- Vitellin



FOOD ALLERGY FACT SHEET

Eggs may be found in:

- Artificial flavorings
- Baked goods (including pastries, bread, muffins, bread pudding, and quick bread)
- Lecithin
- Natural flavorings
- Nougat
- Pasta
- Pretzels
- Specialty coffee drinks (eggs can be used in the foam or topping)

Where is egg located on food labels?

Food labels that are regulated by the U.S. Food and Drug Administration (FDA) follow the regulations of the *Food Allergen Labeling and Consumer Protection Act* (FALCPA). FALCPA requires that the major eight food allergens are listed on the label in one of three ways: (1) using the common name, (2) common name written in parenthesis after the ingredient, or (3) in a “contains” statement.

For example, hamburger buns that contain egg could be labeled in either of the ways shown below (bold is used for illustrative purposes only):

Label 1	Label 2
<p>INGREDIENTS: Whole wheat flour, water, high fructose corn syrup, albumin, soybean oil, whey, yeast, sugar, soy flour</p> <p>Contains: Egg, Wheat, Milk, Soy</p>	<p>INGREDIENTS: Whole wheat flour, water, high fructose corn syrup, albumin (Egg), soybean oil, whey, yeast, sugar, soy flour</p>

Labels should also be checked for warnings such as “may contain eggs,” “produced on shared equipment with eggs,” or “produced in a plant that uses eggs in other products.” These foods should be avoided because the product may contain a small amount of egg through cross-contact.

All child nutrition staff should be trained to read product labels and recognize food allergens. Because food labels change from time to time, child nutrition staff should check labels for egg and egg ingredients for every product each time it is received. It is recommended that labels be maintained for a minimum of 24 hours for every product served to a child with food allergies in case of a reaction. If the product is saved for later use as leftovers, keep labels for 24 hours after all product has been used up or discarded.

What substitutes can be used for egg in student meals?

When menu substitutions or accommodations for a student with life-threatening food allergies are outside of the meal pattern, a medical statement from a state licensed healthcare professional, such as a physician, is required. Refer to the manual *Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals* on the USDA website (<https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>) for information on the required content of the medical statement. If there is uncertainty about the statement, or if it does not provide enough information, contact the household or physician (as permitted by the family) for clarification.

However, clarification of the medical statement should not delay the child nutrition department from providing a meal modification. Child nutrition staff should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible while obtaining the additional information or amended statement.

When planning menus for children with egg allergies, consider current food choices to determine if a reimbursable meal can be selected from foods offered that do not contain egg. This approach will minimize the need to prepare special recipes or to make menu substitutions.



FOOD ALLERGY FACT SHEET

Child nutrition staff should always carefully read labels, even for foods that generally do not contain eggs.

The following chart lists common menu items that may be used as safe alternatives for items that contain eggs.

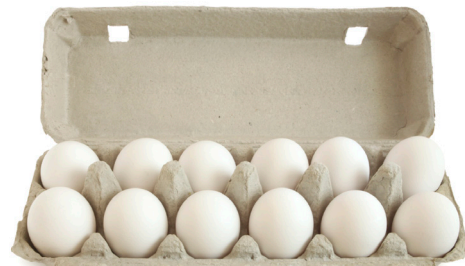
Common Menu Items That May Contain Egg	Possible Substitutes or Alternatives That Do Not Typically Contain Egg*
Breakfast entrees containing eggs	Yogurt, cheese, and cereal
Bread, bagels, muffins, crackers, and other bread products	Egg-free bread, French-type bread, and tortillas
Pancakes, waffles, and French toast	Egg-free pancakes
Processed meats	Grilled or baked meats
Breaded products, including chicken, fish, corn dogs, and other breaded items	Meat or fish with no breading
Mayonnaise-based salad dressings and salads	Mustard, vinegar, and Italian dressing
Pasta	Rice, couscous, barley, and egg-free noodles
Meatloaf and meatballs	Hamburgers
Casseroles	Macaroni & cheese and pizza
Pudding	Fruited gelatin
Baked desserts, including cookies and cakes	Fruit crisps and homemade fruit pies made without egg
Any desserts made with marshmallows or meringue (for example, crisped rice squares or some types of pie)	Graham crackers and whipping cream
Pretzels (some soft varieties)	Graham crackers and saltines
Ice cream and frozen yogurt	Sorbet and shaved ice

*Always check the ingredient label to verify ingredients and check for potential cross-contact.

