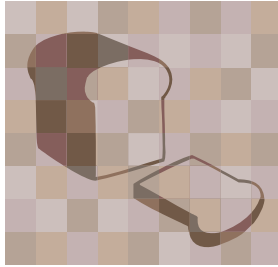


College of the Holy Cross Health Services



Food Allergy Information And Guidelines



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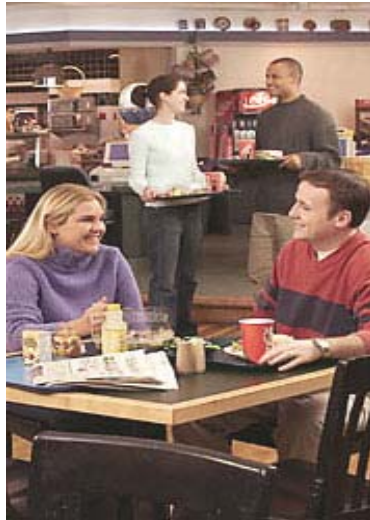


Introduction

- Did you know that more than 11 million Americans have a food allergy?
- Food allergy prevalence has increased 55% in the last five years.
- There is no cure for food allergy. Strict avoidance of the allergy-causing food is the only way to prevent a reaction.
- Most individuals who have had a reaction ate a food they thought was safe.
- Teens and young adults with food allergy and asthma appear to be at increased risk for severe or fatal allergic reactions.

Fact source: foodallergy.org

Starting college can be an intimidating time for many students and their parents, especially for students with food allergies who will be living away from home for the first time. **The philosophy of The College of the Holy Cross is to foster independent living for students living with food allergies.** These guidelines have been developed to provide information and administrative contacts to students and their parents in the event that students need assistance in managing their food allergies.



Food Sensitivity

Food sensitivity is an umbrella term that refers to either food allergies, food intolerances, or other adverse reactions to food.

Food Intolerance

Food intolerance describes adverse reactions to a food substance or additive involving digestion or metabolism. Food intolerance generally does not involve the immune system. Symptoms are temporary and may be uncomfortable, but are rarely life-threatening.

Signs and Symptoms

- Gas, bloating
- Stomach pain, diarrhea
- Nausea
- Headache, migraine

Most Common Food Intolerances

- Lactose (found in dairy products)
- Monosodium glutamate (MSG) (flavor additive and meat tenderizer)
- Sulfites (sulfur- containing additives used as preservatives)
- Red Wine
- Chocolate
- Food Coloring

Food Allergy

Food allergy is like any other allergy, except that a food protein causes the allergy instead of pollen, pet hair or even smoke. Most people with allergies make tiny molecules, called IgE antibodies. They are like tiny antennae that can tell when the food a person is allergic to comes into his or her body. These antennae sit on cells called “mast cells”. These mast cells are filled with chemicals, some of which are histamine. When someone with a food allergy eats that food, the proteins attach to the IgE on their mast cell causing the mast cell to explode, sending chemicals and histamine throughout the body. This causes the symptoms of an allergic reaction.

Symptoms of a Food-Allergic Reaction

A food-allergic reaction can affect the skin, the gastrointestinal (GI) tract, or the respiratory system. These symptoms may include one or more of the following:

- A tingling sensation in the mouth
- Swelling of the tongue and the throat
- Difficulty breathing, wheezing, shortness of breath
- Throat tightness or closing
- Red, watery eyes, runny nose, coughing
- Itching
- Hives
- Vomiting
- Abdominal cramps
- Drop in blood pressure
- Fainting or loss of consciousness

Symptoms typically appear within minutes to 2 hrs after the person has eaten the food to which he or she is allergic. **Food allergies are serious. An individual having a reaction can potentially die without emergency assistance.** This life-threatening reaction is called **anaphylaxis**. The severity and explosive speed of food anaphylaxis emphasizes the need for an effective plan that includes early recognition of symptoms of anaphylaxis, rapid administration of epinephrine, and prompt transfer of the student by the emergency medical system to the closest hospital.



Anaphylaxis Treatment Guidelines

Epinephrine

Once anaphylaxis has begun, the treatment of choice is an immediate injection of epinephrine (sometimes called adrenaline). Anyone with a history of life-threatening allergies should carry epinephrine auto-injectors, such as Epi-Pen® at all times and be prepared to use them whenever a reaction occurs.

