



Accommodating Special Dietary Needs Outside of Food Service Areas



Debbie Kains, Principal Consultant, Nutrition Department



Now why?



Legislation

- Americans with Disabilities Act (ADA)
 - ADA Amendment 2008 (ADAA)
- Individuals with Disabilities Education Act (IDEA)
- USDA Nondiscrimination Regulation (7CFR 15(B))
- Section 504 of Rehabilitation Act of 1973



Americans with Disabilities Act Amendment (ADAA 2008)

Definition of Disability

A condition in which a person has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.



Major Life Activities- In General (ADAA 2008)

These are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.



Major Bodily Functions (ADAA 2008)

“Major life activities” also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions



FDA Food Safety Modernization Act (2011)

Shifting focus from response to prevention:

- Parent providing documentation prior to the start of every school year
- Create and maintain an individual plan for food allergy management, with the parent, with a documented risk for anaphylaxis
- Communication strategies between individual schools and providers of emergency medical services
- Strategies to reduce the risk of exposure to allergens in classrooms and common school areas such as cafeterias



Food Allergies
100% REAL

PREVENT & PREPARE

ALLERGYHOME.ORG

The image is a promotional graphic for Food Allergies. It features a red background at the top with the words "Food Allergies" in a white, cursive font. Below this, in a smaller white font, is "100% REAL". In the center is a circular logo with a house icon and the words "ALLERGY HOME" around it. Below the logo, the words "PREVENT & PREPARE" are written in a bold, red, sans-serif font. At the bottom, the website "ALLERGYHOME.ORG" is displayed in a white, sans-serif font, flanked by decorative starburst patterns.



No food served in classrooms: How does this impact my classroom?

Food Allergy and Intolerance:

- Delayed or rebound reaction
- Shared classroom equipment, avoid cross-contact with allergens
- Classroom activities, celebrations, or incentive/rewards use non-food items
- Snacks for test days, limit food to items that have food labels identifying carbohydrates



No food served in classrooms: How does this impact my classroom?

Diabetes:

- Blood sugar may spike or drop rapidly during the course of the day
- Classroom activities, celebrations, or incentive/rewards use non-food items
- Snacks for test days, limit food to items that have food labels identifying carbohydrates

Celiac Disease/Gluten Intolerance:

- Classroom activities, celebrations, or incentive/rewards use non-food items
- Snacks for test days, limit food to items that have food labels identifying gluten content or gluten-free



Now what?



Poll Question:

How many of you either personally or have someone in your family who require dietary accommodations?



THE FOOD ALLERGY EPIDEMIC



More than half of adults with food allergies have experienced a severe reaction.



More than 40 percent of children with food allergies have experienced a severe reaction.



Food Allergy: Non-Life-Threatening

- Hypersensitivity from an abnormal response of the body's immune system to food, that the body would otherwise consider harmless
- Does not have to be life-threatening or cause anaphylaxis
- Non-life-threatening food allergy may be considered a disability and require meal modification



Food Allergy: Life-Threatening

Know the Eight Food Groups Which Cause Most Serious Food Allergy Reactions

Most food allergies are caused by these eight food groups.⁶
Any food can cause an allergic reaction, however.



MILK



EGGS



FISH



SHELLFISH



WHEAT



SOY



PEANUTS



TREE NUTS



- 4% of students are affected by food allergies, and the incidence is increasing.



- 25% of severe food allergy reactions at school happen to students with no previous known food allergy.



Food Intolerance:

- Adverse food-induced reaction that does not involve the body's immune system
- May be considered a disability if it substantially limits digestion
 - Lactose intolerance
 - Gluten intolerance, Gluten sensitivity
- No physician signed medical statements required when accommodations are made within the meal pattern
- May request a medical statement for documentation
- Do not delay implementation of meal accommodations
- Accept input from parent/guardian or appropriate individuals



Celiac Disease:

Three million people are in US are living with celiac disease.

