

# FOOD ALLERGIES

## FOR THE CACFP

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Instructor's Manual



# Food Allergies for the CACFP

## Instructor's Manual

Time: 4 hours

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# INSTITUTE OF CHILD NUTRITION

## The University of Mississippi

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## BACKGROUND INFORMATION



**Instructor's Note:** The purpose of the background information section is to help you become familiar with the context of the lesson.

According to the Centers for Disease Control and Prevention (CDC) *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, food allergies are a growing food safety and public health concern. The CDC estimates that in the United States, 5.8% of children between the ages of 0-5 years old have food allergies, about 1 in every 20 children. Children under age 5 years had higher rates of reported food allergies compared with children 5 to 17 years of age. Of those children under five years of age, 8% have multiple allergies.

An estimated 5–15% of all food allergic reactions occur in early learning and child care centers, with an estimated one-third of all food allergic reactions being amongst children who reacted for the first time or amongst children whom staff were unaware had a diagnosed food allergy.

Section 112 of the Food and Drug Administration (FDA) **Food Safety Modernization Act (FSMA)**, Food Allergy and Anaphylaxis Management, provides guidance on voluntary food allergy and anaphylaxis management for early childhood education programs. The CDC published the *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* in 2013 to respond to FSMA expectations.

As explained in USDA's *Policy Memo on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, the food safety program applies to all settings in child care where food is stored, prepared, and served as part of USDA's child nutrition programs, including the cafeteria, classrooms, and other settings.

According to the USDA's guidance, any food allergy or intolerance could be considered a disability. Program operators are required to make substitutions to meals for children when the substitution is due to a disability and when supported by a medical statement provided by a State licensed healthcare professional or registered dietitian.

Allergic reactions can be life-threatening and have far-reaching effects on children and their families. Child nutrition staff should follow plans to prevent an allergic reaction and respond to a food allergy emergency.



**Instructor's Note:** USDA permits registered dietitians to write medical statements to request modifications on behalf of a child and adult participant with disabilities in the CACFP. This Final Rule requirement must be implemented by October 1, 2025, for CACFP.

**There are prompts for the instructor throughout the training to assist in teaching. Prompts are as follows:**

**SAY:**

What the instructor is to say to participants. This content teaches the learning objectives.

**ASK:**

This prompt is used when the instructor should ask the participants a question. If the question warrants feedback, it will be followed by the FEEDBACK prompt.

**FEEDBACK:**

This prompt ensures certain elements are covered in discussions, including possible answers for the instructor to give.

**DO:**

This prompt explains what the instructor/participants are to do. It may lead to activities, demonstrations, show videos, or any other action the instructor needs to know.

**SHOW SLIDE:**

This prompt is used for showing slides. Each slide has its unique title. All content in the slide presentation is in the Instructor's Manual using the "DO," "ASK," or "SAY" commands. Slides are not content-heavy or contain content not covered in the Instructor's Manual, in case the slide presentation cannot be used.

**PRE-/POST-ASSESSMENTS:**

This training includes a pre-/post-assessment that will be administered at the beginning and the end of the training.

## TRAINING OBJECTIVES

1. Evaluate the impact that an allergic reaction incident may have on a child nutrition program.
2. Describe a food allergy, its symptoms, and treatment methods.
3. Identify the nine major food allergens.
4. Distinguish between food allergy and food intolerance.
5. Demonstrate how to find the nine major food allergens in the ingredient statement on the food label.
6. Describe how to read the ingredient statement on a food label to find allergens that are 1) not among the nine major food allergens, 2) in bulk items, or 3) in USDA Foods.
7. Describe the procedures for reading ingredient statements.
8. Define cross-contact.
9. Examine how cross-contact may occur in a child nutrition program.
10. Develop strategies for preventing cross-contact.
11. Describe methods for accommodating and supporting children with food allergies.
12. Determine strategies to manage food prepared and served outside the kitchen.

## GROUND RULES

ICN has developed Ground Rules to help the class run smoothly and allows all participants to benefit from the course instruction and information. (These Ground Rules can be found on the ICN website – [Ground Rules for Training Mini-Posters.](#))

## TRAINING-AT-A-GLANCE

TIME	TOPIC
25 minutes	Introduction <ul style="list-style-type: none"> <li>• Warm Up</li> <li>• Pre-Assessment</li> </ul>
60 minutes	Lesson 1 <ul style="list-style-type: none"> <li>• Food Allergies</li> <li>• Recognizing the Symptoms of an Allergic Reaction</li> <li>• Responding to a Food Allergy Emergency</li> <li>• Major Nine Food Allergens</li> <li>• Food Intolerances</li> </ul>
70 minutes	Lesson 2 <ul style="list-style-type: none"> <li>• Federal Laws for Food Allergen Labeling</li> <li>• Reading Food Labels for Nine Major Allergens</li> <li>• Reading Food Labels for Allergens Other Than the Major Nine, Including Bulk and USDA Foods</li> <li>• Managing Food Labels</li> </ul>
45 minutes	Lesson 3 <ul style="list-style-type: none"> <li>• Cross-Contact</li> <li>• How Cross-Contact Occurs</li> <li>• Methods for preventing cross-contact</li> </ul>
25 minutes	Lesson 4 <ul style="list-style-type: none"> <li>• Program Operator's Role in Accommodating Children With Food Allergies</li> <li>• Managing Outside Food for Food Allergens</li> </ul>
15 minutes	Wrap Up <ul style="list-style-type: none"> <li>• Action Plan</li> <li>• Post-Assessment</li> </ul>
<b>4 hours (240 minutes)</b>	

## PREPARATION CHECKLIST

**Instructions:** The following tasks are necessary for presenting this lesson. Assign each task to a specific person and determine the date that each task must be completed. Keep track of the progress by checking off tasks as they are completed. [Items may vary according to the needs of particular lessons.]

TASK	PERSON RESPONSIBLE	COMPLETION DATE	✓
<b>Reserve equipment and gather supplies as needed for use on the day of class (6 weeks prior).</b> <b>Instructor’s Manual</b> Participant sign-in sheets	Instructor		
<b>List of equipment and supplies needed</b> Microphone (preferably wireless lapel/ lavalier) Projector and screen Speakers Computer to present slides and/or DVD Chart paper (self-adhesive strip) Easel Markers Timer Wireless presenter device and laser pointer Painter’s tape Pens Pencils Highlighters Self-adhesive notes Name tags Table tents Black light Glo Germ® solution Two spatulas or other kitchen utensils			
<b>Participant’s Workbook</b>			
<b>Training Documents</b> Agenda			

TASK	PERSON RESPONSIBLE	COMPLETION DATE	✓
Roster of presenters/participants <i>Caitlin Remembered</i> video (download from <a href="http://www.theicn.org/foodsafety">www.theicn.org/foodsafety</a> ) Handouts from Appendix <ul style="list-style-type: none"> <li>● Allergen picture printouts</li> <li>● Ingredient statement printouts</li> <li>● Label Reading Role-Play Cards</li> <li>● Avoiding Cross-Contact Scenario Cards</li> </ul> Training Evaluations Certificate of Completion			
<b>Pre-/Post-Assessments</b> (QR code)			
<b>Other handouts</b> FARE handouts (one of each for every participant; see after chart for name and website locations)  <i>Child Care Center Food Allergy Fact Sheets</i> resource folder and <i>Family Child Care Food Allergy Fact Sheets</i> (if out of print, fact sheets are available at <a href="http://www.theicn.org/foodsafety">www.theicn.org/foodsafety</a> )  USDA’s <i>Policy Memorandum on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program</i>			

**These handouts will need to be downloaded and printed:**

- **Recognize and Respond to Anaphylaxis** poster  
<https://www.foodallergy.org/resources/recognizing-and-responding-reaction>
- **Food Allergy & Anaphylaxis Emergency Care Plan** handout  
<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>
- **Tips for Avoiding Your Allergen** handout  
<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/tips-avoiding-your-allergen>
- **Potential Food Allergens in Preschool and School Activities** handout  
<https://kidswithfoodallergies.org/living-with-food-allergies/planning-for-school/potential-food-allergens-in-school-crafts-and-supplies/>

## KEY TERMS

KEY TERMS	DEFINITION
<b>504 Plan</b>	A written document that contains the services to be provided to a child with a disability to comply with provisions in Section 504 of the <i>Rehabilitation Act</i> (1973)
<b>Allergen</b>	A usually harmless food protein that can trigger an immune response in a person and cause an allergic reaction
<b>Allergic reaction</b>	The immune system reacts abnormally to a usually harmless substance
<b><i>Americans with Disabilities Act</i> (1990) (ADA)</b>	A Federal civil rights law that prohibits discrimination and ensures equal opportunity for Americans with disabilities
<b>Anaphylaxis</b>	A serious allergic reaction with rapid onset that may cause difficulty breathing and death
<b>Celiac disease</b>	An autoimmune disorder that affects the small intestine that is triggered by eating gluten and managed with a strict gluten-free diet
<b>Cross-contact</b>	A process that occurs when an allergen is accidentally transferred from a food containing an allergen to a food or surface that does not contain an allergen
<b>Cross-contamination</b>	A process that occurs when microorganisms from different sources contaminate food during preparation or storage
<b>Epinephrine</b>	A medicine (adrenaline) used to treat a serious allergic reaction
<b><i>Family Educational Rights and Privacy Act</i> (1974) (FERPA)</b>	A Federal program that protects the privacy of information entered into a child's record
<b><i>Food Allergy Safety, Treatment, Education, and Research Act</i> (2021) (FASTER)</b>	A Federal law establishing sesame as the ninth major food allergen in the United States. Law requires that sesame be listed on food labels in plain language, like the other major allergens. The law became effective on January 1, 2023.
<b><i>Food Allergen Labeling and Consumer Protection Act</i> (2004) (FALCPA)</b>	A labeling law mandates labels of foods containing the eight major allergens disclose the allergen in plain language *The <i>FASTER</i> Act added sesame as the ninth major allergen.

KEY TERMS	DEFINITION
<b>Food allergy</b>	An immune system reaction that happens when the body mistakenly reacts to the protein of a food or ingredient as if it were harmful. The food protein that causes the reaction is called an allergen.
<b>Food allergy management plan</b>	A program-wide plan designed to reduce the risk of exposure to food allergens and procedures for food allergy emergencies
<b>Food intolerance</b>	An abnormal response to eating a certain food; not life-threatening and does not involve the body's immune system
<b>Gluten</b>	A protein found primarily in wheat, barley, and rye; can sometimes be found in oats from cross-pollination or cross-contact in processing facilities
<b>Gluten intolerance</b>	A form of food intolerance that can cause digestive problems or other varying symptoms after eating gluten
<b><i>Health Insurance Portability and Accountability Act (1996) (HIPAA)</i></b>	A Federal program that requires all medical records in any form to be kept confidential
<b>Individualized Education Plan (IEP)</b>	A written document that contains the program of special education provided to a child with a disability; to comply with provisions found in Part B of the <i>Individuals with Disabilities Education Act 2006</i> (IDEA)
<b>Individualized Family Services Plan (IFSP)</b>	A written document that outlines the early intervention services that a child or family will receive
<b>Individualized Healthcare Plan (IHP)</b>	A written document that outlines the requirements of child healthcare services; developed by the facility nurse, healthcare professional, or consultant contracted by the program
<b><i>Individuals with Disabilities Education Act (IDEA) (1975, 2006)</i></b>	A Federal law that requires a free and appropriate public education be provided for children with disabilities
<b>Lactose intolerance</b>	A food intolerance that causes digestive problems after eating or drinking lactose; individuals with lactose intolerance do not produce enough lactase enzymes in the small intestines
<b>Phenylketonuria (PKU)</b>	A rare condition in which a person cannot properly break down the amino acid phenylalanine
<b><i>Rehabilitation Act of 1973</i></b>	A Federal law that prohibits discrimination against qualified persons with disabilities

# INTRODUCTION

TIME	TOPIC	ACTIVITY	MATERIALS
15 minutes	Introduction	Warm Up	<ul style="list-style-type: none"> <li>• Chart paper</li> <li>• Easel</li> <li>• Allergen picture printouts</li> <li>• Painter's tape</li> <li>• Markers</li> <li>• Table tents</li> <li>• Sticky notes</li> <li>• Pen or pencil</li> </ul>
10 minutes	Pre-Assessment	Pre-Assessment	<ul style="list-style-type: none"> <li>• Pre-Assessment</li> <li>• Pen or pencil</li> <li>• Smartphone with camera</li> </ul>
<b>25 minutes</b>			



# INTRODUCTION



**Instructor's Note:** Throughout the Instructor's Manual, copies of the handouts and worksheets in the Participant's Workbook are outlined in purple. These versions may have modified formatting to fit in the Instructor's Manual, but the content will be the same.

**SHOW SLIDE:** *Food Allergies for the CACFP*

**SAY:** Welcome to the *Food Allergies for the CACFP* training.

**SHOW SLIDE:** *Food Allergies in Children*

**SAY:** According to the Centers for Disease Control and Prevention (CDC) *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, food allergies are a growing food safety and public health concern. The CDC estimates that in the United States, 5.8% of children between the ages of 0-5 years old have food allergies, about 1 in every 20 children. Children under age 5 years had higher rates of reported food allergies compared with children 5 to 17 years of age. Of those children under five years of age, 8% have multiple allergies. Food allergies are fairly common, and the number of children diagnosed with food allergies is increasing. The CDC guidelines report an 18% increase in the prevalence of food allergies in children from 1997 to 2007, but more recent data from 2011 found in *Trends in Allergic Conditions Among Children: United States, 1997–2011* indicates that this increase may be as high as 50%.

The consequences of food allergies can be severe. A fatal reaction can occur with even a trace amount of an allergen.

Today, we will learn more about food allergies. Before we start, let's review some logistics, introduce ourselves, and complete the pre-assessment.

**SHOW SLIDE:** *Logistics*

**SAY:** Each of you has a Participant's Workbook with valuable take-home resources and the activities we will be doing together.

We are hosted today by (insert name of the organization that provided the room for training). The restrooms are located (describe where the restrooms are located), and the emergency exits are located (describe where the emergency exits are located). The training will last four hours. If you have questions at any time, please write them on a sticky note and put them on the Bike Rack chart paper during the breaks.

**DO:** Write "Bike Rack" on top of a piece of chart paper and put it on a far wall.

**ASK:** Are there any questions I may answer for you at this time?

**SAY:** Please fold your table tents in half and write your first name in large letters on one side.

**SHOW SLIDE: Ground Rules**

**SAY:** ICN has developed the following Ground Rules to help this training run smoothly and allow all participants to benefit from the instruction and information.

- **Show up on time and come prepared.** Be prompt in arriving and in returning from breaks. Come with a positive attitude.
- **Stay mentally and physically present.** Be present and stay on task. Listen attentively to others and avoid disruptive side conversations.
- **Let everyone participate.** Be patient when listening to others speak. Treat all participants with the same respect that you would want from them.
- **Listen with an open mind.** Stay open to new ways of doing things and listen for understanding. You can respect another person's point of view without agreeing with them.
- **Think before speaking.** Seek first to understand, then to be understood.
- **Attack the problem, not the person.**

**SHOW SLIDE: Warm-Up Activity****DO: Activity: Warm Up**

**Materials:** Chart paper, Allergen picture printout, painter's tape, sticky notes, pens or pencils, and easel

**Time:** 10 minutes (1–2 minutes of individual work, 4 minutes of mingling, and 4 minutes of debriefing)

**Instructions:**

1. Tape the allergen pictures to a piece of chart paper with room underneath each.
2. Give participants about 1–2 minutes to list three food allergies that children may have in their child nutrition program on sticky notes (one per sticky note).
3. For 2 minutes, allow participants to move around the room, introduce themselves, and share their food allergies with another person. Then, cue them to move to another person for another 2 minutes.
4. Have participants place sticky notes under the designated allergen on the chart paper.
5. Ask participants to return to their seats.
6. For 4 minutes, summarize the participants' allergies.



**Instructor's Note:** You will refer to this chart paper with the allergens in Lesson 2 when discussing the nine major allergens and allergens that are not the major nine.

**SAY:** We can see that our child nutrition programs must manage several types of food allergies.

**SHOW SLIDE: Topics for Today**

**SAY:** Today, we will discuss the following:

- What food allergies are (definitions, symptoms, and treatment)
- How to read ingredient statements for allergens
- How to safely store, prepare, and serve food to children with food allergies
- How to accommodate and support children with food allergies

**SHOW SLIDE: Pre-Assessment****DO: Activity: Pre-Assessment**

**Materials:** Pre-Assessment slide with QR Code, smartphones (each participant)

**Time:** 10 minutes of individual work

**Instructions:**

1. Read the following instructions to the participants:
  - a. Using your smartphone, open the camera app.
  - b. Point your camera at the QR code on this slide. Your browser should open with an ICN pre-assessment.
  - c. Read the instructions on the screen. Then, read each question carefully and select the best answer.
  - d. Once you have finished, select “Submit” at the bottom of the screen.
2. Allow time for participants to take the pre-assessment.



**Instructor's Note:** While waiting for others to finish, encourage participants who have completed the pre-assessment to review the list of key terms to familiarize themselves with some of the words and phrases used during this training. They should also review the training objectives if time permits.



# LESSON 1: ALL ABOUT FOOD ALLERGIES

TIME	TOPIC	ACTIVITY	MATERIALS
	Introduction to lesson		
<b>Objective: Evaluate the impact that an allergic reaction incident may have on a child nutrition program.</b>			
20 minutes	Impact of food allergies	The Power of a Story	<ul style="list-style-type: none"> <li>• <i>Caitlin Remembered</i> video</li> <li>• Laptop speakers</li> <li>• Projector</li> <li>• Reflection and Impact worksheet</li> </ul>
<b>Objective: Describe a food allergy, its symptoms, and treatment methods.</b>			
30 minutes	<ul style="list-style-type: none"> <li>• Food Allergies</li> <li>• Recognizing the symptoms of an allergic reaction</li> <li>• Responding to a food allergy emergency</li> </ul>	Food Emergency Questions	<ul style="list-style-type: none"> <li>• Food Allergy Fact Sheet</li> <li>• <i>FARE Recognize and Respond to Anaphylaxis</i> poster</li> <li>• <i>FARE Food Allergy and Anaphylaxis Emergency Care Plan</i> handout</li> <li>• Food Allergy Emergency worksheet</li> </ul>
<b>Objective: Identify the nine major food allergens.</b>			
5 minutes	Major nine allergens	Handout and group discussion	<ul style="list-style-type: none"> <li>• Nine Major Allergens handout</li> <li>• <i>FARE Tips for Avoiding Your Allergen</i> handout</li> </ul>
<b>Objective: Distinguish between food allergy and food intolerance.</b>			
5 minutes	Food intolerances	Food Allergies vs Food Intolerances	<ul style="list-style-type: none"> <li>• Food Allergies vs Food Intolerances worksheet</li> <li>• <i>Child Care Center Food Allergy Fact Sheets</i> folder</li> <li>• <i>Family Child Care Food Allergy Fact Sheets</i> folder</li> </ul>
<b>60 minutes (1 hour)</b>			



# LESSON 1: ALL ABOUT FOOD ALLERGIES

## SHOW SLIDE: Lesson 1: All About Food Allergies

**SAY:** The first lesson is “All About Food Allergies.” Our objectives for this section are to realize how an allergic reaction can impact children, learn about food allergies, identify the nine major food allergens, and understand the difference between food allergies and food intolerances.

To start, we will watch a video, *Caitlin Remembered*, about a student with a food allergy. The video was produced by the Center for Food Safety Research in Child Nutrition Programs. This video is not real, and the people involved are actors. You do not need to take any notes; just give your full attention to the video. Even though this video depicts a high school student, this same scenario could easily happen in a child care setting. According to FARE, over 60% of food allergy reactions in an education setting occur in preschools and child care facilities.