Epinephrine rapidly constricts the blood vessels, relaxes the muscles in the airway and lungs, reverses swelling, and stimulates the heart beat.

As many as 25% of people who have an anaphylactic reaction will experience a recurrence in the hours following the beginning of the reaction and will require further medical treatment.

The side effects of epinephrine may include palpitations, rapid heart rate, sweating, nausea, vomiting and respiratory difficulty.

When in doubt, it is better to give the Epi Pen® and seek medical attention immediately. Epinephrine is usually effective for 10-15 minutes. Fatalities occur when epinephrine is withheld.

Most Common Food Allergens

There are eight major food allergens:

milk, eggs, peanuts, tree nuts, soy, wheat, corn and fish/shellfish.

Peanuts and tree nuts account for 92% of severe and fatal reactions.

Milk: Non-dairy may not mean milk free. The term non-dairy means that no fresh milk products have been added. Milk and milk products can show up on food labels under many different names.

The following terms indicate the presence of milk:

*Butter fat, butter flavor, buttermilk, casein, cheese, chocolate, cottage cheese, cream, curds, custard, dried milk solids, evaporated milk, half-and-half, high protein flour, ice cream, ice milk, lactate solids, lactose, luncheon meat, hot dogs, sausages, malted milk, margarine, milk- any kind **

Eggs: Eggs are found in many foods such as grain products, baked products, custards, ice creams and frozen yogurts. Eggs may also be used in the processing of foods such as root beer, some wines and some coffees.

The following terms indicate the presence of eggs:

*Albumin, apovitellin, batter, cholesterol free eggs, custard, dried egg, eggnog, egg noodles, egg white solids, egg yolks, globulin, livetin and lysozyme **

Peanuts: Peanuts grow from the ground and are actually considered legumes (beans). Peanuts are not the same as tree nuts. Peanuts are one of the most potentially dangerous food allergies. Peanut proteins are often found in unexpected food sources.

The following terms indicate the presence of peanut protein:

*Beer nuts, peanut oil, ground nuts, mixed nuts, monkey nuts, peanuts, peanut butter, peanut flour, nut extracts, arachis oil, peanut syrup, satay sauce, nougat, sunflower seeds, marzipan, egg rolls, hydrolyzed plant and vegetable protein **

Tree nuts: Tree nuts are nuts that grow on trees!

The following is a list of foods that contain tree nuts:

*Almonds, brazil nuts, cashews, chestnuts, filberts, hazelnuts, gianduja and pistachios **

* The list of terms may not be a complete list.

Soy: Soy is also referred to as soya, soybean or Glicine max. Approx. 79% of all edible oil in the U.S. is soybean oil.

Terms that indicate the presence of soybean oil include:

Edamame soy bean, hydrolyzed soy protein, lecithin, miso, modified food starch, natto, shoyu sauce, soy albumin, soy beans, soy concentrate, soy cheese, soy flour, soy grits, soy meal, soy milk, soy oil, soy protein, soy sauce, soy sprouts, soy yogurt, tamari, tempeh, textured soy protein, textured vegetable protein, tofu, vegetable gum, vegetable starch and vegetable broth.

Wheat: Wheat is a common ingredient in prepared foods and may be difficult to avoid. Terms that indicate the presence of wheat include:

Bleached all-purpose flour, bran, bread, bread crumbs, buckwheat, bulgur wheat, cake and pastry flour, cereal extracts, cracker meal, cream of wheat®, couscous, durum, enriched flour, bread flour, farina, gliadin, gluten, grain-based coffee substitutes, graham crackers, graham flour, hydrolyzed protein, instant soup stock, modified food starch, MSG, pasta, noodles, puddings, wheat thickeners, soy sauce, spelt, vegetable starch, vitamin E pills, wheat flour, wheat bran, wheat germ, wheat starch, wheat gluten, wheat semolina, white vinegar

Corn: Corn allergies are difficult to detect. Symptoms may vary from person to person. The following terms indicate the presence of corn:

Baking powder, caramel, cereals, confectioner's sugar, and corn (anything) grits, hominy, maize, dextrin, maltodextrin, dextrose, glucose, fructose and golden syrup

Fish/Shellfish: Many people are allergic to fish and shellfish, and for some even smelling the scents from cooking fish can trigger allergic reactions.

