Allergy & Asthma NETWORK

Allergy-Safe Dining

A Guide for the Restaurant and Food Service Industry

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Who We Are

Allergy & Asthma Network is the leading nonprofit patient outreach, education and advocacy organization for people with asthma, allergies and related conditions. Our patient-centered network unites individuals, families, healthcare professionals, industry and government decision makers to improve health and quality of life for millions of people affected by the conditions.

An innovator in encouraging family participation in treatment plans, Allergy & Asthma Network specializes in making accurate medical information relevant and understandable to all while promoting standards of care that are proven to work. We believe that integrating prevention with treatment helps reduce emergency healthcare visits, keep children in school and adults at work, and allow participation in sports and other activities of daily life.

Our Mission

To end needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.

Allergy & Asthma Network is a 501(c)(3) organization.

Join Allergy & Asthma Network today, as we work to help individuals and families breathe better together.
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This guide is intended to be used as a tool for allergy and anaphylaxis management in the restaurant and food service industry. The information, recommendations and content are based on best practices.

Restaurant Safety Guidance & Allergy Management

Smart Dining

Stephanie Leonard, MD, is a food allergy expert at Rady Children's Hospital in San Diego – and she also happens to have a severe allergy to peanuts.

Recently, Dr. Leonard ordered a pesto dish at a local restaurant; the server assured her it did not contain peanuts. A half-hour after eating her meal, she started to feel an allergic reaction. As symptoms worsened, Dr. Leonard quickly pulled out her epinephrine auto-injector and administered the medication.

It turned out that while the pesto dish did not contain peanuts, the pine nuts in the pesto were put in the same grinder used for peanuts. Even though it was a tiny amount of peanut, cross-contact had occurred, putting her at risk for anaphylaxis, a life-threatening allergic reaction.

Dr. Leonard is a self-described "foodie" and she's determined to keep dining out. She checks menus online, communicates with restaurant staffs and avoids cuisines likely to cause an allergic reaction. And she always carries two epinephrine auto-injectors, the first line of treatment for anaphylaxis.

"Most restaurants have good intentions," she says, "but there's always the possibility of a misunderstanding or cross-contact with food allergens. Both the customer and the restaurant staff have to communicate clearly and be prepared."

This guide is designed to help restaurant owners, managers, chefs, kitchen staff, hosts, and wait staff better understand and address food allergies and anaphylaxis.

What can restaurants do to ensure patrons with food allergies stay safe and enjoy their time dining out? What are strategies to ease the concerns of food-allergic guests? How can kitchen staff avoid cross-contact when preparing food? And what about latex allergy – both in terms of staff using latex gloves or balloons and the potential for cross-reactivity with fruits and vegetables containing latex proteins?

Answering these questions – and others – is critical to ensuring the safety of customers.

"The bottom line is, if guests feel uncomfortable or uncertain the restaurant staff understands food allergies and that an allergic reaction could be life-threatening, then they may make the reasonable choice to not eat there," Dr. Leonard says.

Menu Minders

Allergens can hide in unexpected places, such as a sauce, gravy or dressing. Peanut butter, for example, can be used as a thickener in spaghetti sauce, chili or mole sauce. And milk can be one of the most difficult allergens for restaurants to deal with because it's in so many dishes as butter, cream, cheese or an egg-wash breading.

It's one of many reasons why food allergy awareness by restaurant staff is essential.

In recent years, states and cities across the country have made it a priority to require food allergy education and training at restaurants. Illinois, Massachusetts, Michigan and Rhode Island require restaurants have at least one manager who is certified or trained in food allergy awareness and safety.

Maryland, Massachusetts and Rhode Island, as well as New York City and St. Paul, Minnesota, require restaurants to place food allergy awareness posters in the staff area. The posters typically identify the eight foods – peanuts, tree nuts, milk, egg, shellfish, fish, soy and wheat – accounting for 90 percent of food allergies in the United States, and provide information on how to accommodate food-allergic diners.

Cindy Walter, who has multiple food allergies, co-owns Passionfish in Pacific Grove, California, with her husband, Ted Walter. Together they always keep food-allergic patrons in mind.

For Special Events

Conventions, conferences, weddings and holiday parties present unique challenges for people with food allergies. Since eating elsewhere isn't usually an option for guests at special events, offer them an alternative, allergy-safe meal.

Clear and direct communication between the guest and the host or catering/banquet staff can prevent misunderstandings.

The Walters designed a menu that lists the potential allergens in each dish, displayed in an easy-to-read, color-coded format.

"We have a sea scallop appetizer with a caper raisin walnut relish and artichoke risotto cake, so on the menu, all the different possible allergens in the dish are listed in different colors," Cindy explains. "The sea scallop appetizer contains dairy, shellfish and nuts. It also contains gluten, and we mention that as well.

"The color-coded menu has worked remarkably well. It makes it easier for the guest and the server. It's something any restaurant could do." *(Check out a sample of the Passionfish menu on page A6.)*

Putting Safety First

Eating out is an American pastime – even for the approximately 15 million who have food allergies. With almost half of all U.S. meals purchased away from home, it can be difficult for food-allergic patrons and people with dietary restrictions to go to restaurants and enjoy a meal without risking a severe allergic reaction.

As food allergy prevalence has increased, many restaurants have responded positively. Some chains, including McDonald's, Rubio's and Panera Bread, list allergens in their online menus. Disneyland and Disney World theme parks and cruise ships have long had accommodations for consumers with special dietary needs.

Some restaurants go beyond the norm.

Since 2007, chef Keith Norman has directed a food allergy training program at the South Point Hotel, Casino and Spa restaurants in Las Vegas. Norman has family and friends with life-threatening food allergies, so he is passionate about food safety.

"I've tried to put systems into place where we can safely serve the food-allergic patron, and when we can't we're going to say we can't," Norman says.

When a food-allergic customer's order is entered into the computer at South Point, the server selects an allergen-alert button and it's printed on the order in red letters to alert the chef. When the order is delivered to the kitchen, the chef assigns it to one cook, who is the only one who will touch that dish.

Susana Cabrera has been a food server at Baja Miguel's at South Point for six years. Every year, she gets retrained in safe food-handling practices for food allergies.

"As a server we always have to be very aware of food allergies," says Cabrera, who notes she serves a food-allergic customer almost daily. "It's very important to make sure we communicate with the customer and our chef exactly what the allergy is and what they've ordered to make sure the food comes to the table safely."

Allergy-safe kitchen safeguards include a special area to prepare meals, with clean pots, pans and cooking utensils at the ready; changing gloves to make allergen-free foods; and using special color-coded cutting boards to prepare allergy-safe meals. These strategies take guesswork out of what foods have and have not been cross-contacted with an allergen.

South Point servers also make a point to serve food-allergic customers first so their food does not come into contact with any other food being served.

South Point's approach to food allergies has resulted in repeat customers. "They feel safe here," Cabrera says.

Passionfish Allergy Menu

Each menu description lists the major allergens. Parentheses indicate this dish has this allergen but can be prepared without it by the indicated cooking method. Please note that regardless how hard we may try there is always a chance of cross contamination in the kitchen. It's very important that you make your server aware of all of your allergens.

SEA SCALLOP▪CAPER-RAISIN-WALNUT RELISH▪ARTICHOKE RISOTTO CAKE 8
GLUTEN, DAIRY, SHELLFISH, NUT, CITRUS, ONION-GARLIC

SPICY SEAFOOD SOUP▪SPICY TOMATO-CILANTRO BROTH 10
DAIRY, SHELLFISH, CITRUS, ONION-GARLIC, EGG,

DUNGENESS CRAB CAKE▪LIME RELISH 16
GLUTEN, SHELLFISH, EGG, CITRUS, ONION-GARLIC

FRIED MORRO BAY OYSTERS▪ KIMCHEE SALAD ▪ HAM & MINT 12
GLUTEN, SHELLFISH, CITRUS, ONION-GARLIC,

SMOKED TROUT CEVICHE TOSTADITAS▪CASHEW PESTO▪SPICY SALSA BRAVA 9
(GLUTEN), NUT, CITRUS, ONION-GARLIC,

LEMONGRASS CATFISH ▪ RED CURRY ▪ JICAMA SLAW 10
CITRUS, ONION-GARLIC, SHELLFISH

BAKED GORGONZOLA▪CURRIED GREENS▪GOLDEN CHUTNEY▪SPICED PECANS 10
GLUTEN, SOY, DAIRY, NUT

DUNGENESS CRAB & AVOCADO SALAD▪SPICY GINGER VINAIGRETTE 16
GLUTEN, SOY, SHELLFISH, EGG, PITTED FRUIT

HONEYED GOAT CHEESE SALAD▪ALMONDS▪SPICED APPLES▪PROSCIUTTO CRISP 10
(DAIRY), (NUTS), SEEDS, HONEY

HEIRLOOM TOMATO SALAD ▪ house made ricotta ▪ pickled beets ▪ basil vinaigrette 10
(DAIRY),

We're required by law to inform you that consuming raw or uncooked food can increase your chances of acquiring a food borne illness.