**Objective:** Evaluate the impact that an allergic reaction incident may have on a child nutrition program.

## SHOW SLIDE: Caitlin Remembered


### DO: Activity: The Power of a Story

**Materials:** Caitlin Remembered video, laptop speakers, projector, Reflection and Impact worksheet

**Time:** 20 minutes (8-minute video, 2 minutes individual reflection, 10 minutes class discussion)

### Instructions:

1. Play the Caitlin Remembered video.
2. After the video, give participants 2 minutes to write their thoughts on the “FEEL” questions on the **Reflection and Impact** worksheet.
3. For 10 minutes, have some participants share and discuss their thoughts about the video. Encourage class discussion about the impact the video had on them.



**Instructor's Note:** This video is an impact video to reinforce the importance of having a food allergy management plan. Please reinforce at the end that this video is not real and that the people involved are actors.

## REFLECTION AND IMPACT

**Instructions:** Take 1 minute to reflect on the *Caitlin Remembered* video.

**FEEL**     *How do I feel about what I just watched?*

**THINK**   *What are the most important ideas I have heard from the group reflections?*

**DO**        *How can I use this reflection knowledge? What will I do differently in the future?*

**DO:** Show video.

**SHOW SLIDE:** *The Power of a Story Activity*

**SAY:** I know this video was hard to watch, and it has probably left you with some emotions. Let's take some time to reflect on how we feel. Please turn in your workbook to the Reflection and Impact worksheet. Take a minute and write down how you felt after watching the video under the "FEEL" question.

**DO:** Allow 2 minutes for participants to self-reflect and write.

**ASK:** Would anyone like to share how the video affected you?

**DO:** Allow 5-8 minutes for class discussion.

**SAY:** Please take a few moments to complete the rest of the worksheet.

**DO:** Allow 2 minutes for participants to self-reflect and write.

**SAY:** Please know that the video you just watched was a dramatization; no student died. Although this was staged, not following procedures for food allergies can have real consequences. The children in our child nutrition programs depend on us to keep their food safe.

**Objective:** Describe a food allergy, its symptoms, and treatment methods.

**SHOW SLIDE:** *What Is a Food Allergy?*

**SAY:** A food allergy is when the body mistakenly reacts to the protein of a food or ingredient as if it were harmful. The food protein that causes the reaction is called an allergen. In allergic individuals, certain foods cause the immune system to develop antibodies against the allergen (food protein). Afterward, every time that person consumes that food allergen, it can trigger various allergic symptoms. For example, a person could have mild hives after eating peanuts on one occasion and then have a serious anaphylactic reaction after eating peanuts another time. However, reactions do not necessarily get worse after each exposure. Food allergy reactions are unpredictable. Each person is different in how their body responds to an allergic reaction.

**DO:** Pass out the **FARE Recognize and Respond to Anaphylaxis** poster.



**Instructor’s Note:** The **FARE Recognize and Respond to Anaphylaxis** poster is outside of this manual in the tool kit. The link for it is in the Preparation Checklist of the Instructor’s Manual.

**SAY:** Food Allergy Research and Education (FARE) is the nation’s leading organization dedicated to food allergy research, education, advocacy, and awareness, and it is the world’s largest private source of funding for food allergy research. FARE provides up-to-date food allergy resources on its website ([www.foodallergy.org](http://www.foodallergy.org)).

We will now discuss how to recognize the symptoms of a food allergic reaction. The content on the following few slides is found in the **Food Allergy Fact Sheet** in your Participant’s Workbook and on the **FARE Recognize and Respond to Anaphylaxis** poster. Please follow along and highlight any information that you want to remember.

## FOOD ALLERGY FACT SHEET

### What is a food allergy?

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

### What are the symptoms of an allergic reaction?

Knowing the symptoms of an allergic reaction can save a child’s life. One or more allergic symptoms can occur and can be mild to severe. Symptoms can happen within a few minutes or up to a few hours after consuming the allergen. Children can display different symptoms, even if they have the same allergy (e.g., one child with a peanut allergy may have trouble breathing when exposed to peanuts, while another child with a peanut allergy may develop hives after consuming it). Each time a child has a reaction, the symptoms may be different.

MILD SYMPTOMS	SEVERE SYMPTOMS
<ul style="list-style-type: none"> <li>• <u>Gut</u>: mild nausea or discomfort (stomach pain, abdominal cramping)</li> <li>• <u>Mouth</u>: itchy; odd taste; slight, dry cough</li> <li>• <u>Nose</u>: itchy, runny nose; sneezing; congestion</li> <li>• <u>Skin</u>: a few hives (reddish, swollen, itchy areas on the skin), mild itch (sometimes in the ear canal)</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Body</u>: lightheadedness, fainting or loss of consciousness, anaphylaxis</li> <li>• <u>Gut</u>: repetitive vomiting or severe diarrhea</li> <li>• <u>Heart</u>: pale, turning blue, faint, weak or “thready” pulse, dizziness, chest pain, drop in blood pressure</li> <li>• <u>Lung</u>: shortness of breath, wheezing, repetitive cough, difficulty breathing</li> <li>• <u>Mouth</u>: significant swelling of the tongue or lips</li> <li>• <u>Psychological</u>: feeling something bad is about to happen, sense of impending doom, anxiety, confusion, feeling weak</li> <li>• <u>Skin</u>: many hives over the body, widespread redness, eczema</li> <li>• <u>Throat</u>: tight, hoarse, trouble breathing or swallowing, swelling</li> </ul>

**What are the treatment methods for an allergic reaction?**

Treatment for an allergic reaction for a child will be determined by the State licensed healthcare professional and written in the emergency care section of the child's food allergy plan. A State licensed healthcare professional is an individual authorized to write medical prescriptions under State law. Include specific State rules and licensing regulations about how child nutrition professionals can administer medicines in the food allergy plan. Follow the child's individual food allergy emergency care plan when responding to an allergic reaction. Child nutrition staff cannot provide treatment outside of what is written in the plan. Treatments for an allergic reaction may include:

- Epinephrine (administered by an epinephrine auto-injector or nasal spray)
- Antihistamine
- Inhaler (bronchodilator)

**How might a child describe an allergic reaction?**

- This food is too spicy.
- My tongue or mouth is hot (or burning, tingling, itching, etc.).
- My tongue or mouth feels full (or heavy or funny).
- It feels like something is poking my tongue.
- My tongue feels like there is hair on it.
- It feels like there is a bump on the back of my tongue (throat).
- There's something stuck in my throat (or a frog in my throat).
- My throat feels thick.
- My lips feel tight.
- It feels like there are bugs in there. (to describe itchy ears)
- My eyes are burning (or itchy).
- My skin feels itchy.
- My stomach (or tummy) hurts.
- My chest is tight.
- Something is wrong.
- Something bad is happening.

**What are some nonverbal signs of an allergic reaction?**

- Putting their hands in their mouths
- Pulling or scratching at their tongues
- Slurring their words
- Their voices may change (e.g., become hoarse or squeaky)

**What is anaphylaxis?**

Anaphylaxis is a severe allergic reaction with a rapid onset that may cause difficulty breathing and death. It may disrupt breathing and blood circulation. An anaphylactic reaction usually occurs within minutes of exposure to an allergen, but in some rare instances, it can occur a couple of hours later.

Symptoms of anaphylaxis include:

- Difficulty breathing, constriction of airways, tightness of the throat, hoarse voice
- Drop in blood pressure (e.g., pale, weak pulse, confusion, dizziness, fainting, weakness, loss of consciousness)
- Feeling of doom
- Gastrointestinal symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea, cramping)

- Rapid pulse, cardiac arrest
- Shock (i.e., drop in blood pressure and narrowing of airways)
- Skin symptoms (e.g., hives, swelling)
- Swollen lips

### How to avoid an allergic reaction?

Total avoidance of allergen food protein

Sources:

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- U.S. Food and Drug Administration. (2024, August 9). *FDA approves first nasal spray for treatment of anaphylaxis*. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-nasal-spray-treatment-anaphylaxis>

**SHOW SLIDE: Allergic Reaction Symptoms**

**SAY:** Looking at the **FARE Recognize and Respond to Anaphylaxis** poster, you can see a variety of symptoms of food allergies that affect different parts of the body. One or more allergic symptoms can occur and can be mild to severe.

Symptoms can occur within a few minutes or up to a few hours after the allergen is eaten. More than one symptom often presents itself.

A mild symptom could be hives (a reddish, swollen, itchy area on the skin), nausea, vomiting, stomach pain, nasal congestion, or runny nose. A severe symptom could be swelling of the lips, tongue, or throat; shortness of breath; or a drop in blood pressure. We will review the treatment for severe symptoms in just a few minutes. Children can display different symptoms, even if they have the same allergy (e.g., one child with a peanut allergy may have trouble breathing when exposed to peanuts, while another child with a peanut allergy may develop hives after consuming it). Each time a child has a reaction, the symptoms may be different.

Knowing the symptoms of an allergic reaction is vital, as a child may have a reaction but not have a known allergy. An estimated 5–15% of all food allergic reactions occur in early learning and child care centers, with an estimated one-third of all food allergic reactions being amongst children who reacted for the first time or amongst children whom staff were unaware had a diagnosed food allergy.

Not everyone is aware of the symptoms of food allergic reactions, and a delay in responding to the symptoms can be life-threatening. Education and training to increase awareness of food allergies among all child nutrition professionals could prevent a tragedy. Hanging posters like the **FARE Recognize and Respond to Anaphylaxis** can provide people with a quick resource for what to do in a suspected allergic reaction. The newest Food and Drug Administration (FDA) *Food Code* requires job-appropriate food allergy training for child nutrition professionals, which needs to include how to recognize symptoms of an allergic reaction.

Eating or drinking a food allergen is the most common way to trigger an allergic reaction. Perhaps you have heard that an allergic reaction could occur from smelling or inhaling food such as peanut dust. These conditions can occur but are rare.

**SHOW SLIDE: Treatment for Allergic Reaction**

**SAY:** Treatment for an allergic reaction for a child will be determined by the State licensed healthcare professional and written in the emergency care section of the child's food allergy plan. A State licensed healthcare professional is an individual authorized to write medical prescriptions under State law. The food allergy plan should include specific State rules about how child nutrition professionals can administer medicines. When responding to an allergic reaction, follow the child's food allergy emergency care plan. Child nutrition staff cannot provide treatment outside of what is written in the plan.

Treatments for an allergic reaction may include:

- Epinephrine (administered by an epinephrine auto-injector or nasal spray)
- Antihistamine
- Inhaler (bronchodilator)

**SHOW SLIDE: How a Child Might Describe Symptoms**

**SAY:** FARE shares *How a Child Might Describe a Reaction*. Remember, symptoms of a reaction can be mild to severe. Children might state:

- This food is too spicy.
- My tongue or mouth is hot (or burning, tingling, itching, etc.).
- My tongue or mouth feels full (or heavy or funny).
- It feels like something is poking my tongue.
- My tongue feels like there is hair on it.
- It feels like there is a bump on the back of my tongue (throat).
- There's something stuck in my throat (or a frog in my throat).
- My throat feels thick.
- My lips feel tight.
- It feels like there are bugs in there. (to describe itchy ears)
- My eyes are burning (or itchy).
- My skin feels itchy.
- My stomach (or tummy) hurts.
- My chest is tight.
- Something is wrong.
- Something bad is happening.

The person to whom the child tells this information will need to determine the next steps to care for the child from that child's food allergy emergency plan. If you are the person the child is speaking to, you will need to know what emergency actions to take.

**SHOW SLIDE: Nonverbal Signs of Allergic Reaction**

**SAY:** A child, especially a young one, may not know how to verbally communicate or understand that they are having a reaction. Some nonverbal cues of an allergic reaction include:

- Putting their hands in their mouths
- Pulling or scratching at their tongues
- Slurring their words
- Their voices may change (e.g., become hoarse or squeaky)

**SHOW SLIDE: Anaphylaxis**

**SAY:** The American Academy of Allergy Asthma and Immunology explains that anaphylaxis is a severe, possibly life-threatening allergic reaction known to be caused by food, insect venom, medications, and latex. Anaphylaxis onset is rapid and may cause death. It may disrupt breathing and blood circulation. An anaphylactic reaction usually occurs within minutes of exposure to an allergen, but in some rare instances, it can occur a couple of hours later. Symptoms of anaphylaxis include:

- Difficulty breathing, constriction of airways, tightness of the throat, hoarse voice
- Drop in blood pressure (e.g., pale, weak pulse, confusion, dizziness, fainting, weakness, loss of consciousness)
- Feeling of doom
- Gastrointestinal symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea, cramping)
- Rapid pulse, cardiac arrest
- Shock (i.e., drop in blood pressure and narrowing of airways)

- Skin symptoms (e.g., hives, swelling)
- Swollen lips

**SHOW SLIDE: Epinephrine**

**SAY:** The treatment for anaphylaxis is to administer a medication called epinephrine, which is also known as adrenaline. An epinephrine auto-injector or nasal spray is a medical device that gives a person a measured dose (or doses) of epinephrine. Trade names for this device include EpiPen®, Adrenaclick®, and Auvi-Q® (Allerject® in Canada). There are also generic versions available.

In August 2024, the Food and Drug Administration (FDA) approved neffy (epinephrine nasal spray) for the emergency treatment of allergic reactions. Both the nasal spray and auto-injector can be used to treat anaphylaxis.

**DO:** Refer participants to the **FARE Food Allergy and Anaphylaxis Emergency Care Plan** handout.



**Instructor's Note:** The **FARE Food Allergy and Anaphylaxis Emergency Care Plan** handout is outside of this manual in the tool kit. The link is in the Preparation Checklist of the Instructor's Manual.

**SHOW SLIDE: FARE Resources**

**SAY:** The **FARE Food Allergy and Anaphylaxis Emergency Care Plan** handout shows how to use different types of epinephrine auto-injector or nasal spray. Each State has different policies for who can administer an epinephrine auto-injector or nasal spray and where to store them. It is crucial for those designated to administer an epinephrine auto-injector or nasal spray to receive the appropriate training in how to do so.



**Instructor's Note:** This slide is animated. Read the priority areas as they appear on the screen.

**SHOW SLIDE: Food Allergy Management Plan**

**SAY:** Each child nutrition program should have a food allergy management plan. The CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* recommends that each child nutrition program develop a food allergy management plan with five priority areas.

1. Ensure the daily management of food allergies in individual children.
2. Prepare for food allergy emergencies.
3. Provide professional development on food allergies for staff members.
4. Educate children and families about food allergies.
5. Create and maintain a healthy and safe educational environment.

Throughout these lessons, we will discuss different topics that should be in your child nutrition

program's food allergy management plan and ask you questions about them. If you do not know the answers to some of the questions today, you can go back and discuss them with the parents/guardians, State licensed healthcare professional, or do additional research yourself. This course provides several resources for food allergies in Lesson 4. Our first set of questions is about food allergy emergencies.

**ASK:** Before we get started, have any of you had experience with administering epinephrine or seen someone respond to an allergic reaction? If so, would you care to share it with the group?

**DO:** Allow participants to share stories.

**SAY:** Thank you for sharing.

**SHOW SLIDE:** *Food Allergy Emergency Activity*

**DO:** Activity: Food Allergy Emergency

**Materials:** Food Allergy Emergency worksheet

**Time:** 15 minutes

**Instructions:**

1. Participants will fill out the **Food Allergy Emergency** worksheet by sections as the content is covered in the Instructor's Manual.
2. Ask the section questions when instructed by the content.
3. Ask participants to write their answers on that section of the **Food Allergy Emergency** worksheet. They should answer as it pertains to their program in the "Answers" section. If they do not know the answer, tell them to check "Research."
4. Ask a few volunteers to give their answers after each section.
5. Discuss the next section of the content, which covers information about the questions.
6. Ask the next section of questions and repeat.

**SAY:** As we go through the next section, I will stop and ask you some questions on handling a food allergy emergency. Please turn in your workbook to the **Food Allergy Emergency** worksheet. In the "Answers" section, write answers based on your program's food allergy management plan. If you do not know the answer, check "Research" to remind yourself to find out the answer when you get back to your program. Let's look at the Emergency Reaction section.

# FOOD ALLERGY EMERGENCY

**Instructions:** Answer the questions for your program’s food allergy management plan. If you do not know the answer, check “Research” to remind yourself to find out the answer when you get back to your program.

QUESTIONS	ANSWERS	RESEARCH
<b>Emergency Reaction</b>		
When a child has an allergic reaction, what do you do first? Who do you contact?		
Who can administer epinephrine? Do you need to be trained to administer an auto-injector or nasal spray? Who is trained in your child nutrition programs?		
<b>Epinephrine Auto-Injector or Nasal Spray</b>		
What is the policy for a child with a known life-threatening food allergy for carrying an auto-injector or nasal spray as age appropriate?		
Where is the child’s auto-injector or nasal spray? Is it secure but in an accessible location in case of a reaction?		
What if the child has a first-time allergic reaction and no prescription auto-injector or nasal spray is available? Who do you contact?		
<b>Responding to an Emergency</b>		
Is all staff trained on how to respond to an emergency? Do substitutes know how to respond? Part-time staff? Volunteers?		
Do the phones near you get an outside line to call 911?		
Will local EMS have epinephrine available for use when they arrive?		

**SHOW SLIDE: Emergency Reaction Questions****ASK:**

- When a child has an allergic reaction, what do you do first?
- Who do you contact?
- Who can administer epinephrine?
- Do you need to be trained to administer an auto-injector or nasal spray?
- Who is trained in your child nutrition programs?

**DO:** Give participants a few minutes to write their responses. Ask a few volunteers to give their answers.

**SHOW SLIDE: Response to Reaction**

**SAY:** Quick administration is key to treating anaphylaxis with epinephrine. A delay can be deadly. A serious food allergic reaction is an EMERGENCY. Call 911 or follow your child nutrition program's food allergy emergency policy. Do not hesitate when anaphylaxis is suspected. Notify the emergency medical service (EMS) that anaphylaxis is suspected so that they will bring epinephrine. An expert panel held by the CDC revealed that State laws vary and not all EMS providers carry epinephrine.

If the child has an epinephrine auto-injector or nasal spray, administer the epinephrine. Let's look at the Epinephrine Auto-Injector or Nasal Spray Questions section of the **Food Allergy Emergency** worksheet.

**SHOW SLIDE: Auto-Injector or Nasal Spray Questions**

**ASK:** For your child nutrition program:

- What is the policy for a child with a known life-threatening food allergy for carrying an auto-injector or nasal spray as age appropriate?
- Where is the child's auto-injector or nasal spray?
- Is it secure and in an accessible location in case of a reaction?
- What if the child has a first-time allergic reaction and no prescription auto-injector or nasal spray is available?
- Who do you contact?

**DO:** Give participants a few minutes to write their responses. Ask a few volunteers to give their answers.

**SHOW SLIDE: Epinephrine Auto-Injector or Nasal Spray**

**SAY:** Know where epinephrine is available in your child nutrition facility. Typically, an auto-injector or nasal spray is only available by prescription for a particular person. Many states have written legislation to allow 'stock' auto-injector or nasal spray to be available in a child nutrition program if needed. Legislation has passed in many states, allowing but not requiring various public venues to stock epinephrine in case of emergency. FARE provides information about your State's access to epinephrine on the Public Access to Epinephrine page at [foodallergy.org](http://foodallergy.org). The medicine is intended to slow or reverse the allergic reaction symptoms, but children who receive an auto-injector or nasal spray will need follow-up care and observation. After epinephrine is used, call 911. Symptoms can improve or disappear, but a person may have a second reaction that could be worse than the first. Up

to 20% of people who experience anaphylaxis have had a second reaction. The child will need to be transported to the hospital in an emergency vehicle to be monitored and receive further treatment if needed. Contact the child's parents/guardians as soon as possible.

There are many questions about training staff about allergies, which we will now discuss. Let's look at the final set of questions, "Responding to an Emergency," on the **Food Allergy Emergency** worksheet.

**SHOW SLIDE: Responding to an Emergency**

**ASK:**

- Is all staff trained on how to respond to an emergency?
- Do substitutes know how to respond? Part-time staff? Volunteers?
- Do the phones near you make an outside line to call 911?
- Will local EMS have epinephrine available for use when they arrive?

