

Manager's Corner: Food Allergies

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I N S T I T U T E O F
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R E S O U R C E S • T R A I N I N G • R E S E A R C H

Key Area: 2

Code: 2600 Food Safety and HACCP

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The University of Mississippi

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PURPOSE

Improve the operation of child nutrition programs through research, education and training, and information dissemination.

VISION

Lead the nation in providing research, education, and resources to promote excellence in child nutrition programs.

MISSION

Provide relevant research-based information and services that advance the continuous improvement of child nutrition programs.

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Professional Standards

FOOD SAFETY AND HACCP TRAINING – 2600

Employee will be able to effectively utilize all food safety program guidelines and health department regulations to ensure optimal food safety.

2620 - Food Safety - General

2630 - Federal, State, and Local Food Safety Regulations

2640 - Food Safety Culture

Key Area: 2 Operations

Introduction

Manager's Corner: Food Allergies is designed for directors/managers to use in training their staff. Each lesson is roughly 15 minutes. This resource is part of a continuous set of training resources designed to give directors/managers an easy-to-use lesson plan for training staff in various food safety topics. *Manager's Corner: Food Allergies* provides a method for training using many of the Institute of Child Nutrition's food safety resources. Every lesson plan contains the following:

- learning objective,
- statement explaining the importance of the topic,
- list of materials,
- instructions on how to present the information,
- questions to ask staff, and
- additional resources to strengthen or refresh the knowledge of the director/manager.

All materials including videos can be found on the ICN website at www.theicn.org.

Landing pages for materials listed in *Manager's Corner*:

- CDC Food Allergy Resources: <https://www.cdc.gov/healthyschools/foodallergies/>
- Food Allergy Research and Education: <https://www.foodallergy.org/>
- HACCP-based Standard Operating Procedures: www.theicn.org/foodsafety
- ICN Food Allergies Resources: www.theicn.org/foodsafety
- USDA Food Allergy Resource: <https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>

Food Allergies and Food Intolerances

Objective: Discuss food allergies and food intolerances.

Why it is important: School nutrition employees need to understand food allergies and food intolerances because they can be disabilities. Disabilities must be accommodated by school nutrition programs, and food must be safely provided to children with food-related disabilities.

Materials:

- Flip chart paper
- Markers
- Food Allergy and Food Intolerance Fact Sheet
- Food Allergy vs Food Intolerance Possible Answers

Instructions:

Review the Food Allergy and Food Intolerance Fact Sheet. Use the fact sheet to discuss the difference between food allergy and food intolerance, their symptoms, prevention, treatment, etc.

Ask provided questions. On a piece of flip chart paper, draw two overlapping circles on the flip chart (Venn Diagram). Label one circle "Food Allergy" and the other "Food Intolerance". Ask staff to provide answers as you write their differences in their specific circles, and write what they have in common where the circles overlap. Use the Food Allergy vs. Food Intolerance Possible Answers handout for assistance. Answer all staff questions when done.

Questions for the staff:

- What is a food allergy?
 - **An immune-mediated adverse reaction to a food protein that could cause a life threatening response.**
- What is a food intolerance?
 - **An abnormal response to eating; not life-threatening and does not involve the body's immune system.**
- What are some food allergies or intolerances you have heard of?
 - **Food allergies: milk, eggs, peanuts, tree nuts, wheat, soy, fish, shellfish, etc.**
 - **Food intolerances: gluten, monosodium glutamate (MSG), lactose, etc.**

Additional Resources:

- Food Allergy Fact Sheets: www.theicn.org/foodsafety
 - Overview of Food Allergies
 - Common Questions School Nutrition Directors
 - Common Questions School Nutrition Staff
- Food Allergies in School (<https://www.cdc.gov/healthyschools/foodallergies/>)



Food Allergy and Food Intolerance Fact Sheet

What is a food allergy?

An immune-mediated adverse reaction to a food protein that could cause a life threatening response. In allergic individuals, certain foods can trigger the immune system to develop an antibody against the allergen (food protein). Every time that person consumes that allergen, it triggers a variety of allergic symptoms. Even a bite of food can result in an allergic reaction.

What are common food allergens?

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

What is a food intolerance?

An abnormal response to a food which usually involves the gastrointestinal system but not the immune system. Eliminating the food will eliminate the symptoms. The treatment is determined between the state licensed healthcare professional and the patient.

Food intolerances do not cause immediate life threatening reactions. However, food intolerances may still be considered a disability on a case by case basis by a state licensed healthcare professional, so you may have to make accommodations to school meals. Some children may be able to ingest some food related to their food intolerance, such as yogurt for a milk intolerance, but it is up to the state licensed healthcare professional to prescribe such allowances.