What to Do In an Emergency

If a patron begins to have a life-threatening allergic reaction in your restaurant, it's important to stay as calm as possible and be reassuring to the patron, family and friends, and other guests.

Ask if the patron is carrying an epinephrine auto-injector and, if so, encourage its immediate use. Any delay in treatment increases the severity of symptoms and increases the risk of hospitalization. If the patron is not able to administer the epinephrine auto-injector, ask a family member or friend to assist in injecting the medication.

If your restaurant is legally allowed to stock an emergency supply of epinephrine auto-injectors (see U.S. map below), retrieve two of the devices immediately. A restaurant staff member – preferably a manager – should be trained to administer the medication. (The second auto-injector can be used if a second anaphylaxis reaction occurs before emergency responders arrive.)

Call 911

Restaurant staff should be taught how to call an ambulance – minutes count when treating a severe allergic reaction and it's important to be prepared to answer questions posed by an emergency dispatcher.

You may be asked to provide:

- Your name
- Where you are calling from – make sure the restaurant address is in front of you and ask the dispatcher to repeat it back to you to avoid an error.
- Your phone number
- The patron's name, age and general condition at the time of the call

State the following to the emergency dispatcher:

"I am requesting an ambulance for a person who is experiencing a severe allergic reaction and is having trouble breathing. Please be sure the ambulance has a supply of epinephrine."

Have someone meet the ambulance outside the restaurant and lead the emergency responders to the patron. Be sure to provide them with enough room to assist the patron.

Restaurant Staff Debrief

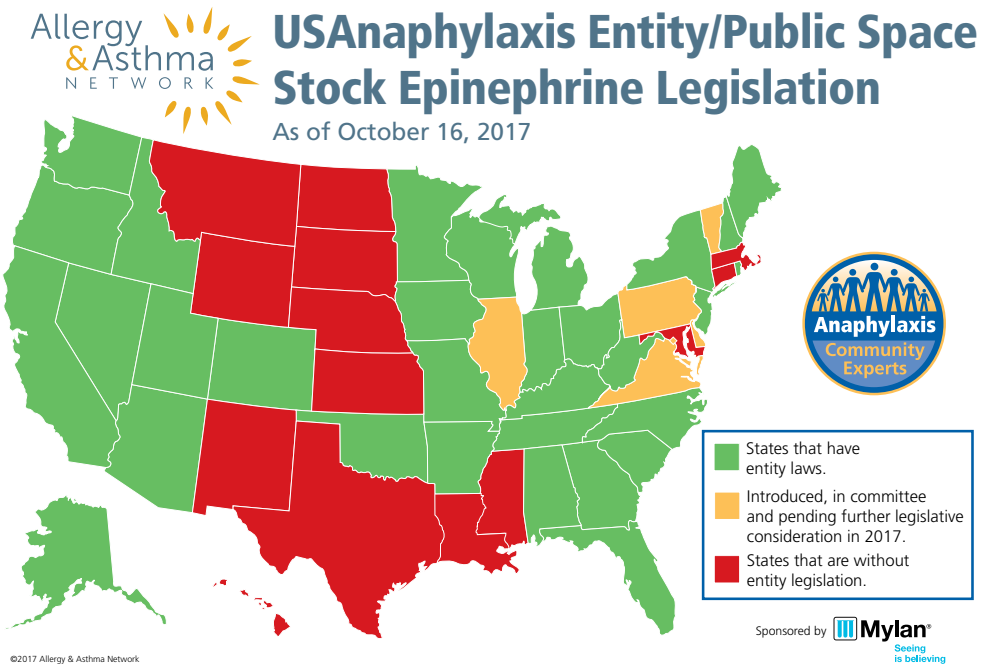
When time allows, host a meeting with the entire restaurant staff to discuss the incident, how the allergy exposure occurred, and the staff response as a whole. Some employees may also want to express emotions about the incident.

Some questions to ask:

- What did restaurant staff do well during the response?
- What can staff do better in the event that another allergic reaction occurs?
- What procedures can the restaurant put in place to better handle severe allergic reactions?

Stock Epinephrine in Public Places

Thirty-one U.S. states have what are called "entity laws," legislation that permits public venues – including restaurants – to maintain an emergency supply of epinephrine auto-injectors and select employees, preferably managers, to be trained to administer an epinephrine auto-injector.



Simple Strategies for Success

Dining out can be very stressful for people with food allergies. Food-allergic patrons carefully put their lives in the hands of restaurant staff so they can go out to eat with friends and be social, celebrate a birthday, or attend a business lunch.

A restaurant owner, manager, chef or server educated in food allergy prevention can earn the trust of food-allergic patrons – and repeat business. Uninformed or negligent staff could send that same customer to the hospital (or worse) and ruin the restaurant's reputation. When restaurants get it wrong, they don't just lose a food-allergic customer; they could lose that person's family and circle of friends.

Many of the pitfalls surrounding food allergies at eating establishments can be easily avoided. These simple strategies to understand and accommodate food allergies can forge lasting relationships with customers and enhance your restaurant's reputation for knowledgeable service.

Food Allergy Training

Food allergies and food preferences are NOT the same thing. Understanding the consequences of a person with a food allergy eating a food allergen is important.

Wait and kitchen staff need to understand what each food allergy means. When a customer announces they have a dairy allergy, only to have the waiter assure them the meal they inquired about is gluten-free or doesn't have any eggs in it, is both unhelpful and worrying to the patron. Uninformed employees leave food allergic customers feeling as if the restaurant doesn't understand food very well – not to mention food allergies.

In addition to reviewing how to handle a food allergy request in the kitchen, it's important to relay these solutions to the wait staff. They should be able to help the customer think creatively and reassure them your restaurant understands their concerns and can prepare a safe meal for them. Can you cook their meal in a separate pan? Is it possible to omit an ingredient without compromising quality?

Prepare Servers to Handle Common Questions

In addition to giving wait staff information about what can and cannot be accommodated in your restaurant's kitchen, arm them with information about your dishes.

If there are only three dishes with tree nuts, highlight those items. Perhaps the kitchen stocks (but does not advertise) gluten-free pasta. Another example: If the kitchen serves sorbet, which is dairy-free, be sure to point that out!

Practice Answering the Customer's Questions and Understand Their Perspective

Give your employees time to practice responding to customer concerns. Those with food allergies often feel as if they are imposing on others by asking a lot of questions and getting reassurances that they can eat safely.

Restaurant staff should respond with patience and kindness – reducing the stress of dining out and increasing a customer's positive experience. While preparing a food allergy meal can be an inconvenience, the staff's reaction should not reflect these behind-the-scenes issues.

Develop an Ingredients Binder with Supplier List

Keep a binder (either in digital or paper form) that lists the ingredients of each meal or food item, as well as supplier contact information. This can make both checking ingredients as well as seeking answers to food safety questions much simpler. Remember to keep the binder up-to-date as suppliers, ingredients and dishes often change.

Another option is to create a menu that allows restaurant staff and diners to easily identify allergens. It doesn't have to be fancy, just current and reliable. Even a hand-marked menu can serve as an excellent reference guide.

Written by Erin Malawer, founder of AllergyStrong, an organization dedicated to supporting low-income families living with food allergies. Visit AllergyStrong.org.

Substitute This

How to accommodate food-allergic guests? Here is a list of some safe food substitutions to keep customers coming back:

ALLERGY	SUBSTITUTION
Dairy	**Rice milk; soy milk; almond milk** *Notes:* Dairy refers to milk, cream, butter, cheese, ice cream, sherbet, yogurt and other milk-based derivatives. Before substituting soy or almond milk, ask if the patron also has an allergy to soy or tree nuts.
Eggs	**Unsweetened applesauce (plus ½ teaspoon of baking soda for baking)** *Notes:* Eggs are often used as binders (they're in meatballs and meatloaf) as well as for glazes on breads. Most of the time you can just omit egg from a recipe, but to make baked dishes and desserts rise, you'll need an egg substitute.
Peanut	**Sunflower-based butter (if used for flavor)** *Notes:* Sunflower butters behave just like peanut butter. You can also offer to use a tree nut as a substitute for whole peanut; cashews have a similar texture and flavor. But keep in mind many people allergic to peanut may also have an allergy to tree nuts.
Tree nuts	**Sunflower or pumpkin seeds; roasted chickpeas for salads** *Notes:* When substituting for tree nuts, you'll need to consider replacing for taste as well as texture.
Soy	**Canola or olive oil for soybean oil; balsamic vinegar or chickpea-based miso for soy sauce** *Notes:* Soy is in many processed foods, including vegetable oil and margarine. Read labels carefully; look for soy-free options, including margarine.
Wheat	**Gluten-free flour blends; corn flakes for breading** *Notes:* If customers are gluten-free, they must avoid barley, rye and sometimes oats. Keep gluten-free pasta, bread and a supply of rice – even if you don't advertise it.
Sesame	**Sunflower butter; safflower oil** *Notes:* Sesame seed allergies are on the rise and can cause severe reactions similar to nut allergies. In addition, those who are allergic can react to sesame oil. There isn't an easy substitute for the whole seed, but safflower oil offers a very similar flavor to sesame oil and can be cooked at high heat.
Corn	**Canola or olive oil; honey; agave nectar** *Notes:* Most commercial baking powder contains cornstarch. Make a safe version by combining 1 teaspoon of baking soda with ½ teaspoon of cream of tartar (a dairy-free product). And watch for processed food with vanilla extract and corn syrup – both could cause a reaction.

