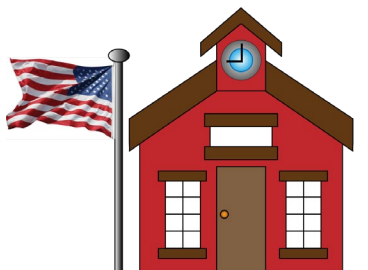


## 2020



Hello. Welcome. My name is Michelle Hill, I am a Culinary Allergen Specialist, working with FoodSafetyGuy and I am here to speak about allergen management for school nutrition. Thank you for joining me today. I am so happy to be sharing this information with you.

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing a guide for handwriting. The background is plain white, and there are no margins, titles, or other markings present.

**FOOD SAFETY GUY**



**1 in every 22 people**

**Food allergy carries a risk of anaphylaxis, which is unpredictable in occurrence and severity.**

- Every 3 minutes a food-allergy reaction sends someone to the ER.  
200,000 emergency room visits per year.
- According to the FDA, there are about 200 deaths each year from food allergens.  
Half of these deaths occur in a foodservice operation.

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## FOOD SAFETY QUIZ

**The CDC has indicated that more children have food allergies than adults.**

- 8% of students are affected by food allergies, and the incidence is increasing.
- 1 in 13 kids have a food allergy - about **2 kids in every school classroom**.
- 22% of severe food allergy reactions at school happen to students with no previously known food allergy.
- Minority populations are underdiagnosed for food allergy so may not have a diet plan or even know they have an allergy until they have a life-threatening reaction.
- 55% of all EAs (epinephrine auto-injector) used in schools are for kids having their first reaction to food.



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# Food Allergy -vs- Food Intolerance -vs- Food Sensitivity

The question is, “How does the offending food protein affect the body?”

Food allergy activates the immune system and releases histamine.

- Histamine can affect the body immediately or within a few hours of eating the food.
- The reaction can be life threatening.

Food intolerance affects the digestive system.

- Symptoms of the intolerance come on gradually.
- The reaction is usually not life threatening.

Food sensitivity can refer to -

- Food allergy
- Food intolerance
- Any other adverse reaction to food

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Food allergy activates the immune system and releases histamine.


- FOOD SAFETY GUY**

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# Food Allergy Symptoms

**Allergic reactions can be (alone or in combination)**

- Nausea, digestive upset
- Abdominal discomfort/pain
- Vomiting and/or diarrhea
- Wheezing or shortness of breath
- Itchy throat
- Hives or itchy rashes (*about 50% of the time*)
- Swelling of the body – face, eyes, hands, feet
- Dizzy (due to quick drop in blood pressure)



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# What does having a food allergy feel like?

Adults say "..."	Children say "..."
I feel faint. I am lightheaded. I feel weak. I am dizzy/have vertigo.	I am so tired! My heart is racing. I am very sleepy! I feel dizzy/wooly.
I have hives or a rash. My skin looks like it was burned. My lips are swollen. My face feels warm.	I am itchy! My tongue is itchy/feels too big. My mouth is burning. I am way too hot!
I feel nauseous. I have stomach cramps. I have abdominal pain.	I am going to throw up! My tummy hurts. My tummy is too full!
My chest is tight. I am having trouble swallowing. I feel so congested. My nose is runny.	There's an elephant on my chest! My throat feels thick/fat. My chest is full. I can't breathe.