Ingesting small amounts of gluten, like crumbs from a cutting board or toaster, can trigger small intestine damage.



BEYOND CELIAC
awareness • advocacy • action

CELIAC DISEASE AT A GLANCE

CELIAC DISEASE IS A SERIOUS GENETIC AUTOIMMUNE DISEASE.

1 in 133 people in the United States have celiac disease. That's approximately 3 million people.

83% of the people with celiac disease are undiagnosed.

3 million

LEFT UNDIAGNOSED AND UNTREATED, people with celiac disease are at-risk for other serious health consequences, such as osteoporosis, anemia, thyroid disease, and even certain cancers.

CURRENTLY, THE ONLY TREATMENT FOR CELIAC DISEASE IS A STRICT GLUTEN-FREE DIET.

Celiac disease is the only autoimmune disease with a known trigger—**GLUTEN**. Gluten is the protein found in wheat, rye and barley and foods and drinks that contain these grains.

Learn more about celiac disease and more at www.BeyondCeliac.org

f t in u



Childhood Diabetes:

About 193,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 24% of that population.



Now who?



Poll Question: Allergic Reactions Which age group is at a high risk?

1. Early Childhood:
2. Elementary School:
3. Middle School and High School:



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High risk due to lack of communication skills, unable to describe reaction symptoms. Discovery of allergies due to first time exposures to new foods.



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High risk, students want to participate in “normal” activities and do not fear reactions. *Invincibility factor*: “It won’t happen to me, if it does I can handle myself”



Every age group is at a high risk

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Now how?



Communication is Key

Key Players:

- Cafeteria Staff/Lunchroom Supervisors
- School Nurse/Office Personnel
- Classroom teachers
- Transportation services
- Playground Supervisors
- Sanitation





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- Playground Supervisors
- Sanitation

Others to consider:

- **Outside organizations using school building**
- **Parent Teacher Organization**
- **School Concessions**





ISBE- Sample Modified Meal Request Form

<Insert District Name>

MODIFIED MEAL REQUEST
Please return completed and signed form to _____.

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____ Grade: _____
School: _____
Parent/Guardian Email: _____ Daytime Phone: _____

Based on information listed below my child will require a menu modification at the following: Breakfast Lunch Afterschool Snack

I understand it is my responsibility to renew this form each school year and/ or any time my child's medical or health needs change.

Parent/Guardian Name PRINTED _____ Parent/Guardian SIGNATURE _____ Date _____

TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by State of Illinois to prescribe medication)
The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance, Diabetes, Anaphylactic Food Allergy)
Food TO BE OMITTED from diet* (check appropriate boxes below)

- Dairy** – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.
- Fluid Milk** – Milk to drink
- Peanuts** – Peanuts, Peanut Butter, Peanut oil.
- Tree Nuts** – Almonds, hazelnuts, and cashews.
- Wheat** – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient.
- Gluten** – Wheat, rye, barley, and non-certified oats.
- Fish** – Fin-fish such as cod and tilapia
- Shellfish** – Shrimp and crab
- Egg** – Visible egg in a dish such as an omelet
- Egg Ingredients** – Egg white, egg yolk or whole egg as an ingredient
- Soybean** – Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame).
- Soybean Ingredients** – Soy protein concentrate, soy protein isolate, soy sauce, soy flour, and unrefined soy bean oil
- Other** - _____

**Examples of individual food allergens provided are not all-inclusive, other foods may apply.*

Food Management Plan
What are the student's possible reactions to the indicated allergen(s) or conditions?