The following terms indicate the presence of fish or seafood:

Abalone, clams, cockle, crab, crawfish, fish oil capsules, fish broth or stock, lobster, mollusks, mussels, Worcestershire sauce, octopus, oysters, prawns, scallops, scampi, shrimp, snail, squid, sushi, bouillabaisse, surimi and seafood flavoring

* This list of terms may not be a complete list.

Avoiding identified allergens is critical for people who suffer from severe allergies. Those people with severe allergies should make a point to educate themselves about their allergen. Because it is impossible to guess what is in a food, someone with a food allergy must carefully read ingredient labels for everything they eat. Manufacturers sometimes change the ingredients in a food, so one should never assume a food is safe. It is important to check food labels every time before a food is ingested.

Allergens can be found in unexpected items such as:

- Milk in luncheon meats
- Pecans in BBQ sauce
- Egg whites in egg substitutes
- Milk protein in soy cheese
- Peanut butter used to thicken chile
- Milk (whey) in bread/English muffins
- Milk or soy in tuna
- Milk, soy, egg or nut oil in art supplies, hand lotion & shampoo

People with food allergy also have to be aware of **cross-contamination**.

Some examples of cross-contamination are:

- Using the same frying oil for more than one food
- Using the same bread crumbs for more than one food
- Using the same equipment for more than one food without properly cleaning them between each use
- Leakage/spillage into other foods in the refrigerator or storage
- Foods touching other foods in storage, serving pans or plates
- Splatter or steam from cooking foods coming in contact with other foods
- Improper hand washing and not changing gloves when touching foods with potential allergens
- Reusing foods in other recipes



The following section provides guidelines for the Holy Cross Community and for the student who is diagnosed with a food allergy:

Health Services Responsibility

- Be knowledgeable about and follow applicable federal/state/district laws and regulations including ADA and confidentiality of student health care information and appropriate information sharing.
- Schedule a meeting with the student after the student has identified themselves as needing assistance with their food allergy. Review the student's Food Allergy Action Plan (see appendix B) and health records submitted by the student and physician.
- Discuss emergency procedures and answer any questions that the student may have.
- Follow laws regarding confidentiality of health records. Obtain the student's written consent to share information with core team members. (See Authorization for the Disclosure of Protected Health Information form)
- May identify a core team of, but not limited to staff in Health Services, Dining Services, Residence Life and Public Safety to work with the student to establish a food allergy management plan. Meetings with the student, parent(s), and team members may take place prior to the student's arrival on campus and 4-6 weeks after the initial meeting. Changes to the plan may be made with core team participation.
- Review policies/ prevention plan with core team members and student after a reaction has occurred and as indicated.

Dining Services Responsibility

- Upon notification by a student or Health Services, an appointment will be made with the student to address the needs of the student in view of the allergy. Information regarding Dining Services will be provided.
- Accommodate the student through the use of open and direct communication of individual needs that are directly related to the allergy. However, individual food preferences can not be readily provided.
- If our standard, traditional menu does not meet the needs, we will provide allergy safe menus for the student to choose meals on a weekly basis. Frozen allergy free meals will be easy to access for the student to microwave as needed.
- Menus, recipes and ingredients are easily accessible to students.
- Designated areas and equipment are used to prepare allergy free meals.
- Dining Team members are trained in food allergy basics and ServSafe certified to provide sanitary food, avoiding cross contamination.
- It is a requirement that students communicate directly with Dining Services Management on a continuous basis to provide feed back on needs and concerns.

Residence Life Responsibility

- Resident Assistants (RAs) of students with food allergy should be able to identify such students and know how to access emergency assistance quickly
- Appropriate staff members, including RAs should be taught food allergy basics, including symptoms, and Emergency Medical Service procedures.

Student's Responsibility

It is the responsibility of the student to contact Health Services if they have a need to discuss living with a food allergy on campus.

- Provide written documentation, instructions, and medications as directed by a physician, using the Food Allergy Action Plan.
- Make a copy of your Food Allergy Action Plan. Keep it in a spot where it can be easily accessible in an emergency.
- May review policies/procedures with the members of the core team periodically and after a reaction has occurred.

Be proficient in the self management of your food allergy including:

- Wear Medic Alert® identification at all times
 - Carry your EpiPen®(s) with you at all times
 - Avoidance of unsafe foods
 - Recognition of symptoms of allergic reactions
 - How and when to tell someone that you may be having an allergy-related problem
 - Knowledge of proper use of medications to treat an allergic reaction
 - Knowledge of how to access emergency medical services at college
- Be aware of your medical insurance coverage. Review the policy so that you know of any restrictions. Carry your health insurance card with you.
 - If you have a roommate, discuss your allergy with him or her.

