



by *Melissa Vaccaro,*
MS, CHO

Understanding Food Allergies

There is no cure for food allergies. The best way for individuals with food allergies to protect themselves is to avoid items that will cause a reaction.



According to Food Allergy Research & Education (FARE), as many as 15 million people have food allergies. An estimated 9 million adults (4 percent) have food allergies, and nearly 6 million children (8 percent) have food allergies, with young children affected most. Boys appear to develop food allergies more than girls. According to a study released in 2013 by the Centers for Disease Control and Prevention (CDC), food allergies among children increased approximately 50 percent between 1997 and 2011. Food allergy is a growing public health concern.

To reduce the risks from allergic reactions, the U.S. Food and 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).

In 2009 the FDA added language in the Model Retail Food Code 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 FDA is additionally reviewing how manufacturers use advisory labeling for food allergens. It's also evaluating how consumers interpret different 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 into another food not intended to contain it. FDA guidance for the food industry states that food allergen advisory 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. The FDA is considering ways to best manage the use of these types of statements by manufacturers to better inform consumers.

In 2010 the CDC convened an expert panel to provide guidance for schools and early care and education programs. In

2011, Congress passed the FDA Food Safety Modernization Act (FSMA) to improve food safety in the U.S. by shifting the focus from response to prevention. The Act calls for the Secretary of the U.S. Department of Health and Human Services, in consultation with the Secretary of the U.S. Department of Education, to develop voluntary guidelines for schools and early childhood education programs to help them manage the risk of food allergies and severe allergic reactions in children. In response, 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. They 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, and ECE program administrators and staff. They can guide improvements in existing food allergy management plans and practices, or can help schools and ECE programs develop a plan where none currently exists.

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NLC Pre-Conference Session Focuses on Food Avoidance Diets

A new pre-conference session titled **Managing Food Avoidance Diets: Allergies, Intolerance and Gluten-Free** has been added to the National Leadership Conference education agenda. The session will run on Saturday, June 21 from 1-4 p.m. at the Hyatt Regency Minneapolis. Ingredient avoidance is on the rise due to increased diagnosis of food allergies and celiac disease. Speaker Ronnie Alicea, MBA, RD, CGS will provide an in-depth review of the eight areas where policies are needed in foodservice departments. *Separate registration fee required.*

Learn more at www.ANFPonline.org/Events



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 mistakenly 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, in order 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.

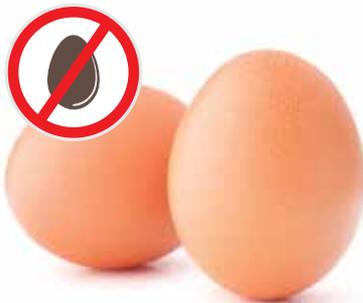
A food allergy should not be confused with a food intolerance or other non-allergic food reactions. Various surveys have indicated that almost 80 percent of people who are asked if they have a food allergy respond that they do when, in fact, they do not have a true IgE-mediated food allergy. A *food 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, light-headedness, or fainting



In a severe allergic reaction to food—called *anaphylaxis*—you may have more extreme versions of the above reactions. You 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

It is estimated that 150 to 200 people die each year from food-allergic reactions.

MAJOR FOOD ALLERGENS

The 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 the following foods or food groups:

- **Milk**
- **Eggs**
- **Peanuts**
- **Tree Nuts**, such as almonds, walnuts, and pecans
- **Soybeans**
- **Wheat**
- **Fish**
- **Shellfish**, such as crab, lobster, and shrimp

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, and FALCPA focuses on IgE-related food allergies.

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 (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:

Answers to FPC Review Questions

CDMs who answer the FPC Review Questions on page 13 of this issue can check their responses against the answer key found on page 39. This “self check” allows you to confirm your understanding of the test questions.

1. **In parentheses** following the name of the ingredient.

Examples: “lecithin (soy),” “flour (wheat),” and “whey (milk)”

OR

2. **Immediately after or next to** the list of ingredients in a “contains” statement. Example: “Contains Wheat, Milk, and Soy.”

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. Wrong information will put these individuals at risk. Education, cooperation, and teamwork are key to serving food safely to those with food allergies.

The FDA Model Retail Food Code requires 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 a guest question must understand allergens may 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 highly suggested that persons in charge spend time learning how to correctly read labels, and maybe 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. FARE 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 on how to create a food allergy management plan that will work for your facility.

Visit www.foodallergy.org.

ALLERGEN MANAGEMENT KEY POINTS

- Understand the basics of food allergies. This will be 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.
- Facilities should 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 ingredient lists to consumers, or even telling them that you cannot provide a safe meal that would be 100 percent free of a specific allergen.

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- 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.
- If a consumer has an allergic reaction, call emergency services immediately. FARE recommends that you do not have the person stand, as it may exacerbate the reactions. Keep them where they are and do not raise them in an upright position.

SUMMING IT UP

With about 4 percent of the U.S. population having food allergies, it is important that all foodservice facilities understand food



allergies. Training is a must! Keep in mind that it's OK to say "I don't know" or "I'm 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. ☹️

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