**Cardiovascular**

**Skin**

**Digestive**

**Respiratory**

FARE














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**FARE**

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# Anaphylaxis Triggers

TYPES OF ALLERGIC REACTIONS			
Skin Contact	Injection	Ingestion	Inhalation
 Poisonous Plants	 Bee Sting	 Medication	 Pollen
 Animal Dander	 Medication	 Nuts	 Animal Dander
 Pollen		 Shellfish	 Dust
 Latex			 Mold & Mildew

**Immune System (IgE reaction)**

- **Foods**
- Insect bites (bees, wasps ... )
- Medication (antibiotic, NSAIDs, biologics)

**Direct Mast Cell Activation**

- Physical factors, including exercise, exposure to heat and cold, and sunlight
- Ethanol (alcohol)
- Medication (opioids)

**Idiopathic (no apparent trigger)**

FOOD SAFETY 101

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# Cross reactors and Oral Allergy Syndrome (OAS)

## Examples of known cross-reactors

% chance of Cross-reactivity	Allergen	Cross-reactors
90%	Goat's milk	Goat's milk Sheep's milk
5%	Cow's milk	Mare's milk (horse) Donkey's milk
50% show allergy 5% suffer a reaction	Peanut Soybean	Beans Lentils
35%	Peanut	Tree Nuts
High	Walnut	Pecan
High	Cashew	Pistachio
50%	Fish (salt or freshwater)	Allergic to 1, allergy to All
75%	Crustacean Shellfish	Dust mite dander Cockroach dander
50%	Latex (natural rubber)	Banana Avocado Kiwi Water Chestnut

## Cross-reaction can be elicited by *any* food allergen.

- Some people with 'food allergy' have an aeroallergen that cross-reacts with a food.
- The most common of these cross-reactions is between birch pollen, and tree nuts, apples, and other fruit and vegetables.
- Symptoms can include itching or tingling of the lips, tongue, and roof of the mouth or throat.
- There may be hives around the mouth area where the food came into contact with the skin or swelling of the lips, tongue, and throat tightness.
- In less than 3% of sufferers, symptoms may become systemic (beyond the mouth or throat) or result in anaphylaxis.

FOOD SAFETY QUT

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# Epinephrine → first-line treatment for anaphylaxis

---

**EAI - Epinephrine Auto Injector** (such as EpiPen<sup>®</sup> and EpiPen Jr<sup>®</sup>)

- EALs are used for the emergency treatment of life-threatening allergic reactions (anaphylaxis) caused by:
  - Allergens
  - Exercise
  - Unknown triggers
- EALs are only available with a prescription for people who are at increased risk for life-threatening reactions.
- EALs are expensive and are issued in a “twin pack” of 2 autoinjectors.

EALs are intended for immediate use – as emergency supportive therapy only.

30% allergic people will suffer initial symptoms, followed by a delayed wave of symptoms 2 - 4 hours later, called a bi-phasic response.

- Delayed biphasic responses may not respond to epinephrine
- May not be prevented by IV steroids
- Most often results in death (especially when epi is not injected ASAP).

**Don't “Wait and see what happens – maybe we don't need to call 911”.**

- The risk of death due to anaphylaxis outweighs any other concerns, existing studies clearly favor epinephrine.
- There are no medical conditions which absolutely prohibit the use of epinephrine when anaphylaxis occurs.
- After EPI administration, person should be transported by emergency medical services (EMS) to the nearest hospital emergency department, even if the symptoms appear to have resolved.

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- After EPI administration, person must be transported by emergency medical services (EMS) to the nearest hospital emergency department, even if the symptoms appear to have resolved.

EALs (epinephrine Auto Injector) is the emergency treatment for life-threatening reactions.

## Anaphylaxis

Most severe allergic reaction that **leads to death if not treated.**

- Allergic reaction is always a medical emergency.
- Symptoms can become serious quickly.
- Don't hesitate to use an EAI.
- Always call "911" and have the person transported for medical attention.



## The Big-8

**Food allergens that are responsible for 90% all reaction.**

	<b>Peanut</b>		<b>Egg (White and Yolk)</b>
	<b>Tree Nut (Almond, Cashew, Pecan)</b>		<b>Wheat (Barley, Spelt, Wheat)</b>
	<b>Crustacean Shellfish (Crab, Lobster, Shrimp)</b>		<b>Soy (Tofu, Edamame, Soybean)</b>
	<b>Dairy (Milk, Butter, Cheese)</b>		<b>Fish (Bass, Flounder, Cod)</b>

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Allergy is regionally specific and has to do with what you eat most preferentially within your food supply, what is the most present proteins, and what is most frequently consumed by people.



