

**COMMUNITY UNIT SCHOOL DISTRICT 300**

**PROCEDURES ON THE MANAGEMENT OF FOOD**

**ALLERGIES AND ANAPHYLAXIS**



## **300 Procedures for the Management of Food Allergies and Anaphylaxis**

<b><u>Contents</u></b>	<b><u>Page #</u></b>
Introduction	3
Information and Awareness	4-5
Legislation	6
CUSD 300 Documentation Outline	7-8
Food Allergy and Anaphylaxis Management Plan	
Identification of Anaphylactic Students	9-10
Avoidance Measures	11-13
Other Types of Anaphylaxis	14
Emergency Response Plan	15-16
Appendices	
Allergy Assessment	
CUSD 300 Medication Authorization Form	
Food Allergy Action Plan	
Individual Health Care Plan	
Medical Alert/Food Allergy Alert to Parents	
Medical Alert for Teachers and Substitute Teachers	
Healthy Classroom Goal	
References	
Additional Resources	

# **COMMUNITY UNIT SCHOOL DISTRICT 300**

## **PROCEDURES ON THE MANAGEMENT OF**

### **FOOD ALLERGIES AND ANAPHYLAXIS**

#### **Introduction**

CUSD 300 recognizes the necessity to create district guidelines to assist our principals, nurses, teachers and school community protect anaphylactic students. Food allergies can be life-threatening. The risk of accidental exposure to foods can be reduced in the school setting if the schools work together with students, parents and physicians to minimize risk and provide a safe educational environment for students with food allergies.

The prevalence of anaphylaxis due to food allergies and other substances is increasing and children are the largest group of the population affected. Scientists estimate that approximately 12 million Americans suffer from food allergies. Every food-allergic reaction has the possibility of developing into a life-threatening reaction and even with proper treatment can be fatal. A life-threatening reaction can occur within minutes or hours after exposure to the allergen. Some individuals may react to just touching or inhaling the allergen while for others consumption of a miniscule amount of an allergenic food can cause death.

The Anaphylaxis Procedure has been created with the objective of striking a balance between the right and convenience of all students to eat what they like and the allergic child's right to relative health, safety and social normalcy in the school setting. In addition, interventions will foster developmentally appropriate increased independence so that our students will reach the long-term goal of self-management of their allergic conditions.

Outlined in this Anaphylaxis Procedure, are the key elements to the safe management of anaphylaxis:

- Information and Awareness
- Legislation
- CUSD 300 Documentation Plan
- Identification of Students with Food Allergies
- Avoidance/Prevention of Exposure
- Emergency Response Plan

## **Information and Awareness**

### **Anaphylaxis – What Is It?**

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to an allergen. During an allergic reaction to a specific food, the immune system recognizes a specific food protein as a target. This initiates a sequence of events in the cells of the immune system resulting in the release of chemical mediators, such as histamine. Ingestion of the food allergen is the principal route of exposure leading to allergic reaction. The symptoms of a food-allergic reaction are specific to each individual. Even a trace (very small) amount of food can, in some instances, quickly lead to fatal reactions. Research indicates that exposure to food allergens by touch or inhalation is unlikely to cause a life-threatening reaction. However, if children touch the allergen and then place their fingers in or near their nose or mouth, the allergen could become ingested and could cause a life-threatening reaction. **Every food allergic reaction has the possibility of developing into a life-threatening reaction.** A life threatening reaction can occur within minutes or even hours after exposure to the allergen.

Although an individual can have a life-threatening allergy to any food, including fruits, vegetables, and meats, over 90 percent of allergic reactions are caused by the following eight foods:

- Peanut
- Tree nut (walnut, cashew, pecan, hazelnut, almond, etc.)
- Milk
- Egg
- Fish
- Shellfish
- Soy
- Wheat

Most but not all, childhood allergies to milk, egg, soy and wheat, are outgrown by age 5. Allergies to peanut, tree nuts, fish and shellfish are often life-long. **Peanut and tree nuts typically cause the most severe allergic reactions, and approximately 90 percent of fatal near-fatal reactions are due to these foods.**

### **What are the Symptoms of an Anaphylactic Reaction?**

Allergies can affect almost any part of the body and cause various symptoms. **Anaphylaxis involves the most dangerous symptoms including but not limited to: breathing difficulties, a drop in blood pressure, or shock, which are potentially fatal.** Common signs and symptoms of allergic/anaphylactic reactions may include:

- |                              |                                |
|------------------------------|--------------------------------|
| ▪ Hives                      | • Swelling (of any body parts) |
| ▪ Itching (any part of body) | • Throat tightness or closing  |
| ▪ Runny nose                 | • Red, watery eyes             |
| ▪ Vomiting                   | • Difficulty swallowing        |
| ▪ Diarrhea                   | • Difficulty breathing         |
| ▪ Stomach cramps             | • Sense of doom                |
| ▪ Change of voice/hoarseness |                                |
| ▪ Coughing                   |                                |
| ▪ Wheezing                   |                                |

A child may be unable to describe their reaction the way an adult might expect. Here are a few ways children might express or state their allergic reaction:

- Exhibit screaming or crying
- Very young children will put their hands in their mouths or pull at their tongues.
- “This food’s too spicy. It burns my mouth (or lips).”
- “There’s something stuck in my throat”
- “My tongue and throat feel thick.”
- “My mouth feels funny. I feel funny (or sick).”