From the Back of the House to the Front of the House

It's critical for restaurant owners and managers to commit to establishing food and latex allergy policies. Consider food allergy certification for any member of staff who is in contact with a guest. How ready is your restaurant for a guest with a food or latex allergy? Here are questions to ask:

Back of the House
(Chef, line cooks, food prep staff)

- How do you want patrons to notify the chef about a food or latex allergy?
- How do you handle food allergy special requests? Are there alternative allergy-free ingredients available as a replacement?
- How does the kitchen avoid cross-contact with a food allergen?
- Are natural rubber latex gloves used:
  - for food preparation?
  - for cleanup of cooking utensils?
  - for cleanup of surfaces in kitchen?
- Do menu items include banana, avocado, kiwi and chestnut, which contain latex proteins? Are there alternatives?

Front of the House
(Manager, host, servers, bartenders)

- How and to whom do you want patrons to communicate if they have a food or latex allergy?
- Can restaurant staff recognize the signs and symptoms of a severe allergic reaction, or anaphylaxis?
- Does the restaurant have an emergency supply of epinephrine auto-injectors to treat a severe allergic reaction?
- Has the staff been trained to administer an epinephrine auto-injector?
- Are natural rubber latex gloves used when serving food or during cleanup?
- Are latex balloons used in the restaurant for special events or parties?

Cross-Contact Concerns

You may hear the term "cross-contact" when people talk about possible risks for those with food allergies. Cross-contact can happen when a small amount of a food allergen gets into another food accidentally, or when it is present in saliva, on a surface or on an object. This small amount of an allergen could cause an allergic reaction.

Examples of cross-contact:

Food to food – Nuts on top of a salad will lead to cross-contact of other foods in the salad, even if the nuts are taken off.

Food to object – Cookware, dishes, utensils (knives, forks, spoons) an cooking surfaces that are not properly cleaned before preparing food for someone with a food allergy could lead to cross-contact: using the same knife to spread jelly on bread after using it to spread peanut butter; or cooking a steak in the same pan just used to cook salmon.

Food to saliva – Food allergens can be passed on through saliva from people and pets. Anything that goes into the mouth could be a possible source of cross-contact.

How to reduce risk of cross-contact:

- Ask patrons if they have a food allergy when they sit down at their table. Reassure food-allergic guests that you understand this means their food will be prepared in a separate cooking area with clean pans and utensils.
- Wash cookware (pots, pans), cutting boards, dishes and cutlery (spoons, knives, forks) well after use. This includes deep fryers. Food that is stuck onto dishes or utensils that have gone through the dishwasher can still cause an allergic reaction.
- Clean countertops and surfaces in the kitchen with soap and hot water, commercial cleaners or commercial wipes.
- Cook the allergen-safe meal first to minimize the risk of cross-contact with other meals.
- Inform patrons a buffet may not be a good choice for them as there is a greater risk for cross-contact due to shared utensils and spilled foods.
- Do not pick an allergen out of a food (for example, removing nuts from a salad). This will not make it safe. The person with the food allergy will need a new meal prepared for them.

Allergens can also stay on sponges or towels, so the safest option is to use disposable methods, such as paper towels or wipes.

Adapted from Allergyhome.org - *http://www.allergyhome.org/handbook/table-of-contents/how-to-avoid-food-allergens/cross-contact/*

Communication with Guests

An open line of communication between restaurant personnel and guests with food or latex allergies helps to make dining out a positive and safe experience for all.

It's important that restaurant personnel understand that patrons who make a food or latex allergy request are doing so because it's a health issue – NOT a preference. Never take an allergy lightly!

10 Tips

1 Be prepared for "pre-visit" phone calls from patrons with questions about your restaurant's food or latex allergy policies. Listen carefully and answer directly.

Questions patrons may ask include:

- Do you have allergy-safe alternatives or ingredients for certain dishes?
- How do you take precautions to avoid cross-contact in food preparation?
- Do you have an allergy and anaphylaxis policy communicated to staff?
- How do you handle an allergic reaction?
- Do you use latex gloves anywhere in your facility?
- Do you have or allow latex balloons in the facility?

2 Be prepared for these same questions when a guest with food or latex allergies arrives at the restaurant or sits down at a table.

3 Make sure dining tables, chairs and high chairs are thoroughly cleaned to ensure food-allergic diners do not come into contact with leftover food from the previous diners.

4 Advise hosts and servers to ALWAYS ask guests at the start of service if anyone has a food or latex allergy.

5 Advise servers to ask specific questions if a patron says they have a food allergy. Find out what food or ingredient the patron can and cannot eat. Is there an allergy-safe substitution available? Find out from the chef.

6 Advise hosts and servers to ALWAYS tell the chef about a patron's allergy, both verbally and on the ticket. Do not write "no cheese" or "no sour cream" on the ticket; the meal might contain other dairy or milk products. Find out if any allergens are present in beverages.

7 If patrons have questions about whether a certain dish contains an allergen, and the server is unable to answer, the server should ask a manager, chef or restaurant staff member trained in food allergy safety.

8 If during food prep there is a concern an allergen may be present, tell the chef and line cooks to begin preparing the food from scratch – without the allergen present. Never allow an allergen to touch the patron's food or plate.

9 Serve the food-allergic patron's dish first, on a separate tray. This will eliminate the risk of splashed or spilled food reaching the allergy-safe dish.

10 Reassure all patrons in your restaurant that you are committed to making your restaurant a safe place for everyone to eat.

Remaking Your Menu

- Review your menu and include information about allergens in dishes. Make sure the menu is always current!
- Post your menu on your restaurant website and include ingredient information. Again, make sure it's current!
- To help foster communication, include a note on your menu that reads: "Before placing your order, please alert the server to your food allergy or special dietary need." If substitutions for allergens are available, consider another note: "Substitutions for food allergens may be available upon request."

When Gluten-Free Is Not a Choice...

Today it's trendy to eat gluten-free food, but for the 1 percent of the U.S. population diagnosed with celiac disease, it's not a choice.

When people with celiac disease eat a meal containing gluten, their body is unable to fully absorb the nutrients. This can severely damage the lining of the small intestine and lead to debilitating symptoms such as stomach pain, cramping, vomiting, diarrhea, headaches, weight loss and fatigue, among other symptoms.

The only treatment? A gluten-free diet.

It's important to note that **celiac disease is not an allergy** – people with the condition do not go into anaphylactic shock if they eat a gluten-containing food. Instead, celiac disease is an autoimmune disease – the body's immune system attacks healthy cells, causing a reaction that is sometimes severe and immediate.

What Restaurant Staff Needs to Know

Strategies for handling requests for gluten-free food are the same as for allergy-safe orders. The key is to ensure the restaurant staff is well trained and informed which foods on the menu contain gluten and why it's important people with celiac disease not consume it.

Kitchen Staff

Cross-contact is a major issue in cooking and preparing gluten-free meals and must be avoided.

Just a crumb of gluten is enough to make people with celiac disease sick and cause damage to their bodies. Even cooking gluten-free pasta in water previously used to cook regular pasta could transfer gluten — and cause a reaction when eaten by someone with celiac disease.

Gluten-free foods should be stored away from other gluten-containing foods, and clearly labeled in tightly sealed containers.

To avoid cross-contact:

- Create a separate prep space for gluten-free foods
- Clean the grill
- Use clean, color-coded or separate cookware and utensils
- Employ a dedicated deep fryer or change the oil.
- Check ingredient labels on any products — especially condiments — regularly for any changes.

Wait Staff

Be prepared to answer questions confidently and knowledgeably about what is in a meal and how it's prepared. Maintain an open line of communication throughout the ordering process and if you don't know the answer to a question, ask the restaurant manager or chef.

Highlight foods on the menu that are either gluten-free or can be made gluten-free – terms such as crispy, crunchy, breaded, wrapped or thickened are signs those foods may contain gluten.

Similar to allergy-safe meals, serve gluten-free dishes separately or from a different tray to reduce the potential for cross-contact.

Got Gluten?

