

## Resource Documents as Appendices for

# Policy Guidance for Management of Anaphylaxis and Exposure Prevention of Food Allergens in Child Care

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# How to Avoid Cross-Contact With Food Allergens

This sheet will help you avoid cross-contact and prevent a food allergy reaction.



## What is cross-contact?

Cross-contact is when an unsafe food (the allergen) mixes with a safe food (food that does not contain the allergen). When this happens the safe food then contains tiny amounts of the unsafe food. The amounts can be so small that you cannot see them. Even if you cannot see the allergen, you can still have an allergic reaction to it.

## What's the difference between cross-contact and cross-contamination?

Cross-contamination is when bacteria or viruses get in your food and make it unsafe to eat. When this happens, cooking the food removes the bacteria or virus and lowers your chances of getting sick.

This is not the same as cross-contact with food allergens. **The cooking process does not remove allergens from food.**

## What are some examples of cross-contact?



- **Direct cross-contact:** For example, if croutons are added to a salad, then taken out, direct cross-contact has occurred and the food allergen remains on the other ingredients.



- **Indirect cross-contact:** A cooking utensil, hands, or a food-preparation surface that has or had the food you are allergic to on it is used to prepare a safe food—one you are not allergic to. Now the safe food has unsafe food in it.

## What can you do to prevent cross-contact?

### To prevent cross-contact:

- ✓ Always read food labels to ensure the allergen is not present in the food before you start.
- ✓ Wash utensils, cutting boards, and cooking pans with soap and water before and after you use them.
- ✓ Use separate utensils and dishes for allergy-safe foods. You can use a different color for safe kitchen tools.
- ✓ Cook allergy-safe foods first if you need to cook several foods.
- ✓ Keep allergy-safe foods covered and away from other foods.
- ✓ If you make a mistake, you cannot remove an allergen from a meal. Even a trace amount of cross-contact makes a food unsafe. You must start again.
- ✓ If you touch an allergen, wash your hands with soap and water before you touch anything else. Hand sanitizer or water by itself will not remove allergens.
- ✓ Clean counters and tables with soap and water or disinfectant cleaner and single-use (or disposable) towel. Wash all utensils, pots, and pans in dishwasher or use hot water and soap. Let them air dry.
- ✓ Do not share food, drinks, or utensils. Teach children not to share these when they are at school or with friends.

## What are the most common food allergens in the U.S.?

In the U.S. there are 9 major food allergens that cause about 90% of reactions, but a person could be allergic to any food. The top allergens include:

- Crustacean Shellfish (This includes shrimp, crab, or lobster but not scallops, clams, mussels, or oysters)
- Egg
- Finned fish (such as tuna or salmon)
- Milk
- Peanuts
- Tree nuts (such as almond, cashew, or walnut)
- Sesame
- Soy
- Wheat



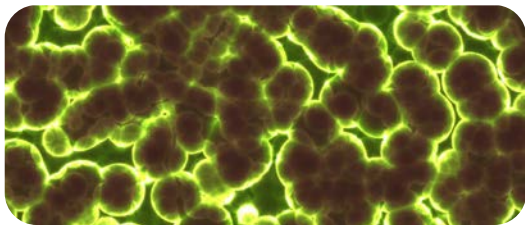
To learn more about keeping safe with food allergies, go to: <https://www.foodallergy.org/living-food-allergies>

# MEALTIME MEMO

AUGUST  
2024



## PREVENTING ILLNESS WITH HANDWASHING AND GLOVE USE



Hands can harbor unseen germs that can contaminate food and surfaces and ultimately make people sick. They can also transfer allergens to allergen-free foods. The good news is that proper handwashing and glove use are simple yet effective practices that can help prevent the spread of foodborne illness and allergen contamination.

### CROSS-CONTAMINATION VERSUS CROSS-CONTACT

Let's review the definitions of cross-contamination and cross-contact, according to the ICN's [\*Child Care Center Food Safety Guide\*](#).

- **Cross-contamination:** The transfer of microorganisms from hands-to-food, food-to-food, or equipment and food contact surfaces-to-food.
- **Cross-contact:** Occurs when an allergen is accidentally transferred from a food containing an allergen to a food or surface that does not contain the allergen.

### WHEN TO WASH HANDS

Practice proper handwashing to prevent the spread of cross-contamination, cross-contact, and illness. Wash your hands *before* **and** *after* each of the following tasks:

- Preparing food
- Eating or drinking
- Participating in food activities
- Treating a cut or wound

It is also necessary to wash hands **before** the following tasks.

- Starting work
- Serving food
- Putting on or changing single-use gloves
- Handling clean dishes or utensils
- Changing food prep tasks (i.e., working with ready-to-eat (RTE) and raw food)
- Handling allergen-free foods

Lastly, wash hands **after** the following tasks.

- Using the restroom
- Sneezing, coughing, or blowing your nose
- Handling raw meat/poultry/fish or soiled dishes/utensils
- Touching hair, face, or body



- Changing a baby's diaper, helping a child in the bathroom, or helping children wash their hands
- Touching an animal/pet, animal waste, or pet food/treats
- Sweeping, mopping, doing dishes, wiping counters, or touching garbage
- Returning from outdoors
- Using the phone
- Hands become dirty or contaminated



You can print the ICN's [When to Wash Your Hands](#) poster to hang throughout your center.

## HOW TO WASH HANDS

The six steps to handwashing are as follows:

1. Wet hands with clean, warm, running water and apply soap.
2. Lather your hands and wrists, between your fingers, and under your nails.
3. Scrub for at least 20 seconds—you can sing the “Happy Birthday” song twice.
4. Rinse with clean, running water.
5. Dry hands with a clean, disposable paper towel or mechanical hand dryer.
6. Turn the water off with a paper towel. Use it to open the door, then discard it into a trash can.

Activity for kids: [Glitter Germs](#) is a simple but effective lesson designed to teach young children about proper handwashing.

You can print ICN's [Effective Handwashing](#) poster to hang by your handwashing sinks.



## AVOID BARE HAND CONTACT

Bare hands should never touch ready-to-eat (RTE) foods. RTE foods can be eaten without additional washing, preparation, or cooking. Examples include fresh produce, bread, luncheon meats, and cheese. Any germs on the hands could easily contaminate RTE foods and may cause foodborne illness.

When handling RTE foods, always wash your hands and wear single-use gloves or use appropriate utensils such as tongs, spatulas, forks, or spoons.



## PROPER GLOVE USE

Wearing single-use gloves can help keep food safe by creating a barrier between the germs on hands and the RTE foods. Ensure the single-use gloves are food-safe.

Properly wash hands **before** putting on new gloves.



Wear gloves:

- When the person handling food has a cut or open wound—cover the wound with a waterproof bandage and a single-use glove.
- When handling RTE foods—unless using utensils, such as tongs or spoons.