Fatal anaphylaxis is more common in children who present with respiratory symptoms, or GI symptoms such as abdominal pain, nausea or vomiting. In many fatal reactions, the initial symptoms of anaphylaxis were mistaken for asthma or GI illness, which resulted in delayed treatment with epinephrine auto-injector. Anaphylaxis typically occurs within minutes of exposure, although the onset may occur one to two hours after ingestion. **In the event of an anaphylactic reaction, epinephrine auto-injector (EpiPen) is the treatment of choice and should be given immediately.** Sometimes, if symptoms do not subside, a second epinephrine auto-injector is necessary.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. The combination of an early phase of symptoms followed by a late phase of symptoms is defined as biphasic reaction. **It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have resolved.**

### **What happens if Epinephrine is administered and it is not needed?**

Epinephrine constricts blood flow to skin and mucous membranes resulting in blanching of the skin at the injection site. Some children will briefly appear pale; others may vomit. Epinephrine also increases the cardiac rate.

Transient effects of epinephrine can also include restlessness, apprehension, headache, or tremors. In a normally healthy child, an “unnecessary” dose of epinephrine should have no prolonged or significant ill effects. Quick treatment is the safest approach, even if it might have been unnecessary. The side effects of epinephrine are typically mild, even when a student is not really having anaphylaxis.

Most parents and health care providers prefer that you err on the side of action (i.e., using medication) rather than inaction when treating an allergic reaction.

## **Legislation**

### **Federal Legislation**

Certain federal laws may be relevant to the school district's responsibilities for meeting the needs of students with severe food allergies and other forms of anaphylaxis.

#### **Section 504 of the Rehabilitation Act of 1973 (Section 504)**

Section 504 prohibits all programs and activities receiving federal financial assistance, including all public schools and some private schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who has a physical or mental health impairment (in this case, life-threatening anaphylaxis) that "substantially limits a major life activity", such as walking, standing, hearing, seeing, speaking, breathing, communicating.. Major life activities also include the operating of major bodily functions. Food allergies may affect multiple major life activities and bodily functions. (29 U.S.C. §794; 34 C.F.R. §104, et seq.).

"Substantially limited" is not defined in the law or Section 504 regulations. It is the responsibility of the Section 504 team to determine eligibility criteria as outlined in the regulations. In order to determine a child's qualification, an individual assessment of the child is required. If qualified, the child is entitled to receive a free, appropriate public education, including related services (FAPE). These services should occur within the child's usual school setting with as little disruption as possible to the school's and the child's routines, in a way that ensures that the child with a disability is educated to the maximum extent possible with his/her non-disabled peers.

#### **Title II of the Americans with Disabilities Act (the ADA) of 1990**

Like Section 504, the ADA also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. The ADA also provides a definition of "substantially limits" (41 U.S.C. § 1201 et seq.; 29 C.F.R. § 1630 et seq.).

#### **Individual with Disabilities Education Act (IDEA)**

IDEA provides financial assistance to state and local agencies for educating students with disabilities that significantly interfere with learning. Children are eligible if they fit into one or more of the 13 categories of disability defined in the law and if, because of the disability, they require specialized instruction (20 U.S.C. § 1400 et seq.; 34 C.F.R. § 300 et seq.).

### **Illinois State Legislation**

**Public Act 094-0792** allows for self-administration of medication by a pupil with asthma or the use of an epinephrine auto injector by a pupil, provided that the parents or guardians of the pupil provide to the school written authorization for the self-administration of medication or use of an epinephrine auto-injector. The medication must be in a pharmacy labeled container with the medication, dosage, instructions and physician name clearly indicated on the label.

## **CUSD 300 Documentation Plan**

The following documents will be completed for any child with a history of anaphylaxis. The documents will ensure that the correct medical information is obtained on the student's anaphylaxis condition and utilized to educate staff, establish necessary avoidance precautions for risk-reduction and emergency response procedures. These documents will be created in collaboration with school staff, parents/guardians and physicians. These documents are available on the CUSD 300 website and at all schools. The following appendix documents may need to be completed:

- Allergy Assessment
- CUSD 300 Medication Authorization Form
- Food Allergy Action Plan
- Individual Health Care Plan
- Medical Alert/Food Allergy Alert to Parents
- Medical Alert for Teachers and Substitute Teachers

### **Allergy Assessment**

Provides the school with information about a child's health needs by parents responding to some questions and returning the form to the school nurse

### **CUSD 300 Medication Authorization Form**

This form authorizes the school to administer prescription medications and over-the-counter medications. Includes the names of the medication, dosage, route, times and any special instructions. This must be signed by a parent/guardian and physician. *\* Please note that beginning August 2010 we no longer need physician consent for a student to carry and/or self-administer an inhaler for asthma or an Epinephrine Auto-Injector for anaphylaxis if the pharmacy label is on the medication container with all appropriate information visible- parental authorization on the form is still required.*

### **Food Allergy Action Plan**

The food Allergy Action Plan is a written document, accompanied by photo identification of the student that outlines identifying information, the anaphylactic allergies, potential signs and symptoms of an allergic reaction and emergency response procedures that must be taken in the event of an emergency. It also includes emergency contact information for parents/family and medical provider. This document should be completed by parents/guardians prior to entry into school or immediately following a new diagnosis of a life-threatening allergic condition and updated annually. This is a document that requires review and signature authorization by both parent/guardian and medical provider.