REQUIRED List all acceptable and safe food or beverage substitutes:

Comments: _____

Prescribing Physician/Medical Authority Name Printed _____ Prescribing Physician/Medical Authority Signature _____

NOTES - TO BE COMPLETED BY FOOD SERVICE

This institution is an equal opportunity employer *May 2019*



Meal Modification Documentation

- SFAs may choose to collect meal modification documents annually or
- SFAs may choose to maintain submitted documents on file and continue to follow modification until notified to discontinue
- A best practice is to collect a written request from the parent/guardian prior to discontinuing approved meal modifications



Meal Modification Documentation

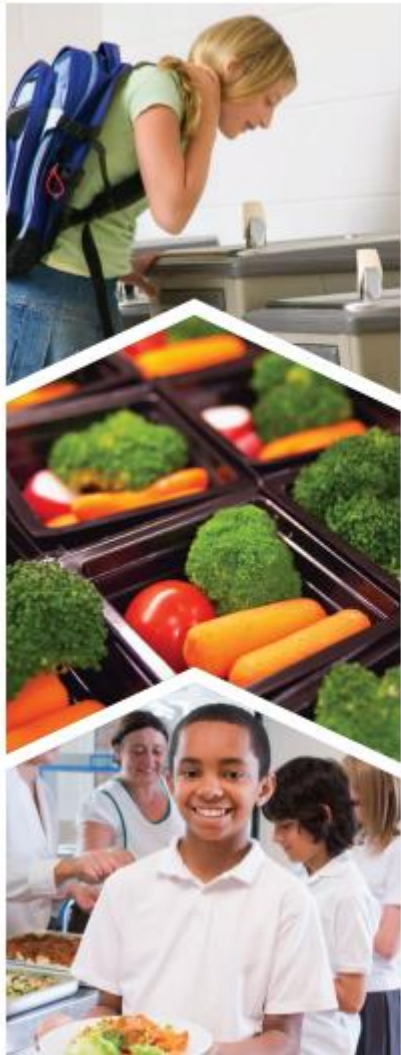
For example, a school's policy could request an updated medical statement whenever a child:

- has a physical;
- transitions to a different school;
- requires a new meal modification; or
- requires a change to an existing meal modification.