What are common food intolerances?

- Gluten
- Monosodium Glutamate (MsG)
- Lactose (aka milk intolerance)

What is celiac disease?

An immune reaction only in the small intestines caused by eating gluten. The adverse reaction occurs when someone with celiac disease eats gluten, a protein found in wheat, barley, and rye. Oats, although they do not naturally contain gluten, can sometimes be unsafe due to cross contact or cross pollination. There is no cure for celiac disease, so a strict gluten-free diet is followed to manage the symptoms and promote intestinal health.

Food Allergy vs Food Intolerance Possible Answers

Instructions: Please write in the circles where they overlap what food allergy and food intolerance have in common. List how they are different on their individual sides.

Food Allergy

vs.

Food Intolerance

- Could possibly be life threatening.
- Can cause anaphylaxis.
- Involves the immune system.
- Cannot ingest any of the allergen.
- Total avoidance of the known allergen.
- Requires epinephrine for treatment.
- Rapid onset.
- Create anti-bodies.

- Similar symptoms: nausea, diarrhea, and/or vomiting.
- Requires diet modification.
- Schools may be required to make reasonable accommodations if there is a diagnosed disability.

- Generally, is not life threatening.
- Involves the digestive system with the exception of Celiac disease which involves the digestive and immune system.
- May be able to ingest some versions of the food such as yogurt for lactose intolerance.
- Possible delayed onset.



Eight Major Allergens

Objective: Recognize the eight major allergens - milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish – and possible food sources.

Why it is important: School nutrition employees should be familiar with eight major food allergens so they can be mindful of them on ingredient labels. These allergies cause roughly 90% of all food allergic reactions in United States.

Materials:

- Flip chart paper
- Marker
- Food Allergy Fact Sheets: www.theicn.org/foodsafety
 - Egg Allergies
 - Fish Allergies
 - Milk Allergies
 - Peanut Allergies
 - Shellfish Allergies
 - Soy Allergies
 - Tree Nut Allergies
 - Wheat Allergies

Instructions:

On a piece of flip chart paper, write the names of the eight major food allergens with space in between: milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish.

Pass out to the staff the eight Food Allergy Fact Sheets and have them look at the “What foods contain [Allergen]?” and “Common Menu Items that May Contain [Allergen]” sections. Have staff read through the list of the handout they received and give one to two food sources of the allergen that they were unaware contained that allergen. Write those sources under the appropriate allergen on the flip chart.

After that, ask the staff to add food sources for each allergen. Ask provided questions and refer staff to the Food Allergy Fact Sheets to help answer. Answer all staff questions when done.

Questions for the staff:

- Can egg substitutes be used to prepare foods for children with egg allergies?
 - **No. Typically, egg substitutes are made from egg whites, which are highly allergenic for children with egg allergies.**
- Can a child with a fish allergy eat Worcestershire sauce?
 - **No, it contains anchovies which is a fish.**
- If a product is labeled “dairy-free” or “non-dairy”, is it safe for a person with milk allergies?



- **No. The term “dairy-free” does not have an FDA-regulated definition, so there is no assurance that the product does not contain milk proteins. The FDA definition of “non-dairy” states that the product can include milk proteins and still be labeled “non-dairy”. Ingredient labels should always be checked for the presence of milk even if one of these terms is used on the packaging.**
- What is a good shelf-stable alternative to a peanut butter sandwich for a field trip?
 - **One option may be to substitute the peanut butter with soy or sunflower seed butters (please see the question on nut and seed butters). A few other options include a cheese sandwich, hummus or bean dip and chips, or a pre-cooked meal carried in a cooler with temperature control.**
- What does crustacean shellfish mean?
 - **There are two types of shellfish: crustaceans (crab, lobster, and shrimp) and mollusks (clams, mussels, and oysters). Crustacean shellfish are considered the most allergenic. Because many people with allergies to one type of shellfish are also allergic to other types, it may be advised to avoid all shellfish.**
- Can soy be found in meat products?
 - **Yes, it can be used as a filler in processed meat such as chicken nuggets, hamburgers, and hotdogs.**
- What are some examples of tree nuts?
 - **Common nuts: almonds, Brazil nuts, cashews, chestnuts, filberts, hazelnuts, macadamia nuts, pecans, pine nuts, pistachios, and walnuts**
 - **Less common: beechnut, butternut, chinquapin, coconut, ginkgo, hickory, lychee nut, pili nut, and shea nut**
- Is gluten-free the same thing as wheat-free?
 - **Gluten-free diets are not the same as wheat-free diets. Gluten is found in wheat, barley, and rye.**

Additional Resources:

- Food Allergy Research Education - Tips for Avoiding Your Allergen:
www.foodallergy.org

Recognizing and Reacting to an Allergic Reaction

Objective: Recognize the symptoms of an allergic reaction, and describe the steps that should be taken in response to an allergic reaction as detailed in the school nutrition program's food allergy management plan.