Baking Substitutions

The following ingredients can be used to replace one to three eggs in a recipe:

- 2 Tbsp cornstarch, arrowroot flour, or potato starch = 1 egg
- 1 Tbsp soy powder + 2 Tbsp water = 1 egg
- 1 Tbsp soy milk powder + 1 Tbsp cornstarch + 2 Tbsp water = 1 egg
- 1 banana = 1 egg in cakes
- 1 Tbsp milled flax seed + 3 Tbsp cold water = 1 egg
- 1 tsp gelatin + 3 Tbsp cold water + 7 tsp boiling water, chilled and beaten = 1 egg
- 2 Tbsp water + 1 Tbsp oil + 2 tsp baking powder = 1 egg



FOOD ALLERGY FACT SHEET

Common Questions

Can egg substitutes be used to prepare foods for children with egg allergies?

No. Typically, egg substitutes are made from egg whites, which are highly allergenic for children with egg allergies. Egg substitutes were primarily developed for cooking food for individuals needing to reduce cholesterol consumption.

Can someone with an egg allergy sometimes eat cooked eggs?

People who have mild to moderate egg allergies may be able to eat traces of egg in baked goods (for example, cakes, bread, and cookies) if permitted by their healthcare professional. Still, foods containing large amounts of eggs should be avoided (for example, French toast or pancakes).

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06/23/2020



Institute of Child Nutrition



Child Care Center Food Allergy Fact Sheet

SESAME ALLERGY

What Is Sesame Allergy?

Sesame allergy is a potentially life-threatening immune system reaction to the proteins in sesame seeds. Affecting an estimated 1.6 million people in the United States, sesame was recognized as a major allergen by the *Food Allergy Safety, Treatment, Education, and Research (FASTER) Act of 2021*.



Avoiding Sesame

A child with a sesame allergy cannot consume sesame seeds or any foods that might contain sesame as an ingredient. The *FASTER Act of 2021* requires manufacturers to label sesame as an allergen on packaged foods by January 1, 2023. Until that time, sesame may appear undeclared in ingredients such as “natural flavoring” and spice blends. If you are unsure whether a product contains sesame, call the manufacturer and ask if sesame is used as an ingredient or is present in their manufacturing practices.

Sesame seeds often become “electrostatic,” causing them to cling to charged surfaces such as other foods, making it challenging to prevent *cross-contact*. Cross-contact is when one food allergen comes into contact with another food, transferring the allergens to the new food. A child with a sesame allergy should not consume a product labeled as being produced in a facility with sesame.

Sesame is also used in non-food items, such as cosmetics, perfumes, medications, nutritional supplements, and pet foods. The risk of these products for people with a sesame allergy is largely unknown, but they are best avoided.

If you have a child with a sesame allergy in your care, you need to be aware of foods and products that may contain sesame as an ingredient to prevent a reaction. The following tables list common names for sesame, sesame ingredients, and dishes, foods, and products that may contain sesame. It is important to read all food labels to check for sesame and products produced in a facility with sesame.

Common Names for Sesame

- Ajonjoli
- Benne, benne seed, beniseed
- Gingelly
- Sesamum indicum*
- Simsim
- Til or Teel

*The scientific name for sesame, *Sesamum indicum*, may be used on labels of non-food items, such as cosmetics, medications, nutritional supplements, and pet foods.

Sesame Ingredients

- Sesame flour
- Sesame meal
- Sesame oil*
- Sesame paste
- Sesame powder
- Sesame seed
- Sesamin
- Sesamol
- Sesamolin

*Sesame oil is usually “unrefined,” and consuming it can cause an allergic reaction.