### **Individual Health Care Plan (IHCP)**

An Individual health Care Plan (IHCP) is a written document developed for students whose health needs require daily intervention. These plans describe how to meet an individual student's daily health and safety needs in the school setting. The information in the IHCP may be distributed to all school staff that has responsibility for the student. The IHCP includes diagnoses, interventions and accommodations. This document should be completed prior to entry into school or immediately following a new diagnosis. The IHCP is established by a collaborative process between parents/guardians and school staff. Specific considerations to be included in the IHCP and accommodation plans for students with life-threatening food allergies may include:

- Information and awareness- identification measures, locations of Food Allergy Action Plans, allergy awareness signs and where they will be posted, substitute teacher subfolders, parent communications, school personnel education and training.
- Avoidance precautions- classroom interventions (snack and food celebration policies, hand washing), cafeteria interventions (allergy free zones/tables), field trip and school sponsored extra-curricular activity precautions, bus safety measures etc.
- Emergency Response Procedures – location of emergency medications and Food Allergy Action Plan with instructions, emergency communication devices, staff training of administration of epinephrine auto-injectors, etc.

The IHCP should be updated at least annually, and more frequently as necessary to keep pace with changing student needs and school environment. Review of the IHCP should also take place after any emergency event involving the administration of emergency medications to determine why the incident occurred, the effectiveness of the process and areas for improvement.

### **Medical Alert/Food Allergy Alert to Parents**

Informs parents in the elementary classroom that a student(s) in their child's classroom has a severe food allergy where exposure to these allergens could cause a life-threatening reaction. This form is sent home to parents at the beginning of the school year and throughout the year if needed as a reminder before parties/celebrations.

### **Medical Alert for Teachers and Substitute Teachers**

Alert for teachers and substitutes of a student that has a life-threatening allergy. This information will be shared with appropriate staff as needed.



# **Food Allergy and Anaphylaxis Management Plan**

## **Information and Awareness**

### **Identification of anaphylactic students to school authorities:**

- It is the responsibility of the family to notify the school of any allergies, complete required and requested forms and provide medication as needed.
  - Student Health and Emergency Form, required for annual registration, includes information on life-threatening food allergies and other causes of anaphylaxis
  - Allergy Assessment Form
  - CUSD 300 Medication Authorization Form
  - Food Allergy Action Plan with written medical documentation, instructions and medications as directed by a physician; photo of child included on form
  - Individual Health Care Plan (IHCP)

### **Identification of anaphylactic students to staff:**

- Appropriate staff members should be made aware of anaphylactic students either individually or at a staff meeting, before the school year begins
- Food Allergy Action Plans with photo ID will be placed in the student's health file and in key locations, such as the nurse's office, the main office, the cafeteria, substitute teacher folders and wherever the child's epinephrine auto-injector(s) are stored
- The Students Individualized Health Care Plan will stipulate whether or not the Food Allergy Action Plan is posted in classrooms; parents are always included in the planning; for younger children it may be advisable to post in classrooms; for older children, issues of personal privacy should be considered
- Food allergy/intolerance signs (not identifying the specific students) may be placed outside classrooms and in specific areas as reminders.
- Substitute Teacher subfolders should include the student's Food Allergy Action Plan with photo ID along with instructions for the substitute teacher to immediately contact the school nurse for education and instruction
- Instructions on the use of the auto-injector will be placed with the Food Allergy Action Plan
- The student should be encouraged to wear a Medic Alert® bracelet or necklace that identifies specific allergens
- Field trip protocol will involve identification of the anaphylactic student to all staff and parent volunteers prior to departure
- Parents should identify their food allergic child to appropriate staff and review the Food Allergy Action Plan prior to any after school program or school sponsored extracurricular activity
- Bus drivers should be informed of the presence of an anaphylactic child

**In-Service for teachers and other school staff:**

- The principal, along with the school nurse, should ensure that in-service is provided annually to school personnel, custodians, cafeteria staff and others who are in regular contact with anaphylactic children
- In-service training should focus on:
  - Education and Awareness – What is a food allergy/anaphylaxis, symptom recognition
  - Avoidance Precautions – School policies to reduce accidental exposure, concept of cross-contamination and importance of reading ingredient labels, non-food sources of food allergens
  - Emergency Response – How to treat an anaphylactic reaction, chain of command, auto-injector training
- Educational videos and power point presentations are available as educational tools (see Resources)
- Handouts should be available at the in-service training on:
  - Basics of Food Allergies and Anaphylaxis
  - Sample Food Allergy Action Plan with emergency response instructions
  - Management guidelines specific to staff role

**Sharing information with other students:**

- Age appropriate information should be shared on food allergies and anaphylaxis as well as avoidance precautions (not sharing food or utensils, etc.)
- Teasing a student about his/her food allergies will not be tolerated and this will be communicated to all students

**Sharing information with parents and parent organizations:**

- At the beginning of the school year, the school should send home letters to parents of elementary students indicating the presence of a student with life-threatening allergies in their child's class. Identification of the student by name should be made only with parental permission
- Request that parents bring concerns about procedure to the principal and/or school nurse, not to the parents of anaphylactic students
- Follow up with a reminder communications around special holidays or other occasions when food is being brought from home to school

**Maintaining open communication between parents of anaphylactic students and the school:**

- The school should maintain open lines of communication with the parents of anaphylactic students
- Parents need to be involved in the establishment of the Food Allergy Action Plan and Individual Health Care Plan
- Parents of anaphylactic students should be given the option to accompany their child on fieldtrips when a parent volunteer is required
- Parents should participate in a review process if accidental exposure does occur with the goal of preventing future incidences and improving established interventions

## **Avoidance Measures**

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex.