## Dairy

**TAKE ACTION!**  
1. Identify reaction  
2. Treat immediately with EAI  
3. Call 911

**Casein - protein is present in all mammalian milks including those from cows, sheep, goats, and human breastmilk.**

- The frequency of true milk allergy is about 5% of the human population.
- Onset usually occurs in the first year or two of life.
- Most common allergy for kids under 6 years old.
- 80% develop tolerance by 16 years of age.

### Relevance to School Nutrition

- Milk is offered to students **every single day**.
- Shredded cheese and milk-based dressing may be available on a salad bar – **thoughtful setup is crucial** in preventing cross-contact.
- Be able to identify food or drink that is served or sold that contain Dairy proteins.

### Cafeteria Management

- Awareness that Dairy allergy can be triggered by **ANY kind of animal's milk**.
- Any form of **casein** protein, such as in "Dairy-free Cheese" can trigger a reaction.
- Prompt cleanup of any spills on high-touch surfaces, or in common areas, is critical as Dairy can be a potent contact allergen.

**Lactose Intolerance**  
(lack of lactase enzyme in stomach)

- Bulking agent in medications
- In most Homeopathic preparations
- Inhalers – causing sinus and airways to inflame
- Verify Rx with Pharmacist
- Lactose-free milks and cheeses contain casein and must be avoided – these product are made for the lactose-intolerant and not the dairy-allergic.

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- TAKE ACTION!**
1. Identify reaction
  2. Treat immediately with EAI
  3. Call 911

- School policy on Peanuts – recommend “Zero Tolerance” as peanut allergy tends to provoke anaphylaxis.
- Be able to identify food or drink that is served or sold that contain Peanut protein.

- **Awareness** that peanuts can readily cross-react with any other legume, such green peas or Red Kidney beans.
- **Care in preparation and service is critical to prevent cross-contact** between the allergen-free food and the allergenic food.
- Peanut butter is very sticky and is **difficult to remove** from prep surfaces and utensils – pay special attention to clean thoroughly any areas that are visibly soiled with peanut proteins as they can be a **potent contact allergen**.
- **Aggressive, physical cleaning** (with hot soapy water) **prior** to sanitizing all food contact surfaces, including high-touch areas (chair backs, table edges) after each use.

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- 37% allergic children by age 10
- 68% allergic children by age 16

- At times cooked egg patties are served; hard-boiled eggs may be offered on a salad bar.
- Egg as part of a baked good is less allergenic than a whole egg or liquid egg product – **careful cleanup is required** during and after preparation.
- Watch the mayonnaise (it's IS egg)!

- Awareness that **egg can be a hidden ingredient** in many foods.
- High-touch and common surfaces soiled with egg must be thoroughly cleaned as **egg is a potent contact allergen**.

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- TAKE ACTION!**
1. Identify reaction
  2. Treat immediately with EAI
  3. Call 911

- With the acceptance of **Surimi** as a protein option, we must now **be vigilant** when this product is served as it **can readily cross-react** for those with a shellfish allergy.
- Be aware that shellfish allergy **can be triggered by certain vitamins and supplements**.

- Aggressive, physical cleaning (with hot soapy water) *prior* to sanitizing all food contact surfaces, including high-touch areas (chair backs, table edges) after each use.

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- 2% of the Human population has an allergy to at least 1 tree nut.
- Most children display this allergy around 2 years of age.
- Only around 10% will develop tolerance over their lifetime.
- Tree nut allergy is frequently triggered by pollen allergies (OAS), especially in those allergic to Birch.
- Complete avoidance is necessary as Tree Nut allergens tends to provoke a deadly reaction.