Dishes, Foods, and Products That May Contain Sesame

- Baked goods (such as bagels, bread, breadsticks, hamburger buns, and rolls)
- Baba ganoush
- Candy, confection
- Chips (such as bagel chips, pita chips, and tortilla chips)
- Crackers (such as melba toast and sesame snap bars)
- Dressings, gravies, marinades, and sauces
- Falafel
- Goma dofu/gomadofu
- Gomasio (sesame salt)
- Granola
- Herbs and herbal drinks
- Halva/halvah/halwah
- Hummus
- Margarine
- Muesli
- Noodles
- Pasteli
- Pretzels
- Processed meats
- Protein and energy bars
- Rice
- Rice cakes
- Risotto
- Sesame salt
- Shish kabobs
- Soups
- Stews
- Stir fry
- Sushi
- Tahini
- Tempeh
- Turkish cake
- Veggie burgers

Reading Food Labels

Foods regulated by the U.S. Food and Drug Administration (FDA) are required to follow the *Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA)*. FALCPA requires food manufacturers to list the nine* major allergens and ingredients containing those allergens on the ingredient list of a food label in one of three ways:

- 1) Using their common or usual name **“Sesame”**
- 2) Providing the common or usual name of an allergen in parentheses after a lesser-known name of an allergenic ingredient **“Roasted Tahini (Sesame Seeds)”**
- 3) Using a “Contains” statement following or next to the ingredient list **“Contains Sesame”** or **“Contains Sesame Seeds”**

Food labels often contain an *advisory statement* following the ingredients list. This statement is NOT mandatory nor regulated in terms of the wording that should be used. Examples include:

“May contain sesame.”

“Manufactured on equipment that also processes sesame.”

Foods with an advisory statement should be avoided as the product may contain a trace amount of a particular allergen due to cross-contact. However, the absence of an advisory statement does not mean that the product has had no cross-contact with a particular allergen.

Food labels may also claim the product is free from a particular allergen. These claims are not regulated, and the product may be made in a facility where the allergen is present.



SESAME-FREE

Food Label Example

The following ingredient list is for a whole grain sesame seed bun. Notice how sesame is listed. Many, but not all, food manufacturers will include a “Contains” statement to be extra clear about the allergens present in their foods. However, this is not required if the allergens are listed with their usual, common names. Always read the ingredient list!

Ingredients: Water, **Whole Wheat Flour**, **Enriched Wheat Flour (Wheat Flour**, Niacin, Reduced Iron, Thiamine Mononitrate, Riboflavin, Enzyme, Folic Acid), Sugar. Contains 2% or less of Yeast (Yeast, Sorbitan Monostearate, Ascorbic Acid), **Sesame Seeds**, Soybean Oil, Salt, Monoglycerides with Ascorbic Acid and Citric Acid (Antioxidants), Fumaric Acid, Calcium Propionate (Preservative), Calcium Sulfate, Enzymes, Wheat Starch, Ascorbic Acid.

Contains: Wheat and Sesame.

*The *FASTER Act of 2021* declared sesame as the 9th major allergen. Food manufacturers are not required to list sesame and ingredients containing sesame on the ingredient list of a food label until January 1, 2023.

All child care staff should be trained to read food labels and recognize food allergens. Ingredients and manufacturing processes change over time, so staff should carefully read labels for potential allergens every time a product is purchased. If there is uncertainty about whether a food product contains a certain allergen, contact the manufacturer for clarification.

The Centers for Disease Control and Prevention (2013) recommends keeping labels of every product served to a child with food allergies for a minimum of 24 hours or as required by your State or local authority. If a product is kept as leftovers, be sure to keep the label for 24 hours after it is completely used or discarded.

Menu Modifications

A medical statement from a state-licensed healthcare professional is required when substitutions or modifications for a child with a food allergy are outside the meal pattern. Refer to the *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program* and *Summer Food Service Program* memo on the USDA website (<https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>) for more information on using medical statements.

When planning a menu for a child with a sesame allergy, consider your current menu items to determine if you can create a reimbursable meal or snack free of sesame. Meals and snacks that meet meal pattern requirements do not require a medical statement. This approach minimizes the need to make menu substitutions or prepare special recipes and reduces the burden on both providers and participants.

The following table lists safe alternatives to common menu items that contain sesame:

Menu Items & Condiments That May Contain Sesame*	Possible Substitutes*†
Bagels, bread, breadsticks, hamburger buns, and rolls	Bagels, bread, breadsticks, hamburger buns, and rolls without sesame
Crackers, pretzels	Crackers, pretzels without sesame
Dressings, gravies, marinades, and sauces	Dressings, gravies, marinades, and sauces that do not contain sesame
Granola, muesli	Granola or muesli without sesame
Main or side dish with baba ganoush, hummus, or tahini	Main or side dish without baba ganoush, hummus, or tahini
Pasta, rice, or stir-fried dishes	Pasta, rice, or stir-fried dishes without sesame
Processed meats	100% beef, pork, poultry, fish or shellfish; beans,
Soups or stews	Soups or stews without sesame

*All meals claimed for reimbursement must meet the CACFP meal pattern requirements. Please visit <https://www.fns.usda.gov/cacfp/meals-and-snacks> for more information. †Always review the food label to verify ingredients. Contact the manufacturer if there is uncertainty about whether a food product contains sesame.