Common foods that may contain gluten:

- Anything containing wheat
- Most cereals
- Breaded foods
- Oats and oatmeal
- Soups and broths
- Flour tortillas
- Cold cuts
- Meatballs
- Hot dogs
- Veggie burgers
- Sausage
- Canned baked beans
- Soy sauce and teriyaki sauces
- Fried vegetables/tempura
- Imitation crab meat
- French fries
- Processed cheese
- Mayonnaise
- Salad dressings
- Croutons
- Gravy and marinades
- Egg substitutes
- Pancakes and waffles
- French toast
- Non-dairy creamer
- Fruit fillings and puddings
- Ice cream
- Syrups
- Flavored coffees and teas
- Beer
- Root beer
- Vodka
- Roasted nuts

Look for gluten-free options or check labels to confirm if a food contains gluten.

Latex Allergy Hidden Dangers

Each year accidental exposures to natural rubber latex pose a serious health risk at restaurants, grocery stores and food service establishments.

Latex allergy is a reaction to proteins from the Hevea brasiliensis rubber tree sap, the milky fluid used to manufacture more than 40,000 products worldwide.

It is estimated that 1-6 percent of the general population – including 17-22 percent of healthcare workers and 68 percent of individuals with spina bifida – have an allergy to natural rubber latex.

Latex proteins can be transferred from products like food service gloves and helium balloons. When the proteins bind with the powder on these products, they can easily be transferred onto food or get released into the air, creating an unsafe environment for people with latex allergy.

Five states have banned latex glove use in food service: Arizona, Connecticut, Hawaii, Oregon and Rhode Island. Two states have laws discouraging use of latex gloves in food codes: Vermont and Wisconsin.

Allergic reactions to natural rubber latex can range from a mild skin rash to life-threatening anaphylaxis.

The only way for people with latex allergy to prevent symptoms is strict avoidance of latex.

When there's an accidental exposure and an anaphylactic reaction occurs, it is important to:

- Recognize the symptoms (hives or skin rash; itchy skin; nasal, eye, and sinus irritation; asthma; anaphylaxis).
- Administer an epinephrine auto-injector immediately. It is the only medication known to stop the progression of anaphylaxis.
- Call 911 and seek emergency medical treatment.
- Keep two epinephrine auto-injectors on hand, in case symptoms recur before emergency medical assistance is available. Up to 35% of people will require more than one dose.

Potential sources of latex:

1) **Latex gloves used in food preparation or cleaning –** Proteins from the latex gloves bind to the powder and is then transferred to food while it's prepared or onto kitchen countertop surfaces. It can also become airborne.

2) **Latex balloons –** Latex proteins bind with the powder on a balloon and are released into the air, where they can easily be inhaled.

3) **Cross-reactive foods –** Many fruits and vegetables contain latex proteins and people with latex allergy may experience an allergic reaction upon touching or eating them. *Get a full list of potential cross-reactive foods on page B5 of this guide.*

For Employees

- Latex allergy can develop by repeated exposures to latex allergens.
- Daily use and frequent changing of latex gloves heightens risk.
- Inhaling powder from latex products such as gloves or balloons can cause an allergic reaction.
- Practice good personal hygiene. The wearing of gloves is NOT a substitute for frequent and thorough handwashing. Follow proper handwashing etiquette.
- Know the signs and symptoms of a latex allergy reaction and anaphylaxis.

For Employers

- Provide a latex-safe environment for your patrons and employees. Latex allergy awareness and education are essential.
- Develop a latex allergy and anaphylaxis policy. Provide employee training for latex allergy awareness. The federal Americans with Disabilities Act provides protections for individuals with latex allergy.
- Provide non latex gloves such as vinyl, nitrile and polyvinylchloride.
- Ban latex balloons from the facility. Use latex-safe Mylar balloons.
- Implement handwashing policies. The use of gloves does not replace proper handwashing.
- Seek support for employees who develop latex allergy symptoms.
- Find out if you are legally allowed to stock epinephrine auto-injectors at your restaurant. If yes, keep them in a safe, unlocked location in the restaurant.
- Know how to treat anaphylaxis: 1) administer epinephrine as soon as possible – get training on using an epinephrine auto-injector by a board-certified allergist if needed; and 2) call 911.
- Download the following documents addressing latex allergy and prevention:
  - o NIOSH Alert -- Preventing Allergic Reactions to Natural Rubber Latex In the Workplace: *https://www.cdc.gov/niosh/docs/97-135/pdfs/97-135.pdf.*
  - o OSHA Technical Information Bulletin: Potential for Allergy to Natural Rubber Latex Gloves and other Natural Rubber Products: *https://www.osha.gov/dts/shib/shib012808.html.*

LATEX ALLERGY

HIDDEN DANGERS

PATRONS

DANGERS

You may be at risk for a life-threatening latex-allergic reaction

Exposure

- Latex gloves used in food preparation
- Latex balloons
- Cross-reactive foods in menu items
- Latex gloves used in cleaning

What to do:

To have a safe experience follow a Latex Allergy Action Plan

- **Call ahead:** Ask if latex gloves are used, if the restaurant allows latex balloons, and if the restaurant has a latex and anaphylaxis policy
- **Recheck** with the server and/or manager prior to ordering
- **Be aware** of your environment and of the symptoms of latex allergy (rash; hives; flushing; itching; nasal, eye, and sinus irritation; asthma; and anaphylaxis)

It's an ALLERGY, Not a Preference!

EMPLOYEES

DANGERS

You may be at risk for developing a latex allergy. Latex proteins can cause dangerous allergic reactions

Exposure

- Wearing latex gloves
- Inhaling airborne latex particles
- Latex balloons

What to do:

- Use natural rubber latex alternatives such as vinyl, polyvinylchloride and Nitrile
- Ensure good personal hygiene and wash hands frequently
- Seek medical attention if symptoms develop

EMPLOYERS

What to do:

Provide a latex-safe environment for your employees and patrons

- Develop a latex allergy policy
- Know how to treat anaphylaxis
- Provide natural rubber latex alternatives such as vinyl, polyvinylchloride and Nitrile
- Provide training on latex allergy
- Provide anaphylaxis education
- Seek medical attention for employees and patrons who develop symptoms

The Safe Food Handler

Only food service workers who practice good personal hygiene should be allowed to work in your restaurant. Workers can contaminate food by working while they are sick, touching pimples or sores, touching their hair, not wearing a Band-Aid or single-use gloves over sores and wounds; and not washing hands properly before, during and after handling food.

One of the best ways that a food service manager can keep food safe is to implement policies that promote good personal hygiene.

The policies should address:

- **Personal cleanliness** – workers properly bathed;
- **Proper work attire** – workers wearing clean hat or hair restraint and clean clothing;
- **Good hygiene practices** – workers frequently and properly washing their hands, clipping their fingernails short, and using non-latex gloves if necessary.

Handwashing Basics

Hands are probably the most common way that harmful microorganisms – and allergens – can get into foods. Hands can become soiled with a variety of contaminants while a restaurant worker is performing routine tasks.

All restaurants must have an accessible handwashing sink that is well stocked with hand soap and a way to dry hands. The soap can be either liquid or bar soap; it does not have to be antibacterial. Instant hand sanitizer can be available but it is not required.

It is important that handwashing be done only at a properly maintained handwashing sink. Warm water is more effective than cold water in removing dirt and microorganisms from hands. An adequate flow of warm water will cause soap to lather and help remove soil quickly from the hands.

Sinks that are improperly located, blocked by equipment, or stacked full of soiled utensils and other items, are difficult to use. Nothing must block the approach to a handwashing sink.

Hands must never be washed in a food preparation sink – this can contaminate the sink and the food prepared in it. Service sinks also must not be used for handwashing because this may introduce additional hand contaminants, such as mop water or toxic chemicals.

Written by Angela M. Fraser, Ph.D., Associate Professor/Food Safety Specialist, Department of Family and Consumer Sciences, North Carolina State University

Proper Handwashing

Always wash hands:

- after using the bathroom
- after coughing, sneezing, smoking, eating or drinking
- after bussing a table
- before putting on gloves
- when switching between raw and ready-to-eat food
- after handling garbage or trash
- after handling dirty equipment or utensils
- during food preparation

Table Top Discussion – Restaurant Notes

Severe allergic reactions, or anaphylaxis, can occur anytime or anywhere – but a restaurant can be a safe place when precautions are taken and prevention is practiced.

Restaurant staff should be invited to participate in discussions to review food or latex allergy scenarios and determine what they would or should do in each situation. Consider inviting food preparers, wait staff and anyone that may have contact with food or a patron with a food allergy.

Review each scenario on this page with restaurant staff and identify roles. Have each staff member describe the action they would take.

Answers to questions in each scenario are found on page A19.

What would you do in the following scenarios?

1. A guest, James, asks if a certain menu item contains tree nut. The server assures him that it is nut-free. James explains that he has a life-threatening tree nut allergy. The server neglects to confirm this with the chef and within minutes of eating the food, James develops hives, swelling of his lips and tongue, and reports having difficulty breathing. The chef later explained, "We changed vendors last week, and there are crushed nuts in that now!"