### Relevance to School Nutrition

- School policy on Tree Nuts – recommend **“Zero Tolerance”** as these allergies tend to provoke deadly reactions.
- Many dairy replacements are nut-based (almond milk) and nuts butters are sometimes used in place of peanut butter.
- Nut products often have incomplete or **incorrect allergen label information**.

### Cafeteria management

- Awareness that Tree Nut allergy can be **triggered by pollen** (important for outdoor events).
- Tree nut allergens can be **potent contact allergens and aeroallergens**.
- Aggressive, physical cleaning (with hot soapy water) *prior* to sanitizing all food contact surfaces, including high-touch areas (chair backs, table edges) after each use.

## TAKE ACTION!

1. Identify reaction
2. Treat immediately with EAI
3. Call 911

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- Soy has been genetically modified, unless labelled as “non-GMO”.**

## Soy is a Contact Allergen

Some kids with food allergy to soy also will suffer from environmental exposures.

**Common sources of Soy:**

- Washable markers/paint
- Gluten free playdough
- Newsprint

- 1.4% of children under 1 years old are allergic – soy-based infant formulas can be very harmful to this population.
- Allergic response to soy proteins include inflammation of the nerve endings in the brain – can develop into “organic brain disintegration”.
- Can cross-react with legumes such as peanuts, peas, green beans.
- Soy is used a protein booster throughout US food supply.

**Soy allergy is frequently outgrown, with resolution rates of:**

- 45% by age 6.
- 69% by age 10.

### Relevance to School Nutrition

- With the acceptance of **Surin** and **Seitan** as school lunch menu items, we must **be vigilant** as these products contain soy proteins.
- Also, **please consider removing Edamame** (young soybeans) from your salad bar.
- Be aware that soy is often a **“hidden ingredient”** in many snack and protein-rich foods.
- Label reading for soy is VERY IMPORTANT – it can even appear in canned tuna (vegetable broth) and fruit juice (natural flavors).

### Cafeteria Management

- Watch for **signs of excitability and physical aggression** as soy allergy provokes the production of adrenaline which impacts impulse behaviors in young children.

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- 50% of fish-allergic suffer allergy to one or more fish (cross-reactivity).
- Fish allergy usually starts in the second year of life.
- Fish allergy is most often a life-long allergy and **rarely resolves during puberty**.
- Offending proteins are **Myosin** (muscle) and is why salt water and freshwater fish cross-react.
- **Fish oil** supplements can contain enough protein to trigger an allergic reaction.

### Relevance to School Nutrition

- With the acceptance of **Surimi** as a school lunch menu item, we must be vigilant as **this product contains Fish proteins** (usually Pollock, Cod, Plaice or Haddock).
- Breaded Fish patties (usually Pollock) are sometimes served.
- Fish can **appear unexpectedly** in bottled sauces, marinades and dressing as it lends an Umami flavor.
- Fish proteins can be aeroallergens and so the **aromas and steam from cooking** can provoke anaphylaxis.

## Cafeteria Management

- Fish can be a potent contact allergen – complete and thorough cleaning of utensils and surfaces is critical.

## TAKE ACTION!

1. Identify reaction
2. Treat immediately with EAI
3. Call 911

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**Gluten and Gliadin are the allergenic proteins present in Wheat grains.**

- 3.6% American Adults are allergic to wheat proteins.
- 0.5% of 1-year-old children are allergic.

**Wheat allergies can resolve as a child grows.**

- 56% resolve by age 8.
- 65% resolve by age 12.

### Relevance to School Nutrition

- Childhood Nutrition Requirements for reimbursable school lunch are **rooted in the consumption of whole grains** and wheat products.
- With the acceptance of **Surimi and Seitan** as school lunch menu items, we must be vigilant as **these products contain wheat proteins**.
- **Gluten-free grains are still an allergen** for those allergic to **Gladiin** proteins, as they occur in high amounts in these grains, such as quinoa, amaranth, millet, teff, sorghum.