**DO:** Give participants a few minutes to write their responses. Ask a few volunteers to give their answers.

**SHOW SLIDE: Preparation Is the Key to Success**

**SAY:** These questions emphasize the need to be prepared. Ask and answer these questions before anyone in your child nutrition program has an allergic reaction.

- Be prepared to **recognize the symptoms** of an allergic reaction. Know who is authorized to administer medication and where it is stored.
- Be prepared to **react in case of an allergic reaction emergency**. Remember, quick administration of epinephrine is key. A delay can be deadly. Call 911 when a severe reaction is suspected.
- After an emergency, **review** what went smoothly and what needs improvement with those involved so you are better prepared for next time.

**Objective:** Identify the nine major food allergens.

**SHOW SLIDE: The Nine Major Food Allergens**

**SAY:** Please turn in your workbook to the **Nine Major Allergens** handout. Nine food allergens account for 90% of all food allergic reactions in the United States:

1. Crustacean shellfish (e.g., shrimp, lobster, and crab)
2. Eggs
3. Fish
4. Milk
5. Peanuts
6. Sesame
7. Soy
8. Tree nuts (e.g., walnuts, almonds, cashews, pistachios, and pecans)
9. Wheat

Be aware that oysters, mussels, and clams do not fall under crustacean shellfish, as they are part of the mollusk family of shellfish. Consideration must be taken with allergies related to them, as they are not listed as one of the nine major allergens.

# NINE MAJOR ALLERGENS

<b>MILK</b>		<b>EGGS</b>	
			
<b>WHEAT</b>		<b>PEANUTS</b>	
			
<b>TREE NUTS</b> (e.g., walnuts, almonds, cashews, pistachios, and pecans)		<b>SOY</b>	
			
<b>FISH</b>		<b>CRUSTACEAN SHELLFISH</b> (e.g., crab, lobster, and shrimp)	
			
<b>SESAME</b>			
			

Sources:

U.S. Food and Drug Administration. (2022, March 7). *Food allergen labeling and consumer protection act of 2004 (FALCPA)*. <https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/Allergens/ucm106187.htm>

U.S. Library of Congress. (2021, April 23). Summary: S.578 — *FASTER Act of 2021*. <https://www.congress.gov/bill/117th-congress/senate-bill/578?q=%7B%22search%22%3A%5B%22S.+578%22%5D%7D&s=1&r=1>

**SHOW SLIDE: Only Way to Prevent an Allergic Reaction**

**DO:** Pass out the **FARE Tips for Avoiding Your Allergen** handout.



**Instructor's Note:** The **Tips for Avoiding Your Allergen** handout is outside of this manual in the tool kit. The link is in the Preparation Checklist of the Instructor's Manual.

**SAY:** The **FARE Tips for Avoiding Your Allergen** handout shows common foods containing major allergens.

**ASK:** What food items on this handout may contain one of the nine major allergens you did not expect?

**FEEDBACK:**

- Milk – meatballs
- Eggs – mayonnaise
- Wheat – taco seasoning
- Peanuts – enchilada sauce
- Tree nuts – cereals
- Soy – hamburger
- Fish – Worcestershire sauce
- Sesame – hummus
- Shellfish – fish sticks (cross-contact)

**SAY:** There is no cure for food allergies. Avoiding a food allergen is the only way to prevent an allergic reaction.

**Objective:** Distinguish between food allergy and food intolerance.

**SHOW SLIDE: What Is a Food Intolerance?**

**SAY:** Please turn to the Food Allergies and Food Intolerances handout in your Participant's Workbook. This handout shows the differences and similarities between food allergies and food intolerances that we are about to discuss.

**SAY:** A food intolerance is a physiological response that often starts in the digestive system. Reactions to food intolerances may affect the skin, respiratory tract, digestive system, or a combination of both. A reaction to a food intolerance can be similar to and is often confused with a food allergic reaction. This confusion is because they may have similar symptoms, such as nausea, diarrhea, and vomiting. Children with food intolerances may have a delayed onset of symptoms, unlike food allergies, which can have a rapid reaction.

Food intolerances do not cause immediate life-threatening reactions; however, food intolerances may still be considered a disability. Disability is determined by a State licensed healthcare professional in consultation with the child and family. Eliminating the food will eliminate the symptoms.

Common food intolerances that you might hear about are gluten, monosodium glutamate (MSG), and lactose (milk intolerance). Some children may be able to ingest some food related to their food intolerance, such as yogurt for milk intolerance. Those with a milk allergy could not consume any milk products.

**ASK:** What food intolerances are you dealing with in your child nutrition program?

**DO:** Allow time for participants to respond.

**SHOW SLIDE:** *Food Allergy vs Food Intolerance Activity*

**DO:** Activity: Food Allergy vs Food Intolerance

**Materials:**

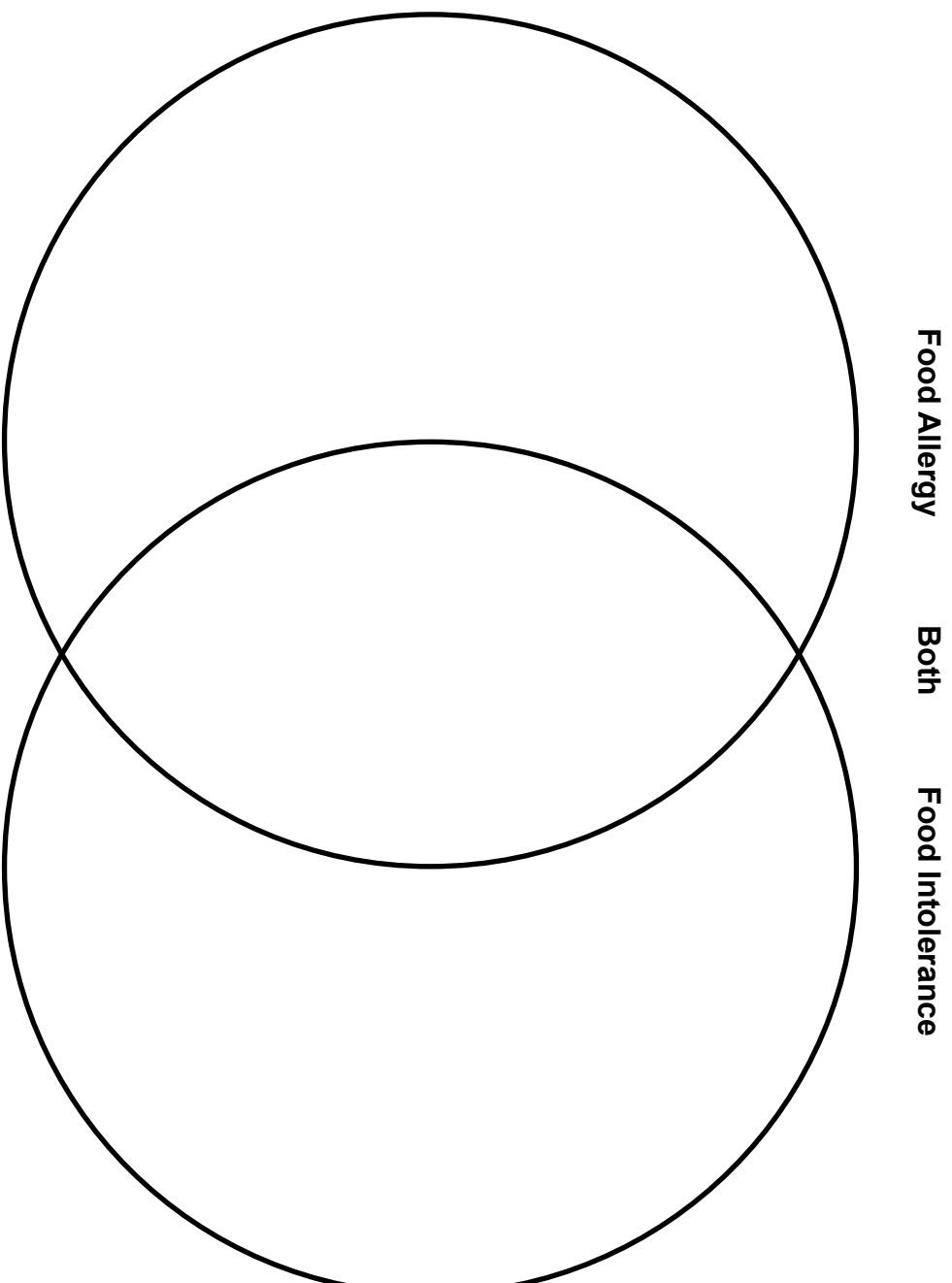
- **Food Allergy vs Food Intolerance** worksheet
- **Food Allergy vs Food Intolerance** answer sheet

**Time:** 10 minutes

**Instructions:**

1. Participants will work in groups to complete the **Food Allergy vs Food Intolerance** worksheet.
2. Participants will identify whether the statement refers to a food allergy, food intolerance, or both, and match the statements with corresponding section of the Venn diagram.
3. Give participants 5-10 minutes to complete the worksheet.
4. Ask volunteers to read out the statements for each section.

# FOOD ALLERGIES VS FOOD INTOLERANCES

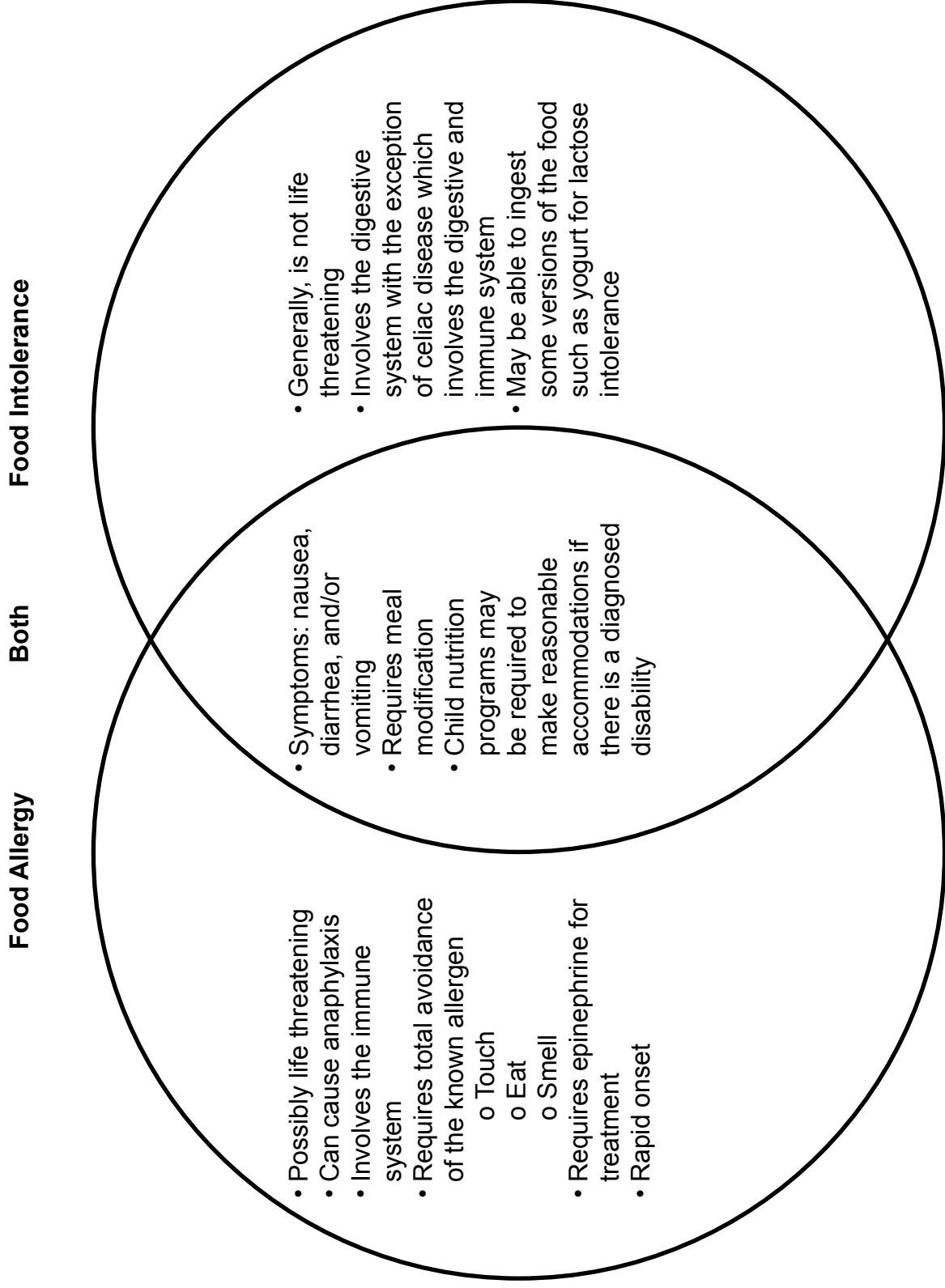


## WORD LIST

- Possibly life threatening
- Generally, is not life threatening
- Can cause anaphylaxis
- Involves the digestive system with the exception of celiac disease which involves the digestive and immune system
- Involves the immune system
- Symptoms: nausea, diarrhea, and/or vomiting
- May be able to ingest some versions of the food such as yogurt for lactose intolerance
- Requires total avoidance of the known allergen
  - Touch
  - Eat
  - Smell
- Requires meal modification
- Requires epinephrine for treatment
- Child nutrition programs may be required to make reasonable accommodations if there is a diagnosed disability
- Rapid onset

# FOOD ALLERGIES VS FOOD INTOLERANCES

## ANSWER KEY



**SHOW SLIDE: Celiac Disease**

**SAY:** The Celiac Disease Foundation explains that celiac disease is unique; it is an inherited, or genetic, autoimmune disorder characterized by sensitivity to gluten. Gluten is a protein found in wheat, barley, and rye. Although they do not naturally contain gluten, oats can sometimes be unsafe due to cross-contact or cross-pollination.

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 food allergies.

Symptoms of celiac disease are not generally life-threatening but can have long-term negative effects on health. 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 unpleasant gastrointestinal symptoms, such as diarrhea, constipation, abdominal pain, and medical conditions, such as bone disease and anemia.

There is no cure, so a strict gluten-free diet is followed to manage the symptoms and promote intestinal health. Celiac disease is always considered a disability under the Americans with Disabilities Act (ADA) and must be accommodated. A note from a State licensed healthcare professional or registered dietitian is still required to make meal modifications outside of the CACFP meal pattern.

**SHOW SLIDE: Gluten-Free Meals**

**ASK:** Do you purchase and serve gluten-free products in your child nutrition program?

**DO:** Allow time for participants to respond.

**SAY:** Gluten-free products, useful in managing celiac disease, are becoming more readily available. Careful label reading is needed to ensure “Gluten-Free” products are purchased. Do not be confused by other terms used on labels: “Wheat-Free” does not mean “Gluten-Free,” as gluten is in food products other than wheat. We will discuss reading labels in the next lesson.

You can also use your creativity in menu planning and find naturally gluten-free foods, such as rice. Naturally, gluten-free foods can also fit into the CACFP meal pattern and may be more affordable than commercial gluten-free products.

**DO:** Refer participants to the *Child Care Center Food Allergy Fact Sheets* and *Family Child Care Food Allergy Fact Sheets* folders.

**SAY:** ICN provides the *Child Care Center Food Allergy Fact Sheets* and *Family Child Care Food Allergy Fact Sheets* folders for free. The food allergy fact sheets for child care centers and family child care providers are also available free on the ICN website ([www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)). There is a fact sheet for each of the nine major allergens. Each fact sheet provides common food sources and possible substitutes for them.

**SHOW SLIDE: Lesson 1 Review**

**SAY:** We finished the first lesson, *All About Food Allergies*. We have covered how to:

- Evaluate the impact that an allergic reaction incident may have on a child nutrition program.
- Describe a food allergy, its symptoms, and treatment methods.
- Identify the nine major food allergens.
- Distinguish between food allergy and food intolerance.

**ASK:** What questions do you have before we proceed?



# LESSON 2: READING LABELS FOR ALLERGENS

TIME	TOPIC	ACTIVITY	MATERIALS
	Introduction to lesson		
<b>Objective: Demonstrate how to find the nine major food allergens in the ingredient statement on the food label.</b>			
25 minutes	<ul style="list-style-type: none"> <li>Federal laws for food allergen labeling</li> <li>Reading food labels for nine major allergens</li> </ul>	<ul style="list-style-type: none"> <li>Hide and Seek Label Reading</li> <li>Group discussion of recall</li> </ul>	<ul style="list-style-type: none"> <li>Reading Ingredient Statements for Food Allergens handout</li> <li>FARE Tips for Avoiding Your Allergen handout</li> <li>Hide and Seek Label Reading worksheet</li> <li>Hide and Seek Label Reading Answers handout</li> <li>Ingredient statement printouts</li> <li>Painter’s tape</li> </ul>
<b>Objective: Describe how to find allergens in the ingredient statement on the food label that are not among the nine major, are in bulk items, or are in USDA Foods.</b>			
10 minutes	Reading food labels for allergens other than the major nine, including bulk and USDA Foods	Group discussion of handout	Tips for Recognizing Food Allergies in Bulk Items and USDA Foods handout
<b>Objective: Describe the procedures for reading ingredient statements.</b>			
35 minutes	Managing food labels	<ul style="list-style-type: none"> <li>Reading Food Labels</li> <li>Label Reading Role-Play</li> </ul>	<ul style="list-style-type: none"> <li>Reading Food Labels worksheet</li> <li>Tips for Managing Food Labels handout</li> <li>Label Reading Role-Play Cards</li> <li>Chart Paper</li> <li>Markers</li> </ul>
<b>70 minutes (1 hour, 10 minutes)</b>			



## LESSON 2: READING FOOD LABELS FOR ALLERGENS

### SHOW SLIDE: Lesson 2: Reading Food Labels for Allergens

**SAY:** We will begin Lesson 2: Reading Food Labels for Allergens. During this lesson, our objectives are to discuss how to read food labels for the major nine allergens, read food labels for allergens other than the major nine, including bulk and USDA Foods, and manage food labels.

First, we will discuss some Federal laws regarding how allergens are written on a food label.

**Objective:** Demonstrate how to find the nine major food allergens in the ingredient statement on the food label.

### SHOW SLIDE: Reading Ingredient Statements

**SAY:** Make food choices for children with food allergies after carefully reading the food label. Check every label, every time. Manufacturers are required to list the nine major food allergens on the label.

### SHOW SLIDE: Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA)

**SAY:** Please turn in your workbook to the **Reading Ingredient Statements for Food Allergens** handout. This handout provides information about how to find the major food allergens in an ingredient statement.

# READING INGREDIENT STATEMENTS FOR FOOD ALLERGENS

## Food Allergen Labeling

Although there are over 170 foods that can cause food allergies, nine major food allergens account for 90% of all food-allergic reactions in the United States.

The *Food Allergen Labeling and Consumer Protection Act of 2004* (FALCPA) is a Federal law that became effective in January 2006. It mandates that manufacturers identify any of the eight major food allergens in plain language on the food label.

In 2021, the *Food Allergy Safety, Treatment, Education, and Research Act* (FASTER) was passed into law. This law added sesame as the ninth major allergen in the U.S. This law took effect in January 2023 and required food manufacturers to list sesame in the ingredient statement like the other major allergens.

### NINE MAJOR ALLERGENS

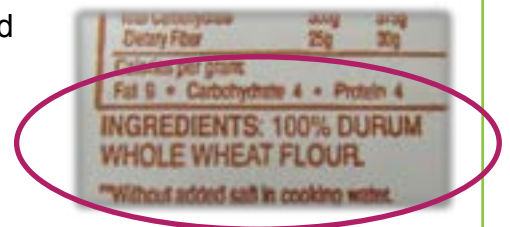
Crustacean shellfish*	Milk	Soy
Egg	Peanuts	Tree nuts
Fish	Sesame	Wheat

\*Mollusk shellfish are not considered a major allergen by *FALCPA*, so all the ingredient information for mollusks may not be on the label.

FALCPA specifies where and how allergen information is presented in the ingredient list on the food label. The food ingredient **MUST** be written in one of three ways.