Change gloves:

- When interruptions occur or when changing tasks.
- When gloves become torn, dirty, or contaminated.
- Before preparing allergen-free foods.
- After touching surfaces or objects other than food (refrigerator handles, cans, cell phones, door handles).
- After touching raw meats or unwashed fruits and vegetables.
- After sneezing, coughing, or touching skin or hair.
- After 4 hours, even if working with the same kind of food.



Do not reuse or wash gloves.

You can print the ICN's [Properly Use Disposable Gloves](#) poster to hang in food preparation areas.

## LUNCH TIME SCENARIO

To avoid cross-contamination and cross-contact, it is important to wash hands properly, change gloves, and use utensils throughout the process of preparing and serving food. Let's go through a scenario of the meal preparation steps and detail when you need to wash your hands and put on or change gloves **before** you complete the step.

**Lunch Menu:** Ham and cheese sandwiches, carrots sticks, canned peas, 1% milk

Wash Hands	Put on or Change Gloves	Meal Prep Step *
Yes	No	Start of meal preparation.
No	No	Gather equipment and utensils: can opener, utensils, cutting board, knife, pot, serving dishes, and plastic wrap. Collect canned peas and bread from the pantry.
No	No	Open canned peas with a can opener and pour them into a pot to cook.
No	No	Collect ham, cheese, and carrots from the refrigerator.
Yes	Yes	Lay slices of bread on a cutting board and place layers of ham and cheese on the bread.
No	No Gloves are still on.	Cut the sandwiches in half and set them on the serving plates.**
Yes	Yes Put on a new pair of gloves.	Portion the carrots into serving dishes.
No	No	Spoon the peas into serving bowls.
No	Take off gloves after this step.	Cover each serving dish in plastic wrap and put dishes on a tray or cart to bring to rooms.
Yes	No	Get the milk from the fridge and put it on the cart.

\* It is recommended to clean your food prep area between tasks.

\*\*Meals are served family style. The food preparer will place the prepared food into serving dishes that will go to each classroom for the children to serve themselves.

## ADDITIONAL RESOURCES

Check out the ICN's food safety resources designed for use in the food preparation and service areas.



- [Child Care Center Food Safety Guide](#) and [Family Child Care Food Safety Kit](#) offer tips and techniques for safely preparing food.
- [Handwashing Posters](#) provide information on handwashing techniques.
- [Food Safety Mini-Posters](#) display information on current food safety topics.

## CLASSROOM DISCUSSION PROMPTS

Spark positive conversations with children about handwashing with these questions.

- Why do we need to wash our hands?
- When should we wash our hands?
- What are the five steps to make sure our hands are clean?
- What song can we sing while washing our hands to ensure we wash them long enough? How many times do we sing that song?



## MENU IDEAS

The following menu ideas provide a variety of foods, colors, and textures. Some recipes contain multiple food components listed in parentheses after the recipe.

Breakfast	Lunch/Supper	Snack
<a href="#">Berry Medley and Quinoa</a> <a href="#">Breakfast Bake</a> (Grain, Fruit) 1% Milk	<a href="#">Baked Tilapia Fish Filets</a> Wild Rice Baked Beans Sugar Snap Peas 1% Milk	Nectarine Slices Mini Rice Cakes Water

## RECIPES



- The [Child Nutrition Recipe Box](#) has USDA-standardized recipes for child care centers and family child care homes.
- The [Child Nutrition Recipe Box: New CACFP Lunch/Supper Recipes](#) has standardized recipes per age group (3–5 and 6–18 year-olds) and for 6, 25, and 50 servings.

## REFERENCES

- Alliance for Consumer Education. (n.d.). *Glitter germs lesson plan*. <https://snhschilddevelopment.weebly.com/uploads/1/3/1/2/13125961/glittergermslessonplan.pdf>
- Institute of Child Nutrition. (n.d.). *Baked tilapia fish fillets – USDA recipe for child care centers*. <https://theicn.org/cnrb/ages-3-5/age-3-5-25-50-servings/baked-tilapia-fish-fillets-usda-recipe-for-child-care-centers>
- Institute of Child Nutrition. (n.d.). *Berry medley and quinoa breakfast bake – USDA recipe for child care centers*. <https://theicn.org/cnrb/ages-6-18/ages-6-18-25-50-servings/berry-medley-and-quinoa-breakfast-bake-usda-recipe-for-child-care-centers/>
- Institute of Child Nutrition. (n.d.). *Child nutrition recipe box*. <https://theicn.org/cnrb/>
- Institute of Child Nutrition. (n.d.). *New CACFP lunch/supper recipes*. <https://theicn.org/cnrb/2022-cacfp-recipes/>
- Institute of Child Nutrition. (2022, October 5). *Child care center food safety guide*. <https://theicn.org/icn-resources-a-z/child-care-center-food-safety-guide/>
- Institute of Child Nutrition. (2020, March 20). *Handwashing posters*. <https://theicn.org/icn-resources-a-z/handwashing-posters/>
- Institute of Child Nutrition. (2018, March 29). *Properly use disposable gloves*. <https://theicn.org/icn-resources-a-z/child-care-mini-posters/>
- Institute of Child Nutrition. (2019, August 6). *Keeping food safe in family child care*. <https://theicn.org/icn-resources-a-z/family-child-care-food-safety-kit/>
- Institute of Child Nutrition. (2016, December). *Food safety mini-posters*. <https://theicn.org/icn-resources-a-z/food-safety-mini-posters/>

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## Appendix A 3

# Schedule for Cleaning, Sanitizing, and Disinfecting

Adapted from *Caring for Our Children: National Health and Safety Performance Standards, Appendix K*

- Programs may need to sanitize or disinfect surfaces more often during illness outbreaks and should refer to state, local, tribal, or territorial health authorities and child care licensing for more information.
- Reducing the risk of infection also involves proper ventilation and air filtration, since some infectious diseases spread through the air and not on surfaces.
- Regular handwashing is one of the best ways to remove germs and prevent the spread of illness to others.