The goal of implementing avoidance measures is to reduce risk of accidental exposure to allergens without depriving the anaphylactic child of normal peer interactions or placing unreasonable restrictions on the activities of other children in the school.

Avoidance measures should be somewhat flexible, taking into consideration the anaphylactic child's age, maturity and social-emotional development, the organizational and physical environment in different schools, and the properties of the allergen itself. As children mature, they should be expected to take increasing personal responsibility for avoidance of their specific allergens.

### **Anaphylactic students:**

- Do not trade or share foods, utensils and containers
- Wash hands before and after eating
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen
- Always read ingredients before eating food
- Eat at designated allergen-free areas
- Avoid sitting in areas where students are known to have unsafe food
- Do not participate in general clean-up of cafeteria tables or garbage disposal
- Medic Alert ® bracelets are expected and strongly encouraged
- Do not share musical instruments that are placed in the mouth with other students
- Self-advocate with peers and staff in situations that they might perceive as compromising their health

### **Non-Anaphylactic Students:**

- Do not trade or share foods, utensils and containers
- Wash hands before and after eating
- Respect allergen-free areas and be prepared to move if your food is felt to be potentially dangerous to an anaphylactic student
- Never tease or threaten an anaphylactic student about his/her allergies

**Cafeteria Avoidance Measures:**

- Take reasonable measures to keep common allergens off the school's lunch menu (i.e. no peanut products)
- Train cafeteria staff on the symptoms of anaphylaxis, the major food allergens, label reading, cleaning and separating to avoid cross contamination with food allergens, personal hygiene to avoid cross contamination, and procedures to document and monitor allergen free measures and preparation areas within the kitchen
- Establish allergen-free areas for anaphylactic students to eat safely without social-isolation
- Provide sufficient lunch-hour supervision when anaphylactic students are present
- Encourage good hand-washing practices in the cafeteria
- Ensure that tables and other eating surfaces are washed clean after eating, using a cleansing agent approved for school use; this is particularly important for peanut-allergic students because of the adhesive nature of peanut butter

**Classroom Avoidance Measures:**

- Make every effort to create an educational learning environment that respects students with food allergy or intolerances
- Visually identify classrooms with anaphylactic students; only allergies/intolerances will be listed. No student names shall be listed
- Encourage hand-washing practices before and after snacks and meals
- Curriculum materials should be reviewed for sources of common allergens (i.e. allergens are sometimes found in play dough, beanbags, counting aids, toys, science projects, seasonal activities such as garden projects)
- Assist student in wiping computer key-boards and musical instruments when part of student's health care plan
- Prior to special celebration send letters home to classroom parents reminding them of the procedure on allergen-safe foods with ingredient labels and consider including ideas
- Only allow the anaphylactic child to have labeled foods approved by the parent
- If unsafe foods are brought in by a parent, explain the safety issues and provide suggestions for alternatives

**Substitute Teachers:**

- Substitute teacher subfolders should include the student's Food Allergy Action Plan along with instructions for the substitute teacher to immediately contact the school nurse for concerns
- Long-term substitute teachers should be involved with in-service education and training programs

**Field Trips:**

- Have the parent of the anaphylactic student clearly label their child's lunch so as to avoid mix-up
- Notify the family of anaphylactic students prior to a field trip so that the family can call the field trip destination to determine risk if warranted
- Ensure that the student's emergency medications along with their Food Allergy Action Plan are brought by the supervising school staff
- Parents should consider providing more than one auto-injector for use in case of an emergency
- Require all supervisors to be aware of the identity of the anaphylactic student, the allergens, symptoms and treatment per a student's health care plan
- Ensure that a supervisor with training in the use of the auto-injector is assigned responsibility for the anaphylactic student
- If parent volunteers are required, offer the anaphylactic student's parent to accompany the group
- Ensure access to a telephone, cell phone, or radio communication in case of emergency
- Consider way to wash hands before and after eating
- If the risk factors are too great to control, the parent of the anaphylactic student may decide that the student is unable to participate in the field trip

**Bus Safety:**

- Bus drivers will be informed of the presence of an anaphylactic child and drivers will be trained in emergency response procedures per bus company guidelines
- With parental permission, the food allergic child should be identified and his Food Allergy Action Plan with photo ID on the bus
- Any school bus that carries a child with a life-threatening allergy should be equipped with a reliable communication device – radio or cell phone
- Maintain a procedure of no food eating allowed on school buses
- Consider a designated seat for anaphylactic students, preferably near the front of the bus, with consideration of developmental needs

### **Other Types of Anaphylaxis:**

Information and awareness procedures apply fully for students with other types of anaphylactic allergies. These include an Allergy Action Plan and Individual Health Care Plan. Specific avoidance measures will depend on the allergic condition, such as:

#### **Avoidance Measures for Insect Venom/Stings Allergic Reactions:**

- Avoid wearing loose, hanging clothes, floral patterns, blue and yellow clothing, fragrances
- Check for the presence of bees and wasps, especially nesting areas, and arrange for their removal
- Ensure garbage is properly covered and away from play areas
- Caution students not to throw sticks or stones at insect nests
- If required by an Emergency Action Plan, Individual Health Care Plan and/or 504 Plan, allow students with life-threatening insect allergies to remain indoors for recess during bee/wasp season
- Immediately remove a student with allergy to insect venom from the room if a bee or wasp gets in
- In case of insect stings, never slap or brush the insect off, and never pinch the stinger if the student is stung. Instead, flick the stinger out with a fingernail or credit card