Additional Resources/Training Materials





Comprehensive Framework
for Addressing the

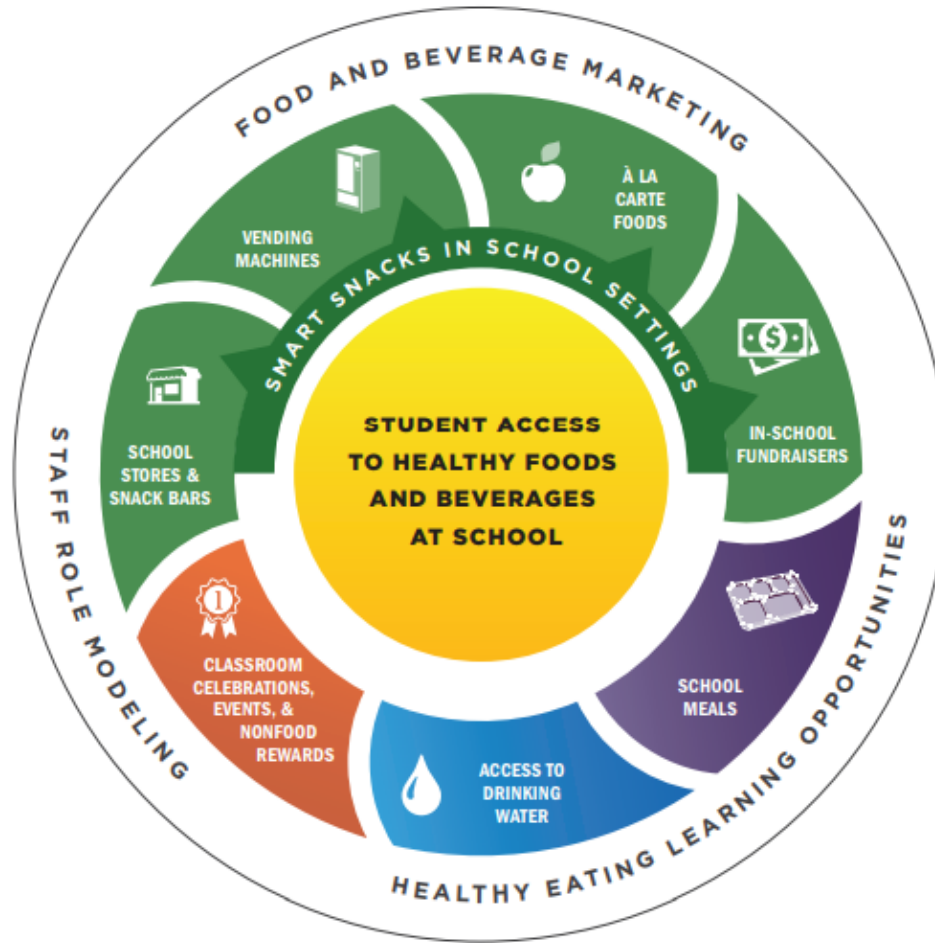
SCHOOL NUTRITION ENVIRONMENT AND SERVICES

Revised February 2019



Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Components of the School Nutrition Environment



Comprehensive Framework for Addressing the

SCHOOL NUTRITION ENVIRONMENT AND SERVICES

www.cdc.gov/healthyschools/nutrition/pdf/School_Nutrition_Framework_508tagged.pdf



Center for Disease Control (CDC)

Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs



- 104 Page Guide from CDC
- FDA Food Safety Modernization Act (2011)
- Food Allergy Management in Schools
- Action for School Boards/District Staff
- Actions for School Administration and Staff
- Action for Early Care and Education Staff

https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf



| Check If You Have Plans or Procedures | Priorities for a Food Allergy Management and Prevention Plan |
|---|--|
| 1. Does your school or ECE program ensure the daily management of food allergies for individual children by: | |
| <input type="checkbox"/> | Developing and using specific procedures to identify children with food allergies? |
| <input type="checkbox"/> | Developing a plan for managing and reducing risks of food allergic reactions in individual children through an Emergency Care Plan (Food Allergy Action Plan)? |
| <input type="checkbox"/> | Helping students manage their own food allergies? (Does not apply to ECE programs.) |
| 2. Has your school or ECE program prepared for food allergy emergencies by: | |
| <input type="checkbox"/> | Setting up communication systems that are easy to use in emergencies? |
| <input type="checkbox"/> | Making sure staff can get to epinephrine auto-injectors quickly and easily? |
| <input type="checkbox"/> | Making sure that epinephrine is used when needed and that someone immediately contacts emergency medical services? |
| <input type="checkbox"/> | Identifying the role of each staff member in a food allergy emergency? |
| <input type="checkbox"/> | Preparing for food allergy reactions in children without a prior history of food allergies? |
| <input type="checkbox"/> | Documenting the response to a food allergy emergency? |
| 3. Does your school or ECE program train staff how to manage food allergies and respond to allergy reactions by: | |
| <input type="checkbox"/> | Providing general training on food allergies for all staff? |
| <input type="checkbox"/> | Providing in-depth training for staff who have frequent contact with children with food allergies? |
| <input type="checkbox"/> | Providing specialized training for staff who are responsible for managing the health of children with food allergies on a daily basis? |
| 4. Does your school or ECE program educate children and family members about food allergies by: | |
| <input type="checkbox"/> | Teaching all children about food allergies? |
| <input type="checkbox"/> | Teaching all parents and families about food allergies? |
| 5. Does your school or ECE program create and maintain a healthy and safe educational environment by: | |
| <input type="checkbox"/> | Creating an environment that is as safe as possible from exposure to food allergens? |
| <input type="checkbox"/> | Developing food-handling policies and procedures to prevent food allergens from unintentionally contacting another food? |
| <input type="checkbox"/> | Making outside groups aware of food allergy policies and rules when they use school or ECE program facilities before or after operating hours? |
| <input type="checkbox"/> | Creating a positive psychosocial climate that reduces bullying and social isolation and promotes acceptance and understanding of children with food allergies? |



Resource Guide (CDC)