### Cafeteria Management

- Gluten free is **not** wheat free.
- Awareness that Wheat allergy can be triggered by **aeroallergens** from grass (important for outdoors).
- **Crumb cleanup is critical** as Wheat allergy can be a potent contact allergen.

## TAKE ACTION!

1. Identify reaction
2. Treat immediately with EAI
3. Call 911

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## Food Allergy – a life-threatening disability

Children with diagnosed food allergies are at-risk for anaphylaxis which is life-threatening so is recognized as a disability by the US Dept of Education and US Dept of Agriculture.

Federal Legislation	Web access
<b>Section 504</b> of the Rehabilitation Act of 1973	<a href="https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973">https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973</a>
The Americans with Disabilities Act ( <b>ADA</b> )	<a href="https://www.ada.gov/">https://www.ada.gov/</a>
Individuals with Disabilities Education Act ( <b>IDEA</b> )	<a href="https://sites.ed.gov/idea/">https://sites.ed.gov/idea/</a>
"Healthy, <b>Hunger-free Kids Act</b> of 2010" US Dept of Agriculture Public Law 111-296	<a href="https://www.govinfo.gov/content/pkg/PLAW-111publ296/html/PLAW-111publ296.htm">https://www.govinfo.gov/content/pkg/PLAW-111publ296/html/PLAW-111publ296.htm</a>
Family Educational Rights and Privacy Act of 1974 ( <b>FERPA</b> ) (20 U.S.C. Section 1232)	<a href="https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html">https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html</a>
Health Insurance Portability and Accountability ( <b>HIPAA</b> ) Act of 1996 - Privacy and Security Rules	<a href="https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html">https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html</a>

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**Diet restriction → Disability → Accommodation**

**The school nutrition program must receive a signed statement by a licensed physician that identifies ...**

- The child's disability (i.e., diet restriction due to life-threatening food allergy)
- An explanation of why the disability restricts the child's diet (anaphylaxis may occur with exposure)
- The major life activity affected by the disability (i.e., breathing)
- The food(s) to be omitted from the child's diet and the food(s) or choice of food(s) that must be substituted.

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# Accommodation → Individual Health Plan

## School Administrators, Educators, Nurses, Nutrition Workers

All must follow the Individual Health Plan (IHP) and help to form and then follow the related Allergen Control Plan.

1. Identify the child's allergens.
2. Specify the nature of the child's allergic reaction.
3. Reduce risk of exposure to the known allergens.
4. Provide emergency treatment to the student, during the school day and at School-sponsored activities, in the event there is an unintended exposure to an allergen.
5. Facilitate communication between the school and the student's healthcare provider.


FOOD SAFETY QUIZ

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# Allergen Control – School

PLEASE

Wash your hands.



Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food or drink.

Ask before you bring!

**ALLERGEN AWARE School**

We care about each other!

With parental cooperation, create standard procedures for identifying children with allergies.

1. A recent picture of each child could be kept in a location that is not visible to other children or the public.
2. A food matrix should accompany the photo, indicating the allergens that must be avoided.
3. Procedures for identifying allergic students must follow the requirements in the Family Educational Rights and Privacy Act.

### Safety Strategies

- Consider the children's needs, and be willing to make hard choices when necessary, such as declaring your school to be "Peanut free".
- Support an open dialog, with the student and caregivers, around issues concerning allergy.
- Planning and prevention are much better than having to respond to a life-threatening reaction.
- Create an Allergen Control Plan and actively train staff to understand and follow it.

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## Allergen Control – Cafeteria

- Know the signs, symptoms and behavior that can occur with allergic reaction.
- Be able to recognize each student that has a food allergy.

• Use a dedicated terry cloth and freshly-made, wash, rinse, and sanitizer buckets for cleaning – always assume there is an allergen present – surfaces should be at least “visually clean”.