Surface/Area	Method: Clean, sanitize, disinfect	Timing: Before each use, after each use, daily, weekly	Comments
<b>Food Preparation and Meal Service Areas: Use an EPA registered product that is safe for surfaces that touch food.</b>			
Food preparation surfaces and countertops CFOC <a href="#">4.9.0.9</a> ; <a href="#">4.9.0.10</a>	<b>Clean and sanitize</b>	<b>Before and after each use</b>	<ul style="list-style-type: none"> <li>• Use a microfiber cloth or disposable paper towels.</li> <li>• Do not use sponges.</li> </ul>
Eating utensils and dishes CFOC <a href="#">4.5.0.2</a> ; <a href="#">4.9.0.11</a> ; <a href="#">4.9.0.12</a> ; <a href="#">4.9.0.13</a>	<b>Clean and sanitize</b>	<b>After each use</b>	<ul style="list-style-type: none"> <li>• Wash, rinse, and sanitize by hand OR</li> <li>• Use dishwasher; set on sanitize setting.</li> </ul>
Bottle feeding equipment CFOC <a href="#">4.3.1.10</a>	<b>Clean and sanitize</b>	<b>After each use</b>	<ul style="list-style-type: none"> <li>• Wash, rinse, and sanitize by hand OR</li> <li>• Use dishwasher; set on sanitize setting.</li> <li>• Squeeze water through nipple hole to be sure it is clean.</li> </ul>
Highchair trays CFOC <a href="#">4.5.0.2</a> ; <a href="#">9.2.3.12</a>	<b>Clean and sanitize</b>	<b>Before and after each use</b>	<ul style="list-style-type: none"> <li>• Also, clean legs and frame when soiled.</li> </ul>



Surface/Area	Method: Clean, sanitize, disinfect	Timing: Before each use, after each use, daily, weekly	Comments
Mixed-use tables CFOC <a href="#">4.9.0.9</a>	<b>Clean and sanitize</b>	<b>Before and after each use</b>	<ul style="list-style-type: none"> <li>• Additionally, clean legs and frame when soiled.</li> </ul>
Food preparation equipment CFOC <a href="#">4.9.0.9</a>	<b>Clean and sanitize</b>	<b>After each use</b>	<ul style="list-style-type: none"> <li>• Wash, rinse, and sanitize by hand, <u>OR</u></li> <li>• Use dishwasher; set on sanitize setting.</li> </ul>
<b>Classroom Areas</b>			
Pacifiers: Used by one child CFOC <a href="#">3.1.4.3</a>	<b>Clean</b>	<b>Before and after each use</b>	<ul style="list-style-type: none"> <li>• Sanitize if dirty or used by another child.               <ul style="list-style-type: none"> <li>○ Use sanitizer safe for food contact, <u>OR</u></li> <li>○ Boil for 1 minute and air-dry, <u>OR</u></li> <li>○ Use dishwasher.</li> </ul> </li> <li>• Squeeze water through nipple hole to be sure it is clean.</li> </ul>
Mouthed toys: Used by one child CFOC <a href="#">3.3.0.2</a>	<b>Clean</b>	<b>Before and after each use</b>	<ul style="list-style-type: none"> <li>• Sanitize if used by another child.               <ul style="list-style-type: none"> <li>○ Use sanitizer safe for food contact, <u>OR</u></li> <li>○ Use dishwasher.</li> </ul> </li> </ul>
Washable cloth toys: Used by one child CFOC <a href="#">3.3.0.2</a>	<b>Clean</b>	<b>Weekly</b>	<ul style="list-style-type: none"> <li>• Machine wash and dry completely before use by another child.</li> </ul>
Classroom toys CFOC <a href="#">3.3.0.2</a> ; <a href="#">5.3.1.4</a> ; <a href="#">6.4.2.2</a>	<b>Clean</b>	<b>Weekly</b>	<ul style="list-style-type: none"> <li>• Follow label directions for cleaning of wooden toys.</li> </ul>
Play activity centers CFOC <a href="#">5.3.1.4</a>	<b>Clean</b>	<b>Daily (end of day)</b>	



Surface/Area	Method: Clean, sanitize, disinfect	Timing: Before each use, after each use, daily, weekly	Comments
Counters and shelves CFOC <a href="#">5.3.1.4</a>	<b>Clean</b>	<b>Daily (end of day)</b>	
Mixed-use tables for activities CFOC <a href="#">5.3.1.4</a>	<b>Clean</b>	<b>After each use</b>	<ul style="list-style-type: none"> <li>Sanitize if used for food preparation, meals, or tooth-brushing.</li> </ul>
Dress-up clothes (washable)	<b>Clean</b>	<b>Weekly</b>	<ul style="list-style-type: none"> <li>Machine wash and dry completely.</li> <li>Machine wash if soiled with body fluids.</li> </ul>
Drinking fountains CFOC <a href="#">5.2.6.10</a>	<b>Clean and disinfect</b>	<b>Daily</b>	<ul style="list-style-type: none"> <li>Clean frequently throughout the day.</li> <li>Disinfect at the end of the day.</li> </ul>
Water tables and water equipment CFOC <a href="#">6.2.4.2</a>	<b>Clean and disinfect</b>	<b>After each use</b>	<ul style="list-style-type: none"> <li>Staff/children wash hands before/after use.</li> <li>Change water, clean, then disinfect water table, and toys before a new group begins water play or at the end of the day.</li> <li>Children with open cuts or sores should not join in water play.</li> <li>Do not use during illness outbreak.</li> </ul>
Animal areas: feeders, fish tanks, or animal cages CFOC <a href="#">3.4.2.3</a>	<b>Clean and disinfect</b>	<b>As needed</b>	<ul style="list-style-type: none"> <li>Disinfect these areas after cleaning activity is finished.</li> </ul>
Floors CFOC <a href="#">5.3.1.6</a> ; <a href="#">5.6.0.4</a>	<b>Clean</b>	<b>Daily (end of day)</b>	<ul style="list-style-type: none"> <li>Sweep or vacuum, then damp mop.</li> <li>Microfiber mops               <ul style="list-style-type: none"> <li>Laundry after use.</li> </ul> </li> <li>Cotton mop heads               <ul style="list-style-type: none"> <li>Turn upside down to dry.</li> </ul> </li> <li>Disinfect if soiled with body fluids.</li> </ul>



Surface/Area	Method: Clean, sanitize, disinfect	Timing: Before each use, after each use, daily, weekly	Comments
<b>High-Touch Surfaces:</b> May need to sanitize or disinfect more often during illness outbreaks. Refer to state, local, tribal, or territorial health authorities and child care licensing for more information.			
Doorknobs, handles, and light switches	Clean	Daily	<ul style="list-style-type: none"> <li>Clean often throughout the day with a microfiber cloth or disposable paper towels.</li> </ul>
Shared computer keyboards, phones	Clean	Daily (end of day)	<ul style="list-style-type: none"> <li>Clean often throughout the day.</li> <li>Use silicone keyboard cover.</li> </ul>
<b>Sleeping Areas</b>			
Sheets, blankets, and pillowcases: Used by one child CFOC <a href="#">3.3.0.4</a> ; <a href="#">5.4.5.1</a>	Clean	Weekly	<ul style="list-style-type: none"> <li>Label and store each child's sleep items separately from other children.</li> <li>Follow laundry detergent instructions.</li> <li>Wash laundry at warmest temperature setting, and dry completely.</li> <li>If soiled with body fluids, launder with non-chlorine bleach (preferred), or bleach and dry completely.</li> </ul>
Cribs, cots, and mats: Used by one child CFOC <a href="#">5.4.5.1</a>	Clean	After each use and weekly	<ul style="list-style-type: none"> <li>Use fitted sheet to cover sleep surface.</li> <li>Clean sleep surface regularly with a microfiber cloth or disposable paper towels.</li> <li>Disinfect surface if soiled with body fluids.</li> <li>Follow manufacturer's instructions.</li> </ul>