1. Written as the **common or usual name** of the major food allergen

- Example: "wheat flour"



2. **In parenthesis**, following the ingredient that is not the common name

- Example: "cream (milk)"

INGREDIENTS: CHICKEN STOCK, WATER, MODIFIED FOOD STARCH, WHEAT FLOUR, CHICKEN MEAT, CREAM (MILK), CONTAINS LESS THAN 2% OF: VEGETABLE OIL, CARROT JUICE CONCENTRATE, SALT, POTASSIUM CHLORIDE, FLAVORING, SOY PROTEIN CONCENTRATE, DEHYDRATED MECHANICALLY SEPARATED CHICKEN, YEAST EXTRACT, CHICKEN FAT, DISODIUM GUANYLATE, DISODIUM INOSINATE, SPICE, BETA CAROTENE FOR COLOR, SODIUM PHOSPHATE, SOY PROTEIN ISOLATE, MIXED TRIGLYCERIDES, LACTIC ACID, CELERY EXTRACT, DEHYDRATED CHICKEN, ONION EXTRACT.

### 3. Listed after the ingredient statement in a **“Contains” statement**

- Example: “Contains: wheat and soy”

#### Advisory Statements

Advisory statements are NOT covered in the *Food Allergen Labeling and Consumer Protection Act*, so the wording varies widely from manufacturer to manufacturer. Some common types of advisory statements are the “May Contain,” “Made on Equipment,” and “Processed in Facilities” statements. According to the Food Allergy Research & Education (FARE) organization, products labeled with an advisory statement are unsafe for people with known food allergies.

#### “May Contain”

- Example: “May contain traces of peanuts”

#### “Made on Equipment”

- Example: “Made on equipment that makes products containing eggs and tree nuts”

#### “Processed in Facilities”

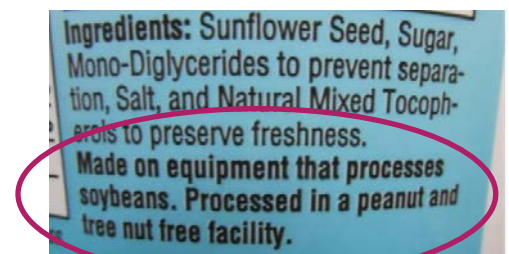
- Example: “Processed in facilities that also process wheat”

#### Reading Ingredient Statements

Ingredient statements should be read when the product is received since suppliers may make product substitutions, formulas may change, or vendors may change. Carefully check all labels every time. Do not rely on specifications, fact sheets, or the last shipment. Read the label each time the product is received. Contact the food manufacturer if you have any questions or are uncertain about the food item.

#### Holding Labels

The Centers for Disease Control and Prevention (CDC) recommends keeping all food labels of all food products served for 24 hours as a precaution, so the label is available in case someone has an allergic reaction. Unlike a foodborne illness outbreak, where the outbreak can occur days after a food is served, an allergic reaction will generally happen on the day of service. If the food will be served as leftovers or reused in another recipe, keep the label until all the product is either consumed or disposed of. Some ideas for managing food labels include keeping a label library, keeping the actual label, and scanning or taking a picture of the label. Contact your State agency or sponsoring organization for specific retention guidelines for your program.



**Sources:**

- Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. <https://www.cdc.gov/healthyyouth/foodallergies/>
- Food Allergy Research and Education. (n.d.). *How to read food labels*. <https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>
- U.S. Food and Drug Administration. (2022, March 7). *Food allergen labeling and consumer protection act of 2004 (FALCPA)*. <https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/Allergens/ucm106187.htm>
- U.S. Library of Congress. (2021, April 23). *Summary: S.578 — FASTER Act of 2021*. <https://www.congress.gov/bill/117th-congress/senate-bill/578?q=%7B%22search%22%3A%5B%22S.+578%22%5D%7D&s=1&r=1>

**SAY:** The *Food Allergen Labeling and Consumer Protection Act of 2004* (FALCPA) is a Federal law that became effective in January 2006. It mandates that manufacturers identify the eight major food allergens in plain language on the food label. There are specifics on where and how the information is to be presented. The food ingredient **MUST** be:

1. Written as the **common or usual name** of the major food allergen
  - Example: “wheat flour”
2. **In parenthesis**, following the ingredient that is not the common name
  - Example: “albumin (egg)”
3. Listed after the ingredient statement in a **“Contains” statement**
  - Example: “Contains: milk and wheat”

**SHOW SLIDE: Food Allergy Safety, Treatment, Education, and Research Act (FASTER)**

**SAY:** In 2021, the Food Allergy Safety, Treatment, Education, and Research Act (FASTER) was passed into law. This act adds sesame as the ninth major allergen in the United States. Food manufacturers are required to list sesame in the ingredient statement just like the other major allergens. This law went into effect on January 1, 2023.

**SHOW SLIDE: Label Samples**

**SAY:** These slides show the different labeling methods: a “Contains” statement, using the common or usual name, and using parenthesis.



**Instructor's Note:** This slide is animated. Please read the label types and examples as they appear on the screen.

**SHOW SLIDE: Advisory Statements**

**SAY:** Advisory statements are NOT covered in the *Food Allergen Labeling and Consumer Protection Act*, so the wording varies widely from manufacturer to manufacturer.

Some common types of advisory statements are the “May Contain,” “Made on Equipment,” and “Processed in Facilities” statements. Examples of these statements could be:

- “Product may contain traces of tree nuts.”
- “Made on equipment that is also used for products containing eggs and milk.”
- “Processed in facilities that also process peanuts.”

According to FARE, products labeled with an advisory statement are unsafe for people with known food allergies. Therefore, they should not be served to a child with an allergy listed in an advisory statement. Read the labels carefully when creating your menus and preparing food.

**SHOW SLIDE: Other Food Labels**

**SAY:** You may see other terms on food labels, such as “gluten-free” or “egg-free.” Some of these terms may not be regulated by the FDA. When looking for food allergens on a food label, it is essential to read the ingredient list and look for the language required by FALCPA.

The term “gluten-free” is regulated by the FDA. However, when checking the ingredient list for a child with a wheat allergy, staff should check the label for “wheat,” not “gluten,” as other parts of the wheat plant could be used in the food. “Gluten-free” is not the same thing as “wheat-free.” Gluten is a protein that can also be found in other grains, such as barley and rye.

Terms on the label such as “dairy-free,” “peanut-free,” or “egg-free” are not regulated by the FDA and are not covered in *FALCPA*. These items could still contain the allergen through cross-contact—the accidental transfer of allergens to an allergen-free food or surface. Contact the food manufacturer to ensure whether or not the allergen could be present in the food.

**SHOW SLIDE: Hide and Seek Label Reading Activity**

**DO: Activity: Hide and Seek Label Reading**

**Materials:** **FARE Tips for Avoiding Your Allergen** handout, **Hide and Seek Label Reading** worksheet, **Hide and Seek Label Reading Answers** handout, Ingredient statement printouts, painter's tape

**Time:** 5–8 minutes of group work, 10 minutes of class discussion

**Instructions:**

1. Divide participants into six groups.
2. Assign each group one of the labels on the wall.
3. Have participants turn to the Hide and Seek Label Reading worksheet in their Participant's Workbook.
4. Give the groups 5 minutes to read the ingredient statement and determine the answer to the questions for that label on the worksheet. Participants can use the **FARE Tips for Avoiding Your Allergen** handout for help.
5. After 5 minutes, allow each group to read the answers for their label. Answers are available on the **Hide and Seek Label Reading Answers** handout.
6. Have groups return to their seats and share observations about reading labels.

**SAY:** Please retrieve the **FARE Tips for Avoiding Your Allergen** handout and turn in your workbook to the **Hide and Seek Label Reading** worksheet. Six labels have been placed on the walls. I will divide you into six groups, and each group will be assigned one label. You will have 5 minutes to read the ingredient statements and answer the questions corresponding to your label on the **Hide and Seek Label Reading** worksheet. Use the **FARE Tips for Avoiding Your Allergen** handout that has been provided for you for assistance.

**DO:** Divide participants into six groups. Allow 5 minutes for participants to complete the activity and 10 minutes to report to the class.

# HIDE AND SEEK LABEL READING ANSWERS

**Instructions:** Read the assigned label ingredient statement on the wall and the **FARE Tips for Avoiding Your Allergen** handout. With your group, answer the activity questions for that label. Discuss the answers and your observations on label reading within your group. We will also discuss the answers as a class.

QUESTIONS FOR LABEL A	ANSWERS
Which allergens are listed in Label A?	<b>Milk</b>
Does the product label meet the allergen requirements of the labeling law?	<b>Yes</b>

**LABEL A**  
 INGREDIENTS: CULTURED PASTEURIZED SKIM MILK, MILK, WHEY PROTEIN CONCENTRATE, SALT, WHEY, NATURAL FLAVOR, XANTHAN GUM, LOCUST BEAN GUM, GUAR GUM, VITAMIN A PALMITATE, SORBIC ACID AND CARBON DIOXIDE (TO MAINTAIN FRESHNESS).  
**CONTAINS: MILK**

QUESTIONS FOR LABEL B	ANSWERS
Which ingredients in the statement cause the manufacturer to label the product: CONTAINS MILK?	<b>Buttermilk*</b>
Can a child known to have a wheat allergy have this product?	<b>Yes</b>
*Calcium stearoyl lactylate does not contain milk protein and is safe for those with milk allergies to consume. This shows the importance of looking up unknown ingredients.	

**LABEL B**  
 INGREDIENTS: SALT, MONOSODIUM GLUTAMATE, MALTODEXTRIN, GARLIC, ONION, PARSLEY, SPICE, CARRAGEENAN, CALCIUM STEAROYL LACTYLATE, PARTIALLY HYDROGENATED CANOLA OIL, **BUTTERMILK PRODUCT**, TURMERIC (COLOR).  
**CONTAINS: MILK**

QUESTIONS FOR LABEL C	ANSWERS
Would you prepare and serve this product to a child with an egg allergy?	<b>No, there is a risk of cross-contact with eggs.</b>
Does this statement meet the requirements of the <u>labeling law</u> for wheat?	<b>No, durum and semolina are types of wheat, but the label only says flour. The wheat allergen should be declared in a “Contains” statement, in parenthesis, or by the usual name.</b>

**LABEL C**  
 Ingredients: **Durum flour & semolina blend**, fiber, niacin, iron (ferrous sulfate), thiamin mononitrate, riboflavin, folic acid.  
 Allergy Information: has flour ingredients and is **manufactured in a facility that uses eggs.**

QUESTIONS FOR LABEL D	ANSWERS
Can this product be served to a child with a known peanut allergy?	<b>Yes, it is stated that it is made in a peanut and tree-nut-free facility.</b>
Can this product be served to a child with known egg, wheat, and soy allergies?	<b>No, there is a risk of cross-contact with soy.</b>

QUESTIONS FOR LABEL E	ANSWERS
How many of the nine (9) major allergens are in this product? List the allergens.	<b>5: Soy, milk, fish, sesame, wheat</b>
Can this product be served to a child with shellfish allergies?	<b>Yes</b>

QUESTIONS FOR LABEL F	ANSWERS
Which allergen is listed in the ingredient statement but not in the “Contains” statement?	<b>Tofu, which is soy</b>
Would the missing information in the “Contains” statement be enough for the product to be recalled?	<b>Yes, it is one of the major nine and is required to be declared.</b>

**LABEL D**

Ingredients: Sunflower Seed, Sugar, Mono-Diglycerides to prevent separation, Salt, and Natural Mixed Tocopherols to preserve freshness.

Made on equipment that processes soybeans. Processed in a peanut and tree-nut-free facility.

**LABEL E**

**INGREDIENTS:** WATER, DISTILLED VINEGAR, VEGETABLE OIL (SOYBEAN AND/OR CANOLA), CIDER VINEGAR, ROMANO CHEESE (CULTURED MILK, SALT, ENZYMES), SUGAR, GARLIC\*, SESAME SEEDS, EXTRA VIRGIN OLIVE OIL, CONTAINS LESS THAN 2% OF: OMEGA 3 [FISH OIL AND FISH GELATIN (CONTAINS TILAPIA, SARDINE, AND ANCHOVY)], ANCHOVY (FISH), LEMON JUICE CONCENTRATE, SPICE, SALT, FERMENTED WHEAT PROTEIN, YEAST EXTRACT, MALTODEXTRIN, XANTHAN GUM, PROPYLENE GLYCOL ALGINATE, POTASSIUM SORBATE, SODIUM BENZOATE AND CALCIUM DISODIUM EDTA AS PRESERVATIVES. \*DRIED

**LABEL F**

BEEF, WATER, TEXTURED TOFU, EGGS, DEHYDRATED ONION, GARLIC, SPICES, BREAD CRUMBS, WHEY

CONTAINS: EGGS, MILK, AND WHEAT

**ASK:** What are some of your observations about reading labels for allergens?

**FEEDBACK:**

- The font on labels can be different.
- Some manufacturers use all caps, and others do not.
- You need to read the label carefully.

**SHOW SLIDE:** *Recall Notifications*

**SAY:** Unfortunately, a food product with undeclared allergens may be put on the market. The Food and Drug Administration (FDA) defines a food recall as the removal of food from the market for violating FDA regulations. Recalled products may cause injury or illness by being contaminated with disease-causing microorganisms, such as bacteria, viruses, or parasites; containing foreign objects, such as broken glass or metal fragments; or failing to list a major allergen on the food label.

According to the U.S. Public Interest Research Group (U.S. PIRG), 49.2% of 313 recalls in 2023 were due to undeclared allergens. Food recalls due to undeclared allergens were higher than any other type of recall. Food recalls are an important part of safety for food allergies. Your program is encouraged to subscribe to an automatic notification service that alerts you to recalls. The notifications can arrive by e-mail, phone, or both. You can sign up at [www.recalls.gov](http://www.recalls.gov) for the notification service.

**SHOW SLIDE:** *Recall Procedures*

**SAY:** Food recalls are an important part of food allergy safety. Coordinate with your staff about how food recall information is received. If you have a product being recalled, follow your child nutrition program's policies on handling recalls. It is essential to have a Standard Operating Procedure (SOP) in place to help with recalls. A Standard Operating Procedure is a set of step-by-step instructions to help child nutrition employees follow the program's food safety processes. The Institute of Child Nutrition has the *Serving Safe Food to Children With Food Allergies* and *Handling a Food Recall sample Standard Operating Procedures* available on their website that you can download free and customize to your program. Samples of these SOPs can be found in your Participant's Workbook.

## **SERVING SAFE FOOD TO CHILDREN WITH FOOD ALLERGIES (SAMPLE SOP)**

**PURPOSE:** To serve safe and nutritious meals to children with food allergies.

**SCOPE:** This procedure applies to child nutrition employees involved in preparing and serving food to children with food allergies.

**KEY WORDS:** Allergies, Cleaning, Cross-Contact, Handwashing

**INSTRUCTIONS:**

1. Follow the policies and procedures of your child nutrition operation and program.
2. Use your receiving procedures.
  - Check all ingredient labels each time a food is purchased.
  - Date each food item when received.
3. Store food items that contain allergens in a separate location from the non-allergenic items.
4. Keep ingredient labels for a minimum of 24 hours after serving the product.
5. Prevent cross-contact during food preparation.
  - Wash hands before preparing food.
  - Wear single-use gloves.
  - Use a clean apron when preparing allergen-free food.
  - Wash, rinse, and sanitize all cookware before and after each use.
  - Wash, rinse, and sanitize food contact surfaces.
  - Designate an allergy-free zone in the kitchen. When working with multiple food allergies, set up procedures to prevent cross-contact within the allergy-free zone.
  - Prepare food items that do not contain allergens first. Label and store the allergen-free items separately.
  - Use a clean, sanitized cutting board when preparing food.
  - Use clean potholders and oven mitts for allergen-free foods to prevent cross-contact.
6. Prevent cross-contact during meal service.
  - Set aside food for children with food allergies before the food is set out.
  - Use dedicated serving utensils and gloves for allergen-free foods.
  - Label items correctly and clearly, so that items containing food allergens are easily recognizable.
  - Ensure that tables, high chairs, and chairs are cleaned and sanitized before and after each meal and when needed.
7. Follow your program's procedures for identifying children with food allergies.

## SERVING SAFE FOOD TO CHILDREN WITH FOOD ALLERGIES, CONTINUED (SAMPLE SOP)

### MONITORING:

A child nutrition employee continually monitors receiving, preparation, and serving areas to assess whether food allergy procedures are being followed.

### CORRECTIVE ACTION:

1. Retrain any child nutrition employee found not following the procedures in this SOP.
2. Refrain from serving any food to a child with a food allergy if there is any question as to whether or not an allergen might be present in that particular food.
3. Activate the emergency action plan immediately if a child with the potential for anaphylaxis consumes a food allergen.

### VERIFICATION AND RECORD KEEPING:

The child nutrition manager will observe program staff to ensure they are following these procedures and taking all necessary corrective actions. Keep a list of corrective actions

DATE IMPLEMENTED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE REVISED: \_\_\_\_\_ BY: \_\_\_\_\_

Adapted from: Institute of Child Nutrition. (2016). *Serving safe food to students with food allergies*. University, MS: Author.

## HANDLING A FOOD RECALL

### (SAMPLE SOP)

**PURPOSE:** To prevent foodborne illness and food allergic reaction in the event of a product recall.

**SCOPE:** This procedure applies to child nutrition employees who prepare or serve food.

**KEY WORDS:** Food Recalls

#### INSTRUCTIONS:

1. Train child nutrition employees on using the procedures in this SOP.
2. Follow State or local health department requirements.
3. Review the food recall notice and specific instructions identified in the notice.
4. Communicate the food recall notice to feeding sites.
5. Hold the recalled product using the following steps:
  - Physically separate the product, including any open containers, leftover product, and food items in current production that contain the recalled product.
  - If an item is suspected of containing the recalled product, but label information is unavailable, follow the program's procedure for disposal.
6. Mark recalled products "Do Not Use" and "Do Not Discard." Inform the entire staff not to use the product.
7. Do not destroy any USDA Foods without official written notification from the State Distributing Agency, USDA Food Safety Inspection Services (FSIS), or State or local health department.
8. Inform the program's public relations coordinator of the recalled product.
9. Identify and record whether any of the product was received in the program, locate the food recall product, and verify that the food items bear the product identification code(s) and production date(s) listed in the recall notice.
10. Obtain accurate inventory counts of the recalled products, including the amount in inventory and the amount used.
11. Account for all recalled products by verifying inventory counts against records of food received.

#### MONITORING:

Child nutrition employees and the child nutrition manager will visually observe that program sites have segregated and secured all recalled products.

## HANDLING A FOOD RECALL, CONTINUED

### (SAMPLE SOP)

#### CORRECTIVE ACTION:

1. Retrain any child nutrition employee found not following the procedures in this SOP.
2. Determine if the recalled product is to be returned and to whom, or destroyed and by whom.
3. Notify feeding site staff of procedures, dates, and other specific directions to be followed for collecting or destroying the recalled product.
4. Consolidate the recalled product as quickly as possible, but no later than 30 days after the recall notification.
5. Conform to the recall notice using the following steps:
  - a. Report quantity and site where the product is located to the manufacturer, distributor, or State agency for collection. The quantity and location of the affected USDA Foods must be submitted to the State Distributing Agency within 10 calendar days of the recall.
  - b. Obtain the necessary documents from the State Distributing Agency for USDA Foods. Submit necessary documentation for reimbursement of food costs.
  - c. Complete and maintain all required documentation related to the recall, including:
    - Recall notice
    - Records of how food product was returned or destroyed
    - Reimbursable costs
    - Public notice and media communications
    - Correspondence to and from the public health department and State agency

#### VERIFICATION AND RECORD KEEPING

Child nutrition employees will record the name of the contaminated food, date, time, and the reason why the food was discarded on the Damaged or Discarded Product Log. The child nutrition manager will verify that appropriate corrective actions are being taken by reviewing, initialing, and dating the Damaged or Discarded Product Log each day. Maintain the Damaged or Discarded Product Logs for a minimum of 1 year.