• Wash tabletops, table edges, chair seats and backs with soap and water between every use.

• Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.

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# Allergen Control – Kitchen

**How was it prepared?**  
**ALLERGEN AWARE Kitchen**  
*We care about each other!*

Plan to make reasonable meal accommodations after receiving approval from a licensed physician through dietary orders, or as stated in the child's Individual Health Plan (IHP).

- Provide advanced copies of menus for parents to use in planning.
  - Be prepared to share food labels, recipes, or ingredient lists used to prepare meals and snacks.
  - Keep current contact information for vendors and suppliers for easy reference regarding ingredients.
  - Read all food labels and re-check with each purchase for potential food allergens.
- Designate an allergen-safe food preparation area and prepare allergen-free food first.
- Keep food labels from all foods served to children with allergies for at least 24-hours after serving the food in case the child has a reaction.
- Escalate mistakes such as cross-contact with an allergen or errors in an ingredient list or menu immediately to administrators and parents.

**PLEASE**  
Wash your hands.



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FOOD SAFETY COUNCIL

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# ALLERGEN AWARE Nutrition Worker

I know **who** has a food allergy.

**We care about each other!**


## It is critical that all food workers

- Understand that people with food allergies **must totally avoid** the allergenic foods.
- Recognize allergen information on food labels.
- Know the contents of food(s) being sold or served.
- Describe how to prepare and cook food(s) for allergen safety, including cleaning equipment, surfaces, and tools.

## Your personal hygiene practices can lead to cross-contact if you are not careful

- Always wash your hands correctly and then maintain them properly.
- Follow the work attire guidelines put in place by your school because dirty clothes and aprons can carry food proteins that can cause an allergic reaction.

**PLEASE**  
Wash your hands.



FOOD SAFETY LINK

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**FOOD SAFETY CLIP**


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# Allergen Control – Food Preparation

Once an allergen is on your hands or clothes, there's a risk that you might have cross-contact with an allergen special order.

**To prepare food for an allergic person**

1. Designate tools and a prep area for allergen orders to be made.
2. Remove your apron and put on a clean one. If a clean apron is not available, then remove your apron before working on the special order.
3. Wash your hands and put on fresh gloves.
4. Wash, rinse, sanitize all food contact surfaces and utensils *before* you begin preparation.
5. Designate the prepared food through agreed upon means, such as colored stickers or flags with the child's name on it.



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**Abstract**

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## Cross-contact -versus- Cross-contamination

### Cross-contact

When one food comes into contact with another food, and their proteins mix; as a result each food then contains small amounts of the other food.

*Only a tiny amount of the offending food protein is enough to cause an allergic reaction in some people.*

### Don't confuse Cross-contact with Cross-contamination

Cross-contamination is the transfer of disease-causing organisms, such as bacteria and viruses, from one surface or food to another.



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## How to wash your hands

### Hand Sanitizers Do Not Remove Food Proteins

Use soap and water or wipes instead to remove proteins from hands or surfaces.



**Wet hands and arms**  
Use running warm water.



**Apply soap**  
Apply enough to build up a good lather. Follow the manufacturer's recommendations.



**Scrub hands and arms**  
vigorously for 10 to 15 seconds. Clean fingertips, under fingernails, and between fingers.



**Rinse hands and arms thoroughly**  
Use running warm water.



**Dry hands and arms**  
Use a single-use paper towel or hand dryer.

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## Clean, Sanitize, Disinfect

### Cleaning

- The removal of visible soil from objects and surfaces.
- Accomplished using water with detergents or enzymatic products.
- Thorough cleaning is essential before disinfection as any materials that remains on a surface interferes with the effectiveness of disinfection.

### Sanitizing

- Reduces pathogens on a surface to safe levels.
- Accomplished using sanitizing agents, such as Quats (quaternary ammonium compounds), mixed with water to the correct concentration.