Managing Food Allergies in Schools
Select Resources

Federal Resources

| | |
|--|--|
| <p>Centers for Disease Control and Prevention (CDC)</p> | <p>CDC Food Allergy Tool Kit for Schools The CDC's food allergy information page provides links to the <i>Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs</i> and to the resource tool kit for schools, which includes tip sheets for specific school audiences, including school superintendents, administrators, teachers and paraeducators, school nutrition professionals, school transportation staff and school mental health professionals. In addition, presentations for use in training school staff about food allergy management are available. http://www.cdc.gov/healthyyouth/foodallergies</p> |
| <p>Food and Drug Administration (FDA), U.S. Department of Health and Human Services</p> | <p>Food Allergies: Reducing the Risks This resource provides consumers with general information about food allergies, including a printer-friendly informational flier and a short video. http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm089307.htm</p> <p>Food Allergies: What You Need to Know These resources are designed to improve understanding of food allergies and labeling of food products, and includes food allergy updates for consumers. http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm</p> |

continued on next page

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health


0253327.A

- 4 Page Guide from CDC
- Federal Resources
- National Nongovernmental Resources


https://www.cdc.gov/healthyschools/foodallergies/pdf/resources_508_tagged.pdf



School Nutrition Professionals- Training Materials




Managing Food Allergies in Schools
The Role of School Nutrition Professionals



Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health



- Presentation for School Nutrition Staff
- 17 slides with notes

https://www.cdc.gov/healthyschools/foodallergies/pdf/Nutrition_Professionals_FINAL.pptx



F.A.R.E.- Food Allergy Research & Education

Prevent Cross-Contact

Keep diners with food allergies safe. Even a tiny amount of an allergen can cause a severe and potentially life-threatening allergic reaction.

| Cross-Contact | Cross-Contamination |
|--|---|
| Occurs when an allergen is unintentionally transferred from one food to another | Occurs when microorganisms like bacteria contaminate food |
| Can cause food allergy reactions | Can cause foodborne illnesses |
| Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction | Proper cooking may reduce or eliminate the chances of foodborne illness |

- Always wash hands and change gloves between preparing different menu items
- Clean and sanitize surfaces between every menu item: countertops, cutting boards, flat-top grills, etc.
- Always use clean kitchen tools for food preparation: pots, baking sheets, utensils, cutting boards, etc.
- Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.
- Remember:** If a mistake is made, you must start over and remake the allergy-friendly meal

Proper Cleaning to Remove Allergens



Top 8 Allergens
But over 170 foods have caused food allergy reactions



<https://www.foodallergy.org/>

Sources of Cross-Contact

Cross-contact occurs when an allergen is unintentionally transferred from one food to another. Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction.

| Source of Cross-Contact | Example: |
|--|---|
| Hands | <ul style="list-style-type: none"> Handling shrimp and then preparing a salad Touching almonds and then making pasta |
| Utensils, cutting boards, baking sheets, pots & pans | <ul style="list-style-type: none"> Using the same spatula to flip a hamburger after a cheeseburger Slicing cheese and then vegetables on the same cutting board |
| Preparation and cooking surfaces | <ul style="list-style-type: none"> Preparing different kinds of sandwiches on the same countertop Cooking fish and chicken on the same flat top grill |
| Steam, splatter, flour dust and crumbs | <ul style="list-style-type: none"> Steam from cooking fish or shellfish touches nearby foods Baking flour from pancake mix splatters onto bacon |
| Refrigerators, freezers and storage areas | <ul style="list-style-type: none"> Ranch dressing drips onto a vinaigrette stored on a lower shelf Milk leaks onto margarine stored on the same shelf |
| Deep fryers and cooking oils | <ul style="list-style-type: none"> Making french fries in a deep fryer after chicken tenders Reusing cooking oil to sauté green beans after sautéing fish |
| Condiments, nut butters and jellies/jams | <ul style="list-style-type: none"> Dipping a knife used to spread peanut butter into a jelly jar Touching the tip of a squeeze ketchup bottle to a breaded chicken breast |
| Shortcuts | <ul style="list-style-type: none"> Picking croutons off a salad Scraping eggs off a plate |