Surface/Area	Method: Clean, sanitize, disinfect	Timing: Before each use, after each use, daily, weekly	Comments
Cribs, cots, and mats: Used by more than one child CFOC <a href="#">5.4.5.1</a>	Clean	After each use	<ul style="list-style-type: none"> <li>• Use fitted sheet to cover sleep surface.</li> <li>• Clean sleep surface with a microfiber cloth or disposable paper towels after use by another child</li> <li>• Disinfect surface if soiled with body fluids.</li> <li>• Follow manufacturer's instructions.</li> </ul>
Toileting and Diapering Areas			
Changing tables CFOC <a href="#">3.2.1.4</a> ; <a href="#">3.2.1.5</a> ; <a href="#">5.4.2.6</a>	Clean and disinfect	After each use	<ul style="list-style-type: none"> <li>• Allow the surface to air dry between uses.</li> </ul>
Diaper pails CFOC <a href="#">5.4.1.8</a>	Clean and disinfect	Daily (end of day)	
Toilets CFOC <a href="#">5.4.1.7</a> ; <a href="#">5.4.1.8</a>	Clean and disinfect	Daily (end of day)	<ul style="list-style-type: none"> <li>• Disinfect after use if soiled.</li> </ul>
Sinks and faucets CFOC <a href="#">5.4.2.2</a> ; <a href="#">5.4.2.3</a>	Clean and disinfect	Daily (end of day)	
Countertops	Clean and disinfect	Daily (end of day)	
Floors CFOC <a href="#">5.6.0.4</a>	Clean and disinfect	Daily (end of day)	<ul style="list-style-type: none"> <li>• Use separate mops/mop heads for toilet/diapering areas and other areas.</li> <li>• Use microfiber mops with split bucket (cleaning/rinsing system).</li> </ul>

Related definitions can be found in the [CFOC Glossary](#).





## Best Practices for Success

Follow these guidelines to protect the health and safety of staff and children:

- Frequent handwashing with soap and water for at least 20 seconds or using a hand sanitizer with at least 60% alcohol can prevent the spread of infection. Hand sanitizers are less effective when hands are visibly dirty or greasy.
- Many cleaning products and air fresheners have hazardous chemicals. It is best to use a cleaning product with a third-party certification that says the product is safer to use. Choose products that are free of fragrances or dyes.
- Check the product label to see what personal protective equipment (PPE: such as gloves, glasses/goggles) is needed because of possible hazards. Wash hands with soap and water for at least 20 seconds after cleaning, sanitizing, or disinfecting.
- To reduce exposure to product fumes, ventilate the space by either opening windows or doors or bringing in outside air using a heating, ventilation, and air conditioning (HVAC) system. If you do not have an HVAC system, use a mechanical air filter in individual rooms. Refer to CFOC [Standard 5.2.1.1 Ensuring Access to Fresh Air](#).
- Always follow the manufacturer's instructions (listed on the label) for safe use, cleaning, storage, and disposal of products. Always label containers of cleaning products and chemicals.
- Microfiber cloths are preferred for cleaning. If microfiber cloths are not available, disposable towels can be used for cleaning. Using cotton cloths, cotton mops, and sponges in early childhood programs is not recommended. Refer to CFOC Standard [5.6.0.4: Microfiber Cloths, Rags, and Disposable Towels and Mops Used for Cleaning](#).
- Keep all chemical products locked up and safely out of the reach of children. Safely dispose of products not in use. Fumes from closed containers add to poor air quality.
- Disinfect surfaces or objects soiled with blood and body fluids that are bloody by following Occupational Safety and Health Administration (OSHA) Standard Precautions. Refer to CFOC [Standard 3.2.3.4 Prevention of Exposure to Blood and Body Fluids](#) and [Appendix L Cleaning Up Body Fluids](#). Carefully follow manufacturers' instructions for product use.

## Learn More:

- [Standard 3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting](#)
- [Selecting and Using Cleaning, Sanitizing, or Disinfecting Products](#)



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## Appendix B

# How Might a Child Describe a Reaction?

Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.

Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children's voices may change (e.g., become hoarse or squeaky), and they may slur their words.

The following are examples of the words a child might use to describe a reaction:

- "This food is too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There's a frog in my throat."
- "There's something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."

If you suspect that a child is having an allergic reaction, follow their emergency care plan and treat the reaction quickly.

Learn more about treatment at  
[foodallergy.org/TreatingReactions](https://foodallergy.org/TreatingReactions).

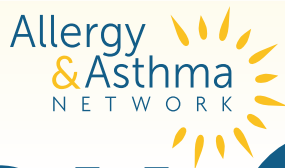


**FARE**

Food Allergy Research & Education

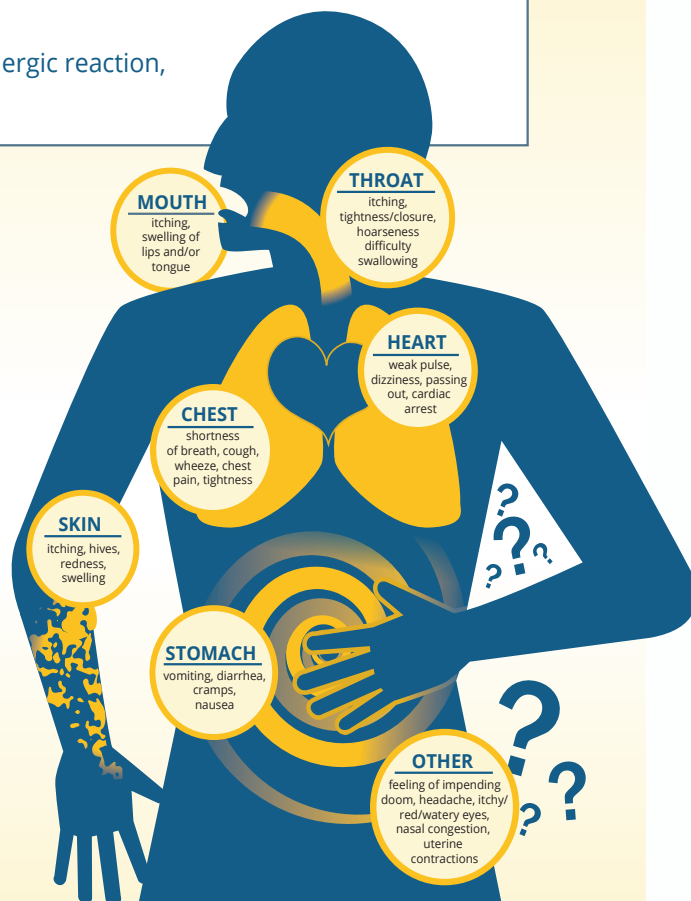


**Anaphylaxis** is a severe, life-threatening allergic reaction, usually to food, insect venom, medication or latex.



# YOU NEED 2

**ALWAYS CARRY  
2 DOSES OF EPINEPHRINE**



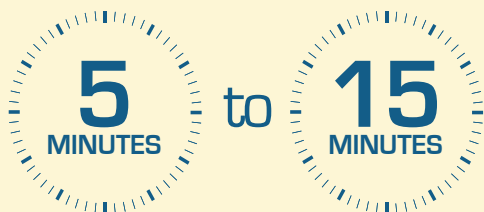
**1st line of treatment = Epinephrine**

**Why "You Need 2"**

**15-30%** of all anaphylaxis patients experience a 2nd reaction



Almost **20%** of children experiencing a food-related anaphylaxis reaction will experience a 2nd reaction