Follow your center’s policies for handling food allergies. It is recommended to have a written care plan developed by the parents and the child’s health care provider if the child has a known food allergy. The written care plan should include the steps to follow if the child has a reaction. Consider posting lists of allergens around the center, particularly in food preparation areas. Staff who deal directly with food preparation, meal service, and/or children need to be informed of whom in the center has allergic concerns. This communication should be handled with discretion to protect the privacy of affected children.

Food Allergy Symptoms

An allergic reaction can be mild or severe. Symptoms of an allergic reaction can occur within minutes or a few hours of exposure to a food allergen. A child may experience different symptoms each time they have an allergic reaction. A history of mild reactions does not predict the severity of future reactions.

It may be difficult to determine when an infant or very young child is having an allergic reaction. They most likely do not understand what they are experiencing and may not have the language skills to tell you. Recognizing personality changes or when a child is looking unwell can offer important clues. Verbal children may say things like, “my mouth feels funny” or “my tongue is itchy.”

Common Symptoms of an Allergic Reaction

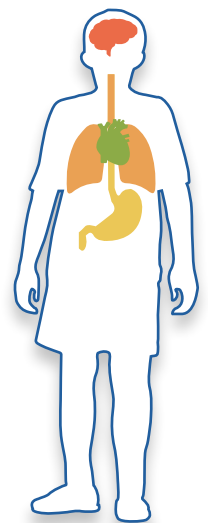
Body System	Symptoms
Skin	Hives, swelling (face, lips, tongue), itching, warmth, redness
Respiratory (breathing)	Coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice, nasal congestion, or hay fever-like symptoms (sneezing; runny or itchy nose; red, itchy, or watery eyes)
Gastrointestinal (stomach)	Nausea, stomach pain or cramps, vomiting, diarrhea
Cardiovascular (heart)	Dizziness/light-headedness, pale/blue color, weak pulse, fainting, shock, loss of consciousness
Neurological (brain)	Anxiety, sense of “impending doom” (feeling that something really bad is about to happen), confusion, headache

A *mild reaction* is generally considered one bodily response to an allergen that does not impact breathing or blood pressure, such as localized hives, hay fever, or mild nausea.

A *severe reaction* is called **anaphylaxis**. It is potentially life-threatening and generally includes severe symptoms affecting two or more body systems. The most dangerous symptoms of anaphylaxis include **trouble breathing** (caused by swelling of the airways) and a **drop in blood pressure** (causing dizziness, light-headedness, feeling faint or weak, or passing out). A drop in blood pressure without other symptoms may also indicate anaphylaxis. Anaphylaxis can occur without hives.

Follow your center’s emergency medical plans for responding to allergic reactions and your state’s specific rules and regulations for child care providers when administering medications. Anaphylaxis **MUST** be treated promptly with **an injection of epinephrine** followed by **calling 911**.

Once an allergic reaction begins, there is no way to predict if it will remain a mild, isolated response, or if it will become severe. Document and communicate with necessary staff and the child’s parents or guardians about their symptoms. Closely monitor the child for the next few hours in case the reaction intensifies. Be prepared to seek emergency care if needed.



Common Symptoms of an Allergic Reaction in Children Under 2 Years of Age

- Noticeable change in the sound of their cry
- Drooling
- Spitting up food or drink after feeding
- Uncontrolled passing of stool or urine
- Behavioral changes
 - Irritability
 - Unexpectedly becoming very sleepy or difficult to wake up
 - Suddenly appearing very frightened
 - Emotionally upset
 - Wanting to be held or comforted

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For More Information

Centers for Disease Control and Prevention
<https://www.cdc.gov/healthyschools/foodallergies/index.htm>

Food Allergy Research & Education
<https://www.foodallergy.org>

Institute of Child Nutrition
<https://theicn.org/icn-resources-a-z/food-safety>

US Food and Drug Administration
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