DATE IMPLEMENTED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_ BY: \_\_\_\_\_

DATE REVISED: \_\_\_\_\_ BY: \_\_\_\_\_

Adapted from: Institute of Child Nutrition. (2016). *Responding to a food recall*. University, MS: Author.

**ASK:**

- What SOP do you have in place to handle a recall?
- Do you have a quarantine procedure in place for recalled products?

**FEEDBACK:**

- Checking inventory for the recalled product
- Checking with the director to see if you received the recalled product
- Putting the recalled product in a specific place in their respective areas—dry storage, fridge, or freezer—and marking as **DO NOT USE – RECALLED PRODUCT**

**Objective:** Describe how to read the ingredient statement on a food label to find allergens that are 1) not among the nine major food allergens, 2) in bulk items, or 3) in USDA Foods.

**SHOW SLIDE:** *Reading Labels for Other Allergens*

**SAY:** Now, we will discuss allergens that are not among the nine major when they are in bulk items and when they are in USDA Foods. We know from earlier information presented in today's training that nine foods account for 90% of food allergic reactions; that means other foods cause 10%. According to the CDC, more than 170 foods can cause an allergic reaction.

**DO:** Refer to the Warm-Up Activity chart paper and discuss any allergens in the "Other Allergen" category.

**ASK:** What other allergens are your children allergic to that are not one of the major nine?

**FEEDBACK:** Strawberries, mustard, sulfites

**SAY:** Finding these allergens may be more difficult because there is no specific regulation about labeling them. You will need to check the entire ingredient statement for any allergen that is not one of the nine major allergens. Work with the parents to become familiar with the different ways a food may be listed in an ingredient statement. Always discuss any questions about reading labels for food allergies that are not among the major nine with your coworkers.

Some ingredients, such as cinnamon or mustard, may not be listed on the ingredient statement. Different spices or herbs may be listed as just "spices" in the ingredient statement. If you have a child with food allergies to a spice, it is important to talk to the manufacturer to determine what spices are included in a food product. Contacting the food manufacturer to confirm the allergen is not in a product may be necessary.

**SHOW SLIDE:** *Recognizing Allergens in Bulk Items*

**SAY:** Bulk items are large quantities of single food items such as flour, rice, or sugar. Please turn in your Participant's Workbook to the **Tips for Recognizing Food Allergies in Bulk Items and USDA Foods** handout. We are going to discuss some strategies for determining allergens in these items.

## TIPS FOR RECOGNIZING FOOD ALLERGIES IN BULK ITEMS AND USDA FOODS

- Obtain the ingredient statement for the bulk product and identify known allergens; retain the labeling on bulk packages.
- Use your Standard Operating Procedure for how bulk products will be handled.
  - Determine the number of bulk lots mixed in one storage container.
  - Ensure that the food product added has the same ingredient statement.
  - Prevent cross-contact from utensils and scoops. (For example, do not use the flour scoop to scoop sugar.)
  - Clean the bulk storage container thoroughly to remove allergen residue before using the container for a different product.
- If there is any doubt about the bulk product ingredients, contact the manufacturer.
- **Always** read USDA Foods product labels for allergens; product brands may change throughout the program year. Do not rely on USDA Foods Fact Sheets.
- Build time in the work schedule to read food labels.

Source: Institute of Child Nutrition. (2017). *Food safety fact sheets: Cleaning and sanitizing food contact surfaces*. [www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

**SAY:** With bulk foods, there are some allergen risks. The following steps can help to prevent hazards.

- Obtain the ingredient statement for the bulk product, identify any known allergens, and retain the labeling on bulk packages.
- Use your Standard Operating Procedure for how bulk products will be handled.
  - Determine the number of bulk lots mixed in one storage container.
  - Ensure that the food product added has the same ingredient statement.
  - Prevent cross-contact from utensils and scoops. (For example, do not use the flour scoop to scoop sugar.)
  - Clean the bulk storage container thoroughly to remove allergen residue before the container is used for a different product.
- If there is any doubt about the ingredients of bulk products, contact the manufacturer.

Cross-contact, which we will discuss further in the next lesson, is the accidental transfer of an allergen to an allergen-free food or surface. Someone using the flour scoop to scoop out corn meal is an example of cross-contact.

**ASK:** What are some best practices for handling bulk products to eliminate risks for children with allergies?

**DO:** Allow time for participants to share some of their best practices.

**SAY:** Thank you for sharing this information with the group.

**SHOW SLIDE:** *Food Allergens in USDA Foods*

**ASK:** How do you handle USDA Foods regarding food allergens?

**FEEDBACK:** Obtain and read labels for known allergens, prevent cross-contact, and keep labels for 24 hours

**SAY:** USDA Foods should be addressed similarly to other institutional-size commercial products as they have the same labeling requirements. USDA Foods and other supplier brands may change throughout the program year, so label reading is vital. When determining if a product is allergen-free, use the actual label and read the ingredient statement. Child nutrition programs can now use the new USDA Foods Database to check for allergens. It can be found at <https://www.fns.usda.gov/usda-fis/usda-foods-database>. This link is provided on the **Food Allergy Resources** handout in the back of your Participant's Workbook. It provides up-to-date, vendor-specific nutrition, allergen, and ingredient information for directly delivered USDA Foods for child nutrition programs. The database must be downloaded to use it. After selecting a food category and material code, the allergen information for the major nine allergens for the different food products will be displayed by the vendor. If a product contains one of the major nine allergens, it will say "Contains" in the row of the sheet. Always check the date at the bottom of the sheet to see when the food product information was last updated. The database is updated regularly and must be re-downloaded to get the new content. Read the instructions on the website landing page for how to use the database. Do not rely on USDA Foods Fact Sheets' current food allergy information.

**ASK:** Are there any questions?

**SHOW SLIDE:** *Food Allergens in Crafts and Supplies*

**SAY:** Outside of food served in your child nutrition programs, food allergens may be present in crafts and supplies as well. It is vital to check the labels of all crafts and supplies for known allergens.

Crafts such as paints may contain dairy, modeling dough contains wheat, and crayons may contain soy. Avoid crafts using recycled food containers like egg and milk cartons if there are known allergens. In general, using food items in crafts, such as macaroni art and counting beans, is discouraged.

**DO:** Hand out the **Potential Food Allergens in Preschool and School Activities** handout.

**SAY:** I am handing out the **Potential Food Allergens in Preschool and School Activities** handout from Kids with Food Allergies which is a division of the Asthma and Allergy Foundation of America. It provides a list of potential allergens in common crafts and activities and safe alternatives.

Supplies such as soaps, lotions, baby wipes, and air fresheners may also contain different allergens, such as tree nut oils. Even the labels of non-scented items should be checked. Contact the manufacturer to confirm if you are unsure about an allergen in a craft or supply.

**Objective:** Describe the procedures for reading ingredient statements.

**SHOW SLIDE:** *Procedures for Reading Food Labels*

**SAY:** Recognizing food allergens demands time, attention, and rigorous procedures. Make sure your employees have time to read labels. Build time into their daily or weekly schedule. As a best practice, write 'reminder' instructions on production sheets for allergen-free recipes such as:

- Read the ingredient statements of all packages to verify there are no allergens.
- Save or copy/scan package labels to include the ingredient list, allergen statements, and lot and run coding.

**SHOW SLIDE:** *Reading Food Labels Activity*

**SAY:** We will further discuss strategies for reading labels and ingredient lists. As we talked about in Lesson 1, this should be in your program's food allergy management plan. We will review a series of questions about the process and procedures for reading labels.

**DO:** *Activity: Reading Food Labels*

**Materials:** Reading Food Labels worksheet

**Time:** 15 minutes

**Instructions:**

1. Ask questions as prompted by the following script. Questions are asked in four sections.
2. Ask participants to follow along and answer questions on the **Reading Food Labels** worksheet as prompted. Participants should write their answers as it pertains to their program in the "Answers" section. If they do not know the answer, they should check "Research."

**SAY:** Please turn in your workbook to the **Reading Food Labels** worksheet. Like before, with the food allergy emergency questions, we will discuss this content in sections. Write your answers in the "Answers" section, and if you do not know the answer, check "Research" to remind yourself to find the answer when you return to program.

## READING FOOD LABELS

**Instructions:** Answer the questions for your program’s food allergy management plan. If you do not know the answer, check “Research” to remind yourself to find out the answer when you get back to your program.

QUESTIONS	ANSWERS	RESEARCH
<b>Procedures for Reading Food Labels</b>		
Who reads labels for food allergens?		
If that person is out, who takes on that responsibility?		
Could substitutes read the labels?		
How often do you read labels for allergens?		
<b>Storing Food Labels</b>		
Do you keep food labels?		
How long?		
What do you do if you cannot find the food label?		
How do you find ingredient information for food items where the labels are printed on the case that is thrown away after stocking the shelves?		
Where are food labels stored?		
<b>Procedures for Changes in Food Labels</b>		
What would you do if a substitute product contains a food allergen, the product recipe has changed to contain an allergen, or the product now has an advisory statement?		
What is your chain of command for communicating that a food label now contains a food allergen?		
Who do you tell if you realize that you made a mistake reading a food label and it actually does contain a food allergen?		

QUESTIONS	ANSWERS	RESEARCH
<b>Communicating Food Allergy Information</b>		
How does your child nutrition program share information about a food allergy on menu items?		
How do you communicate with a parent or guardian requesting additional food allergy information?		
How do you communicate with other employees, such as teachers or aides, requesting additional food allergy information?		
If you cannot answer the question, who do you tell that person to contact?		

**SHOW SLIDE: Procedures for Reading Food Labels**

**ASK:**

- Who reads labels for food allergens?
- If that person is out, who takes on that responsibility?
- Could substitutes read the labels?
- How often do you read labels for allergens?

**DO:** Give participants 1–3 minutes to write their responses. Have a few participants volunteer to share their answers.

**SHOW SLIDE: Reading Food Labels**

**SAY:** Labels should be read when the product is received. Since this is time-consuming, build time into the schedule for this procedure. Because suppliers may make product substitutions, formulas may change, or vendors may change, check all labels carefully every time. You cannot rely on specifications, fact sheets, or the last shipment. Read the label each time the product is received.

**SHOW SLIDE: Storing Food Labels**

**ASK:**

- Do you keep food labels? How long?
- What do you do if you cannot find the food label?
- How do you find ingredient information for food items where the labels are printed on the case, which is thrown away after stocking the shelves?
- Where are food labels stored?

**DO:** Give participants 1–3 minutes to write their responses. Have a few participants volunteer to share their answers.

**SHOW SLIDE:** *Food Label Storage*

**SAY:** The CDC recommends keeping all labels for food products served for 24 hours as a precaution so that the label is available in case someone has an allergic reaction. Unlike a foodborne illness outbreak, where the outbreak can occur days after a food is served, an allergic reaction will happen on the day of service. If food is served as leftovers or reused in another recipe, the label should be kept until all the product is either consumed or disposed of. Keeping a label library is a common practice. Some programs keep the actual label, scan the label, or take a picture with a cell phone.

**SHOW SLIDE:** *Procedures for Changes in Food Labels*

**SAY:** Letting others know if you see a new allergen on a food label is very important. You may need to tell the director, teacher, or aides. We will now discuss how an employee would communicate this information.

**ASK:**

- What would you do if a substitute product contains a food allergen, the product recipe has changed to contain an allergen, or now has an advisory statement?
- What is your chain of command for communicating that a food label now contains a food allergen?
- Who do you tell if you realize that you made a mistake reading a food label and it actually does contain a food allergen?

**DO:** Give participants 1–3 minutes to write their responses. Have a few participants volunteer to share their answers.

**SHOW SLIDE:** *Changes in Food Labels*

**SAY:** As mentioned earlier, recipes for food products can change. Knowing the chain of command for communicating that a food product now contains a food allergen can prevent an allergic reaction. Every child nutrition program should clearly outline the chain of command in their food allergy management plan and communicate this to all employees. The food allergy management plan should also cover actions employees should take if a food label is misread and contains a food allergen. If this happens, contact the person outlined in the chain of command, and do not serve the food to the child with the allergy.

**SHOW SLIDE:** *Communicating Food Allergy Information*

**SAY:** There are times that you need to communicate information about allergens in the food you serve to people outside the kitchen. Some requests may come from teachers, aides, and parents or guardians.

**ASK:**

- How does your child nutrition program share food allergy information about menu items?
- How do you communicate with a parent or guardian requesting additional food allergy information?
- How do you communicate with other employees, such as teachers or aides, requesting additional food allergy information?
- If you cannot answer the question, who do you tell that person to contact?

**DO:** Give participants 1–3 minutes to write their responses. Have a few participants volunteer to share their answers.

**ASK:** Would a couple of you share a time that you were asked for allergy label information?

**SHOW SLIDE:** *Communicating Food Allergies*

**SAY:** If you are uncertain about any questions being asked, contact the food manufacturer.

Electronic records can help share information on the program's website. Other ways are to prepare handouts or provide training for your staff, parents, or guardians. If you communicate the program's food allergy management plan, families will understand what is being done to protect their children.

- It is an important priority of the child nutrition program.
- Precautions are being taken to keep children safe.
- You have an emergency action plan if something unexpected occurs.

The **Tips for Managing Food Labels** handout in your Participant's Workbook captures the tips we have discussed for reading food labels for allergens.

## TIPS FOR MANAGING FOOD LABELS

### READING FOOD LABELS

- Check all labels carefully every time.
  - Read the label each time the product is received.
    - Suppliers may make product substitutions.
    - Formulas may change.
    - Vendors could change.
  - Read labels before preparing food.
- Build time into the schedule for this procedure.
- Do not rely on specifications, fact sheets, or the last shipment.

### STORING FOOD LABELS

- The CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* recommends keeping all labels for 24 hours for all food products served.
  - This is a precaution, so the label is available if someone has an allergic reaction.
  - Unlike a foodborne illness outbreak, where the outbreak can occur days after a food is served, an allergic reaction will happen on the day of service.
- If food is served as leftovers or reused in another recipe, the label should be kept until all the product is either consumed or disposed of.
- Methods for maintaining the label:
  - Keep a label library.
  - Keep the actual label in a designated spot for service that day.
  - Scan or photograph the label.

### CHANGES IN FOOD LABELS

- Knowing the chain of command for communicating that a food product now contains a food allergen can prevent an allergic reaction.
- Every child nutrition program should have a food allergy management plan.
  - Clearly outline the chain of command.
  - Detail what actions employees should take if a food label is misread and contains a food allergen.
    - Contact your director.
    - Do not serve the food to the child with the allergy.
- Train employees on the plan.

## COMMUNICATING FOOD ALLERGIES

- Methods for communicating:
  - Electronic records can help share information on the program's website.
  - Prepare handouts.
  - Provide training for your staff, parents, or guardians.
- If you communicate the program's food allergy management plan, families will understand what is being done to protect their children.
  - It is an important priority of the child nutrition program.
  - Precautions are being taken to keep children safe.
  - You have an emergency action plan if something unexpected occurs.

### Sources:

Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. [www.cdc.gov/healthyyouth/foodallergies/](http://www.cdc.gov/healthyyouth/foodallergies/)

Food Allergy Research and Education. (n.d.). *How to read food labels*. <https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>

U.S. Department of Agriculture, Food and Nutrition Service. (2017, July 25). *Accommodating children with disabilities in the school meal programs – Guidance for school food service professionals*. <https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>

### SHOW SLIDE: Label Reading Role-Play Activity

### DO: Activity: Label Reading Role-Play

**Materials:** Label Reading Role-Play Cards (see Appendix)

**Time:** 5–8 minutes of group work, 15–20 minutes to present the skit to the class

### Instructions:

1. Divide participants into five groups depending on class size.
2. Assign each group a role-playing scenario.
3. Give the groups 5–8 minutes to discuss the scenario and assign roles. The group will develop a skit to introduce the scenario and show a solution. Not everyone in the group is required to be involved in the skit, but everyone should be involved in the discussion.
  - A. A child allergic to peanuts was served a soy butter sandwich. Her very upset parent comes to you because the child did not eat lunch since she thought it was a peanut butter sandwich.
  - B. The cook reviewed a food label and noticed a food allergen that was not previously on the label and was not flagged. The food is on the line about to be served.
  - C. You pull frozen chicken tenders from the freezer, but no food label is on the bag. All ingredient information was on the recycled box.
  - D. While reading a food label, you notice that the pasta sauce now contains wheat.
  - E. The person who usually reads the labels is out today, and a substituted product has been delivered.
4. Give each group 3–4 minutes to act out their skit.

**SAY:** I am going to divide everyone into groups and give you a role-playing scenario. Your group will come up with a short skit to introduce the scenario and show a solution. Not everyone in the group will need to participate in the skit, but everyone should be involved in the discussion. Have fun and be creative!

**DO:** Allow groups 5 minutes to create their skit. Each group will have 3–4 minutes to present their skit.

**SAY:** Great job! Everyone came up with some great solutions!

**SHOW SLIDE:** *Lesson 2 Review*

**SAY:** We finished our second lesson, Reading Labels for Allergens. We have covered the following:

- Finding the nine major allergens in the ingredient statement on the food label
- Finding allergens in the ingredient statement on the food label that are not among the nine major, are in bulk items, or are in USDA Foods
- Procedures for reading food labels

**ASK:** What questions do you have before we proceed?

## LESSON 3: AVOIDING CROSS-CONTACT

TIME	TOPIC	ACTIVITY	MATERIALS
	Introduction to lesson		
<b>Objective: Define cross-contact.</b>			
5 minutes	Cross-contact	Cross-Contact or Cross-Contamination?	Slide deck
<b>Objective: Examine how cross-contact may occur in a child nutrition program.</b>			
10 minutes	How cross-contact occurs	<ul style="list-style-type: none"> <li>• Where are the Allergens?</li> </ul>	<ul style="list-style-type: none"> <li>• Glo Germ®</li> <li>• Two spatulas</li> <li>• Black light</li> <li>• Cleaning and Sanitizing Fact Sheet</li> </ul>
<b>Objective: Develop strategies for preventing cross-contact.</b>			
30 minutes	Methods for preventing cross-contact	<ul style="list-style-type: none"> <li>• Preventing Cross-Contact Plan</li> <li>• Avoiding Cross-Contact Case Studies</li> <li>• Avoiding Cross-Contact Scenarios</li> </ul>	<ul style="list-style-type: none"> <li>• Methods for Avoiding Cross-Contact handout</li> <li>• Best Practices for Cross-Contact Case Studies worksheet</li> <li>• Preventing Cross-Contact Plan worksheet</li> <li>• Best Practices for Cross-Contact Scenario Cards</li> <li>• Best Practices for Cross-Contact Scenarios Potential Answers handout</li> </ul>
<b>45 minutes</b>			



## LESSON 3: AVOIDING CROSS-CONTACT

### SHOW SLIDE: Lesson 3: Avoiding Cross-Contact

**SAY:** This lesson discusses cross-contact. Our objectives for this lesson are to define cross-contact, examine how cross-contact may occur in child nutrition programs, and develop strategies for preventing it.

We will start this lesson by defining cross-contact and how it differs from cross-contamination.

**Objective:** Define cross-contact.

### SHOW SLIDE: Cross-Contact | Cross-Contamination

**SAY:** Many people confuse cross-contact and cross-contamination. The terms are often used interchangeably; however, they have different meanings.

Cross-contamination occurs when microorganisms are transferred from a food, person, or surface to another food. Cooking **does** reduce or eliminate the chances of a person getting a foodborne illness. Examples of cross-contamination include:

- Cutting raw meat on a cutting board and then chopping up fresh vegetables for the salad bar on the same cutting board without cleaning, rinsing, and sanitizing it in between
- Not changing gloves and washing hands in between handling raw chicken and fresh fruit.
- Not properly cleaning a container that held raw meat and then putting bread in it

As FDA **Food Code** explains, cross-contact occurs when an allergen is transferred from a food containing an allergen to a food or surface that does not have the allergen. Cooking *does not* reduce or eliminate the allergen protein, so a person with a food allergy can still have a reaction to cooked food.