Reasonable requests of students living with roommates who have food allergies:

1. No allergens allowed in the room
 2. Awareness of cross contamination and how to read labels
 3. Thoroughly clean surfaces after eating
 4. Wash hands with soap and water after eating
 5. Willingness to call Public Safety in an emergency
- If you are a varsity athlete discuss your allergy with the team physician and coach.
 - If your roommate eats the foods to which you are allergic, use caution to avoid cross contact. Wash counters and utensils thoroughly.
 - Consider buying or renting a combination refrigerator-freezer-microwave to keep in your dorm room.
 - Be aware of the dangers of alcohol consumption and the use of other drugs. Substance use increases risks associated with judgement, timing, muscle coordination, absorption of allergen, and ability to seek help.

Campus Resources:

Public Safety: 508-793-2224

On Campus emergency tel. X2222

Health Services: 508-793-2276

Disability Services: 508-793-3693

Dining Services: 508-793-3384

Counseling Center: 508-793-3363

Nutritionist: Health Services 508-793-2276

Residential Life: 508-793-2411

Off-Campus Resources:

Off-campus emergency 911

Local Allergist: Alan Harris MD

291 Lincoln St., Worc., MA 508-757-1589

Local hospital: UMass Memorial Health Care Inc. Memorial Campus

119 Belmont St., Worc., MA 508-334-1000

Appendix A

The **epinephrine injection** should be used exactly as directed by a physician. Seek emergency medical attention for any severe allergic reaction that occurs. The effects of epinephrine injection wear off after 10 to 20 minutes. Epinephrine emergency kits are designed for emergency use only and are not a replacement or substitute for immediate medical or hospital care.

The EpiPen® and EpiPen® Jr. auto-injectors are disposable delivery systems that have a spring activated, concealed needle. Read the instructions included in each package immediately so you are familiar with them before an emergency occurs. Do not remove the safety cap until you are ready to inject this medication. Never put your fingers over the black tip when removing the safety cap or after the safety cap has been removed.

How to use the Epi-Pen® and Epi-Pen® Jr.:

- Form a fist around the auto-injector with the black tip pointing down. Pull off the gray safety cap. Once the safety cap is removed, the auto-injector is ready for use and can be activated
- Place the black tip against your outer thigh. Do not inject epinephrine into a vein or the buttocks. Inject it only into the fleshy outer portion of the thigh. It is not necessary to remove your clothing first, the EpiPen auto-injector is designed to work through clothing. Do not put your thumb over the end of the black tip. Each auto-injector delivers a single dose of epinephrine. Even though a small amount of liquid remains inside, the unit cannot be used again. With a quick motion, push the auto-injector firmly against your thigh. This will release a spring-activated mechanism that injects a dose of epinephrine. Hold the auto-injector in place for a few seconds after activation.
- Remove the auto-injector from your thigh. Carefully re-insert the used auto-injector - needle first - into the amber carrying tube. Re-cap the amber tube and take it with you to the emergency room so that the doctor will know that you have had a shot of epinephrine and what amount you received.
- With severe reactions, repeat injections may be necessary. Follow your doctor's instructions.
- Accidental injection of epinephrine into the hands or feet may result in a loss of blood flow to the affected area. If this occurs, go immediately to the nearest emergency room for treatment.
- Do not use epinephrine that is discolored, has particles in it, or has passed the expiration date printed on the side of the unit.
- Store epinephrine injectable in the tube provided at room temperature away from direct sunlight, heat, and moisture. Do not refrigerate this medication.

Food Allergy Action Plan

Student's Name: _____ D.O.B. ___/___/___ Cl. Yr. _____

ALLERGY TO: _____

Asthmatic Yes* ___ No ___ *Higher risk for severe reaction

If a food allergen has been ingested but no symptoms may take

_____ (medication/dose/route) and call Health Services immediately. If Health Services is closed call Public Safety at X2224 or on call physician at 508-792-8830.