**Keep Watching**

A **2nd reaction** can occur within **5 to 15 minutes** after the 1st dose is administered.

It can also occur between **8 and 72 hours** after the 1st reaction.

Any delay of treatment = Greater chance for hospitalization + Greater risk for death

**Remember: Epi First, Epi Fast!**

Sources: • Guidelines for the Diagnosis and Management of Food Allergy in the United States – National Institute of Allergy Infectious Diseases (NIAID)  
• Use of Multiple Doses of Epinephrine in Food-Induced Anaphylaxis in Children – Jarvinen, K.; Sicherer, S.; Sampson, H.; Nowak-Węgrzyn, A. – Journal of Allergy and Clinical Immunology

# Epinephrine Treatments


2024

AllergyAsthmaNetwork.org • 800-878-4403

## Appendix C 1

### Brand Devices

### Generic Devices

	Auvi-Q®	EpiPen®	neffy®	Auto-Injector (Amneal)	Auto-Injector (Teva)	Auto-Injector (Viatris)
Type	Auto-Injector	Auto-Injector	Nasal spray	Auto-Injector	Auto-Injector	Auto-Injector
Dosage	0.10 mg for <b>16.5 - 33 lbs.</b> 0.15 mg for <b>33 - 66 lbs.</b> 0.3 mg for <b>over 66 lbs.</b>	0.15 mg for <b>33 - 66 lbs.</b> 0.3 mg for <b>over 66 lbs.</b>	2 mg for <b>over 66 lbs.</b>	0.15 mg for <b>33 - 66 lbs.</b> 0.3 mg for <b>over 66 lbs.</b>	0.15 mg for <b>33 - 66 lbs.</b> 0.3 mg for <b>over 66 lbs.</b>	0.15 mg for <b>33 - 66 lbs.</b> 0.3 mg for <b>over 66 lbs.</b>
Storage Temperature	68 to 77 degrees F	68 to 77 degrees F	68 to 77 degrees F (with excursions up to 122 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	Spray in nostril (use same nostril if second dose is needed)	Outer middle of thigh	Outer middle of thigh	Outer middle of thigh
Hold Time	2 seconds	3 seconds	None	10 seconds	3 seconds	3 seconds
Is a trainer available?	Yes	Yes	Yes	Yes	Yes	Yes
Twin-packs available?	Yes	Yes	Yes	Yes	Yes	Yes
Shelf life	12 to 18 months	12 to 18 months	30 months	12 to 18 months	12 to 18 months	12 to 18 months
Special feature	Voice prompt; needle fully covered after injection	Needle fully covered after injection	Needle-free	If needle is sticking out after injection, you received the dose	Needle fully covered after injection	Needle fully covered after injection
Manufacturer	Kaléo	Viatris	ARS Pharmaceuticals	Amneal Pharmaceuticals	Teva Pharmaceuticals	Viatris
Website	<a href="http://auvi-q.com">auvi-q.com</a>	<a href="http://epipen.com">epipen.com</a>	<a href="http://neffy.com">neffy.com</a>	<a href="http://epinephrineautoinject.com">epinephrineautoinject.com</a>	<a href="http://tevaepinephrine.com">tevaepinephrine.com</a>	<a href="http://epipen.com">epipen.com</a>
Patient assistance	877-302-8847 	800-395-3376 	877-696-3339 	800-934-6729 	844-248-7949 	800-395-3376 



# Using The Medication



## How to Use An Epinephrine Auto-Injector

### Key Points To Remember

- Epinephrine auto-injectors can be administered through clothing.
- 911 should always be called whenever anaphylaxis occurs.
- Epinephrine should be the FIRST medication given when anaphylaxis is suspected.
- Any delay in receiving epi after recognition increases the risk of a bad outcome.

### Steps To Use

Before use, have the person experiencing the reaction lay flat on his/her back if possible. For children, it is essential that they are able to be still for the amount of time that you need to hold the device to them to prevent other injuries.



1. Remove device from case.

**EpiPen:** Clear plastic case that opens at the top

**Auvi-Q:** Hard plastic case covering device

**Amneal:** Black and yellow case that opens in the middle



2. Remove safety cap(s).

**EpiPen:** Blue cap on the top

**Auvi-Q:** Red cap on the bottom

**Amneal:** Blue caps on top and bottom



3. Apply device to upper outer thigh, then apply firm pressure.

**EpiPen:** Orange tip to thigh  
Bottom of device to

Rounded red end to



4. Hold device in place for 2-10 seconds (depends on device).

**EpiPen:** 3 seconds

**Auvi-Q:** 2 seconds

**Amneal:** 10 seconds



5. Call 911.

**1-4 if no improvement in 3-5 minutes.**



# Using The Medication



## How to deal with expired epinephrine auto-injectors

Medication has expiration dates to ensure that the medication is used while it is effective for its intended use. Epi auto-injectors typically have a one-year shelf-life and need to be replaced after a year has passed. Depending on your device, the expiration date will be found on the device. On common auto-injectors, these are ways you can find the expiration dates:

- EpiPen & EpiPen Jr. - the expiration date is found on a black box on the label, towards the blue safety cap end.
- Auvi-Q - found on a white box on the device which can be found between the raised tongs of the safety case.
- Amneal - found on a white box on the label of the device towards the safety cap.

Epi auto-injectors come with training devices, called trainers, with each prescription. These devices do NOT have any life-saving medication in them and should not be stored near actual auto-injectors to avoid confusion. What do these devices look like?

- EpiPen & EpiPen Jr - Trainer does not have a clear window that shows the medication and will clearly state TRAINER on one side.
- Auvi-Q - The trainer will have the word TRAINER imprinted on the white top of the training device along with TRAINER written on multiple places of the device.
- Amneal - The trainer will be in a gold carrying case with a label stating TRAINER on multiple places. The training device has yellow safety caps instead of blue, like the active device, and will state TRAINER on the label.