#### **Avoidance Measures for latex Allergic Reactions:**

- Inform school administrators and teachers of the presence of students with latex allergies
- Identify areas of potential exposure and determine student risk
- Screen instructional, cafeteria department purchase to avoid latex products. Eating food that has been handled by latex gloves presents a high risk of a reaction
- Do not use latex gloves or other latex products in the health office
- Do not allow the use of latex balloons for celebrations in schools where a student has a latex allergy

#### **Suggestions for Medication Allergic Reactions:**

- Inform school administrators and teachers of the presence of students with medication allergies
- Maintain current health records
- Do not administer a medication to a student unless there is a medication order on file. This includes over-the-counter medications
- Refer to school district medication policy

## **Emergency Response Plan**

Despite our best efforts at avoiding situations that may result in anaphylaxis, students may come into contact with an allergen while at school. The following Emergency Response Plan will highlight to areas of preparedness:

### **Individual Student's Food Allergy Action Plan:**

- The individual Student's Food Allergy Action Plan will be developed for each allergic student in conjunction with the student's parents and physician and will be kept in a readily accessible location and shared appropriately.

### **School Emergency Response Plan:**

#### **Preparation for Anaphylaxis**

- All school nurses and substitute nurses will be adequately trained to respond to anaphylaxis and additional education and training will be available when deemed necessary
- Each school will ensure that enough staff members have been trained in emergency response to ensure adequate coverage for such an emergency
- Staff members shall be trained annually by the school nurse in the response procedures for anaphylaxis and the use of an auto-injector. Staff members uncomfortable with such training will not be expected to participate
- Auto-injectors (EpiPens) should be kept in a secured area in the nurse's office and available for quick access in the event of an emergency
- Additional EpiPens should be provided by the student's parents for use in the child's classroom and/or cafeteria or other school event areas that are deemed anaphylaxis risk area
- All staff should be aware of the location of EpiPens

#### **Response to Anaphylaxis**

- An **emergency call to 911 will be placed** and the operator should be notified of the location of the emergency and that an anaphylactic reaction is occurring
- **The student's Food Allergy Action Plan and medication will be located and the plan followed until emergency medical services arrives and assumes care**
- The location of a child undergoing anaphylaxis should be rapidly communicated to the school nurse or a staff person trained for response and the use of an auto-injector
- Staff trained in the use of an auto-injector will administer the auto-injector (EpiPen or equivalent)- it should not be assumed that the student will be capable of administering his or her own auto-injector in the event of anaphylaxis
- In the event the student is having difficulty breathing or is unresponsive or emergency response is delayed, any staff member or emergency respondent may administer the auto-injector according to the student's Allergy Action Plan and the instructions listed on the side of every auto-injector
- Follow Physician's orders, Allergy Action Plan, in regards to re-administering the auto-injector
- Contact the parents of the child as soon as possible and notify them of the situation and response

**Monitoring Effectiveness and Incident Review:**

- School nurses will conduct an annual review of the district anaphylaxis plan and procedures; they will consider changes to reflect new research and practices
- An incident review should occur after each emergency event involving the administration of medication to determine why the incident occurred and the effectiveness of the process; what worked and did not work and areas for improvement
- Any auto-injectors used in an emergency response must be replaced immediately



# Community Unit School District 300

## ALLERGY ASSESSMENT

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Parent/Guardian:

According to your child's health records, he/she has an allergy to the following:

\_\_\_\_\_

Please provide us with more information about your child's health needs by responding to the following questions and returning this form to the school nurse.

1. When and how did you first become aware of the allergy?
  
2. When was the last time your child had a reaction?
  
3. Please describe the signs and symptoms of the reaction.
  
4. What medical treatment was provided and by whom?
  
5. If medication is required while your child is at school, the following enclosed forms must be completed by the parent and physician:
  1. CUSD 300 Medication Authorization Form
  2. Food Allergy Action Plan
  
6. Describe the steps you would like us to take if your child is exposed to this allergen while at school.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name and Number of Physician \_\_\_\_\_

(Please use the back of this form if necessary for additional information)

**COMMUNITY UNIT SCHOOL DISTRICT 300**  
**AUTHORIZATION FOR THE**  
**ADMINISTRATION OF MEDICATION AT SCHOOL**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so; I hereby authorize Community Unit School District 300 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described. **I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A CERTIFIED SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES.** I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

**For parent(s)/guardian(s) of students who Self-Administer Asthma medications or may use an Epinephrine Auto-Injector for Anaphylaxis:**

I authorize the School district and its employees and agents, to allow my child or ward to possess and use his/or her medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30). Beginning fall 2010 a physician's signature is not required for Asthma Inhalers and Epinephrine Auto-Injectors if the health office has a copy of the pharmacy labeled container for The medication(s). *If you agree please initial:* \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PHYSICIAN'S ORDERS** (to be completed by student's physician)

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Administration time: \_\_\_\_\_

Diagnosis Requiring Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

# Food Allergy Action Plan

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Place  
Student's  
Picture  
Here

Extremely reactive to the following foods: \_\_\_\_\_

## THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.  
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known ingestion:

#### One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

#### Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT: Vomiting, crampy pain



### 1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: \*  
-Antihistamine  
-Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth  
SKIN: A few hives around mouth/face, mild itch  
GUT: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

## Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

## Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

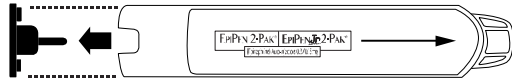
Date \_\_\_\_\_

TURN FORM OVER

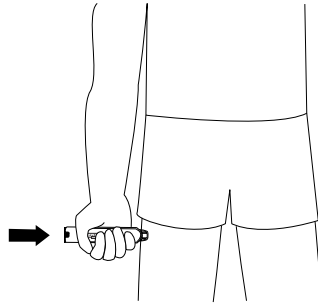
Form provided courtesy of FAAN ([www.foodallergy.org](http://www.foodallergy.org)) 7/2010

## EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

## Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

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



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

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



Slide yellow collar off plunger.