Why it is important: School nutrition employees should be able to identify the symptoms of an allergic reaction. This includes both physical symptoms as well as what a child describes they are feeling. School nutrition employees should be prepared to react to an allergic reaction emergency.

Materials:

- Overview of Food Allergies Fact Sheet: www.theicn.org/foodsafety
- Food Allergy Symptoms Fact Sheet
- Food Allergy and Anaphylaxis Emergency Care Plan handout
- School's food allergy management plan

Instructions:

Review the Food Allergy Symptoms Fact Sheet and explain the symptoms of an allergic reaction and how a child might describe it.

Review and explain the school's food allergy management policy on what to do during an allergic reaction. Ensure the staff are able call 911 if needed. Use the Food Allergy and Anaphylaxis Emergency Care Plan handout to help explain symptoms.

Ask provided questions and answer all staff questions when done.

Questions for the staff:

- How are food allergies diagnosed?
 - **By a State licensed healthcare professional**
- What are symptoms of an allergic reaction?
 - **See Food Allergy Symptoms Fact Sheet**
- What is anaphylaxis reaction?
 - **A serious food allergic reaction that is rapid in onset and can cause death.**
- How are food allergies treated?
 - **Whatever the State licensed healthcare professional prescribes**
 - **Antihistamine**
 - **Epinephrine**
 - **Inhaler**
- Who can administer epinephrine?
 - **Personnel trained in administering epinephrine, for example a school nurse**
- Where is epinephrine stored in our schools?
 - **Refer to school's food allergy management plan.**



- When to call 911?
 - **A serious food allergic reaction is an EMERGENCY. Call 911. Do not hesitate when anaphylaxis is suspected. Notify the emergency medical service that anaphylaxis is suspected, so they will bring epinephrine.**
- What role would you play while encountering an allergic reaction?
 - **Refer to school's food allergy management plan.**
- What role would your co-workers play in the situation?
 - **Refer to school's food allergy management plan.**

Additional Resources:

- Managing Food Allergies: School Nutrition Directors Fact Sheet:
www.theicn.org/foodsafety
- Managing Food Allergies School Nutrition Staff Fact Sheet:
www.theicn.org/foodsafety
- Centers for Disease Control and Prevention, *Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs*:
<https://www.cdc.gov/healthyschools/foodallergies/>

Food Allergy Symptoms Fact Sheet

Symptoms of a Food Allergic Reaction

One or more symptoms can occur and can be MILD to SEVERE. According to Food Allergy Research and Education (FARE), symptoms may include:

- Hives (reddish, swollen, itchy areas on the skin)
- Eczema (a persistent dry, itchy rash)
- Itchy, red rash
- Repetitive coughing
- Hoarse voice
- Nausea & vomiting
- Diarrhea
- Abdominal cramping
- Swelling
- Stomach pain
- Nasal congestion or a runny nose
- Sneezing
- Slight, dry cough
- Odd taste in mouth
- Trouble swallowing
- Shortness of breath
- Turning blue
- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or “thready” pulse
- Sense of “impending doom”

What is anaphylaxis?

A serious food allergic reaction that is rapid in onset and can cause death.

How might a child describe an allergic reaction?

- This food is too spicy.
- My tongue is hot (or burning).
- It feels like something is poking my tongue.
- My tongue (or mouth) is tingling.
- My tongue (or mouth) itches.
- My mouth feels funny.
- There is a frog in my throat.
- There's something stuck in my throat.
- My lips feel tight.
- My throat feels thick.
- It feels like there is a bump on the back of my tongue.



How are food allergies diagnosed?

A State licensed healthcare professional can diagnose food allergies by using a variety of tests.

What are the treatment methods?

- Reactions should be treated according to the student's Food Allergy Action Plan/Emergency Care Plan.
- Epinephrine
- Antihistamine, if ordered by healthcare provider
- Inhaler (bronchodilator), if ordered by healthcare provider

How to avoid an allergic reaction?