It is important to have non-expired devices available for use at all times. When devices expire, consider the following:

- Expired devices can be used by medical professionals and trained personnel as an example of how to use on a safe example surface like an orange or clear cup.

As epi auto-injectors contain a needle, they should NOT be thrown in a trash can with normal trash. They should be disposed of safely in specific spaces for medical waste. If your campus already has a sharps container for other medical supplies, like needles for diabetic students, it can be disposed of there. If you do not have a way to safely dispose of medical waste on campus, you can take the expired devices to a local pharmacy, hospital, or healthcare provider's office.



# Cleaning Methods

## Appendix D 1

Schools, Early Childhood Education (ECE) programs, and communities have a shared responsibility to promote a safe physical environment that protects children with food allergies. State and local health regulations, generally based on the FDA Model Food Code, provide school districts, schools, and ECE programs with requirements governing the cleaning and sanitizing of surfaces and other practices that can protect against the unintentional transfer of residue or trace amount of an allergic food into another food. Some practices to reduce this cross-contact include the following:

- Clean and sanitize with soap and water or all-purpose cleaning agents and sanitizers that meet state and local food safety regulations, all surfaces that come into contact with food in kitchens, classrooms, and other locations where food is prepared or eaten.
- Clean and sanitize food preparation equipment, such as food slicers, and utensils before and after use to prevent cross-contact.
- Clean and sanitize trays and baking sheets after each use. Oils can seep through wax paper or other liners and cause cross-contact.
- Use appropriate hand-washing procedures that emphasize the use of soap and water. Plain water and hand sanitizers are not effective in removing food allergens.
- A study found that for removal of peanut allergens from hands, liquid soap, bar soap, and commercial wipes were very effective. Plain water and antibacterial hand sanitizer left detectable levels of peanut allergen on 3 out of 12 and 6 out of 12 hands, respectively.

*Distribution of peanut allergen in the environment. Perry TT, Conover-Walker MK, Pomes A, Chapman MD, Wood RA. J.Clin Immunol, Vol. 113, No. 5. Retrieved from [http://www.jacionline.org/article/S0091-6749\(04\)01067-X/fulltext](http://www.jacionline.org/article/S0091-6749(04)01067-X/fulltext)*

*Voluntary Guidelines for Managing Food Allergies in School. P.38. Centers for Disease Control. Retrieved from [http://www.cdc.gov/healthyyouth/foodallergies/pdf/13\\_243135\\_A\\_Food\\_Allergy\\_Web\\_508.pdf](http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf)*

# HOUSEHOLD CHEMICALS

ECO-HEALTHY CHILD CARE® HELPS EARLY CHILDHOOD LEARNING ENVIRONMENTS TO BE AS HEALTHY, SAFE AND GREEN AS POSSIBLE BY REDUCING CHILDREN'S EXPOSURE TO TOXIC CHEMICALS.

## HEALTH CONCERNS

Household chemicals can be toxic to our health and to the environment. **A wide variety of toxic chemicals are routinely used as ingredients within cleaning, sanitizing, and disinfecting products.** These chemicals can make indoor air unhealthy to breathe, irritate the skin and eyes, harm the respiratory tract and endocrine system, and pollute the natural environment. Children are especially at risk to toxic chemicals because their bodies and organs are still developing. Children are exposed to toxic household chemicals through inhalation, skin and eye contact, and ingestion.

## WHAT'S THE DIFFERENCE? \*

Routine **cleaning** with detergent and water is the most useful method for removing germs from surfaces in the child care setting.

A **sanitizer** is a product that reduces germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces, toys that children may place in their mouths, and pacifiers.

A **disinfectant** is a product that destroys or inactivates most germs on non-porous surfaces. A disinfectant may be appropriate to use on diaper changing tables, counter tops, door and cabinet handles, and toilets and other bathroom surfaces.

*\*portions adapted from Caring for Our Children*

**MAKE SURE THE PRODUCT YOU CHOOSE IS DOING THE JOB YOU WANT IT TO DO.**

## CHOOSE SAFER CLEANING PRODUCTS

**Third-party certified green-cleaning products** are less toxic and environmentally safer. They also often cost the same as conventional cleaners.

**Green Seal and ECOLOGO \*** are companies that research and certify products that are biodegradable and environmentally friendly.

Visit [www.greenseal.org](http://www.greenseal.org) and/or search for ECOLOGO certified products in the UL Sustainable Product Guide at [www.ul.com/resources/ecologo-certification-program](http://www.ul.com/resources/ecologo-certification-program), to verify whether the products you use are safe, healthy and effective.

The **U.S. Environmental Protection Agency (EPA)** has also created **Safer Choice** to help consumers find cleaning products that are safer for human health and the environment. **EPA's Safer Choice Fragrance-Free label** contains products without fragrance which are a safer option for us around younger children. Visit [www.epa.gov/saferchoice](http://www.epa.gov/saferchoice) to search for safer products.

**\*\*NOTE: Ecologo criteria do not specifically prohibit the use of all quats (quaternary ammonium compounds) in disinfectants. These chemicals increasingly are considered to exacerbate asthma.**



## BLEACH AND QUATS

Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants. Bleach and quats can also cause asthma and reproductive problems.

**If you are using bleach to disinfect, choose an EPA registered, fragrance-free, household bleach--not laundry bleach.** The product you purchase should have a label that lists the EPA Registration number #. Any leftover bleach solution should be discarded at the end of the day as it will lose effectiveness after a day.

## HOW TO MIX AN EFFECTIVE BLEACH SOLUTION

**Read the label to find the concentration of sodium hypochlorite (bleach) in the product to make sure you are using the right dilution ratio or correct amount of bleach and water.** Use a funnel when mixing bleach solution to reduce exposure to fumes. Always use the personal protective equipment indicated on the Safety Data Sheet when mixing bleach.

For more information regarding dilution and contact time see the instructions provided in **Appendix J of Caring for Our Children**.

## SAFER SANITIZING AND DISINFECTING PRODUCTS

Keep in mind that there are safe, effective alternatives to chlorine bleach. **If you determine disinfecting is necessary, select an EPA registered, fragrance-free disinfectant that has less harmful substances such as: Ethanol, Isopropanol, Hydrogen Peroxide, Lactic Acid or Citric Acid.**

Remember to always use the least-toxic cleaner, sanitizer, or disinfectant. For EPA-registered, safer sanitizers and disinfectants, visit: **[www.epa.gov/saferchoice/design-environment-pesticides](http://www.epa.gov/saferchoice/design-environment-pesticides)**

## PAINTS

Indoor air is often more polluted than outdoor. **Off-gassing from paint is a large contributor to poor indoor air quality.** Many paints are made of harmful volatile organic compounds (VOCs). VOCs are organic compounds, such as benzene, formaldehyde, and toluene, that readily evaporate into the air and can be inhaled. VOCs are associated with a variety of adverse health effects including cancer.