An example of cross-contact would be using a knife to spread peanut butter and only wiping it clean before using it to spread jelly. If the peanut butter goes into the jelly jar, the jelly cannot be used for a child with a peanut allergy. Peanut protein could remain on the knife and cause an allergic reaction for that child. In addition, if that knife was used to spread peanut butter on wheat bread and then placed back into the peanut butter, that peanut butter cannot be used for a child with a wheat allergy.

All equipment and utensils must be cleaned with hot, soapy water, rinsed, sanitized, and air-dried before preparing allergen-free food. Even a small trace of food, which could be invisible to the naked eye, can cause an allergic reaction. Even food that is burnt onto pans and grills may cause a reaction.

Other examples of cross-contact include:

- The flour used to make bread lands on another surface
- Measuring milk in a liquid measuring cup and then measuring broth in the same measuring cup without cleaning in between
- Spilling food while serving it to children

**SHOW SLIDE: Cross-Contact or Cross-Contamination? Activity****DO: Activity: Cross-Contact or Cross-Contamination?**

**Materials:** Slide deck

**Time:** 5 minutes of group participation and discussion

**Instructions:**

1. The slide deck shows a series of four pictures.
2. Participants will decide whether the picture is an example of cross-contact or cross-contamination. To vote for an example, participants will use their arms to create a “U” for cross-contact, an “X” for cross-contamination, or a “O” for both.
3. The trainer will then lead a brief group discussion on how to fix the scene.

**SAY:** I am going to show pictures of scenarios. I want you to decide if the scenario shows cross-contact or cross-contamination. Make a “U” shape with your arms to vote for cross-contact. If you believe it is cross-contamination, make an “X.” Make a “O” with your arms if the scenario is both.

**SHOW SLIDE: 1. Cross-Contact or Cross-Contamination?**

**DO:** Give participants a chance to vote.

**SAY:** This is an example of both cross-contamination and cross-contact. As raw meat and fresh vegetables are being chopped on the same cutting board at the same time, cross-contamination from the raw meat occurs. One of the featured meats is fish, which is an example of cross-contact.

**ASK:** How would you prevent this scenario?

**FEEDBACK:**

- Prep raw meat and fresh vegetables using separate cutting boards and knives. Color-coded cutting boards designated for certain foods, such as red for red meat, green for produce, and blue for fish, can also be used.
- Wash, rinse, sanitize, and air-dry the knife and cutting board between preparing food items.
- Wash hands and change gloves between foods.

**SHOW SLIDE: 2. Cross-Contact or Cross-Contamination?**

**DO:** Give participants a chance to vote.

**SAY:** This is an example of cross-contact, as the knife used to cut a peanut butter and jelly (PB&J) sandwich was also used to cut a turkey sandwich without cleaning it between uses. Peanut butter is on the turkey sandwich.

**ASK:** How would you prevent this scenario?

**FEEDBACK:**

- Prep the sandwiches on different cutting boards using different knives.
- Wash, rinse, sanitize, and air-dry the knife and cutting board between preparing food items.
- Have separate workers prepare sandwiches so no allergens transfer with the gloves.

**SHOW SLIDE: 3. Cross-Contact or Cross-Contamination?**

**DO:** Give participants a chance to vote.

**SAY:** This is an example of cross-contamination. The employee tastes the food with the serving spoon over the pan of food. She is also not wearing a hairnet.

**ASK:** How would you prevent this scenario?

**FEEDBACK:**

- Wear a hair restraint to prevent hair from getting into food.
- Use proper tasting techniques, which include placing a small portion of the food in a separate bowl, stepping away from the main dish, and using a spoon different from the one being used to prepare the food to taste it.
- Train employees on proper attire and food-tasting procedures.

**SHOW SLIDE: 4. Cross-Contact or Cross-Contamination?**

**DO:** Give participants a chance to vote.

**SAY:** This is an example of both cross-contact and cross-contamination. Cross-contact occurs because the flour on the dirty apron allows wheat allergens to transfer. Cross-contamination occurs as the spaghetti sauce and flour on the dirty apron can grow and transfer microorganisms.

**ASK:** How would you prevent this scenario?

**FEEDBACK:**

- Train employees on proper attire.
- Have employees change their aprons once they become dirty. Ensure that extra clean aprons are available for employees to use.

**Objective:** Examine how cross-contact may occur in a child nutrition program.

**SHOW SLIDE: Potential Sources of Cross-Contact**

**SAY:** There are several potential sources of cross-contact. The following are some examples.

- The food mixes during handling and preparation.
- Improper handwashing allows allergens to remain on hands.
- Improper cleaning allows allergens to remain on food contact surfaces such as food preparation tables.
- Shared equipment, utensils, cutting boards, and counters are not properly cleaned between uses.
- Cooking food splatters into an allergen-free food.
- Steam from cooking foods like shellfish and fish gets into an allergen-free food.

**ASK:** Can you think of any other cross-contact situations?

**DO:** Allow participants to respond.

**ASK:** How do you know if there has been cross-contact in your facility?

**FEEDBACK:**

- Observe the work practices of employees.
- Store allergen-free foods below those containing allergens.
- When it happens, speak professionally to the employee, and remove the food.

**SHOW SLIDE:** *Where Are the Allergens? Activity*

**SAY:** We will now do the activity *Where are the Allergens?*

**DO:** *Activity: Where Are the Allergens?*

**Materials:** Glo Germ®, two spatulas or other kitchen utensils (one should have Glo Germ® on it), black light, **Cleaning and Sanitizing Fact Sheet**

**Time:** 2–3 minutes of demonstration

**Instructions:**

1. There will be two spatulas, one with Glo Germ® and one without. Show them to the participants and ask which spatula has the “allergen” (Glo Germ®) on it.
2. After giving the class a chance to answer, use the black light to show which spatula had the “allergens.”
3. Discuss how allergens are not always visible to the naked eye.
4. Have participants review the **Cleaning and Sanitizing Fact Sheet** and reinforce the importance of properly cleaning, rinsing, and sanitizing.

**SAY:** You see two spatulas in front of you. Please let me know if you can tell which one has allergens on it.

**DO:** Allow time for participants to guess which utensils have allergens on them. Then, use the black light to show which utensils have allergens.

**SHOW SLIDE:** *Cleaning and Sanitizing*

**SAY:** You can see why it is important to be aware of the possibility of cross-contact. Allergens are generally not visible to the naked eye and, therefore, can be accidentally transferred to allergen-free foods easily. Proper cleaning and sanitizing procedures in child nutrition programs are needed to remove allergens. **The Cleaning and Sanitizing Fact Sheet** provides the steps for properly cleaning and sanitizing all food contact surfaces and equipment. FDA found that pre-scraping food from surfaces before proper cleaning helps remove more of an allergen. The FDA recommends washing, rinsing, sanitizing, and air-drying surfaces to remove allergen residue and minimize allergen transfer.

Writing SOPs for cleaning, sanitizing, and serving food to children with food allergies is essential. All staff should be trained on SOPs.

# CLEANING AND SANITIZING FACT SHEET

## Introduction

Cleaning and sanitizing are a crucial prerequisite for food safety in any child nutrition program. Child nutrition employees who follow proper cleaning and sanitizing practices reduce the risk of cross-contamination, which can lead to foodborne illness, and cross-contact, which can contribute to an allergic reaction.

## Here Are the Facts

Research conducted by the U.S. Food and Drug Administration shows that contaminated equipment is a risk factor for food safety. Cleaning and sanitizing are areas in which many food service operations did not follow appropriate practices.

## Application

**Clean and sanitize work surfaces, equipment, and other food contact surfaces using proper procedures.**

- Follow State and local health department requirements.
- Follow the manufacturer's instructions regarding the use and cleaning of equipment.
- Follow the manufacturer's instructions regarding using chemicals for cleaning and sanitizing food contact surfaces.
- Refer to the Safety Data Sheet (SDS) provided by the manufacturer if you have questions about using specific chemicals.
- Wash, rinse, and sanitize food contact surfaces of sinks, tables, utensils, thermometers, carts, and equipment:
  - Before each use
  - Between uses when preparing different types of raw animal foods such as eggs, fish, meat, and poultry
  - Between uses when preparing ready-to-eat foods and raw animal foods such as eggs, fish, meat, and poultry
  - Any time contamination occurs or is suspected
  - After food with a food allergen has been prepared and before preparing an allergen-free food
- Wash, rinse, and sanitize food contact surfaces using the following procedures:
  - Wash the surface with a detergent solution to clean it.
  - Rinse the surface with clean water to remove debris and detergent.
  - Sanitize the surface using a sanitizing solution mixed at the concentration specified on the manufacturer's label.
  - Allow items to air-dry.

**Take corrective action to make sure that cleaning and sanitizing are properly done.**

- Wash, rinse, and sanitize dirty food contact surfaces.
- Sanitize food contact surfaces if it cannot be determined if they have been sanitized properly.
- Discard food that comes into contact with food contact surfaces that have not been cleaned and sanitized correctly.

**Remember, follow State or local health department requirements.**

**Source:** Institute of Child Nutrition. (2017). *Food safety fact sheets: Cleaning and sanitizing food contact surfaces*. [www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

**ASK:** What method is used to clean tables?

**DO:** Pause to listen to participant responses.

**SAY:** Sometimes sanitizing wipes are used, and the tables are only cleaned with a sanitizing solution. These methods will not remove the allergen residue and may increase the risk of exposure to a child with food allergies.

**ASK:**

- How often are tables washed, rinsed, and sanitized?
- How can the risk of cross-contact be reduced or eliminated?

**SAY:** Think about your procedures for cleaning and sanitizing. They may need to be updated to reduce the risk of cross-contact.

Next, we will describe some strategies that you may already use and some strategies you have yet to consider when avoiding cross-contact with food allergies.

**Objective:** Develop strategies for preventing cross-contact.

**SHOW SLIDE:** *Preventing Cross-Contact*

**SAY:** Please turn in your Participant's Workbook to the **Methods for Avoiding Cross-Contact** handout. This handout provides tools and tips for how child nutrition professionals can prevent cross-contact throughout the foodservice process. The handout also contains examples of cross-contact scenarios and possible solutions to prevent it.

Storing, preparing, and serving food to prevent cross-contact can reduce the risk of exposing a child to a food allergen.

#### Storage

- Have shelves in the dry storage, refrigerator, and freezer that are only for allergen-free foods. A best practice is to use the top shelf so nothing can fall on the food (e.g., wheat flour falling on brown rice flour).

#### Preparation

- Follow SOPs for handwashing, cleaning, and sanitizing.
- Wash hands before preparing allergy-free foods.
- Wear single-use gloves.
- Use a clean apron, potholders, and oven mitts when preparing allergy-free foods to prevent cross-contact.
- Wash, rinse, and sanitize all utensils, equipment, and food contact surfaces before and after each use.
- Use color-coded or designated utensils, equipment, etc., that are for specific allergen-free foods if possible.
- Prepare food items that do not contain allergens first.
- Cover, label, and store the allergy-free items separately. Sticker or color-code-wrapped food to make all staff easily aware that the food is allergen-free.

- Designate an allergy-free zone in the kitchen if possible. When working with multiple food allergies, set up procedures to prevent cross-contact within the allergy-free zone.

### Serving

- Develop and implement a handwashing routine for children to wash their hands before and after each meal.
- Designate an allergen-free table for children and a high chair for infants. Ensure the seats and tabletops are washed, rinsed, and sanitized between meals. Also, children with food allergies cannot be forced to eat at this table.
- Take extra care with serving utensils and serving containers to prevent cross-contact. Replace any utensils and food suspected of cross-contact. Shared utensils and spills have a greater risk of cross-contact.

**DO:** Read a few examples from the **Methods for Avoiding Cross-Contact** handout and ask participants for solutions.

## METHODS FOR AVOIDING CROSS-CONTACT

**Cross-contact** occurs when an allergen is accidentally transferred from a food containing an allergen to a food or surface that does not have the allergen.

### Example of Cross-Contact

Using a knife to spread peanut butter for peanut butter and jelly sandwiches, and then using the same knife to cut a turkey sandwich without cleaning and sanitizing between uses



### Potential Sources of Cross-Contact

- The food mixes during handling and preparation.
- Improper handwashing allows allergens to remain on hands.
- Improper cleaning allows allergens to remain on food contact surfaces such as food preparation tables.
- Shared equipment, utensils, cutting boards, and counters are not properly cleaned between uses.
- Cooking food splatters into an allergen-free food.
- Steam from cooking foods like shellfish and fish gets into an allergen-free food.

### How to Avoid Cross-Contact

#### Storage

- Have shelves in the dry storage, refrigerator, and freezer that are only for allergen-free foods. A best practice is to use the top shelf so nothing can fall on the food (e.g., wheat flour falling on brown rice flour).

#### Preparation

- Follow SOPs for handwashing, cleaning, and sanitizing.
- Wash hands before preparing allergy-free foods.
- Wear single-use gloves.
- Use a clean apron, potholders, and oven mitts when preparing allergy-free foods to prevent cross-contact.
- Wash, rinse, and sanitize all utensils, equipment, and food contact surfaces before and after each use.
- Use color-coded or designated utensils, equipment, etc., that are for specific allergen-free foods if possible.
- Prepare food items that do not contain allergens first.
- Cover, label, and store the allergy-free items separately. Sticker or color-code-wrapped food to make all staff aware that the food is allergen-free.
- Designate an allergy-free zone in the kitchen if possible. When working with multiple food allergies, set up procedures to prevent cross-contact within the allergy-free zone.



**Serving**

- Develop and implement a handwashing routine for children to wash their hands before and after each meal.
- Designate an allergen-free table for children and a high chair for infants. Ensure the seats and tabletops are washed, rinsed, and sanitized between meals. Also, children with food allergies cannot be forced to eat at this table.
- Take extra care with serving utensils and serving containers to prevent cross-contact. Replace any utensils and food suspected of cross-contact. Shared utensils and spills have a greater risk of cross-contact.
- For family style dining, if you have a child with a food allergy or intolerance, there is a risk of cross-contact during meal service with the serving spoons and tongs. It may be safer to have their full meal pre-plated to ensure that cross-contact does not occur.
- For additional guidance on family style meal service, see USDA's *CACFP Family Style Meal Service Operator Booklet*.
- Make sure to monitor children during eating so they do not share food.

**SHOW SLIDE: Avoiding Cross-Contact Case Studies Activity**

**SAY:** We will now practice avoiding cross-contact in different child care scenarios.

**DO: Activity: Avoiding Cross-Contact Case Studies****Materials:**

- **Avoiding Cross-Contact Case Studies** worksheet
- **Avoiding Cross-Contact Case Studies** Answer Key

**Time:** 15 minutes

**Instructions:**

1. Divide participants into 4 groups.
2. Assign each group two problems.
3. Have the groups read the scenario and develop a solution(s) for avoiding cross-contact.
4. Give groups 5 minutes to complete.
5. Take 10 minutes to allow groups to report out.

## AVOIDING CROSS-CONTACT CASE STUDIES

**Instructions:** Review your assigned problem. As a group, write out a solution(s) to prevent cross-contact from happening.

	PROBLEM	SOLUTION
A	A knife used to spread peanut butter may also be dipped in the jelly jar, tainting the jelly with peanut protein.	
B	You prepare an allergen (e.g., chopping walnuts on a cutting board) and then another food (e.g., slicing tomatoes) without proper cleaning.	
C	Ingredients from an allergenic food may splatter, splash, or spill into the allergy-free food when making a catering platter.	
D	You know that a child has a severe peanut allergy. You observe that another child in the dining room has a handful of peanuts and is laughing with friends and pointing at the boy with the peanut allergy.	
E	Allergy-free foods may come in contact with an allergen in storage, such as the refrigerator or dry storage.	
F	Kitchens may slice various meats and cheeses on shared equipment. Meats could contain allergenic ingredients such as milk, soy, wheat, or nuts.	
G	Shared utensils and spills have a greater risk of cross-contact.	
H	Your facility does family style dining and there is a child with multiple food allergies.	

**Sources:**

Food Allergy Research & Education. (2024, May). *Prevent cross-contact*. <https://www.foodallergy.org/resources/cross-contact-poster-set-eng>

Institute of Child Nutrition. (2022, March 1). *Family child care food allergy fact sheet – Avoiding cross-contact*. [www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

Institute of Child Nutrition. (2017). *Serving safe food to students with food allergies (Sample SOP)*. [www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

# AVOIDING CROSS-CONTACT CASE STUDIES

## ANSWER KEY

**Instructions:** Review your assigned problem. As a group, write out a solution(s) to prevent cross-contact from happening.

PROBLEM		SOLUTION
A	A knife used to spread peanut butter may also be dipped in the jelly jar, tainting the jelly with peanut protein.	<ul style="list-style-type: none"> <li>• Keep a separate jelly jar for the child with allergies. Use a clean spoon to put jelly on the bread.</li> <li>• Put jelly on first using a separate spoon.</li> </ul>
B	You prepare an allergen (e.g., chopping walnuts on a cutting board) and then another food (e.g., slicing tomatoes) without proper cleaning.	<ul style="list-style-type: none"> <li>• Make allergen-free food first—wash, rinse, sanitize, and air-dry the foodservice equipment, including the cooking area.</li> <li>• Use color-coded cutting boards designated for specific food items.</li> </ul>
C	Ingredients from an allergenic food may splatter, splash, or spill into the allergy-free food when making a catering platter.	Prepare the allergen-free foods first; cover and remove them from the preparation area before preparing other foods.
D	You know that a child has a severe peanut allergy. You observe that another child in the dining room has a handful of peanuts and is laughing with friends and pointing at the boy with the peanut allergy.	Go to the child with the peanut allergy and escort him from the dining room. Make sure you know where his epinephrine auto-injector or nasal spray is located. Tell the director about the situation and sit in on the meeting with the children.
E	Allergy-free foods may come in contact with an allergen in storage, such as the refrigerator or dry storage.	Designate a separate shelf in the refrigerator and dry storage area for allergen-free foods. This shelf should be above the shelf that may store foods with potential allergens. Consider using stickers to identify “safe” foods. Discard anything suspected of cross-contact, or do not use it for a child with allergies.

PROBLEM		SOLUTION
F	Kitchens may slice various meats and cheeses on shared equipment. Meats could contain allergenic ingredients such as milk, soy, wheat, or nuts.	<ul style="list-style-type: none"> <li>● Make sure staff are following Standard Operating Procedures to clean equipment.</li> <li>● Slice allergen-free food first.</li> </ul>
G	Shared utensils and spills have a greater risk of cross-contact.	Have the child nutrition manager keep the allergen-free food separate to prevent cross-contact.
H	Your facility does family style dining and there is a child with multiple food allergies.	<ul style="list-style-type: none"> <li>● Wrap, cover, and label allergen-free food for the child.</li> <li>● Serve child with food allergy first.</li> <li>● Have child sit next to teacher during meal service to prevent grabbing or sharing food.</li> </ul>

## Sources:

Food Allergy Research & Education. (2024, May). *Prevent cross-contact*. <https://www.foodallergy.org/resources/cross-contact-poster-set-eng>

Institute of Child Nutrition. (2022, March 1). *Family child care food allergy fact sheet – Avoiding cross-contact*. [www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

Institute of Child Nutrition. (2017). *Serving safe food to students with food allergies (Sample SOP)*. [www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

**ASK:** Do you have any other potential solutions or prevention ideas?

**DO:** Allow time for questions and responses.

**SAY:** Thank you for sharing your ideas. It is our responsibility to provide allergen-safe food to children each and every time.

**SHOW SLIDE:** **HACCP-Based Food Safety Plan**

**SAY:** HACCP stands for Hazard Analysis Critical Control Points. It is a detailed food safety plan that looks at your specific facility and addresses possible food safety problems. The goal of a HACCP-based food safety plan is to control, prevent, and minimize food safety risks that may cause illness or injury. A HACCP-based food safety plan contains Standard Operating Procedures (SOPs). A Standard Operating Procedure is a set of step-by-step instructions to help child nutrition employees follow the program's food safety processes. Following SOPs can reduce the risk of a foodborne illness outbreak and allergic reactions. Speak to your director about your program's specific SOPs. ICN provides sample SOPs ([www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)), such as **Cleaning and Sanitizing Food Contact Surfaces** and **Serving Safe Food to Children With Food Allergies**.