Total avoidance of allergen food protein



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

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

PLACE
PICTURE
HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING: **SEVERE SYMPTOMS**



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017



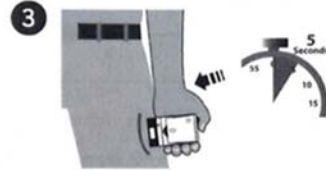


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FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

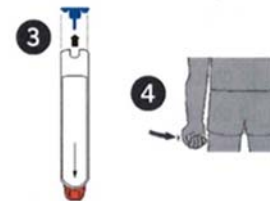
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



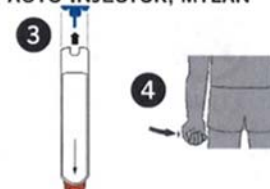
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____
DOCTOR: _____ PHONE: _____
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____
PHONE: _____
NAME/RELATIONSHIP: _____
PHONE: _____

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Reading an Ingredient Statement for Allergens

Objective: Demonstrate how to find allergens on an ingredient statement.

Why it is important: School nutrition employees need to be able to identify possible food allergens in the ingredient list to prevent them from being served to children with food allergies.

Materials:

- Assortment of food items from the kitchen with ingredient statements
- Reading Ingredient Statements for Food Allergens handout

Instructions:

Use the Reading Ingredient Statements for Food Allergens handout to help explain mandatory and precautionary labeling for allergens, and how to read the ingredient statement for allergens. With a variety of food items, show staff how to find allergens on ingredient statements. Have staff read different labels and discuss. Ask provided questions and answer all staff questions when done.

Questions for the staff:

- What allergens are required to be labeled in plain language in the ingredient list or listed in a "Contains" statement?
 - **Peanuts, tree nuts, soy, milk, egg, fish, shellfish, wheat**
- Can you serve a food with precautionary labeling to a child with food allergies?
 - **No, products labeled with precautionary labeling are not safe for people with known food allergies.**
- What steps should be taken if the label is unclear?
 - **Contact the manufacturer for clarification.**
- Labels must be maintained for how long after the food has been served?
 - **24 hours**
- How often should food ingredient statements be read?
 - **Whenever the product is received**
- You are checking the invoice for Italian tomato paste being delivered. You notice that it has been substituted by the distributor, and the label states that it contains wheat. What do you do?
 - **Document the allergen on the invoice.**
 - **Tell the director immediately so it can be documented.**

Additional Resources:

- Food Allergen Labeling and Consumer Protection Act (2004)
- Food Allergy Fact Sheets: www.theicn.org/foodallergy
 - Egg Allergies
 - Fish Allergies
 - Milk Allergies
 - Peanut Allergies
 - Shellfish Allergies
 - Soy Allergies
 - Tree Nut Allergies
 - Wheat Allergies



Reading Ingredient Statements for Food Allergens

Food Allergen Labeling

The *Food Allergen Labeling and Consumer Protection Act* is a federal law that became effective January 2006. It mandates that the labels of foods containing the eight major food allergens be declared in plain language on the product.

Eight Major Allergens			
Egg	Peanuts	Shellfish	Tree nuts
Fish	Milk	Soy	Wheat

There are specifics on where and how the information is to be presented. The food ingredient MUST be in the ingredient in parenthesis following the common name, written as the common name of the major food allergen, or listed after the ingredient list by stating product "Contains" the particular allergen.

"Contains" followed by the name

Example: "Contains: milk and wheat"

Parenthetical statement or common name in the list of ingredients

Example: "wheat flour and albumin (egg)"

Precautionary Labeling

There is another type of allergy labeling called precautionary labeling. This type of labeling is NOT covered in the *Food Allergen Labeling and Consumer Protection Act*, so it varies widely from manufacturer to manufacturer. One type of precautionary labeling is the "May Contain" statement. Other types of precautionary labeling are the "Made on Equipment" and "Processed in Facilities" statements.

"May Contain" statement

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 processing 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 could change. Check all labels carefully every time. Do not rely on specifications, fact sheets, or the last shipment. Read the label each time the product is received. Contact the manufacturer if you have any questions or are uncertain about the food item.

Holding Labels

It is recommended that labels of all products served be kept 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 happen the day of service. If food is going to be served as leftovers or reused in another recipe, the label should be kept until all product is either consumed or disposed. Keeping a label library is a common practice; some keep the actual label, some schools can scan the label.



Avoiding Cross Contact

Objective: Demonstrate methods for avoiding cross contact.

Why it is important: School nutrition employees can cause cross contact unintentionally if they do not use procedures to avoid it.

Materials:

- Serving Safe Food to Students with Food Allergies Sample SOP
- School kitchen

Instructions:

Explain to staff how cross contact occurs when an allergen is accidentally transferred from a food containing an allergen to a food or surface that does not contain the allergen. Cooking **does not** reduce or eliminate the protein, so there is still the chance of a person with the allergy having a reaction to the food.