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



## Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



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



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

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

## Contacts

Call 911 (Rescue squad: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_) Doctor: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_  
Name/Relationship: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

## Guidelines for Managing Life-Threatening Food Allergies

### INDIVIDUAL HEALTH CARE PLAN (IHCP) – Elementary

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Plan Effective from \_\_\_\_\_ to \_\_\_\_\_

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
	<p>Risk of anaphylactic reaction (life-threatening allergic response) related to the ingestion, contact, of _____</p> <p>Student has a Food Allergy Action Plan</p>	<p>Student will cooperate with staff 100% of the time by following school, classroom, and IHCP rules in order to remain free of allergic reactions while in school.</p> <p>If student suspects that he/she has ingested, contacted, and/or inhaled _____ student will immediately notify staff who will implement the Food Allergy Action Plan.</p> <p>Student will cooperate with staff members 100% of the time if they need to implement the Food Allergy Action Plan.</p>	<p>Prior to the first day of school, Parents will:</p> <ul style="list-style-type: none"> <li>❖ Inform School Nurse and Teacher of food allergy.</li> <li>❖ Provide the School Nurse with the allergy assessment form, the authorization for emergency care of students with allergies form, the Food Allergy Action Plan, the school medication authorization form, and the prescribed medication for medical intervention.</li> <li>❖ Inform school nurse of any changes in health status as relates to food allergy and treatment.</li> <li>❖ Educate student on the self-management of his/her food allergies appropriate for his/her developmental level.</li> <li>❖ Provide emergency contact information.</li> <li>❖ Provide safe snacks/treats for student to keep in school, if desired.</li> <li>❖ Provide wipes for classmates who have come in contact with the allergen prior to entering the classroom in A.M.</li> </ul> <p>School Nurse will:</p> <ul style="list-style-type: none"> <li>❖ Work with teacher to eliminate the use of _____ in classroom snacks, curriculum, educational tools, classroom parties, foreign language projects, and arts and crafts projects.</li> <li>❖ Educate school staff who interact with student regarding food allergy, allergic reaction symptoms of anaphylaxis, and prevention and treatment plans [Enter documentation method or date(s) accomplished for all applicable interventions]</li> </ul>	<p>[Enter documentation method of date(s) accomplished for all applicable interventions]</p>

# **INDIVIDUAL HEALTH CARE PLAN (IHCP) – Elementary**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Plan Effective from \_\_\_\_\_ to \_\_\_\_\_

ASSESSMENT DATE/NURSE	FUNCTIONAL HEALTH CONCERN	STUDENT OBJECTIVE(S)	INTERVENTIONS	EVALUATION
			<ul style="list-style-type: none"> <li>❖ Train school staff in EpiPen administration, as appropriate.</li> <li>❖ Develop and disseminate the Medical Alert for: Teacher/Substitute Teacher Food Allergy form and/or the Food Allergy Action Plan</li> <li>❖ Review management of allergens in cafeteria with administrator.                             <ul style="list-style-type: none"> <li>○ Allergen Free Tables</li> <li>○ <input type="checkbox"/> Wipes in cafeteria</li> <li>○ Cleaning of cafeteria tables and/or classrooms</li> </ul> </li> </ul> <p>Teacher/classroom staff will:</p> <ul style="list-style-type: none"> <li>○ Eliminate the use of _____ in classroom snacks, educational tools, and arts and crafts projects.</li> <li>○ Be trained in the administration of EpiPen, as appropriate.</li> <li>○ Consult in advance of field trips with the school nurse and parents.</li> <li>○ Follow the Food Allergy Action Plan if the student has a reaction.</li> </ul> <p>Student will:</p> <ul style="list-style-type: none"> <li>○ Inform teacher/staff if he/she is not feeling well, for any reason, but especially if he/she thinks he may be having an allergic reaction</li> <li>○ Abide by parents' guidelines on the self-management of his/her own food allergies appropriate for his/her own developmental level.</li> </ul>	

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Review by: Parent \_\_\_\_\_ Date: \_\_\_\_\_ Student: \_\_\_\_\_

Community Unit School District 300

Medical/Allergy Alert to Parents/Guardians:

Date:

Dear parent/Guardian:

This letter is to inform you that a student(s) in your child's classroom have severe food allergies to:\_\_\_\_\_.

Exposure to these allergens could cause a life threatening reaction.

It is our goal to ensure that every student in our school is safe. Because these students cannot be in contact with foods containing this/these allergen(s), we are requesting that you not send these foods to school for snacks or treats.

Even trace elements of these products could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods. Please refer to the attached food allergy basics and ingredient information.

Please discuss the following with your child:

- Do not offer, share, or exchange any foods with other students at school.
- Hand washing with soap and water, after eating, is necessary to decrease the chance of cross contamination on surfaces at school.
- If your child rides the bus, remind them that there is a "no eating on the bus" policy.

Thank you for your consideration and help in this important matter. If you have any questions or concerns please call.