— What would you do first?
— How would you manage the other guests at the table, as well as the crowded restaurant?
— What could you do to prevent this from happening again?

2. A middle-aged woman, Juanita, comes into your restaurant, sits down and reports her cheeks feel warm and she is having a little trouble breathing. She explains that she has a latex allergy and asks the manager if there are any balloons in the restaurant. He looks around and, not seeing any, says "No." Juanita orders her food but before she can eat, she is covered in hives and struggling to breathe. The manager later finds out there was a baby shower in the restaurant's party room with a large bunch of latex balloons.

— What should the manager do first?
— What can the restaurant do to make the environment safe for all patrons?

3. A young girl, Olivia, tells the server that she has a severe dairy allergy and orders a hamburger for dinner. As the server is about to serve the plate, he notices it has cheese on it. He takes the cheese off and serves the dish. Olivia begins to cough, complains of nausea, and has difficulty breathing.

— What should the server do first?
— If there was no cheese on the hamburger, how did Olivia have a reaction?
— What could you do to prevent this from happening again?

4. A patron, Aaron, explains he has a latex allergy and cannot eat certain foods. He and the server look over the menu and determine what would be a good choice for him to order. The server reminds the chef not to cook the food with a food that might cross-react. Aaron is pleased with his lunch, but soon after eating he begins to exhibit signs of an allergic reaction. The server checks with the chef and confirms that no cross-contact occurred. The server asks the chef what kind of gloves he wears while cooking. The chef shows him his gloves – they are made of latex.

— What should the restaurant staff do first?
— What could you do to prevent this from happening again?

Restaurant Notes for Discussion Leader

Answers to scenarios:

1. Nut allergy

— Treat James with epinephrine first – epinephrine fast! Check with James and his family to see if he has an epinephrine auto-injector with him.
— Call 911. Keep other patrons calm with clear, direct communication.
— Review menu items regularly, and communicate any changes with staff to ensure they are aware of a dish's ingredients.

2. Latex balloons

— Treat Juanita with epinephrine first – epinephrine fast! Check with Juanita and her family to see if she has an epinephrine auto-injector with her.
— Don't allow latex balloons in your restaurant – ever. Latex proteins can become airborne and impact people with latex allergy. Mylar® balloons are a latex-safe substitute.

3. Dairy allergy

— Treat Olivia with epinephrine first – epinephrine fast! Check with Olivia's family to see if they have an epinephrine auto-injector.
— If the dairy touches her food, that's enough to trigger an allergic reaction. Small amounts of allergens matter.
— Always start over and prepare a new dish if it has been in touch with a patron's allergen.

4. Latex gloves

— Treat Aaron with epinephrine first – epinephrine fast! Check with Aaron and his family to see if he has an epinephrine auto-injector with him.
— Establish a no-latex-gloves policy. Food prepared with latex gloves can trigger an allergic reaction. Proteins from the latex gloves are transferred to food as it's prepared, or via kitchen countertop surfaces.

Quick Tips … And a Question

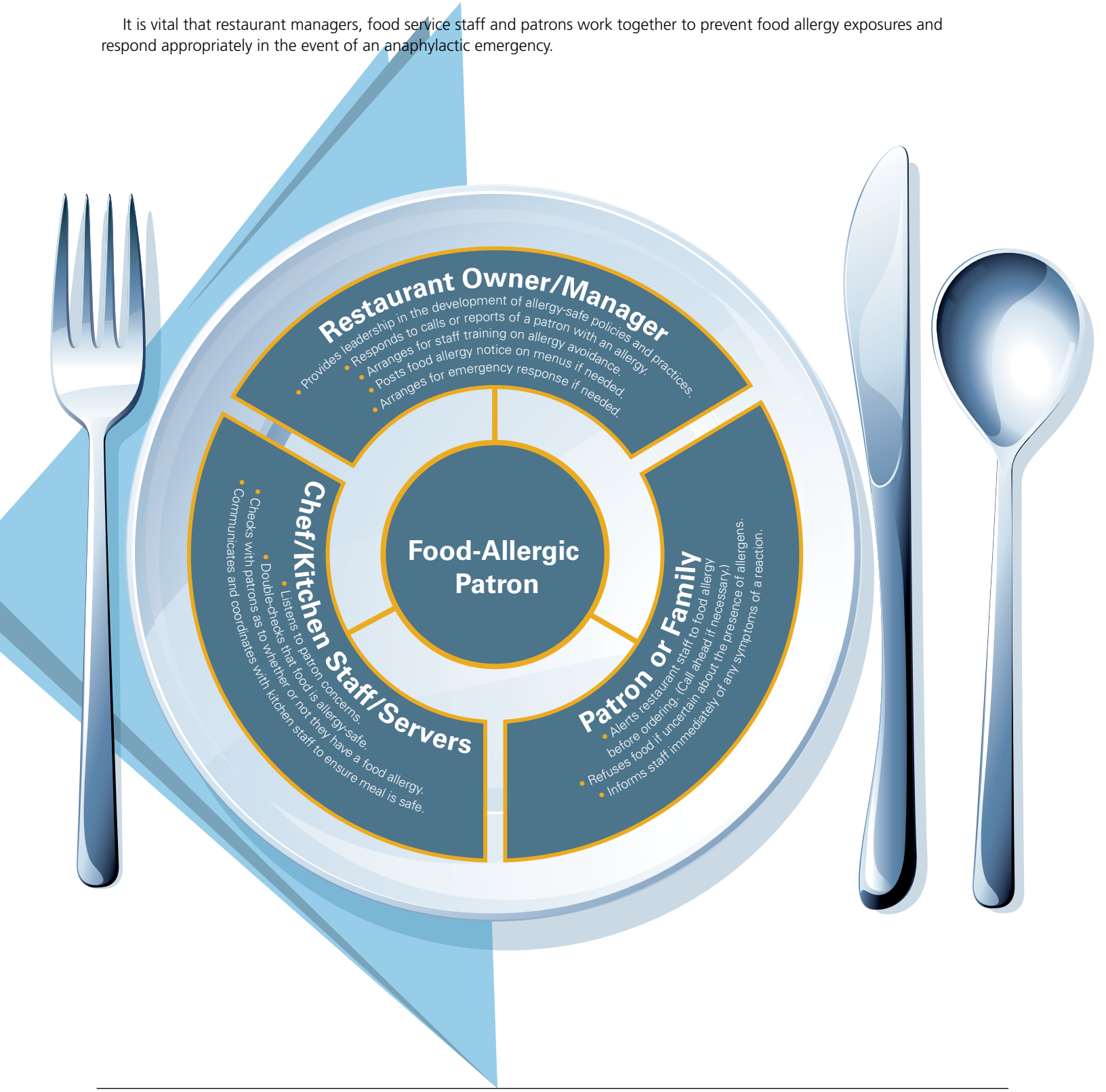
- Always treat the allergy first. Then call 911 right away.
- Remove the allergen from the patron – or the patron from the allergen – as soon as possible.
- Identify a staff member who can be trained to administer an epinephrine auto-injector in the event a patron becomes too ill to do it.
- Consider: How would you care for a patron with an allergic reaction in a restaurant full of people?

Notes on Anaphylaxis Emergencies

- GIVE EPINEPHRINE WITHOUT DELAY – EPI FIRST, EPI FAST!
- Monitor the patron; do not have him/her rise to an upright position.
- If no improvement occurs or if symptoms return or worsen in five or more minutes, a second dose of epinephrine may be needed.
- After calling for an ambulance, ask a staff member to accompany the patron in the ambulance while someone else drives the patron's car to the hospital (if appropriate).

Allergy Care Is a Shared Responsibility

It is vital that restaurant managers, food service staff and patrons work together to prevent food allergy exposures and respond appropriately in the event of an anaphylactic emergency.



Allergy & Anaphylaxis 101

What Is Anaphylaxis?

Anaphylaxis – a severe, life-threatening allergic reaction usually to food, latex, insect venom or medication – is common in the United States. Research shows it occurs in about 1 in 50 people, although many believe the rate is higher.

Symptoms typically involve more than one organ system and can include:

- Skin: itching, redness, swelling, hives
- Mouth: itching, swelling of lips, tongue
- Stomach: vomiting, diarrhea, cramps
- Respiratory: shortness of breath, chest pain and/or tightness, wheezing, coughing,
- Heart: weak pulse, dizziness, drop in blood pressure
- Headache, nasal congestion, watery eyes, sweating
- Confusion, a feeling of impending doom
- Loss of consciousness

Average time to respiratory or cardiac arrest due to anaphylaxis:

Food allergy = 30 MINUTES

How does it happen? When exposed to an allergen, the body recognizes it as an "intruder" and mounts an "attack" to defend itself. The immune system releases antibodies, called IgE, and the allergic reaction begins.