Proper Cleaning to Remove Allergens



For each new item, use clean:

Hands
Latex-Free Gloves

Utensils
Surfaces

Oil and Water
Pots/Pans/Baking Sheets



Top 8 Allergens
But over 170 foods have caused food allergy reactions





Helping the Student with Diabetes Succeed: A Guide for School Personnel



NDEP National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Please print and distribute to the school district administrator.

Actions for the School District Administrator

(Includes the superintendent, 504/IEP coordinator, or other school administrator responsible for coordinating student health services)

- Understand and ensure compliance with the Federal and State laws** that may apply to students with diabetes, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act. (See **School Responsibilities Under Federal Laws.**)
- Provide leadership in developing district policy** related to all aspects of diabetes management at school that is consistent with the standards of care recommended for children with diabetes and the law. This includes: availability of the school nurse, a diabetes-trained health care professional, or trained diabetes personnel when the student is at school or participating in school-sponsored activities and events; delegation of responsibilities; required staff training; medication administration; blood glucose monitoring; and activation of Emergency Medical Services (EMS) in case of a diabetes emergency on or off the school campus. Obtain input from local or regional experts on developing appropriate policies.
- Support implementation of district policy.** Support school district health professionals and other school administrators regarding: 1) development, coordination, and implementation of diabetes management training; 2) ongoing quality control and improvement of these training programs; and 3) development and implementation of a program to monitor the performance of those who receive training. (See **How Do You Plan Effective Diabetes Management in the School Setting?**)
- Allocate sufficient resources** to help students with diabetes (e.g., availability of the school nurse, a diabetes-trained health care professional, or trained diabetes personnel when the student is at school or participating in school-sponsored activities and events).
- Monitor schools attended by students with diabetes for compliance with district policy.**
- Meet with members of the school health team, as needed.** Address issues of concern about the provision of diabetes care by the school district, as appropriate.
- Learn about diabetes** by reviewing the materials contained in this guide and by participating in Level 1 training.
- Treat the student with diabetes the same as other students, except when necessary to respond to their medical needs and any resulting educational needs.**
- Respect the student's confidentiality and right to privacy.**

NDEP National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Actions for School Personnel, Parents/
Guardians, and Students

www.niddk.nih.gov/health-information/communication-programs/ndep/health-professionals/helping-student-diabetes-succeed-guide-school-personnel



Handbook for Managing Special Dietary Needs in School Food Service



Special Thanks to the Indiana Department of Education, School and Community Nutrition Updated June 2009

<https://www.isbe.net/Pages/School-Nutrition-Special-Dietary.aspx>



"WE GET BY WITH A LITTLE HELP FROM OUR FRIENDS" -ALLERGYHOME.ORG



food allergy



it's NO joke
allergyhome.org

Food Allergies
100% REAL



PREVENT & PREPARE

☆☆☆☆ ALLERGYHOME.ORG ☆☆☆☆

[http://www.allergyhome.org/schools/.](http://www.allergyhome.org/schools/)



Resource Links

- Allergyhome. org resources for schools. Available at <http://www.allergyhome.org/schools/>.
- Food Allergy Resource and Education (FARE). Available at <http://www.foodallergy.org>.
- National Association of School Nurse (NASN), Food Allergy and Anaphylaxis Tool Kit. Available at <https://www.nasn.org/nasn/nasn-resources/practice-topics/allergies-anaphylaxis>
- CDC Food Allergies in Schools Toolkit. Available at <https://www.cdc.gov/healthyschools/foodallergies/toolkit.htm>
- USDA “The Food Allergy Book” Available at <https://www.fns.usda.gov/food-allergy-book-what-school-employees-need-know>



Contact Information

Illinois State Board of Education

Nutrition Department

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