



Allergen Control in Your Facility

Do You Have What it Takes?

FOOD PROTECTION CONNECTION



WHAT YOU NEED TO KNOW TO REDUCE THE RISK OF ALLERGIC REACTIONS IN YOUR FACILITY

There is no cure for food allergies. The best way for consumers to protect themselves is by avoiding food items that will cause a reaction. According to Food Allergy Research & Education (FARE), as many as 15 million people have food allergies, including 5.9 million children under the age of 18. That is one in 13 children. According to the Centers for Disease Control and Prevention (CDC) in a study released in 2013, food allergies among children increased approximately 50 percent between 1997 and 2011. The prevalence of peanut or tree nut allergies in U.S. children appears to have more than tripled between 1997–2008.

To reduce the risks from allergic reactions, the U.S. Food & Drug Administration (FDA) is working to ensure that major allergenic ingredients in food are accurately labeled in accordance with the Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA). Issues with allergens is the number one cause of recalls in the United States. To help tackle this issue, the FDA has made sure to address the importance of allergens in food manufacturing. Under the Food Safety Modernization Act (FSMA), the Code of Federal Regulations (CFRs, specifically 21 CFR 117) now requires Allergen Preventive Controls be in place if an allergen is present in a manufacturing, processing, or distribution facility.



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In 2009 the FDA in the Model Retail Food Code added language that requires the Person-In-Charge of a food facility to have knowledge of food allergens and ensure that food employees are trained in food allergies as they relate to their duties.

The CDC, in consultation with the U.S. Department of Education, developed the *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. These guidelines are intended to support implementation of food allergy management and prevention plans and practices in schools and early care and education (ECE) programs. The guidelines provide practical information, planning steps, and strategies for reducing allergic reactions and responding to life-threatening reactions for parents, district administrators, school administrators, and staff. ECE program administrators and staff can guide improvements in existing food allergy management plans and practices, and can help schools and ECE programs develop a plan where none currently exists.

WHAT IS A FOOD ALLERGY?

A food allergy is a specific type of adverse food reaction involving the immune system. The body produces what is called an allergic, or immunoglobulin E (IgE), antibody to a food. Once a specific food is ingested and binds with the IgE antibody, an allergic response ensues. In simpler terms, a food allergy is an immune system response to a food that the body wrongly believes is harmful. Once the body believes a food is harmful, it creates a specific antibody to fight it. The next time the person eats the food, the immune system releases massive amounts of chemicals, including histamines, to protect the body. These chemicals trigger a cascade of allergic symptoms. This is an allergic reaction and it can be deadly. The protein is the part of the food that causes the food allergy. A tiny amount of an allergen is enough to cause a very severe reaction.

A food allergy should not be confused with a food *intolerance* or other non-allergic food reactions. Food intolerance refers to an abnormal response to a food or additive, but it differs from an allergy in that it does not involve the immune system. For

example, people who have recurring gastrointestinal problems when they drink milk may say they have a milk allergy. But they really may be lactose intolerant. One of the main differences between food allergies and food intolerances is that food allergies can result in an immediate, life-threatening response. Compared to food intolerances, food allergic reactions pose a much greater health risk.

SIGNS AND SYMPTOMS

Symptoms of a food allergy usually develop within minutes up to about two hours after eating the offending food. The most common signs and symptoms of a food allergy include:

- Hives, itching, or skin rash
- Swelling of the lips, face, tongue and throat, or other parts of the body
- Wheezing, nasal congestion, or trouble breathing
- Abdominal pain, diarrhea, nausea, or vomiting
- Dizziness, lightheadedness, or fainting

In a severe allergic reaction to food—called

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anaphylaxis—an individual may have more extreme versions of the above reactions. They might also experience life-threatening signs and symptoms such as:

- Swelling of the throat and air passages that make it difficult to breathe
- Shock, with a severe drop in blood pressure
- Rapid, irregular pulse
- Loss of consciousness

MAJOR FOOD ALLERGENS

Food Allergen Labeling and Consumer Protection Act, FALCPA, a comprehensive food labeling law, has been in effect since January 1, 2006. Under FALCPA, food labels are required to state clearly whether the food contains a major food allergen. A major food allergen is defined as one of the following foods or food groups, or is an ingredient that contains protein derived from one of these foods or food groups:

- Milk
- Eggs
- Peanuts
- Tree nuts (such as almonds, walnuts, and pecans; specific nut must be declared)
- Soybeans
- Wheat
- Fish (specific fish species must be declared)
- Shellfish such as crab, lobster, and shrimp (specific shellfish must be declared)

While more than 160 foods can cause allergic reactions in people with food allergies, the law identifies the eight most common allergenic foods. These foods or food groups account for 90 percent of all food allergies in the United States. That being said, other foods can be of concern. For instance, sesame is becoming a significant allergy of concern. FARE reports that in the last two decades, sesame allergies have increased markedly across the world. Sesame, however, is not addressed under FALCPA with regards to mandated labeling on packaged products.

PRODUCT LABELING

The law requires that food labels identify the food source names of all major food allergens used to make the food. This requirement is met if the common or usual name of an ingredient (e.g., buttermilk) that is a major food allergen already identifies that allergen's food source name



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(i.e., milk). Otherwise, the allergen's food source name must be declared at least once on the food label in one of two ways.

The name of the food source of a major food allergen must appear:

1. **In parentheses** following the name of the ingredient.
Examples: lecithin (soy), flour (wheat), and whey (milk), tree nuts (almond) OR
2. **Immediately after or next to** the list of ingredients in a "contains" statement. *Example:* "Contains: Wheat, Milk, Soy, Tree Nut (almond)."

PRECAUTIONARY LABELING

FDA is reviewing how manufacturers use advisory or precautionary language for food allergens on the packaging of their food products. FDA is also evaluating how consumers interpret these advisory labeling statements, as well as what wording is likely to be most effective in communicating the likelihood that an allergen may be present in a food. FALCPA's labeling requirements do not apply to the potential or unintentional presence of major food allergens in foods resulting from "cross-contact" situations during manufacturing, e.g., because of shared equipment or processing lines. In the context of food allergens, "cross-contact" occurs when a residue or trace amount of an allergenic food becomes incorporated (unintentionally) into another food. FDA guidance for the food industry states that food allergen advisory/precautionary statements, that is, "may contain [allergen]" or "produced in a facility that also uses [allergen]" should

not be used as a substitute for adhering to current good manufacturing practices and must be truthful and not misleading. FDA is considering ways to best manage the use of these types of statements by manufacturers to better inform consumers.

ALLERGEN TRAINING FOR FOOD EMPLOYEES

Does your facility have a comprehensive program for training staff on how to safely prepare and serve food to consumers who have food allergies? When people with severe food allergies dine away from home they must rely on foodservice staff to provide them with accurate information about ingredients, so they can make an informed decision when choosing their meal. Incorrect information will put these individuals at risk. Education, cooperation, and teamwork are the keys to serving food safely to those with food allergies.

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The FDA Model Retail Food Code does require that the Person-In-Charge, usually a manager, be able to describe foods identified as major food allergens and the symptoms they could cause to sensitive individuals. As part of their duties, they are also responsible for assuring that “Employees are properly trained, including food allergy awareness, as it relates to their assigned duties.”

It is very important that any information provided to a guest is accurate. Staff assigned to reviewing ingredients and answering guest questions must understand allergens might be present in foods they may not associate with one of the eight major food allergens. For example, mayonnaise and meringue contain egg. Marzipan contains almonds. Pesto may contain walnuts or pine nuts. It is strongly suggested that persons in charge spend time learning how to correctly read labels, and possibly even keep a ‘cheat sheet’ of scientific and technical names for common allergy-causing foods.

The best way to protect the consumer and reduce the risk in your facility is to have a written Allergy Control Plan that all staff must follow. The Food Allergy

and Anaphylaxis Network (FAAN) suggests this plan should answer the following questions:

- Who will answer guest questions regarding menu items?
- Who will be responsible for checking the ingredients used in menu items?
- What steps should the kitchen staff follow to avoid cross-contact?
- How should staff members handle an allergic reaction?