### Disinfecting

- A form of decontamination which eliminates many or all pathogenic microorganisms on inanimate objects.
- Accomplished using disinfection agents, such as 5.25% Sodium Hypochlorite (Chlorine bleach), mixed with water to the correct concentration.

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**Detergent**  
**Détergent**

100% Non-Hazardous  
100% Biodegradable  
100% Safe for the Environment

**Klean-Pol**  
100-270-000

Recent research has shown that thorough cleaning in this way removes allergens from a surface almost 100% of the time. The trick is focusing on debris removal and then scrubbing areas with known allergen soiling.

Most cafeteria tables are made with laminate tabletops which are highly resistant to wear and tear.

A circular diagram with a central image of a young woman with long dark hair, wearing a denim shirt, holding a small yellow object. Surrounding this central image are six colored boxes, each containing a role name, connected by a dashed line. The roles are: School Administration (green box, top), Parents & Caregivers (blue box, top-right), Healthcare Provider/EMS (red box, bottom-right), School Nutrition Worker (orange box, bottom), Cleaning & Sanitizing (blue box, bottom-left), and Cafeteria Support (brown box, top-left).

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graph TD
    SA[School Administration] --- PC[Parents & Caregivers]
    PC --- HPE[Healthcare Provider/EMS]
    HPE --- SNW[School Nutrition Worker]
    SNW --- CS[Cleaning & Sanitizing]
    CS --- CafS[Cafeteria Support]
    CafS --- SA
    
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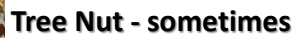
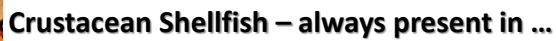
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## Dairy – always present in ...

### Casein

A protein is present in all mammalian milks including those from cows, sheep, goats, and humans.

#### ALWAYS Contains Dairy

Butter	Chocolate	Hydrolysates	Quark
Buttermilk	Cream	Ice cream	Rennet
Butterscotch	Curds	Imitation milk	Sour cream
Caramel	Custard	Infant formula	Whey
Casein & caseinates	Galactose	Kiefer	Yogurt
Cheese (all types)	Ghee	“Lact...”	
	Half & Half	Milk	

#### Lactose Intolerance

(lack of lactase enzyme in stomach)

- Bulking agent in medications
- In most Homeopathic preparations
- Inhalers – causing sinus and airways to inflame
- Verify Rx with Pharmacist
- Lactose-free milks and cheeses contain **casein** and must be avoided these product are made for the lactose-intolerant and not the dairy-allergic.

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## Dairy - sometimes

Basted foods	Dips	Lactose-free products	Sausages
Basted meats	Egg replacers	• milk	Seasoned foods
Battered foods	Fat substitutes	• cheese	Snack food
Biscuits	Flavored coffees	• butter	Soup mixes
Bottled water (silica)	Flavored drinks	• ice cream	Soups
Bread	Flavoring	Liquid meal replacers	Sports drinks
Breadcrumbs	Fried foods	Margarine spreads	Supplements
Breakfast cereal	Frozen desserts	Natural flavors	• vitamins
Cakes	Fruit juice (orange juice)	Nougat	• minerals
Candy	Glazed foods	Pastries	Whitener (incl. non-dairy)
Chocolate	Gluten-free baking mixes	Probiotics	Gravy
Coated foods	Gluten-free pancake mix	Pudding	Protein shakes
Coconut products	Gluten free products	Rotisserie Poultry	Stock
Cookies	High-protein flour	Salad dressings	Smoothies
Deli meats	Instant mashed potato	Sauces and spreads	

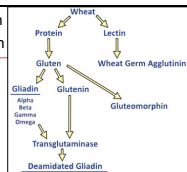
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## Wheat – always present in ...