We will now do an activity to tie what you have learned back to your child nutrition program.



**Instructor's Note:** Some child care centers and family child care homes may not be required to have a HACCP-based food safety plan. This will vary based on State and local requirements.

**SHOW SLIDE:** **Preventing Cross-Contact Plan Activity**

**DO:** **Activity: Preventing Cross-Contact Plan**

**Materials:** **Preventing Cross-Contact Plan** worksheet

**Time:** 5 minutes of individual work, 5 minutes of reporting out








**Instructions:**

1. Have participants reflect on what they have learned in Lesson 3.
2. Tell participants to turn to the Preventing Cross-Contact Plan worksheet.
3. Give participants 5 minutes to write where cross-contact can occur during the flow of food process in their foodservice process. Then, have participants write what processes their program uses to prevent that situation of cross-contact.
4. Take 5 minutes and encourage a few participants to report for each process.

**SAY:** It is crucial that avoiding cross-contact be included in your program's food allergy management plan. Please turn in your Participant's Workbook to the **Preventing Cross-Contact Plan** worksheet. For your kitchen, write situations where cross-contact can occur during the flow of the food process. Then, write what processes your program uses to prevent that situation of cross-contact. If you have any questions you need to research, write them at the bottom.

## PREVENTING CROSS-CONTACT PLAN

**Instructions:** For your program kitchen, write situations where cross-contact can occur during the flow of the food process. Then, write what procedures your program uses to prevent that situation of cross-contact. If you have any questions you need to research, write at the bottom.

	CROSS-CONTACT OCCURS	PROCEDURE FOR AVOIDING IT
Receive 		
Store 		
Prepare 		
Cook 		
Hold 		
Serve 		
Store 		

Research:

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**Instructor's Note:** This is an example list of processes for preventing cross-contact when receiving food in a program kitchen.

Example:

- Inspect the delivery vehicle from the vendor for possible cross-contact.
- Inspect grocery bags from store delivery for possible cross-contact.
- Clean reusable grocery bags before shopping.
- Visually inspect all items and look for signs of contamination or container damage.
- Check expiration and pack dates.
- Check substitutions for approved brands and check product labels.
- Reject unacceptable items from the vendor.

**DO:** Allow participants 5 minutes for individual work. For another 5 minutes, ask some participants to share their best practices as you walk through each process.

**SHOW SLIDE:** *Avoiding Cross-Contact Scenario Activity*

**DO:** Activity: Avoiding Cross-Contact Scenario

**Materials:** **Avoiding Cross-Contact Scenario Cards** (see Appendix), **Best Practices for Cross-Contact Scenarios Potential Answers** handout, **Best Practices for Cross-Contact Scenarios** worksheet

**Time:** 5 minutes of group work, 15 minutes to present to the class

**Instructions:**

1. Ask participants to turn in their Participant's Workbooks to the **Best Practices for Cross-Contact Scenarios** worksheet.
2. Divide participants into six groups.
3. Assign each group a given scenario.
4. Tell them to read the scenario, identify the hazard, discuss how their program addresses it, and create a best practice to share with the class to prevent this hazard. Participants can write their answers on the **Best Practices for Cross-Contact Scenarios** worksheet.
5. Give participants 5 minutes to come up with an answer to their scenario.
6. Have participants read their scenarios and provide their best practice for the next 15 minutes.
7. Encourage other groups to add additional best practices after the group is finished presenting.

**SAY:** I am going to divide everyone into six groups and give each group a scenario for avoiding cross-contact. You will need to discuss the scenario and identify the hazard that may or has occurred. Your group will discuss what your programs do to address this hazard. As a group, create a best practice for avoiding cross-contact for your scenario. You can record your responses on the **Best Practice for Cross-Contact Scenarios** worksheet.

**DO:** Allow groups 5 minutes to discuss their scenario and create a best practice. Each group will present their best practice to the class. Possible answers have been provided in the **Best Practice for Cross-Contact Scenarios Potential Answers** handout.

## BEST PRACTICES FOR CROSS-CONTACT SCENARIOS

**Instructions:** Read the scenario assigned by the trainer. From the scenario, identify the hazard, discuss how your program addresses this hazard, and create a best practice to share with the class for preventing this hazard.

**Scenario name** (receiving, storing, etc.):

**What is the hazard(s) in this scenario** [physical (ex. hair in food), chemical (ex. spray sanitizer near uncovered food), or bacteria (ex. raw meat dripping in to fresh lettuce)]?

**How does your child nutrition program address this hazard?**

**What are some best practices for preventing this situation of cross-contact?**

## BEST PRACTICES FOR CROSS-CONTACT SCENARIOS POTENTIAL ANSWERS

### Receiving

- Scenario: When receiving dry goods, you arrive home from the grocery store and notice a bag of flour has spilled over the trunk of your vehicle. The flour is on the canned goods that were in the same bag.
- Hazard: There is a possibility of flour getting into the canned goods when opened if not cleaned.
- Best Practice: Thoroughly wash cans with soap and water before using.

### Storing

- Scenario: The designated allergen-free food shelf has an allergen-containing food on it.
- Hazard: There is a chance of allergen getting into allergen-free food.
- Best practice: Check to ensure that the allergen-free items are in secure packaging. Discard any allergen-free food that may have come in contact with the allergen.

### Preparing

- Scenario: The cans of fruit cocktail pulled for lunch are covered in flour.
- Hazard: Flour can get into the fruit cocktail when the can is opened.
- Best practice: Thoroughly wash cans with soap and water before using.

### Cooking

- Scenario: The pan used to bake fish sticks is used for baking skinless chicken breasts without cleaning in between.
- Hazard: Fish proteins may still be present on the pan and cross-contact with chicken.
- Best practice: Mark the chicken breasts in accordance with your program's food allergy management plan, stating that they are not safe to serve to children with fish allergies.

### Serving

- Scenario: While serving food, you realize you have used the fish stick tongs to serve French fries.
- Hazard: Fish protein may be present on the tongs. The French fries may now have fish proteins in them.
- Best practice: Replace both tongs with washed, rinsed, and sanitized tongs. Replace French fries with a fresh batch.

### Holding

- Scenario: The remaining burgers are moved to the same pan to place in the hot-holding cabinet between meals. Burgers containing soy are placed on one side of the pan, and soy-free burgers are on the other.
- Hazard: Cross-contact may have occurred between soy burgers and beef burgers.
- Best practice: Mark the burgers in accordance with your program's food allergy management plan that they are not safe to serve to children with soy allergies.

**SAY:** Great job!

**SHOW SLIDE:** *Lesson 3 Review*

**SAY:** We have now finished our third lesson, Avoiding Cross-Contact. We have covered how to:

- Define cross-contact.
- Examine how cross-contact may occur in a child nutrition program.
- Develop strategies for preventing cross-contact.

**ASK:** What questions do you have before we proceed?



## LESSON 4: ACCOMMODATING CHILDREN WITH FOOD ALLERGIES

TIME	TOPIC	ACTIVITY	MATERIALS
	Introduction to lesson		
<b>Objective: Describe methods for accommodating and supporting children with food allergies.</b>			
10 minutes	Child nutrition staff’s role in accommodating children with food allergies	Meal Modifications for Food Allergens Activity	<ul style="list-style-type: none"> <li>• Laws Related to Disabilities and Privacy handout</li> <li>• Role of the Child Nutrition Staff in Food Allergy Management handout</li> </ul>
<b>Objective: Determine strategies to manage food prepared and served outside of the child nutrition program.</b>			
15 minutes	Managing outside food for food allergens	Reduce the Risk	<ul style="list-style-type: none"> <li>• Reduce the Risk worksheet</li> <li>• Chart paper</li> <li>• Markers</li> </ul>
<b>25 minutes</b>			



## LESSON 4: ACCOMMODATING CHILDREN WITH FOOD ALLERGIES

### SHOW SLIDE: Lesson 4: Accommodating Children With Food Allergies

**SAY:** In our last lesson, we will discuss ways to provide meal modifications for children with food allergies safely. Our objectives include defining the roles of child nutrition professionals in accommodating children with food allergies and managing food from outside of the program. We will start our discussion with how to respect and protect children with food-related disabilities.

**Objective:** Describe methods for accommodating and supporting children with food allergies.

### SHOW SLIDE: Respect Children With Food Allergies

**SAY:** Along with ensuring that the food we serve children is safe, respecting and protecting the privacy of children with food allergies is important. Civil rights and privacy laws apply to all of us. When food allergies or intolerances are considered a disability, child nutrition programs are required by Federal laws and regulations to make a meal modification.

You may have heard of child nutrition programs or operate a program that bans certain allergens. Unfortunately, allergens are everywhere, and most experts recommend we train and educate children and staff about allergens rather than ban foods. There is no way to provide 100% confidence that the allergen will not be introduced. The CDC recommends providing Allergy Safe Zones coupled with education and training. However, children with allergies should never be forced to use these zones or singled out for their allergies. Children with food allergies often want to fit in with their peers and not be singled out for their allergies.

### SHOW SLIDE: Protect Children With Food Allergies

**SAY:** Research done by FARE shows that children with food allergies may be bullied, teased, or harassed, not only by other children but sometimes by teachers and staff. Verbal abuse appears to be the most common offense. In reported cases, children describe being physically threatened by having the allergen thrown at them, dangled in front of them, or smeared on them. You should know what steps to take when someone is bullying a child with food allergies. Always encourage them to notify an adult, parent, or guardian if they are being harassed or threatened by other children or adults regarding their food allergies.

Please turn to the **Laws Related to Disabilities and Privacy** handout in your Participant's Workbook. This handout details the laws related to food allergy management in child nutrition programs. We will briefly cover these laws, but this handout provides further information.

## LAWS RELATED TO DISABILITIES AND PRIVACY

### FEDERAL LAWS

Law	How It Relates to Child Nutrition
Rehabilitation Act of 1973	Prohibits discrimination against qualified persons with disabilities in programs or activities of any agency of the Federal government's executive branch or any organization receiving Federal financial assistance  504 Plan derived from this law
Individuals with Disabilities Education Act (IDEA) 1975, Part B 2006	Works to protect and provide early intervention services to infants and toddlers with developmental delays or specific health conditions. Part B of IDEA addresses services for children from ages 3 to 21. In some states, Part C regulates services for children from birth to three years old. Requires a free and appropriate public education be provided for children with disabilities ages 3–21  IFSP derived from this law
Americans with Disabilities Act (ADA) 1990 and 2008 Amendments	Broadens and extends civil rights protection for approximately 50 million Americans with disabilities  All food allergies and intolerances have the potential to be considered disabilities  Major life activities examples include (but are not limited to) caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working  Major bodily function examples include (but are not limited to) functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions
The Health Insurance Portability & Accountability Act (HIPAA) 1996	Requires all medical records disclosed to be kept confidential  Gives patients the right to control how health information is used
Family Educational Rights and Privacy Act (FERPA) 1974	Protects the privacy of health information entered into a child's record

Source: USDA. (2017). *Modifications to accommodate disabilities in the Child and Adult Care Food Program and Summer Food Service Program*. <https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>

**SHOW SLIDE: Federal Disability Laws**

**SAY:** In *Policy Memo for Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, the USDA outlines three Federal laws that cover the treatment of those with disabilities participating in Federal programs, like Child Nutrition Programs:

1. *Rehabilitation Act of 1973; Section 504 of the Act*
2. *Individuals with Disabilities Education Act (IDEA)*
3. *Americans with Disabilities Act (ADA)*

For child nutrition programs, these laws prohibit the discrimination of people with disabilities and require accommodations be made so that those individuals have an equal opportunity to benefit from Federal programs.

In 2008, the *ADA Amendments Act* broadened the definition of disabilities to include most food allergies and intolerances. ADA broadened the definition of disabilities to encompass impairments limiting major life activities and bodily functions. More details about major life activities and bodily functions are featured on the **Laws Related to Disabilities and Privacy** handout. A State licensed healthcare professional will determine whether a child has a disability. A child's condition does not have to be life-threatening to be considered a disability; for example, a food allergy may be considered a disability even if it does not cause anaphylaxis and is not life-threatening.

**SHOW SLIDE: Federal Privacy Laws**

**SAY:** The two laws that deal with privacy for children with disabilities are the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and the *Family Educational Rights and Privacy Act of 1974 (FERPA)*. These laws require child nutrition programs to keep medical information (in any form) about a child, including a food allergy or food intolerance, confidential and to protect the child's privacy.

**ASK:** How does your program keep the information you receive confidential?

**FEEDBACK:**

- Keep it in a locked file cabinet.
- Keep it electronically in a password-protected file.
- Look at it in the office and leave it in the office.
- Look at the director's copy in a folder.

**SAY:** If these laws are violated, a civil rights complaint could be filed, and an investigation would ensue. Creating an environment of responsible communication of confidential information will help to alleviate possible complaints. SOPs and training for how the child nutrition program keeps child information private should be provided to all staff. Showing the parents or guardians that the child nutrition program has a food allergy management plan in place and that you understand the necessity of following the child's medical statement will build trust with the family.

**ASK:** This was a quick overview of regulations. What questions do you have?

**DO:** Allow some time for questions. Answer any questions to the best of your abilities. Write down any questions you cannot answer and contact ICN for clarification.

**SHOW SLIDE: Strategies to Accommodate Children With Food Allergies**

**SAY:** The FDA launched the new Food Code in December 2022. It added sesame to the list of major allergens. It also requires the Person in Charge, or food safety trained person on-site, to properly train employees in food safety, including food allergy awareness. This training needs to relate to an employee's assigned duties. Food allergy awareness includes being able to identify the major food allergens and the symptoms of an allergic reaction.

Be aware of the food allergies in your program. This means knowing which children have allergies and protecting those children when food is prepared and served. Also, be mindful of what food allergies are in your program when planning menus, ordering/purchasing food, and receiving products.

Develop a partnership with open communication and education for all involved in the child's care. Communication and education will help the child nutrition program get the needed information about a child's food allergy. This partnership could include children (if age-appropriate), parents/guardians, aides, teachers, directors, etc.

Child nutrition programs need to understand what is required of them to serve food safely to children with food-related disabilities such as food allergies. Required meal modifications will be communicated in the child's written food allergy care plan. It is vital that the child nutrition program implements the meal modifications from the State licensed healthcare professional or registered dietitian as described in the child's plan.

**SHOW SLIDE: Written Plans for Food Allergies**

**SAY:** Children with disabilities, including food allergies, should have a written plan for managing their disabilities. This plan could be a 504 Plan, Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP), or Individualized Healthcare Plan (IHP). These plans are written and agreed to by a team. This team may include the director, program staff, the parent or guardian, and the child (as developmentally appropriate). If the plan involves meal modifications from the child nutrition program, the program kitchen staff or child care provider should be part of the meeting.

**ASK:** How do you know which children in your program have food allergies and what they are?

**SHOW SLIDE: Child Nutrition Meal Requirements**

**SAY:** USDA's *Policy Memo for Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* is clear that when a child's disability prevents them from eating or drinking a meal **as prepared**, meal modifications **must** be made. Modifications include, but are not limited to, procedures such as providing an allergen-free meal and a safe environment for consuming the meals. Such meals are reimbursable even if they do not meet the meal pattern. If a food-related disability causes a child to need a meal that does not follow the CACFP meal pattern, a written medical statement signed by a State licensed healthcare professional or registered dietitian is required for reimbursement. The *USDA Final Rule - Child Nutrition Programs: Meal Patterns Consistent With the 2020-2025 DGAs* allows registered dietitians to submit medical statements for meal modifications for children with disabilities. Registered dietitians are not required to have a State license. CACFP operations are required to implement this change by October 1, 2025.

A child cannot be charged an additional fee for these meal modifications. Any additional cost of providing meals to children with disabilities is an allowable cost. If asked to provide an expensive food item, discuss alternatives with the parents or guardians first. Child nutrition programs are not required to make exact substitutions (i.e., specific brand names) if another reasonable meal modification is available (i.e., store brand) that effectively accommodates the disability and provides equal opportunity to participate in or benefit from the program. If funding meal modifications becomes an issue, child nutrition programs are encouraged to work with their State agency and sponsoring organization to identify possible funding sources.

**SHOW SLIDE: Medical Statement Requirement for Federal Reimbursement**

**SAY:** Only a State licensed healthcare professional can make a disability determination. If a child's food allergy meal modification does not meet the CACFP meal pattern requirements, a medical statement from a State licensed healthcare professional or registered dietitian is required. If a meal modification for a child's disability can be made within the meal pattern, the USDA Food and Nutrition Service (FNS) does not require a medical statement for reimbursement. A medical statement may still be required by a child nutrition program, local health authority, or State agency, and it may help select appropriate foods within the meal pattern.

**SHOW SLIDE: Medical Statement**

**SAY:** The medical statement should contain each of the following:

1. A clear description of the child's physical or mental impairment that explains how the disability restricts the child's diet (i.e., child nutrition staff should know the child's food allergy(s) and what allergic reactions they have)
2. An explanation of what must be done to accommodate the child's disability
3. The food or foods to be omitted and recommended alternatives (i.e., a substitution or modified meal)

It is vital to follow the instructions in the medical statement. Do not make guesses or variations from the medical statement. The child nutrition staff must ensure that they understand the information provided. If your program is unable to make the meal modifications as instructed, does not understand something in the statement, or the statement does not provide enough information, seek additional information from the parents or guardians or the State licensed healthcare professional or registered dietitian (as permitted by the parents or guardians).

However, the child nutrition staff should not delay providing a meal modification and a safe environment (i.e., prevent exposure to known allergens) while awaiting clarification of the medical statement. Staff should follow the portion of the medical statement that is clear to the greatest extent possible while waiting for additional information or an amended statement. USDA, FNS strongly encourages child nutrition programs to document detailed actions taken to provide meal modifications for a child with food allergies.

**SHOW SLIDE: Menu Planning Tips**

**SAY:** When planning meals for children with food allergies, see what allergen-free options are already available in the menu cycle. From there, determine if a reimbursable meal can be made for the child with the existing allergen-free food options. This approach will minimize the need for special recipes or menu substitutions.

In adult day care centers and At-Risk Afterschool Meals programs, Offer Versus Serve (OVS) is another method for serving children and adults with food-related disabilities. OVS allows children and adults to choose what foods they eat. Adult day care centers and At-Risk Afterschool Meals programs can use OVS to offer various options for children and adults with food allergies. For example, if a participant is allergic to apples, but you offer apples and bananas using OVS, then the participant can take the banana without additional menu adjustment needed. The food provided for a child or adult with a food allergy must be nutritionally equivalent. For example, you could not give a participant with a wheat allergy an extra piece of fruit to avoid bread; the participant must be given a nutritional equivalent, such as wheat-free bread.

In many cases, meal modifications for participants with special dietary needs based on cultural, religious, or other preferences can also be addressed through OVS or by providing additional selections. For example, a program could provide another meat/meat alternate when pork is served. Since there is no disability, accommodation is not required, but programs are encouraged to meet these requests as a gesture of support and customer service.

**ASK:** What modifications has your program made for a child with a food allergy or food intolerance?

**DO:** Allow participants time to respond.

**SAY:** A young child will need assistance with food choices to avoid allergens. As the child gets older, they will need less assistance making choices. Careful preparation and service, following SOPs, and verifying procedures are effective will prevent cross-contact.

**ASK:** Do any of you help children make selections from regular offerings?

**DO:** Allow participants time to respond.

**SHOW SLIDE:** *Meal Modifications for Food Allergens Activity*

**DO:** *Activity: Meal Modifications for Food Allergens*

**Materials:** Slide Deck, **Meal Modifications for Food Allergens Possible Answers**

**Time:** 15 minutes of class discussion

**Instructions:**

1. Show slide with the daily menu for 3–5-year-olds and list food allergens of which a program needs to be aware.
2. Give participants 1 minute to read the menu and allergens.
3. Start with breakfast and ask participants to modify the menu to provide allergen-free options. A list of possible options is included in the Instructor's Manual.
4. Go through each meal on the menu and ask participants for meal modifications.