Sincerely,

School Nurse

Community Unit School District 300  
**Medical Alert for Teachers and Substitutes**  
**Food Allergy**  
**CONFIDENTIAL**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

This student has a life-threatening allergy to: \_\_\_\_\_

This student has an "Emergency Action Plan" on file.

**TO ENSURE THIS STUDENT'S SAFETY, PLEASE FOLLOW THESE INSTRUCTIONS:**

- Staff and students are to wash with soap and water after eating.
- Avoid food allergy causing foods in the classroom.
- Students are not allowed to share food.

**EMERGENCY INSTRUCTIONS**

- **IF AN ALLERGIC REACTION OR INGESTION OF ALLERGEN IS SUSPECTED, CALL FOR THE SCHOOL NURSE IMMEDIATELY**
- **TRAINED SCHOOL STAFF MUST ADMINISTER EMERGENCY MEDICATIONS AND CALL 911 IMMEDIATELY.**

**Signs and symptoms of an allergic reaction may include any of the following:**

**MILD SYMPTOMS:**

- **Mild Skin Reactions- Hives only in the areas of food contact, itching and swelling only around the face and lips.**

**SERIOUS SYMPTOMS:**

- **SKIN – Wide spread hives and flushing, widespread swellings**
- **MOUTH – Swelling of the tongue**
- **THROAT – Itching, tightness in the throat, hoarseness, hacking cough**
- **STOMACH – Nausea, vomiting, cramps, diarrhea**
- **LUNGS – Repetitive coughing, wheezing, trouble breathing**
- **HEART – Rapid heart rate, lightheadedness and dizziness**

**CALL 9-911 IF EPINEPHRINE AUTO-INJECTOR IS ADMINISTERED OR IF ANY SERIOUS SYMPTOMS ARE NOTICED. THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE QUICKLY.**

**This medical information can be shared with staff "who need to know".**





# Healthy Classroom Goal\*

To create and sustain an educational learning environment that respects the students with the following food allergies or intolerances:

Room or other area: \_\_\_\_\_

List allergies/intolerances – NO STUDENTS' NAMES SHOULD BE LISTED:

---

---

---

---

---

---

---

---



We will make every effort to enforce this policy; however, there is absolutely no guarantee that the area will always be 100% healthy for all students, all the time.

## **References**

*Allergy in Schools*

<http://www.allergyinschools.org>

*Guidelines for Managing Life-threatening Food Allergies in Illinois Schools, 2010,*

Illinois State Board of Education, Illinois Department of Public Health

[http://www.isbe.net/nutrition/pdf/food\\_allergy\\_guidelines.pdf](http://www.isbe.net/nutrition/pdf/food_allergy_guidelines.pdf)

*Managing Food Allergies in Schools- School Nutrition Association*

<http://schoolnutrition.org>

*School District 39 Resource Guide for Supporting Children with Life-Threatening Allergies*

Wilmette, Illinois School District 39

*School District 67 Procedures for the Management of Food Allergies and Anaphylaxis*

Lake Forest, Illinois School District 67

*The School Food Allergy Program Comprehensive Guide, August 2010,*

The Food Allergy and Anaphylaxis Network

<http://www.foodallergynetwork.org>

*Students with Food Allergies – How the Laws Can Help, June 2009,*

The Food Allergy and Anaphylaxis Network

<http://www.foodallergynetwork.org>



## Food Allergy Facts and Statistics

- Food allergy is a growing public health concern in the U.S.
- Though reasons for this are poorly understood, the prevalence of food allergies and associated anaphylaxis appears to be on the rise.
  - Peanut allergy doubled in children over a five-year period (1997-2002).
  - Research suggests that food-related anaphylaxis might be underdiagnosed.
  - An increasing number of school students have diagnosed life-threatening allergies.
  - A 2007 study has shown that milk allergy may persist longer in life than previously thought. Of 800 children with milk allergy, only 19% had outgrown their allergy by age 4, and only 79% had outgrown it by age 16.
- More than 12 million Americans have food allergies. That's one in 25, or 4% of the population.
- The incidence of food allergy is highest in young children – one in 17 among those under age 3.
- About 3 million children in the U.S. have food allergies.
- The CDC reported that food allergies result in over 300,000 ambulatory-care visits a year among children.
- Eight foods account for 90% of all food-allergic reactions in the U.S.: milk, eggs, peanuts, tree nuts (e.g., walnuts, almonds, cashews, pistachios, pecans), wheat, soy, fish, and shellfish.
- There is no cure for food allergies. Strict avoidance of food allergens and early recognition and management of allergic reactions to food are important measures to prevent serious health consequences.
- Even trace amounts of a food allergen can cause a reaction.
- Most people who've had an allergic reaction to something they ate thought that it was safe.
- Food allergies are life-altering for everyone involved and require constant vigilance.
- Early administration of epinephrine (adrenaline) is crucial to successfully treating anaphylactic reactions. Epinephrine is available by prescription in a self-injectable device (EpiPen® or Twinject®).