Anaphylaxis can start within seconds of exposure to an allergen, such as eating a peanut or walking into a room with latex balloons. Or anaphylaxis may not appear until hours later, such as with a red meat allergy. This makes identifying the cause of anaphylaxis a little tricky.

Symptoms can be different each time a person experiences anaphylaxis and vary in severity – but once they start they usually progress quickly.

While skin symptoms such as itchy rashes or hives are common with anaphylaxis, they do not always occur – 10-20 percent of cases have no skin symptoms.

Rules To Remember

1) The best way for at-risk patients to prevent anaphylaxis is to avoid the allergen in the first place. Sometimes accidental exposures occur, however.

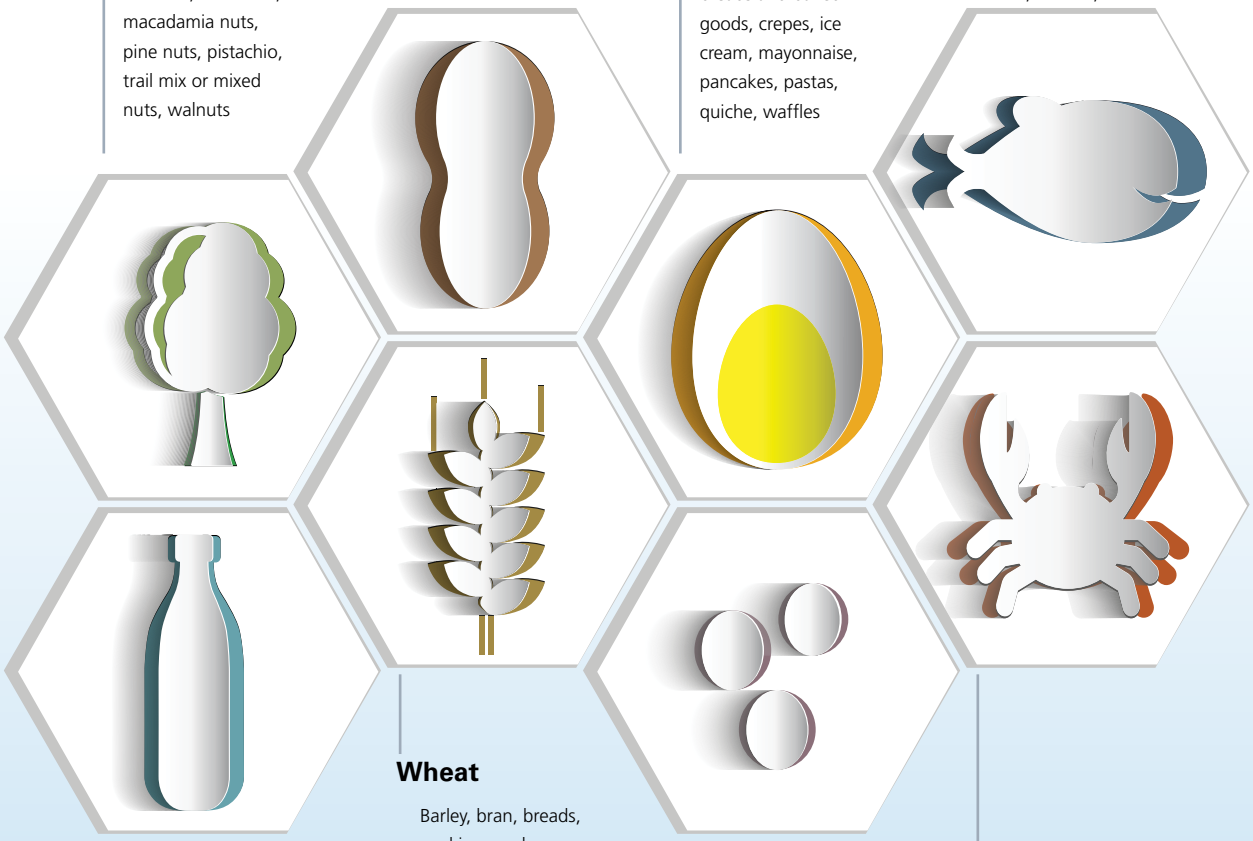
2) Epinephrine is the ONLY medication that can reverse the life-threatening symptoms of anaphylaxis. It is the first line of treatment.

3) Allergists recommend at-risk patients carry two epinephrine auto-injectors with them at all times, use it at the first sign of symptoms, and seek follow-up medical care right away. Thirty percent of people who experience an anaphylactic reaction need more than one dose of epinephrine to relieve symptoms.

4) If your allergic reaction involves only an itchy rash, hives or local swelling, this is not necessarily life-threatening anaphylaxis. Antihistamines will often relieve minor allergy symptoms within an hour or two.

Top 8 Food Allergens

(Account for 90% of all food allergy reactions in the United States)



Tree Nuts

Almonds, brazil nuts, cashews, hazelnuts, macadamia nuts, pine nuts, pistachio, trail mix or mixed nuts, walnuts

Peanuts

Peanut butter, trail mix or mixed nuts

Eggs

Batter-fried foods, breads and baked goods, crepes, ice cream, mayonnaise, pancakes, pastas, quiche, waffles

Fish

Anchovies, catfish, cod, salmon, tuna

Dairy

Cheese, cow's milk, creams, custard, ice cream, pudding, yogurt

Wheat

Barley, bran, breads, cookies, crackers, croutons, doughnuts and muffins, pancakes, pizza, rye, waffles, wheat-based cereals, flour and pastas

Soy

Edamame, soy milk, soy sauce, tofu

Shellfish

Crab, lobster, shrimp

* Food allergens may appear in more food items than those listed. Check ingredients and read food labels to confirm. When in doubt, call the manufacturer to determine if a food is allergy safe.

Sesame – the 9th food allergen?

Sesame allergy is on the rise in the United States. It's common in Middle Eastern, Indian and Asian cuisines and shows up in salad dressing, hummus, granola bars and on hamburger buns.

Less common food allergens include corn, garlic, gelatin, meat, mustard, sunflower seeds and poppy seeds.

How to Use an Epinephrine Auto-Injector

Epinephrine is an adrenaline hormone the body produces naturally in response to stressful situations – often called the "fight or flight" response. Epinephrine taken as a medication to treat anaphylaxis has a similar effect on the body.

When administered, epinephrine increases the heart rate and blood pressure, relaxes muscles in the airways, reverses swelling and suppresses the immune system's response to allergens – temporarily halting the life-threatening effects of an anaphylactic reaction.

Epinephrine is the ONLY drug that will reverse anaphylaxis and should be given as soon as symptoms appear. Any delay greatly increases the chance of hospitalization – fatal reactions are often associated with either delaying the use of epinephrine or not using it at all.

Epinephrine auto-injectors contain a premeasured dose of epinephrine. Two different strengths are available for treating different body weights – one for adults, one for children.

Step-by-Step Instructions:

Epinephrine auto-injectors are easy to use and come with clear instructions. The device's needle sits protected inside the device until you inject it. Ask a doctor for training on how to correctly use an epinephrine auto-injector; manufacturers' websites may also provide detailed steps and how-to videos.

1. Pull off the safety cap and/or needle end-cap.
2. Inject the epinephrine into the outer thigh; avoid the buttocks area. The needle is designed to go through clothing if necessary. Hold the leg and keep it steady while you inject the epinephrine.
3. Once injected, follow the device's instructions for how long to keep it in place — usually several seconds — until all the epinephrine is delivered.
4. Remove the device and massage the injection site.
5. Call 911 immediately. Tell the dispatcher epinephrine was used to treat a suspected anaphylactic reaction. Make arrangements for transport to an emergency department for additional treatment.

Epinephrine side effects may include uncontrollable shaking or twitchiness and feelings of panic or anxiety. These should subside within a few minutes or an hour.

Storage Tips

- Epinephrine auto-injectors should be stored in an unlocked, safe and secure cabinet and as close to room temperature as possible.
- Keep them out of direct sunlight and do not keep them in a refrigerator. Leaving them in extremely hot or cold temperatures can make the epinephrine ineffective or cause the injector to malfunction.
- Epinephrine auto-injectors have an expiration date and should be replaced as soon as they expire. (However, if all you have is an outdated auto-injector in an emergency, use it as it may provide some benefit.)

Epinephrine Auto-Injectors

2017

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Allergy & Asthma Network is a national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.