**SAY:** On the slide deck is a daily menu for 3–5-year-olds. A list of food allergies for the program is listed below. We are going to start with breakfast and discuss some allergen-free meal modifications.

Take a minute to read the menu and gather your ideas.

**DO:** Pause to allow participants time to review the slide.

**ASK:** What are your modifications for breakfast? Lunch? Snack?

**DO:** Allow participants to respond. For potential responses, refer to **Meal Modifications for Food Allergens Possible Answers**.

# MEAL MODIFICATIONS FOR FOOD ALLERGENS POSSIBLE ANSWERS

## Menu for 3–5 year olds

MEAL COMPONENT	BREAKFAST	LUNCH	SNACK
Grain	WW Cinnamon Toast Plain WW Toast	WW macaroni and cheese* WW roll Quinoa Brown rice	WGR pita**
Meat/Meat Alternate	Spinach egg bake* Chicken Tofu	Grilled chicken drumsticks	HM Hummus*** Black bean dip
Fruit	Strawberries Bananas Raspberries Blueberries	Apples	
Vegetable	*Spinach	Carrots and peas	Cucumbers
Milk	1% or fat-free milk Soy milk	1% or fat-free milk Soy milk	

### Food Allergens: Milk, Eggs, Strawberries, Cinnamon, Sesame

\*Could potentially contain egg and milk. Make sure to always read food labels.

\*\*Could potentially contain egg. Make sure to always read food labels.

\*\*\*Hummus is traditionally made with tahini, which is ground sesame.

**SAY:** Those were some great answers! As you can see, it is always important to check ingredient statements for food allergens when making meal modifications.

**SHOW SLIDE:** *The Team*

**SAY:** Please turn in your Participant's Workbook to the **Roles of Child Nutrition Staff in Food Allergy Management** handout. This handout details ways you can be part of a team with open communication and education for all those involved with your program's food allergy management.

## ROLES OF CHILD NUTRITION STAFF IN FOOD ALLERGY MANAGEMENT

Some of the ways you do your part for the food allergy team are to:

- Create an environment where children with food allergies will be safe.
- Read food labels carefully.
- Communicate and share the ingredient statement information with program staff, parents or guardians, and children.
- Prevent cross-contact with potential food allergens by following food safety SOPs.
- Follow the food allergy management plan set by the child nutrition program.
- Ensure a safe environment by reporting any discrimination or bullying.
- Have a system in place to identify children with food allergies without compromising privacy or confidentiality rights.
- Make meal modifications for children with food allergies according to their individual allergy plans.
- Know the emergency response protocol to respond to an allergic reaction incident.
- Train all your staff, including substitutes, on food allergies.
- Attend professional development on food allergies.

Source: Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. [www.cdc.gov/healthyyouth/foodallergies/](http://www.cdc.gov/healthyyouth/foodallergies/)

**SAY:** Keeping children with allergies safe in child nutrition programs is a community effort. Have a good communication system with your food allergy management team members. Together, you can coordinate accommodations. Always make sure to include the point of contact for food allergy information in your child nutrition program in the conversation so that everyone knows the same information. Communication with key team partners will support efforts to provide safe food for all your children and staff. As you remember, in the *Caitlin Remembered* video we watched earlier, a lack of communication contributed to a child dying from an allergic reaction.

**SHOW SLIDE:** *Accommodating Children With Other Food-Related Disabilities*

**SAY:** Food allergies are not the only food-related disabilities you may encounter and need to accommodate. For instance, diabetes and phenylketonuria (PKU) both require that accommodations be made in CACFP meals. There are also accommodations needed in other situations, such as for children who are tube-fed or require food to be pureed for medical reasons. The information in USDA's guidance, *Policy Memo for Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, applies to all of these situations.

**Objective:** Determine strategies to manage food prepared and served outside of the child nutrition program.

**SHOW SLIDE:** *Strategies to Manage Outside Food*

**SAY:** Besides the food you prepare and serve in your program, there may be food made by an outside source that is prepared and served (e.g., food supplied by a restaurant or caterer).

**ASK:** How do you communicate about food allergies with these outside suppliers?

**DO:** Pause to listen to participant responses.

**FEEDBACK:** Food management companies

**SAY:** For instances where people outside the program use child nutrition equipment, it is important to have cleaning and food separation procedures in place. For example, a child nutrition program is operated within a church, and the congregation is having a potluck on Sunday. The church needs to store food in the child nutrition refrigerator. The food from the potluck should be kept completely separate from the child nutrition food, especially an allergen-free food item. There should also be a procedure in place to clean all kitchen equipment before starting food preparation on Monday. There are many opportunities where you may prepare and serve food outside the kitchen or facility.

**ASK:** What are some other instances where food may be prepared and served outside the kitchen?

**DO:** Pause to listen to participant responses.

**FEEDBACK:** Food is served in the classroom, at-risk afterschool program, field trips, playground, etc.

**ASK:** How do you distinguish an allergen-free food from other food items?

**DO:** Pause for participant responses.

**FEEDBACK:**

- Wrap, separate, and label allergen-free food
- Have separate allergen-free travel container

**ASK:** What other food allergy problems could happen once this food leaves the kitchen?

**FEEDBACK:**

- Lose control once the food is delivered
- Not sure what cleaning methods are used on surfaces
- Not sure what handwashing procedures are used
- Not sure how leftovers are stored

**SAY:** When managing food allergies to keep children safe, think through all the procedures needed. It is especially important to think of ways to prevent cross-contact between allergen-containing and allergen-free foods. For example, wrap, label, and separate food for a child with food allergies from other foods to prevent cross-contact during transportation from the kitchen to the classroom. Another example is using a designated container to transport allergen-free food safely on a field trip.

Then, there are other situations where outside food is served throughout the child nutrition program, such as potluck celebrations, parent-provided snacks, donations, and classroom projects.

**ASK:**

- What are the food allergy complications surrounding this food?
- Are you involved with any of these events?
- Would you be questioned or implicated if there was a food allergy emergency?
- Would people think the food came from child nutrition programs?

**DO:** Pause to listen to participant responses.

**SAY:** A program kitchen may be utilized in a variety of ways by others, such as storing and reheating personal lunches. Having procedures in place for cleaning and sanitizing and cross-contact prevention can help avoid an allergen exposure to a child with food allergies. For example, the program hosts a family night at the facility. To be able to serve meals safely the following day, all kitchen tables would need to be washed, rinsed, and sanitized to remove any possible allergens that were left from the night before.

**SHOW SLIDE:** *Reduce the Risk Activity*

**SAY:** Encouraging and increasing food allergy awareness throughout the child nutrition community has a positive impact on how food is handled and served. Communicating with outside providers, such as restaurants and caterers, about what food allergies you have in the child nutrition program can make them aware and help reduce food allergy risk. The next activity presents scenarios where you must manage food from outside sources.

**DO:** **Activity: Reduce the Risk**

**Materials:** **Reduce the Risk** worksheet, **Reduce the Risk Answers** handout, chart paper (one per table), markers

**Time:** 5 minutes of group work, 15 minutes of class discussion

**Instructions:**

1. Divide participants into five groups.
2. Give each group a scenario of a child with a food allergy being fed food from an outside vendor.
3. Have the group discuss possible solutions for keeping the child safe.
4. Have groups write their solutions on the chart paper and choose a spokesperson to report out.  
If participants need assistance, use the **Reduce the Risk Answers** handout to provide potential solutions.

**SAY:** Please turn in your Participant's Workbook to the **Reduce the Risk** worksheet. I'm going to count you off into five groups. Each group will be assigned one of the scenarios. You will determine how to safely provide food to a child with known life-threatening food allergies from an outside food source. Record the actions you would take to provide for the child on the chart paper. Select a spokesperson from your group to share.

**DO:** Assign a scenario to each group. Allow 5 minutes for groups to discuss and write out solutions. Then, ask each group to choose a spokesperson and report their solution.

## REDUCE THE RISK POSSIBLE ANSWERS

**Instructions:** For your assigned scenario, work in a group to determine how to safely provide food from an outside source to a child with known life-threatening food allergies. Record the actions you would take to provide for the child on the chart paper. Select a spokesperson from your group to share how you would provide for the child.

GROUP	SCENARIO	ACTIONS TO PROVIDE
A	Xander has a wheat allergy. His preschool class has breakfast served in the classroom. Pre-made omelets with cheese sauce are on the menu. The cheese sauce contains wheat.	Determine an appropriate substitute for Xander that does not contain wheat. Prepare the substitute so that cross-contact does not occur. Wrap, label, and separate Xander’s food to prevent cross-contact.
B	Ashlee is going on a field trip. The children will get lunch from a local restaurant that serves fried fish. Ashlee is allergic to fish.	Provide an appropriate substitution, such as a homemade meal. Alternatively, review the restaurant menu to identify the items that should be avoided.
C	Chris is allergic to wheat and soy. You are serving food from a local Mexican restaurant to celebrate Cinco de Mayo.	Obtain a copy of the restaurant’s menu and speak to the restaurant manager about what allergens are in the foods. Make some wheat and soy-free menu options. Assist the child in selecting wheat and soy-free menu choices. Have servers serve the food to prevent cross-contact from utensils, or if the risk is too great, make a plate for the child when the food arrives; keep food separate and in a warmer.
D	Jasmine has a history of anaphylaxis in response to milk. Jasmine goes to the afterschool program, where snacks are prepared by the program staff and served by the program staff. Snacks from donations are served, too.	Train afterschool staff to manage food allergies. Ensure donations come with ingredient statements to look for allergens. Train the children in the afterschool program on the importance of no food sharing. Be sure Jasmine’s auto-injector is available during the afterschool program. Have an SOP for managing food allergies for the afterschool program.
E	Rachel is scratching at her throat and tells her teacher, “My throat is sore.” The teacher notices that Rachel is flushed and developing hives. Rachel has no history of a food allergy.	Follow the emergency food allergy action plan. Immediately call 911 for emergency medical services to come to the facility; tell them an allergic reaction is suspected and to bring epinephrine. Notify parents or guardians. Notify the director of the situation.

**SAY:** Please select a spokesperson and share your findings with the group.

**DO:** Allow 15 minutes for groups to report.

**SHOW SLIDE:** *Lesson 4 Review*

**SAY:** We finished our fourth lesson, Accommodating Children with Food Allergies. We have covered ways to manage food allergies in child nutrition programs through:

- Describing methods for accommodating and supporting children with food allergies.
- Determining strategies to manage food prepared and served outside of the child nutrition program.

**ASK:** Do you have any questions?

## WRAP UP

TIME	TOPIC	ACTIVITY	MATERIALS
5 minutes	Action plan	Make It Stick	<ul style="list-style-type: none"> <li>● Participant's Workbook</li> <li>● Pen or pencil</li> <li>● Food Allergy Resources handout</li> </ul>
		Post-Assessment	<ul style="list-style-type: none"> <li>● Post-Assessment</li> <li>● Course Evaluations</li> <li>● Certificates</li> </ul>
<b>15 minutes</b>			



## WRAP UP

**SAY:** We have learned a lot about food allergies today. We are going to take some time now to discuss some items and answer your questions.

**DO:** Review and answer any question on the “Bike Rack” chart paper.

**SHOW SLIDE:** ***Make It Stick***

**DO: Activity: Make It Stick**

**Materials:**

- Participant's Workbook
- Pen or pencil

**Time:** 5 minutes of individual work

**Instructions:**

1. Ask participants to find their **Food Allergy Emergency** worksheet in Lesson 1, the **Reading Food Labels** worksheet in Lesson 2, and the **Preventing Cross-Contact Plan** worksheet in Lesson 3.
2. On the front of their Participant's Workbook, participants list questions to research.
3. Next, have participants answer, “What is the FIRST food allergy task I plan to do when I get back?”
4. Ask a few participants what they wrote.

**DO:** Allow 1–2 minutes for participants to write their answers.

**ASK:** Would a few of you share what you wrote?

**DO:** Allow 1–2 minutes for participant responses.

**SAY:** In your Participant's Workbook, there is a list of resources about food allergies. You can use these resources to help educate your staff and child nutrition program.

## FOOD ALLERGY RESOURCES

### Manuals

- Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. [www.cdc.gov/healthyyouth/foodallergies/](http://www.cdc.gov/healthyyouth/foodallergies/)
- Food Allergy Research & Education. (2020). *Your food allergy field guide*. <https://www.foodallergy.org/resources/field-guide-english>
- U.S. Department of Agriculture, Food and Nutrition Service. (2023, April 7). *Policy Memorandum on modifications to accommodate disabilities in the Child and Adult Care Food Program and Summer Food Service Program*. <https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>

### Website Resources

#### **Centers for Disease Control and Prevention**

<http://www.cdc.gov/healthyyouth/foodallergies/>

#### **Food Allergy Research and Education (FARE)**

<http://www.foodallergy.org/>

#### **Institute of Child Nutrition**

[www.theicn.org/foodsafety](http://www.theicn.org/foodsafety)

- Adult Day Care Food Allergy Fact Sheets
- Child Care Center Food Allergy Fact Sheets
- Family Child Care Food Allergy Fact Sheets

CACFP Food Safety Toolkit: <https://theicn.org/icn-resources-a-z/cacfp-food-safety-toolkit/>

#### **United States Department of Agriculture, Food and Nutrition Service**

<https://www.fns.usda.gov/ofs/food-safety>

- USDA Foods Database: <https://www.fns.usda.gov/usda-fis/usda-foods-database>

**SHOW SLIDE: Post-Assessment**

**SAY:** We have a few more things to do before today's class ends. I will have you complete the post-assessment and course evaluation, and we will be sure everyone signed the roster.

**DO: Activity: Post-Assessment**

**Materials:** Post-Assessment slide with QR code, smartphones (each participant)

**Time:** 10 minutes of individual work

**Instructions:**

1. Read the following instructions to the participants:
  - a. Using your smartphone, open the camera app.
  - b. Point your camera at the QR code on this slide. Your browser should open with an ICN post-assessment.
  - c. Read the instructions on the screen. Then, read each question carefully and select the best answer.
  - d. Once you have finished, select "Submit" at the bottom of the screen.
2. Allow time for participants to take the post-assessment.

**SAY:** I will now post the QR code for the post-assessment. Answer the questions to the best of your ability. We have gone over all the content during the training.

**DO:** Refer to the answer key and review the answer for each question.

**SHOW SLIDE: Training Wrap Up**

**ASK:** What questions may I answer for you?

**DO:** Provide participants with the course evaluation form. Make sure all participants have signed the attendee roster. Provide attendees with a Certificate of Attendance.

**SAY:** Please complete the training evaluation forms.

**SHOW SLIDE: Thank You!**

**SAY:** Accessing ICN via the web is an excellent way to access important, timely, and expertly designed resources. Numerous food allergy, food safety, food security, and emergency management resources are available to download free from the ICN website ([www.theicn.org](http://www.theicn.org)).

Thank you for participating today; be a PAL by Protecting a Life from food allergies.



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## APPENDIX

Allergen Picture Printouts

Ingredient Statement Printouts

Label Reading Role-Play Cards

Avoiding Cross-Contact Scenario Cards



# NINE MAJOR ALLERGENS

<b>MILK</b>		<b>EGGS</b>	
			
<b>WHEAT</b>		<b>PEANUTS</b>	
			
<b>TREE NUTS</b> (e.g., walnuts, almonds, cashews, pistachios, and pecans)		<b>SOY</b>	
			
<b>FISH</b>		<b>CRUSTACEAN SHELLFISH</b> (e.g., crab, lobster, and shrimp)	
			
<b>SESAME</b>			
			

Sources:

U.S. Food and Drug Administration. (2022, March 7). *Food allergen labeling and consumer protection act of 2004 (FALCPA)*. <https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/Allergens/ucm106187.htm>

U.S. Library of Congress. (2021, April 23). Summary: S.578 — *FASTER Act of 2021*. <https://www.congress.gov/bill/117th-congress/senate-bill/578?q=%7B%22search%22%3A%5B%22S.+578%22%5D%7D&s=1&r=1>



## LABEL A

INGREDIENTS: CULTURED PASTEURIZED SKIM MILK, MILK, WHEY PROTEIN CONCENTRATE, SALT, WHEY, NATURAL FLAVOR, XANTHAN GUM, LOCUST BEAN GUM, GUAR GUM, VITAMIN A PALMITATE, SORBIC ACID AND CARBON DIOXIDE (TO MAINTAIN FRESHNESS).

**CONTAINS: MILK**



## LABEL B

INGREDIENTS: SALT,  
MONOSODIUM GLUTAMATE,  
MALTODEXTRIN, GARLIC,  
ONION, PARSLEY, SPICE,  
CARRAGEENAN, CALCIUM  
STEAROYL LACTYLATE,  
PARTIALLY HYDROGENATED  
CANOLA OIL, BUTTERMILK  
PRODUCT, TURMERIC (COLOR).  
**CONTAINS: MILK**



## LABEL C

Ingredients: Durum flour & semolina blend, fiber, niacin, iron (ferrous sulfate), thiamin mononitrate, riboflavin, folic acid.

Allergy Information: has flour ingredients and is manufactured in a facility that uses eggs.



## LABEL D

Ingredients: Sunflower Seed, Sugar, Mono-Diglycerides to prevent separation, Salt, and Natural Mixed Tocopherols to preserve freshness.

Made on equipment that processes soybeans. Processed in a peanut and tree-nut-free facility.



## LABEL E

**INGREDIENTS:** WATER, DISTILLED VINEGAR, VEGETABLE OIL (SOYBEAN AND/OR CANOLA), CIDER VINEGAR, ROMANO CHEESE (CULTURED MILK, SALT, ENZYMES), SUGAR, GARLIC\*, SESAME SEEDS, EXTRA VIRGIN OLIVE OIL, CONTAINS LESS THAN 2% OF: OMEGA 3 [FISH OIL AND FISH GELATIN (CONTAINS TILAPIA, SARDINE, AND ANCHOVY)], ANCHOVY (FISH), LEMON JUICE CONCENTRATE, SPICE, SALT, FERMENTED WHEAT PROTEIN, YEAST EXTRACT, MALTODEXTRIN, XANTHAN GUM, PROPYLENE GLYCOL ALGINATE, POTASSIUM SORBATE, SODIUM BENZOATE AND CALCIUM DISODIUM EDTA AS PRESERVATIVES. \*DRIED



## LABEL F

BEEF, WATER, TEXTURED  
TOFU, EGGS, DEHYDRATED  
ONION, GARLIC, SPICES,  
BREAD CRUMBS, WHEY  
CONTAINS: EGGS, MILK,  
AND WHEAT



## LABEL READING ROLE-PLAY CARDS

**Instructions:** Cut each scenario into individual word strips to give to groups.

1. A child allergic to peanuts was served a soy butter sandwich. Her very upset parent comes to you because the child did not eat lunch since she thought it was a peanut butter sandwich.
2. The cook reviewed a food label and noticed a food allergen that was not previously on the label and was not flagged. The food is on the line about to be served.
3. You pull frozen chicken tenders from the freezer, but no food label is on the bag. All ingredient information was on the recycled box.
4. While reading a food label, you notice that the pasta sauce now contains wheat.
5. The person who usually reads the labels is out today, and a substituted product has been delivered.



# AVOIDING CROSS-CONTACT SCENARIO CARDS

**Instructions:** Cut each scenario into individual word strips to give to groups.

## Receiving

When receiving dry goods, you arrive home from the grocery store and notice a bag of flour has spilled over the trunk of your vehicle. The flour is on the canned goods that were in the same bag.

## Storing

The designated allergen-free food shelf has an allergen-containing food on it.

## Preparing

The cans of fruit cocktail pulled for lunch are covered in flour.

## Cooking

The pan used to bake fish sticks is used for baking skinless chicken breasts without cleaning in between.

## Serving

While serving food, you realize you have used the fish stick tongs to serve French fries.

## Holding

The remaining burgers are moved to the same pan to place in the hot-holding cabinet between meals. Burgers containing soy are placed on one side of the pan, and soy-free burgers are on the other.







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