### How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word "milk" on the product label.

#### Avoid foods that contain milk or any of these ingredients:

butter, butter fat, butter oil, butter acid, butter ester(s)	milk ( <i>in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole</i> )
buttermilk	milk protein hydrolysate
casein	pudding
casein hydrolysate	Recaldent®
caseinates ( <i>in all forms</i> )	rennet casein
cheese	sour cream, sour cream solids
cottage cheese	sour milk solids
cream	tagatose
curds	whey ( <i>in all forms</i> )
custard	whey protein hydrolysate
diacetyl	yogurt
ghee	
half-and-half	
lactalbumin, lactalbumin phosphate	
lactoferrin	
lactose	
lactulose	

#### Milk is sometimes found in the following:

artificial butter flavor	luncheon meat, hot dogs, sausages
baked goods	margarine
caramel candies	nisin
chocolate	nondairy products
lactic acid starter culture and other bacterial cultures	nougat



11781 Lee Jackson Hwy.  
Suite 160  
Fairfax, VA 22033-3309  
Phone: 703-691-3179  
Fax: 703-691-2713  
[www.foodallergy.org](http://www.foodallergy.org)  
[faan@foodallergy.org](mailto:faan@foodallergy.org)

### How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word "soy" on the product label.

#### Avoid foods that contain soy or any of these ingredients:

edamame	soya
miso	soybean ( <i>curd, granules</i> )
natto	soy protein ( <i>concentrate, hydrolyzed, isolate</i> )
shoyu	soy sauce
soy ( <i>soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt</i> )	tamari
	tempeh
	textured vegetable protein (TVP)
	tofu

#### Soy is sometimes found in the following:

Asian cuisine	vegetable gum
vegetable broth	vegetable starch

#### Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (**not** cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.

### How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

#### Avoid foods that contain peanuts or any of these ingredients:

artificial nuts	monkey nuts
beer nuts	nut meat
cold pressed, expeller pressed, or extruded peanut oil	nut pieces
goobers	peanut butter
ground nuts	peanut flour
mixed nuts	peanut protein hydrolysate

#### Peanut is sometimes found in the following:

African, Asian ( <i>especially Chinese, Indian, Indonesian, Thai, and Vietnamese</i> ), and Mexican dishes	egg rolls
baked goods ( <i>e.g., pastries, cookies</i> )	enchilada sauce
candy ( <i>including chocolate candy</i> )	marzipan
chili	mole sauce
	nougat

#### Keep the following in mind:

- Mandelonas are peanuts soaked in almond flavoring.
- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.

### How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word “wheat” on the product label. The law defines any species in the genus *Triticum* as wheat.

#### Avoid foods that contain wheat or any of these ingredients:

bread crumbs	matzoh, matzoh meal ( <i>also spelled as matzo, matzah, or matza</i> )
bulgur	pasta
cereal extract	seitan
club wheat	semolina
couscous	spelt
cracker meal	sprouted wheat
durum	triticale
einkorn	vital wheat gluten
emmer	wheat ( <i>bran, durum, germ, gluten, grass, malt, sprouts, starch</i> )
farina	wheat bran hydrolysate
flour ( <i>all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat</i> )	wheat germ oil
hydrolyzed wheat protein	wheat grass
Kamut	wheat protein isolate
	whole wheat berries

#### Wheat is sometimes found in the following:

glucose syrup	starch ( <i>gelatinized starch, modified starch, modified food starch, vegetable starch</i> )
soy sauce	surimi

### How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word “egg” on the product label.

#### Avoid foods that contain eggs or any of these ingredients:

albumin ( <i>also spelled albumen</i> )	mayonnaise
egg ( <i>dried, powdered, solids, white, yolk</i> )	meringue ( <i>meringue powder</i> )
egg nog	ovalbumin
lysozyme	surimi

#### Egg is sometimes found in the following:

baked goods	marzipan
egg substitutes	marshmallows
lecithin	nougat
macaroni	pasta

#### Keep the following in mind:

- Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.

### How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

#### Avoid foods that contain shellfish or any of these ingredients:

barnacle	lobster ( <i>langouste</i> ,
crab	<i>langoustine, Moreton bay</i>
crawfish ( <i>crawdad, crayfish, ecrevisse</i> )	<i>bugs, scampi, tomalley</i> )
krill	prawns
	shrimp ( <i>crevette, scampi</i> )

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

#### Your doctor may advise you to avoid mollusks or these ingredients:

abalone	oysters
clams ( <i>cherrystone, geoduck, littleneck, pismo, quahog</i> )	periwinkle
cockle	scallops
cuttlefish	sea cucumber
limpet ( <i>lapas, opihi</i> )	sea urchin
mussels	snails ( <i>escargot</i> )
octopus	squid ( <i>calamari</i> )
	whelk ( <i>Turban shell</i> )

#### Shellfish are sometimes found in the following:

bouillabaisse	seafood flavoring ( <i>e.g., crab or clam extract</i> )
cuttlefish ink	surimi
fish stock	
glucosamine	

#### Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

### How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

#### Avoid foods that contain nuts or any of these ingredients:

almond	Nangai nut
artificial nuts	natural nut extract ( <i>e.g., almond, walnut</i> )
beechnut	nut butters ( <i>e.g., cashew butter</i> )
Brazil nut	nut meal
butternut	nut meat
cashew	nut paste ( <i>e.g., almond paste</i> )
chestnut	nut pieces
chinquapin	pecan
coconut	pesto
filbert/hazelnut	pili nut
gianduja ( <i>a chocolate-nut mixture</i> )	pine nut ( <i>also referred to as Indian, pignoli, pignolia, pignon, piñon, and pinyon nut</i> )
ginkgo nut	pistachio
hickory nut	praline
litchi/lichee/lychee nut	shea nut
macadamia nut	walnut
marzipan/almond paste	

#### Tree nuts are sometimes found in the following:

black walnut hull extract (*flavoring*)  
natural nut extract  
nut distillates/alcoholic extracts  
nut oils (*e.g., walnut oil, almond oil*)  
walnut hull extract (*flavoring*)

#### Keep the following in mind:

- Mortadella may contain pistachios.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed here.