Read and discuss the Serving Safe Food to Students with Food Allergies Sample SOP with the staff. Walk through the kitchen and discuss methods for avoiding cross contact throughout the foodservice process from receiving to serving.

Ask provided questions and answer all staff questions when done.

Questions for the staff:

- How is cross contamination different from cross contact?
 - **Cross contact is the accidental transfer of an allergen to a food or surface that does not contain the allergen. Cooking does not reduce or eliminate the protein.**
 - **Cross contamination occurs when microorganisms are unintentionally transferred from a food, person, or surface to another food. Cooking does reduce or eliminate the chances of a person getting foodborne illness.**
- What methods help avoid cross contact on equipment used to prepare food for both allergic and non-allergic students?
 - **Follow proper handwashing procedures, and wash hands before preparing allergen-free foods. Also, wash hands between handling allergen-free foods and foods that contain allergens.**
 - **Wash, rinse, and sanitize all utensils, equipment, and food contact surfaces before and after each use.**
 - **Prepare allergen-free foods first, wrap and label them (with name, color code, or stickers), and place them on the top storage shelf until service.**
- What are some potential sources of cross contact?
 - **Food handling and preparation**
 - **Insufficient handwashing**
 - **Insufficient cleaning**



- **Shared equipment, utensils, cutting boards, and counters**
 - **Splatter or steam from cooking**
 - **Salad bars, buffets, serving stations**
- What are some methods for avoiding cross contact?
 - **Color coding utensils, equipment, etc.**
 - **Isolating ingredients containing allergens**
 - **Individual preparation of menu items without allergens**
 - **Sticker or color code wrapped food**
 - **Having and enforcing Standard Operating Procedures for handwashing, cleaning, and sanitizing**
 - **Including an allergen risk assessment in the HACCP-based food safety plan**
- How often are our tables being cleaned with soap, water, and friction?
- You are serving on the line. Today's menu includes macaroni and cheese and green beans. You notice that a child uses the spoon for the macaroni to scoop out some green beans. A child, who you know has an allergy to milk, is coming down the line. What do you do?
 - **Change out the green beans with a fresh pan and inform your manager.**

Additional Resources:

- Cleaning and Sanitizing Food Contact Surfaces (Sample SOP): <http://www.theicn.org/ResourceOverview.aspx?ID=75>
- Managing Food Allergies in Schools video: www.theicn.org/foodallergy

Food Allergies and Student Privacy

Objective: Discuss the importance of preserving the privacy of students with food allergies.

Why it is important: According to federal laws, children with food-related disabilities must be accommodated and their privacy respected in order to discourage any kind of discrimination by co-workers and other students.

Materials:

- Federal Food-Related Laws handout

Instructions:

Review the Related Laws handout. Explain to staff the need to be discreet when serving children with food allergies. Students with food allergies should not be singled out. Explain to staff how children with food allergies can be bullied, teased, or harassed at school, not only by other children, but sometimes by teachers and school staff.

It is important to follow Federal law by respecting and maintaining the privacy of the student with a disability as well as help prevent bullying.

Questions for the staff:

- Are children with allergies required to always use designated allergy-safe zones?
 - **No, children with allergies should not be forced to use allergy-safe zones.**
- How can we keep medical information of allergic students confidential in our school?
- How can we respect the privacy of children with food allergies?
- What should we do if we see bullying of a child with food allergies occurring?
 - **Enforce the disciplinary actions outlined in the school's food allergy policy.**

Additional Resources:

- CDC Voluntary Guidelines to Managing Food Allergies: <https://www.cdc.gov/healthyschools/foodallergies/>
- 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>



Federal Food-Related Laws

Law	How it Relates to School Nutrition
Rehabilitation Act of 1973	<p>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:</p> <ul style="list-style-type: none"> • National School Lunch Program • School Breakfast Program • Fresh Fruit & Vegetable Program, and • After School Snack Program <p>504 Plan derived from this law.</p>
Individuals with Disabilities Education Act (IDEA)1975, Part B 2006	<p>Requires free and appropriate public education be provided for children with disabilities aged 3-21.</p> <p>IEP Plan derived from this law.</p>
Americans with Disabilities Act (ADA) 1990 and 2008 Amendments	<p>Broadens and extends civil rights protections for approximately 50 million Americans with disabilities. According to the ADA, all food allergies and intolerances have the potential to be considered disabilities.</p>
The Health Insurance Portability & Accountability Act (HIPPA) 1996	<p>Requires all medical records disclosed be kept properly confidential.</p> <p>Gives the patient control how health information is used.</p>
Family Educational Rights and Privacy Act (FERPA) 1974	<p>Protects the privacy of health information entered into a student's record.</p>

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