- Gluten protein
- Gliadin protein



All purpose flour	Durum wheat ( <i>Triticum durum</i> Desf.)	Pasta
Atta flour	Einkorn ( <i>Triticum monococcum</i> L.)	Seitan
Bran	Emmer ( <i>Triticum turgidum</i> L. subsp. <i>dicoccon</i> )	Semolina ( <i>Triticum durum</i> Desf.)
Bread	Farina	Soy sauce
Breadcrumbs	Farro	Spelt ( <i>Triticum spelta</i> L.)
Bulgar	Flour	Stoneground Wheat
Burghul	Gluten	Tabbouleh/Tabouleh
Cereal extract	Graham flour	Triticale ( x <i>Triticosecale</i> ssp. Wittm.)
Club wheat ( <i>Triticum compactum</i> Host.)	Kamut ( <i>Triticum polanicum</i> L.; <i>Khorasan wheat</i> )	Triticum
Common wheat ( <i>Triticum aestivum</i> L.)	Malt	Wheat
Couscous	Matzo	Wheatgrass
Cracker meal	Noodles	Whole wheat berries

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## Soy – always present in ...

- Cross-reacts with peanuts, peas, green beans, carob (all are legumes).
- Genetically-modified unless labelled as “non-GMO”.
- Used as a protein booster throughout food supply

### ALWAYS Indicates Soy

Edamame (young soybeans)	Soy, Soja, Soya	Soy sauce
Hydrolyzed Plant Proteins (HPP)	Soy albumin	Soy starch
Hydrolyzed soy protein (HSP)	Soy flavoring	Soy yogurt
Hydrolyzed Vegetable Protein (HVP)	Soy flour	Soybean
Kinako (roasted soy flour)	Soy gum	Tamari
Kouridofu (frozen tofu)	Soy infant formula	Tempeh
Miso (fermented soy)	Soy lecithin	Teriyaki sauce
Natto (fermented soy)	Soy milk	Textured vegetable protein (TVP)
Natural flavors (soy oil is flavor carrier)	Soy nuts	Tofu
Nimame (simmered soybeans)	Soy oil	TSP (textured soy protein)
Okara (soy pulp as protein extender)	Soy protein	TVP (textured vegetable protein)
Shoyu sauce	Soy protein isolate	Yuba

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## Soy – sometimes

### MAY Indicate Soy

Baby foods	Fruit juice (BVO)	Potato Chips
Baking mixes	Gluten free products	Sauces
Bread	High-protein products	Seasoned salt
Breakfast cereals	Liquid meal replacers	Snack bars
Cakes	Margarine	Soups (canned or packet)
Cheese substitutes	Meat products	Vegetable broth
Chocolate	• cold cuts	Vegetable oil
Commercial fruit products	• beef burgers	Vegetable paste
Cookies	• meat paste/pies	Vegetable products
Crackers	• minced beef	Vegetable protein
Dairy substitutes/replacers	• sausages/hotdogs	Vegetable shortening
Desserts and mixes	Nut mixes	
Egg substitutes	Pancake/waffle mixes	
Ethnic Foods	Pasta/pizza bases	
	Plant-based meat replacers	

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## Fish – always present in ...

Anchovies	Fish	Pangasius	Scrod
Barramundi	Flathead	Perch	Shark
Bass	Flounder	Pickrel	Smelt
Bluefish	Grouper	Pike	Snapper
Bream	Haddock	Plaice	Sole
Carp	Hake	Pollock	Swordfish
Catfish	Halibut	Pompano	Tilapia
Caviar	Herring	Porgy	Trout
Char	Mackerel	Rockfish	Tuna
Chub	Mahimahi	Roe	White Fish
Cisco	Marlin	Salmon	Whiting
Cod	Monkfish	Sardine	
Eel	Orange Roughy	Sashimi	

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## Fish - sometimes

Antipasto	Greek dishes
Asian dishes	Imitation crab
Caesar salad	Marshmallow
Canned spreads	Pizza toppings
Dips	Salad dressings
Fish Flake	Soups
Fish sauce	Surimi
Fish stock	Sushi
Gelatin	

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