FARE provides some great guidance from CDC on how to create a food allergy management plan that will work for your facility, <http://prod.fare.beaconfire.us/sites/default/files/2017-09/cdc-guidelines.pdf>

Allergen Management Key Points

- Understand the basics of food allergies. This will be the key to reducing liability.
- Be organized in advance. Have a written Allergy Control Plan.
- Listen carefully and take consumers seriously when they inform you of a food allergy.
- There are NO ‘secret recipes’ when it comes to allergen control. Failure to disclose could make you open to potential liability.

- Be able to provide, upon request, a list of ingredients for a menu item.
- During hours of operation there should be at least *one* person in charge, ideally a manager, who can handle questions and special requests from consumers with allergies. All employees should know who that knowledgeable person in charge is.
- When informed of a food allergy, staff should activate their “allergy control plan” for handling special orders. This may be providing an ingredient list to consumers or even telling them that you cannot provide a safe meal that would be 100 percent free of a specific allergen.
- Any allergy control plan for preparing a meal should be followed precisely and not allow for cross-contact.
- Keep allergens on menu items up to date. If your menu changes, reevaluate your allergen-containing meals or food items. Review these changes with employees.
- Call emergency services immediately if a consumer has an allergic reaction. FAAN recommends that you do not have the person stand as it may exacerbate the reaction. Keep the person where they are and do not raise them in an upright position.

With about 15 million people having food allergies, it is important that all foodservice facilities understand food allergies. Training is a must! Keep in mind that it is ok to say, “I don’t know” or “I am sorry, we cannot safely accommodate that request.” A consumer would much rather hear that answer, than the sound of sirens from an ambulance coming to get them. Be honest. Do not guess! It could be a matter of life or death. **E**

SOURCES

1. Food Allergy Research & Education (FARE): foodallergy.org
2. Food Allergy and Anaphylaxis Network (FAAN): faan@foodallergy.org
3. Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/healthcommunication/toolstemplates/entertainmenttips/Allergies.html>
4. U.S. Food & Drug Administration (FDA): <https://www.fda.gov/Food/IngredientsPackagingLabeling/FoodAllergens/default.htm>

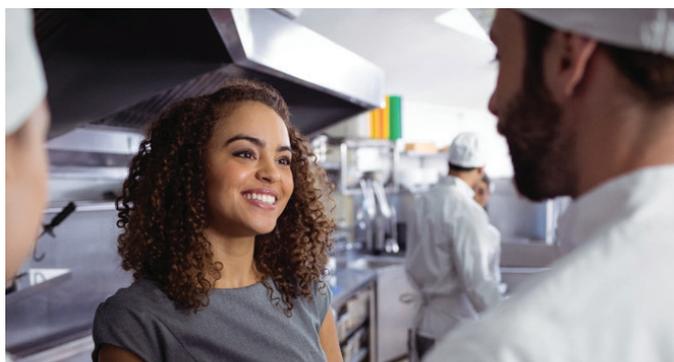
SAN CE Questions



FOOD PROTECTION CONNECTION

Reading *Allergen Control in Your Facility: Do You Have What it Takes?* and successfully completing these questions online has been approved for 1 hour of Sanitation continuing education for CDM, CFPPs. CE credit is available ONLINE ONLY. To earn 1 SAN CE hour, purchase the online CE quiz in the ANFP Marketplace. Visit www.ANFPonline.org/market, select “**Publication**,” then select “**CE article**” at left, then search the title “*Allergen Control in Your Facility: Do You Have What it Takes?*” and purchase the article.

1. Eight foods are responsible for what percentage of food-allergic reactions?
 - A. 50 percent
 - B. 100 percent
 - C. 90 percent
2. What component of a food is responsible for an allergic reaction?
 - A. Protein
 - B. Carbohydrate
 - C. Fat
3. “May contain” is an example of a(n)
 - A. Product statement
 - B. Precautionary statement
 - C. Advice statement
4. Food-allergic reactions is a response of
 - A. The immune system
 - B. The digestive system
 - C. The circulatory system
5. A severe allergic reaction is called
 - A. Anaphylaxis
 - B. Anthrax
 - C. Anaphylaxis
6. What is it called when an allergen-containing food comes in contact with a non-allergen containing food?
 - A. Cross-contamination
 - B. Contamination
 - C. Cross-contact
7. All foodservice facilities should have
 - A. An Allergy Control Plan
 - B. Employees trained in food allergens
 - C. Both A and B



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