When it comes time to paint, make sure to:

- **Use "no-VOC" or "low-VOC" paints.**
- Look for **alkylphenol ethoxylate (APE) free paints**. APEs are chemicals of concern often used as surfactants.
- **Avoid "ant-fungal" and "anti-microbial" paints.** These paints can have pesticides added to them beyond what is needed for standard preservation.
- **Choose Green Seal-11 certified paint.** This certification limits harmful substances like heavy metals and carcinogens.

## AEROSOLS

**Keep aerosol spray away!** Aerosol sprays - such as deodorants, cooking sprays, hair sprays, carpet cleaners, furniture polish, and air fresheners - spew invisible droplets of chemicals into the air. The invisible droplets are inhaled by children and can trigger asthma and allergy symptoms. **Choose pump sprays or wipes instead.**



## HOUSEHOLD CHEMICALS RESOURCES

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs (See Appendix J for information on Bleach): **<http://nrckids.org/CFOC>**

Informed Green Solutions: Cleaning for Healthier Child Care :

**<https://www.informedgreensolutions.org/cleaning-for-healthier-child-care>**

Eco-Healthy Child Care ® FAQs on Fragrances:

**<https://cehn.org/our-work/eco-healthy-child-care/ehcc-faqs/>**

Oregon Health Authority, Healthy Child Care: Sanitizing and Disinfecting in Child Care

**<https://www.oregon.gov/oha/PH/HEALTHYPEOPLE/FAMILIES/BABIES/HEALTHCHILDCARE/Pages/sanitizer.aspx>**

### FOR MORE INFORMATION

Call: 202-543-4033, ext. 13 || Email: [ehcc@cehn.org](mailto:ehcc@cehn.org) || Visit: [www.cehn.org/ehcc](http://www.cehn.org/ehcc)



# NON-FOOD REWARDS AT SCHOOL

for Children With Food Allergies

Written in collaboration with Gina M. Lee, M.Ed.



## Appendix E

The Centers for Disease Control and Prevention's (CDC) "Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs" recommends the "use of non-food incentives for prizes, gifts, and awards." Other well-respected health organizations and institutions recommend this approach as well.

While a shift to non-food incentives may require slight changes to school traditions, there are potential benefits. This practice can help ease anxiety surrounding serving of food at school and the chance of accidental exposure to allergens for children with food allergies. **Below is a list of low-cost or no-cost rewards that can be used instead of food.**

### NO-COST REWARDS

- Allow extra time for reading, computer, art, games
- Enjoy class lessons or reading time outside
- Allow child to choose class activity or game
- Give a "no homework" pass or no homework for the class
- Present certificate of achievement
- Give free time at the end of the day
- Have a class sing-along
- Create class coupons with special privileges
- Allow child to choose music to play for the class
- Child or teacher can read a favorite book to the class
- Allow child to wear something fun to school according to a theme: pajama day, hat day, sports day, color day, pattern day (for class or grade)
- Allow child to earn prizes or gift certificates donated by local businesses
- Have a reading party (children bring blankets to sit on and read favorite books)
- Allow child to choose a poem, short story or joke to read to the class
- Create a class story (go around the room and each child contributes a line to the story)
- Allow child to use a camera or tablet to create a class or personal picture collage of school activities

### LOW-COST REWARDS

Verify that these items do not contain allergens for any of the students. For example, some of these items are made of latex and should not be offered to a student with a latex allergy.

- Awards or medals
- Books, bookmarks
- Bracelets
- Bubbles
- Class crafts
- Crayons
- Finger puppets
- Glow sticks
- Grab bags
- Necklaces
- Notepads
- Pencils
- Pencil cases, grips, sharpeners, toppers, erasers
- Playing cards
- Ribbons
- Rings
- Rubber balls
- Stickers
- Sticky notes
- Stress balls
- Tote bags
- Trinkets/toys: slinkies, small figurines, spinning tops, yo-yos





*"The best reward we can give our children is our time and attention."*

-Gina M. Lee, M.Ed.



## REWARDS FROM THE HEART

- Give the child extra attention: ask about outside interests, smile or give a pat on the back
- Give verbal praise that is specific
- Allow child to sit by a friend
- Attend an afterschool activity of the child's to show you care
- Allow child to share a special item or talent with the class
- Make child the "Student of the Day," "Super Kid," "Line Leader" or "Star of the Day"
- Allow child to sit in a special seat
- Allow child to write or draw on the board
- Allow child to do class (or school) morning announcements
- Recognize child/class achievements during morning announcements, in a school newsletter, on a school (or class) bulletin board or on the school website
- Allow child to help out with a lesson or be a teacher's helper (hand out papers, put away supplies, etc.)
- Give child an important responsibility
- Have each classmate write a compliment about the child, create a compliment book for the child to bring home (index cards on a ring work well)
- Allow child to read or help out in another class or a younger class
- Choose an incentive based on interest (e.g., allow a child that likes to draw to create a class or school sign/poster)
- Write a positive note directly to the child or send a positive note home to child's parents
- Allow child to eat lunch with a favorite teacher, principal or other staff member
- Allow child to invite a special guest to the classroom (as a guest reader or to play a game with the class)
- Donate the child's favorite game or book to the class
- Have classmates sign a T-shirt, Frisbee or ball for the child

## ACTIVE REWARDS

- Allow child to pick a song for a class "dance break"
- Allow class to perform a skit
- Allow child to make deliveries to office or other rooms
- Pick a class game to play outside: kickball, whiffle ball, capture the flag, basketball
- Play inside class games: 7-up, charades
- Allow time for fun outside activities: Frisbee, hula-hoop, jump rope
- Create an obstacle course
- Allow child to lead Simon Says
- Have a class scavenger hunt based on a curriculum topic
- Create a walking club during recess
- Allow child to play a game during recess with a staff member
- Allow extra recess
- Host a day of educational activities, games and experiments
- Play curriculum hopscotch (Instead of throwing a rock before you jump, the child must correctly answer a math fact or other fact from a lesson before moving)

### References:

- Alliance for a Healthier Generation. Non-Food Rewards. <https://www.healthiergeneration.org/take-action/schools/wellness-topics/nutrition-services/non-food-rewards>. (Retrieved July 27, 2021)
- Centers for Disease Control and Prevention. 2014. Adolescent and School Health: Childhood Obesity Facts. <https://www.cdc.gov/healthyyouth/obesity/facts.htm>. (Retrieved July 27, 2021)
- Centers for Disease Control and Prevention. 2014. Adolescent and School Health: Physical Activity Facts. <https://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>. (Retrieved July 27, 2021)
- Center for Science in the Public Interest. Support Healthier School Food. <https://www.cspinet.org/schoolfood>. (Retrieved July 27, 2021)
- Centers for Disease Control and Prevention. 2013. Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs. [https://www.cdc.gov/healthyschools/foodallergies/pdf/20\\_316712-A\\_FA\\_guide\\_508tag.pdf](https://www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf). (Retrieved July 27, 2021)



Annual Policy Distribution Log to the parent or guardian of each child enrolled in child care

## **Appendix F**

The child care program may choose one of the methods listed below to distribute the policy to the parents

The program agrees to distribute the policy ANNUALLY to the parents through

<b>Distribution Method</b>	<b>Yes</b>	<b>No</b>
Providing MSDE OCC Resource Document Web Link to the parents annually		
Adding MSDE OCC Resource Document Web Link to their program website		
Including the document or website to the Parent Hand Book annually		
Providing the document as a paper copy annually		
Sending the web link/document through email annually		

Please note that the preferred method is to connect to MSDE OCC Resource Document website.