	Auvi-Q®	EpiPen®	Generic Epinephrine Auto-Injector	Epinephrine Auto-Injector (Impax)
			Authorized generic of EpiPen®	Authorized generic of Adrenaclick®
Pediatric Dosage	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.	0.15 mg for 33 - 66 lbs.
Adult Dosage	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.	0.3 mg for over 66 lbs.
Storage Temperature	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F
Administration	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh
Hold Time	5 seconds	3 seconds	3 seconds	10 seconds
Does package include a trainer?	Yes	Yes	Yes	No
Twin-packs available?	Yes	Yes	Yes	Yes
Is needle fully retractable or covered inside device after injection?	Yes	Yes	Yes	No
Voice prompts	Yes	No	No	No
Stock School Program	Yes	Yes	No	No
Manufacturer	Kaléo	Mylan	Mylan	Impax Laboratories, Inc.
Website	*www.auvi-q.com*	*www.epipen.com*	*www.my-generic-epinephrine-auto-injector.com*	*www.epinephrineautoinject.com*
Patient assistance	877-302-8847	800-395-3376	800-395-3376	800-934-6729

Reviewed by Stanley Fineman, MD, Wes Sublett, MD and Dennis Williams, PharmD

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Latex Allergy's Link to Food

Sierra was eating a taco at a restaurant when she suddenly developed hives. She had a latex allergy and not a food allergy, so she was confused why she was experiencing an allergic reaction.

Later Sierra learned the taco had guacamole, which is made from avocado. Turns out avocado contains similar proteins as the Hevea brasiliensis rubber tree, a source of latex.

Many people don't realize that latex can cross-react with foods that have similar proteins, especially fruits such as banana, kiwi, avocado and chestnut, says board-certified allergist Maeve O'Connor, MD, of Allergy, Asthma and Immunology Relief of Charlotte, North Carolina.

"I tell my latex patients to avoid those foods," Dr. O'Connor says.

Latex cross-reactivity can cause anaphylaxis, so people with the condition should always carry two epinephrine auto-injectors in case an accidental exposure occurs.

Foods that have the potential to cross-react with natural rubber latex

High latex proteins

avocado

banana

chestnut

kiwi

Moderate latex proteins

apple

carrot

celery

melons

papaya

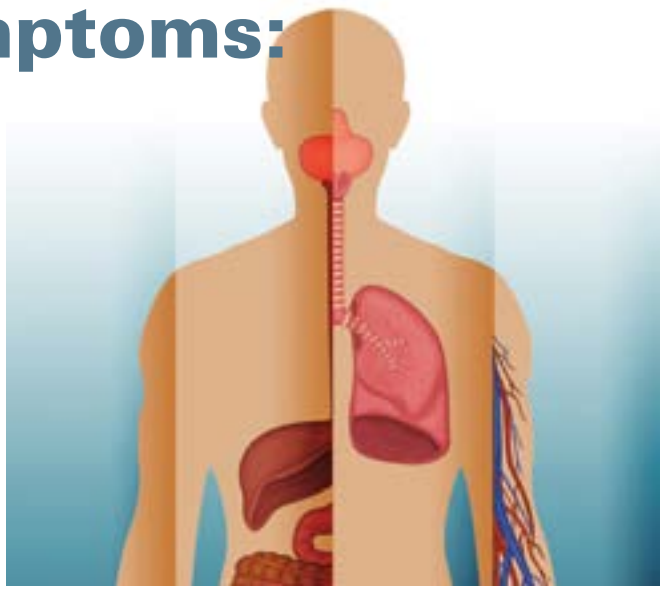
potato

tomato

Low or undetermined latex proteins

apricot	chick peas	grapes	oregano	pineapple	soybean	walnut
buckwheat	citrus fruits	hazelnut	peach	plum	strawberry	wheat
castor beans	coconut	lychee	peanut	rye	sunflower	zucchini
cayenne pepper	dill	mango	pear	sage	seed	
cherry	fig	nectarine	persimmon	shellfish	sweet pepper	

Food Allergy Symptoms: Mild vs. Serious



A food allergy reaction isn't always sudden and dramatic, especially in young children, but most symptoms will appear within minutes or a couple of hours after consuming the food.

Babies and young children may cry, look flushed, and break out into hives. They may vomit or begin wheezing. It could happen the first time a child tries a new food, or after they've safely eaten it a few times. Children might also experience ongoing symptoms that are hard to link to a specific food – eczema is the most common.

Older children and adults may react more with flushing, hives and wheezing, or with stomach discomfort but not necessarily vomiting. If breathing is difficult or there's dizziness or confusion, it's likely anaphylaxis.

Warning Signs

There's no such thing as a "mild food allergy." There are mild symptoms, for sure, but there's no way to predict the severity of a reaction from one day to the next – which is why allergists recommend staying away from any food that's been diagnosed as an allergen.

For mild symptoms, patients are advised to call their doctor. For more serious symptoms, use an epinephrine auto-injector as soon as possible and call 911. **A general rule of thumb in an emergency situation is if skin symptoms are rapidly spreading or there's another symptom with it – nausea, vomiting, cramps, dizziness, coughing or wheezing – then it's serious.**

Skin symptoms are the most common: a skin rash, or hives; itchy mouth or lips; flushing of the face; swelling of the lips or tongue.

MILD:

- A few hives around the face
- Flushing
- Itchy mouth, tongue, lips or eyes
- Mild swelling of lips

SERIOUS:

- Hives that pop up and spread across different parts of the body; this indicates the allergic reaction is spreading through the bloodstream.
- Swelling of the mouth or tongue that interferes with breathing or swallowing.

SPECIAL CASES:

- Some people with hay fever will experience mild food allergy symptoms – an itchy mouth, for example – when eating certain fruits and vegetables related to tree, grass or weed pollens. This is called Oral Allergy Syndrome (OAS).

Gastrointestinal symptoms like vomiting are particularly common among infants and children.

MILD:

- Stomach discomfort
- Bloating

SERIOUS:

- Vomiting
- Diarrhea
- Severe pain or cramping

Respiratory symptoms are also quite common and often serious – especially for people with both asthma and food allergies.

MILD:

- Small cough
- Hoarse voice

SEVERE:

- Wheezing
- Hoarse voice
- Shortness of breath
- Uncontrollable cough

SPECIAL CASES:

- Respiratory symptoms are always serious in people with asthma; if they arise in a person who also has food allergies, the first line of treatment should be epinephrine, not albuterol from a quick-relief inhaler. Epinephrine should improve breathing whether the reaction is to a food allergen or asthma trigger.

Cardiovascular symptoms are always serious and require immediate treatment – use an epinephrine auto-injector or call 911.

SERIOUS:

- Dizziness, fainting or confusion; this indicates decreased blood flow to the brain
- Pale skin, blue-tinged lips or fingernails; this indicates restricted oxygen and blood flow throughout the body.

Food Intolerance or Food Allergy?

Knowing the Difference

A restaurant patron says a meal gave her a stomachache and red, itchy lips. Is it an allergic reaction? Maybe; maybe not. It could be food intolerance.

While restaurant staff should never try to diagnose a health condition, it's important to know the difference between food allergy and food intolerance. Many times when ordering, patrons will mention they have a food intolerance to certain products, such as lactose.

Food Intolerance

Food intolerance involves the digestive system. It occurs as a result of enzyme deficiency or chemicals in the food; the body cannot "break down" the meal correctly, causing stomach distress.

The discomfort comes on gradually and may include nausea, stomach pain, diarrhea or vomiting. Occasionally, there's gas, cramping, headache or heartburn.

Some people with food intolerance may be able to eat small amounts of the food, but have problems when they eat a lot.

Food Allergy

A food allergy affects the immune system. Consuming an allergen such as food or latex can cause an allergic reaction that can come on very quickly. While symptoms can be mild, they can also turn life-threatening.

Allergic reactions can be unpredictable – and sometimes appear after eating even a tiny amount of food. With some foods, anaphylaxis can occur simply by inhalation or contact with the allergen.

Some food allergy symptoms are the same as food intolerance symptoms, such as nausea, dizziness, stomach pain, diarrhea and vomiting.

Common Food Intolerances and Allergies

The most common food intolerance is lactose – a sugar found in milk and other dairy products. Some people are also intolerant of sulfites or food additives.

Eight food categories cause 90 percent of allergic reactions to foods: peanuts, tree nuts, fish, shellfish, eggs, cow's milk, soy and wheat. In recent years, allergic reactions to sesame and lupin have been on the rise.

Many people talk about gluten allergy, but this is not always a true IgE-mediated allergy. It's most often related to celiac disease, an autoimmune condition triggered by eating grains, especially wheat. It's diagnosed through a blood test, and an intestinal biopsy may be required.

	Food Intolerance	Food Allergy
Where reaction takes place	Digestive system	Immune system
Intensity of reaction	Mild to moderate discomfort	Can be life-threatening
Symptoms	Gastrointestinal	Multiple body systems: skin, respiratory, heart and/or gastrointestinal
Reaction time	May be delayed	Usually immediate (within 30-60 minutes)
Action to take	See healthcare provider	Call 911 if anaphylaxis occurs

How to Read a Food Label

In 2006, the Food Allergen Labeling and Consumer Protection Act took effect, making it easier for people to avoid packaged products that contain food allergens.