SIGNS OF AN ALLERGIC REACTION:

Mouth	Itching, tingling, or swelling of lips, tongue, mouth
Skin	Hives, itchy rash, swelling of the face or extremities
Gut	Nausea, abdominal cramps, vomiting, diarrhea
Throat*	Tightening of throat, hoarseness, hacking cough
Lung*	Shortness of breath, repetitive coughing, wheezing
Heart*	Thready pulse, low blood pressure, fainting, pale, blueness
Other*	_____

The severity of symptoms can quickly change. *Can potentially progress to a life-threatening situation

ACTION FOR MINOR REACTION:

1. If only symptom(s) are

_____,
give

_____ (medication/dose/route)
Then call: M.D. _____ at _____, or emergency contacts

If condition does not improve within 10 minutes, follow steps for major reaction below.

ACTION FOR MAJOR REACTION:

1. If ingestion is suspected and/or symptoms are:

_____,
Give: EpiPen® intramuscularly IMMEDIATELY!

Antihistamine: give _____
(medication/dose/route)

Other: give _____
(Medication/dose/route)

STEP 2: EMERGENCY CALLS

1. Call 911. Ask for advanced life support.

Then call emergency contacts:

Name/Relationship	Phone Number(s)
a. _____	1.) _____ 2.) _____

b. _____	1.) _____ 2.) _____
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M.D. Signature _____ Date _____
Tel. # _____

College of the Holy Cross Health Services

One College Street Worcester, MA 01610-2395 508-793-2276 Fax 508-793-3610

Authorization for the Disclosure of Protected Health Information

Please Print

Patient Name _____	Date of Birth _____	Class Year _____
Address _____	Telephone _____	SS # _____
I hereby authorize _____ to disclose my protected health information to:		
Name: _____	Address: _____	Tel. # _____

I understand that my health information may include general information related to my psychiatric health, drug/alcohol abuse, communicable diseases, abortion, or other information I may consider sensitive. I understand that this authorization pertains to information obtained on or before the date signed.

I authorize the release of the following information for the period:

From: _____ Through: _____

General Records

<input type="checkbox"/> Cardiac studies	<input type="checkbox"/> Laboratory/Pathology Reports
<input type="checkbox"/> Consultations	<input type="checkbox"/> Progress Notes
<input type="checkbox"/> Emergency Department Records	<input type="checkbox"/> Discharge summary
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Radiology Report <input type="checkbox"/> Other

Statutorily Protected Records

<input type="checkbox"/> Abortion	<input type="checkbox"/> Sexual Assault Counseling
<input type="checkbox"/> Alcohol/Drug/	<input type="checkbox"/> HIV/ AIDS test results/Treatment
<input type="checkbox"/> Psychiatric Health	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Domestic Violence Counseling

The purpose of the release of this information is for:

- | | |
|--|--|
| <input type="checkbox"/> Continuing Medical Care | <input type="checkbox"/> Pre-enrollment/Pre-employment |
| <input type="checkbox"/> Personal Use | <input type="checkbox"/> Other: _____ |

I understand that:

- This authorization is voluntary. I do not have to sign to assure treatment.
- Any disclosure carries the potential for unauthorized re-disclosure.
- I have the right to revoke this authorization at any time. Revocation will not apply to information that has already been released in response to this authorization

Expiration of Authorization: Unless otherwise revoked this authorization will expire on the following date, event or condition: _____

Without a specific expiration this authorization shall be valid for not more than ninety (90) days from the date of the signature below, except when Federal and/or State regulations specify otherwise. In such situations, the shorter time period shall apply.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND AUTHORIZE THE DISCLOSURE OF THE INFORMATION REQUESTED ABOVE.

Patient Signature _____ Date _____
Witness to Signature _____ Date _____

References:

1. Driscoll, David P., Managing Life Threatening Food Allergies in Schools, MA Department of Education, 2002
2. Food Allergy News Special Issue for Elementary School Principals, The Food Allergy & Anaphylaxis Network, 2002
3. http://www.aaaai.org/media/resources/media_kit/allergy_statistics.stm
4. http://www.anaphylaxis.com/pro/6_3.cfm 2001
5. <http://www.fankids.org/FANTeen/Features/college.html>
6. <http://www.foodallergy.org>
7. NACUFS College & University Guidelines for managing students with food allergies, 12/04 available at: <http://foodallergy.org>
8. Rakel and Boke, 2001 Conn's Current Therapy. W.B.Saunders Co. 2001
9. Salomon, Julie E., Food Allergy Information Manual, Syracuse University, 2001