Child Care Program Self-Assessment Check List: Food Allergy & Anaphylaxis  
**Appendix G**

	<b>Children with Food Allergies: Assessment Check List</b>	
<b>1</b>	<b>Child's Records</b>	
	Emergency Contact Form OCC 1214	
	Health Inventory OCC1215	
	Medication Administration Authorization Form -Allergy and Anaphylaxis OCC 1216 B Includes type of food(s) allergy, medications and instructions for allergy and anaphylaxis management	
	Modified Diet & Snack Plan	
	Modified Activity Plan (as determined by the health care provider)	
<b>2</b>	<b>Medication Administration, Storage, Access and Disposal</b>	
	EPINEHRINE Medication ordered by the prescribing health professional for a specific child with written permission of the parent/ guardian. Prescription medication is labeled with <ul style="list-style-type: none"> <li>a. Medication name and strength and expiration date and frequency</li> <li>b. Medication administration indication/purpose/need (why and when)</li> <li>c. Child's name, DOB</li> <li>d. date the prescription was filled.</li> <li>e. name and contact information of the prescribing health professional.</li> <li>f. instructions for administration, follow up, storage and disposal</li> </ul>	
	Medication stored in easy access to staff to administer and inaccessible to children	
	Trained staff/provider <ul style="list-style-type: none"> <li>a. Administer prescribed medication safety practices</li> <li>b. Call 911 whenever Epinephrine is administered</li> <li>c. Contact parent whenever 911 called &amp; epinephrine administered</li> <li>d. Document that the medicine was administered to the child as prescribed</li> </ul>	
	Used/expired medications are returned to the parent/ guardian for disposal	
	Medication stored as per manufacturer's instructions	
	Medication is kept in easy access and available for prompt administration wherever the child is present (indoor class room, lunch rooms, outdoor activities, field trips)	
<b>3</b>	<b>Training for Child Care Personnels</b>	
	Staff/provider with MAT& or AAA training is present to administer medication whenever the child is in care	
	All staff & providers, including substitutes and volunteers, are trained to watch for allergy, warning signs and anaphylaxis and new staff receive this training when hired.	
	Staff/providers including substitutes and volunteers are trained to <ul style="list-style-type: none"> <li>a. Communicate with parents</li> <li>b. Call 911</li> <li>c. Call poison control</li> <li>d. Read food labels for allergen presence and to avoid</li> </ul>	
	Staff/Provider complete OCC recommended trainings	

Child Care Program Self-Assessment Check List: Food Allergy & Anaphylaxis  
**Appendix G**

4	<b>Child with No Prescribed EPINEPHRINE Medication and develop severe Allergic/Anaphylactic reaction</b> <ol style="list-style-type: none"> <li>Call 911&amp; follow 911 guidance until 911 arrives</li> <li>Contact parent and stay with the child until care is handed over</li> <li>Document AND Report on the Incident</li> <li>Perform Follow up call with the parent for guidance</li> </ol>	
5	<b>Food Allergen Exposure Prevention</b>	
A	<b>Meal and Snack Times</b>	
	<p>The provider /staff</p> <ol style="list-style-type: none"> <li>Wash hands before and after serving meals and snacks and after surface cleaning</li> <li>Prevent exposure to the specific food(s) to which the child is allergic with safe handling</li> <li>Serve only designated meals and snacks for the child</li> <li>Never will share food items/ snacks that are meant for other children/staff</li> <li>Recognize the symptoms of an allergic reaction</li> <li>Treat severe Allergic and Anaphylactic reactions without delay</li> <li>Post children's food allergies in the classroom and/or wherever food is served with permission of the parent/guardian.</li> </ol>	
B	<b>Special Occasions &amp; Art and Crafts Activities</b>	
	<p>The provider /staff</p> <ol style="list-style-type: none"> <li>Encourage parents/guardians to provide non-food items for celebrations</li> <li>Use non-food materials/content for art and craft projects</li> <li>Read the package labels for any allergen content and avoid using</li> </ol>	
C	<b>Field trips or transport out of the child care location</b>	
	<p>The provider /staff</p> <ol style="list-style-type: none"> <li>Carry a mobile phone and emergency contact form</li> <li>Take the child's medications and the order form</li> <li>Carry child specific meals and snacks for children with food allergy</li> <li>Practice hand washing and cross contact prevention strategies</li> </ol>	
D	<b>Triggers/ Irritants Prevention &amp; Cleaning and Sanitation and Ventilation</b>	
	Hand washing: All adults and children wash hands as recommended	
	Toys, child care items, and surfaces: clean and sanitize as recommended	
	Clean Surface areas with soap and water and use microfiber cloth for wiping	
	Use EPA approved products for sanitizing and disinfecting.	
	No aerosol /spray products used in surface/environmental cleaning	
	No smoking during child care hours: products with tobacco, cigarette, vapes, cannabis	
	Avoid art and craft materials with fragrances or fumes or food allergens (markers, paints)	
	No perfume fragrance or other scented products used during child care hours	

# Child Care Program Self-Assessment Check List: Food Allergy & Anaphylaxis

## Appendix G

	No use of personal care products- hair spray, nail polish, powders, around the children	
	No use of Air sprays, plug-ins incense, wax, candles and "air fresheners "	
	Maintain Indoor Humidity to recommended range 40-60 using a humidity gauge	
	Use Exhaust fans in bathrooms, kitchens and basement areas to help remove humidity	
	Dehumidifiers may be used (Dust mites and mold thrive on humidity)	
	Open windows and doors when children are not in care to help with indoor ventilation humidity	
	Use high efficiency vacuum cleaner ( "HEPA" filter) -Others blow tiny particles back into the air.	
	Outdoor child care and play areas are kept clean of fallen leaves, compost piles, and cut grass	
	Outdoor time is adjusted for cold/heat-sensitive children, and alternative indoor activities are offered. Follows guidance- Weather Watch chart, Air Quality Index, high pollen content, Natural and other Disasters	