What You Need to Know

1. The law mandates that labels of food packages containing a Top 8 food allergen list the allergen in clear language, either in the ingredients or in a "Contains" statement placed immediately after or next to the ingredients.
2. The law applies to any food flavoring, spice, coloring or processing aid that contains a Top 8 food allergen.
3. The law does not apply to meat or poultry, certain whole egg products governed by the U.S. Department of Agriculture, sesame and other seeds and gluten-containing grains other than wheat.
4. Molluscan shellfish, such as clams, oysters, mussels and scallops, are not considered a major food allergen under the labeling laws.
5. Food manufacturers are not required to list highly refined peanut, tree nut or soy oils because processing separates the allergen protein from the oil and they are considered safe.

Safety Tips

- If there's no 'Contains' statement, it's still important to read the full ingredient list to see if an allergen is present. If you see its name even once, do not order or buy the food.
- Avoid food products with advisory statements on allergens, such as "May contain," "Produced in a facility that," or "Manufactured on shared equipment with" – this means there's a chance the food allergen is present or it was made using equipment that made other foods containing an allergen.
- Food manufacturers can change ingredients without notice, so even if a food was previously "safe," recheck the ingredient list every time.
- If you're unsure about whether a food contains an allergen, don't order or buy the product. Check with the manufacturer first to ask what it contains.

HIDE & SEEK

Ingredients derived from common food allergens can be listed under many different names on a food label.

Dairy
- Casein
- Curds
- Ghee
- Lactalbumin
- Sodium caseinate
- Tagatose
- Whey

Egg
- Albumin
- Lysozyme
- Meringue
- Ovalbumin
- Surimi

Peanut
- Cold-pressed peanut oil
- Goobers
- Legumes
- Marzipan
- Nut meat
- Nougat

Sesame
- Benne
- Gingilly
- Sesamol
- Sim Sim
- Tahini

Soy
- Miso
- Natto
- Shoyu
- Soya
- Tamari
- Tempeh
- Textured vegetable protein

Wheat
- Farro
- Food starches
- Graham flour
- Malt
- Semolina
- Spelt

Educational Resources for Staff Training

Allergy & Asthma Network

AllergyAsthmaNetwork.org

- Publications
  - o Understanding Anaphylaxis
- Posters
  - o Anaphylaxis at a Glance
  - o Epinephrine Auto-Injectors
  - o You Need 2

AllergyHome.org

Allergy Certified Training
AllergyCertifiedTraining.com

- Training modules for restaurant employees
  - o Send message via "Contact Us" box on website get access to modules
- Posters – free downloads
  - o Symptoms of an Allergic Reaction
  - o Restaurant Food Allergy Safety

LifeReach.com

- Anaphylaxis training and certification
- Emergency kit

ServSafe.com

Online and classroom training

- Food Managers
- Food Handlers
- ServSafe Alcohol
- ServSafe Allergens

Bonus content available!

Download this guide – and additional articles on how to address food allergies and anaphylaxis in restaurants: *AllergyAsthmaNetwork.org/special-publications.*

- Managing Food Allergies At Theme Parks and On Cruise Ships
- Heart 2 Heart: Dating With Food Allergies
- Safe Travels: Careful Planning Can Take You a Long Way
- Restaurant Chef Cards
- Navigating Restaurants With Latex Allergy
- Sample Latex Allergy Letter to Restaurant Managers
- Latex Allergy Fact Sheet
- Many 'Appy' Returns: Food Allergy Apps
- Sesame – The 9th Food Allergen?
- Mystery Meat Allergy
- Lupin Allergy Is On the Rise

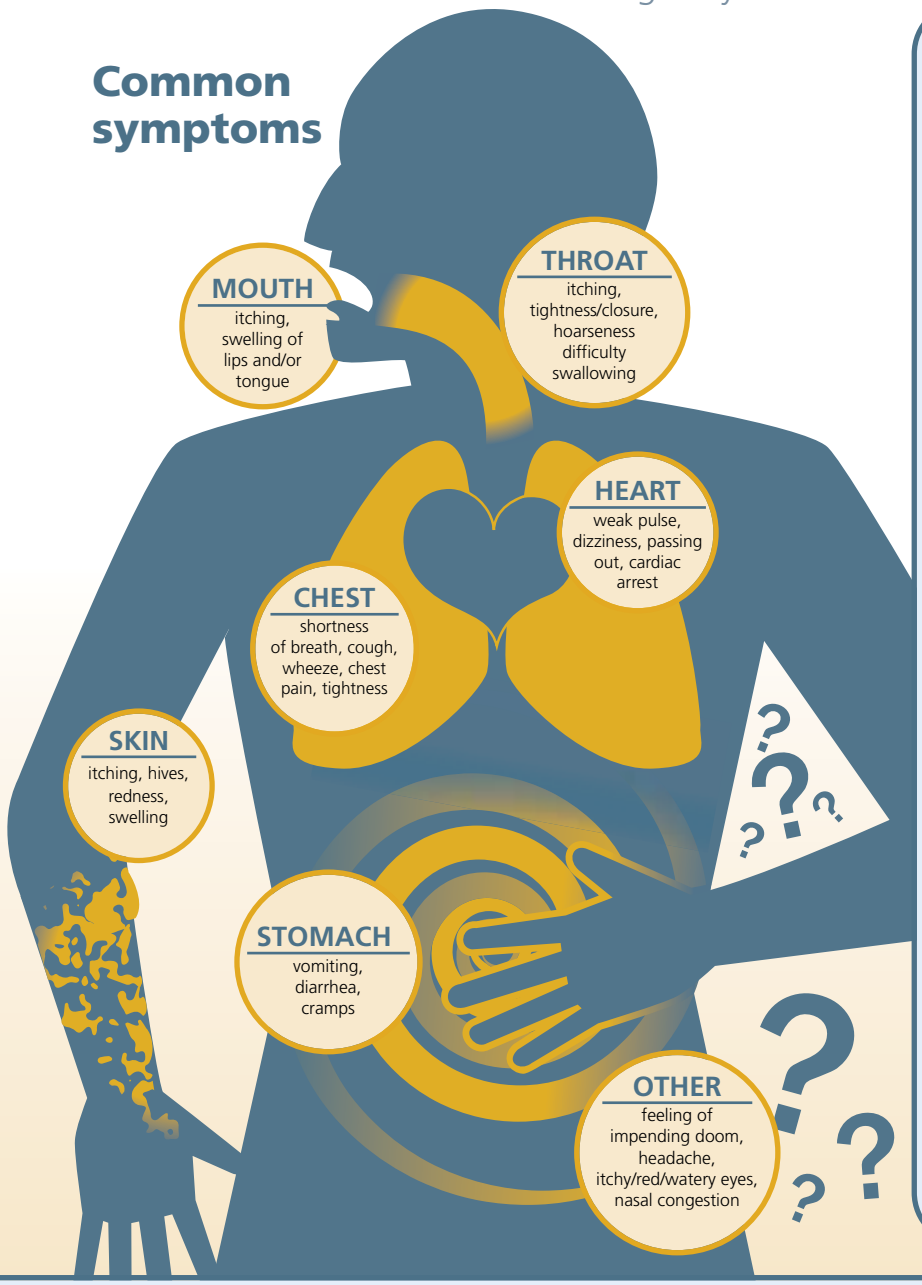
Allergy & Asthma NETWORK

Anaphylaxis At a Glance

Anaphylaxis Community Experts

Anaphylaxis is a life-threatening allergic reaction that affects more than one organ system.

Common symptoms



Allergens that can set off anaphylaxis

FOOD

- Peanuts
- Tree nuts: almonds, pecans, cashews, walnuts
- Shellfish
- Cow's milk products
- Hen's eggs
- Fish
- Soy
- Wheat

VENOM

- Yellow jackets
- Wasps and hornets
- Honeybees
- Fire ants
- Spiders

LATEX

- Balloons
- Rubber gloves
- Condoms
- Elastic bands (i.e., physical therapy bands/rubber bands)
- Dental dams

Foods with cross-reactive proteins to natural rubber: banana, avocado, chestnut and kiwi

MEDICATION

- Penicillin
- Aspirin, ibuprofen and other NSAID pain relievers

Epi Everywhere! Every Day! Right Away!

RECOGNIZE THE SEVERITY

Anaphylaxis is life-threatening, unpredictable, presents in multiple ways and can progress quickly. If symptoms appear refer to your Emergency Care/ Action Plan.

USE EPINEPHRINE IMMEDIATELY

Epinephrine is the **first line** of treatment to stop the progression of anaphylaxis. Use your epinephrine auto-injector at the **first sign of symptoms** – don't wait to see what happens!

CALL 911

Always call for emergency medical assistance and go to the emergency room for follow-up observation and treatment.

911

CARRY TWO AUTO-INJECTORS

Keep two epinephrine auto-injectors on hand, in case symptoms recur before emergency medical assistance is available. Up to 35% of people will require more than one dose.

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FOLLOW UP

Consult a board-certified allergist for accurate diagnosis and prevention/ treatment plan.

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