

Food Allergies & Special Diets

Missouri Department
of Elementary and Secondary Education

Key Topics

- Overview of Food Allergies
- Accommodating needs of children with food allergies
- Roll of administration & foodservice employees
- Medical Statements
- Definition of Disability
- Meal Modifications





Overview of Food Allergies

Background

- Researchers estimated that 5.9 million children under the age of 18 have food allergies, that is about 1 in every 13 students.
- Prevalence in food allergies in children have increased by 50% between 1997-2011
- Every 3 minutes a food allergy reaction sends someone to the emergency room.
- About 40% of children with food allergies have experienced a severe allergic reaction.
- More than 15% of school-aged children with food allergies have had a reaction while at school.



What is a Food Allergy?

- An immune system reaction that occurs soon after eating a certain food.
- Although most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions. Anaphylaxis is a serious reaction that has a rapid onset and can be life-threatening.



Key Considerations for Food Allergies

- Universal exclusions of specific foods or food groups is not an FNS policy, but could be appropriate depending on the circumstances, and is within the discretion of recipients.
 - Example: If many children in your school have peanut allergies you could opt out of serving peanut butter.
- Meal substitutions which had previously been “permissible” may be required if needed by qualified persons with a disability.



Common Food Allergens

- 8 major food allergens

- Peanuts
- Tree Nuts (e.g., almonds, walnuts, pecans)
- Milk
- Eggs
- Fish (e.g., bass, flounder, cod)
- Shellfish (e.g., crab, lobster, shrimp)
- Wheat
- Soybeans



- To help Americans avoid health risk posed by food allergens, the FDA enforces the Food Allergen Labeling & Consumer Protection Act of 2004. This law requires that food labels identify the food source names of all major food allergens used to make the food.



Symptoms associated with a Food Allergy

- Mouth
 - Swelling of lips/mouth
- Digestive Track
 - Stomach cramps
 - Vomiting
 - Diarrhea
- Skin
 - Hives
 - Rash
 - Eczema
- Airways
 - Wheezing
 - Breathing problems
- Drop in Blood Pressure





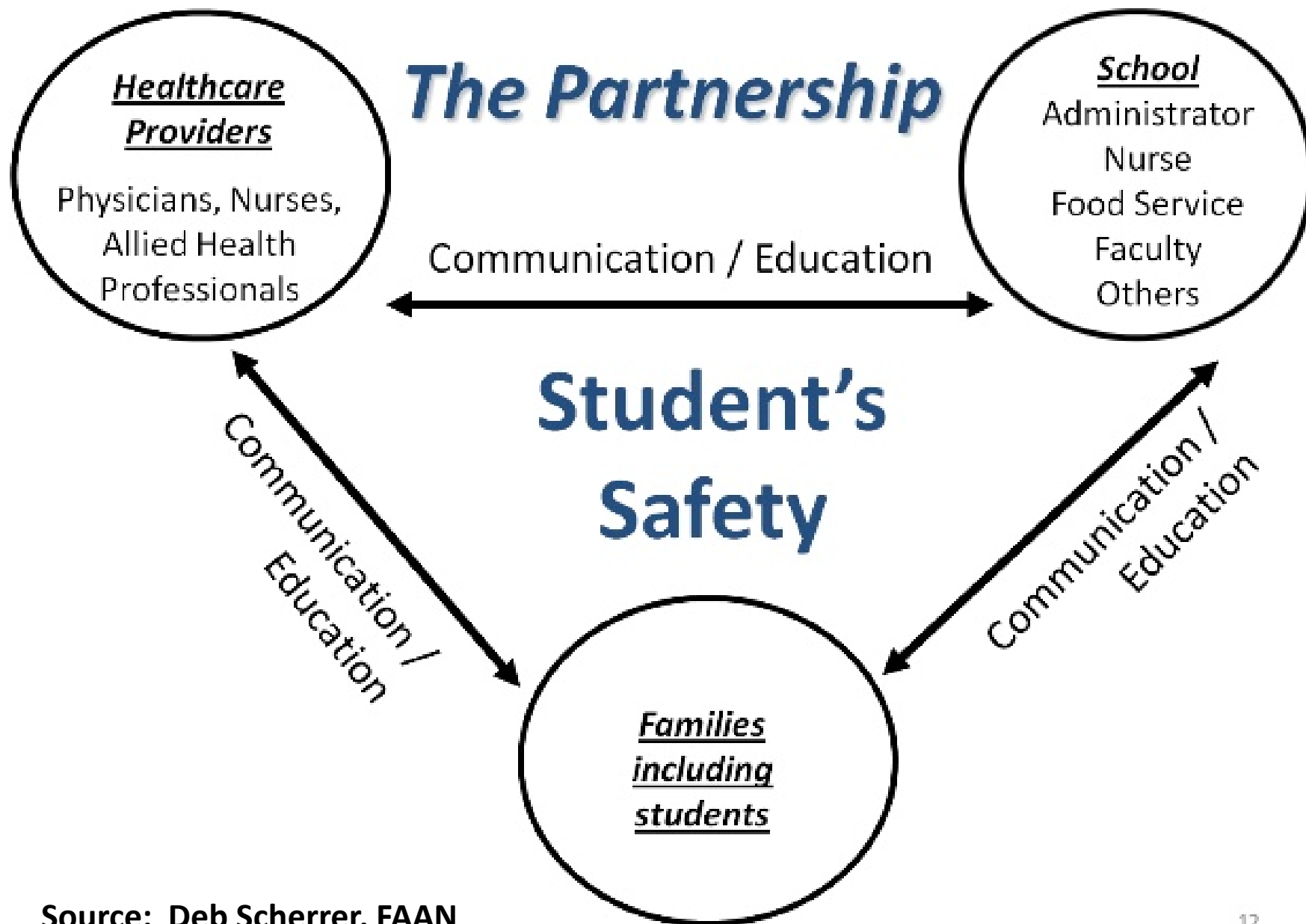
Accommodating Needs of Children with Food Allergies

Accommodating the Needs of Children with Food Allergies

- Need policies & procedures
- Need to plan & serve modified meals for students
- May need to purchase different foods
- Need to properly train staff
- Requires vigilance, planning, and coordination between school staff members, parents, and physicians



The Partnership



Source: Deb Scherrer, FAAN



Roll of Administration & Food Service Employees

It's a Team Approach!

- **Key Players**
 - Administrators
 - Teachers
 - Foodservice Director
 - School Nurse
- **Others to Inform/Educate**
 - Foodservice Employees
 - Janitors
 - Bus drivers
 - Coaches
 - Classroom Aides



Roll of Administrators

- Coordinates planning of your schools food policies & procedures.
- Provide professional development & training of food allergies for staff.
- Ensure that school district food allergy policies & procedures are being implemented by all staff.
- Communicate the schools responsibilities, expectations, and practices for managing food allergies to all parents.



Roll of Teachers

- Know the school districts food allergy policies & practices.
- Participate in school-based training to help recognize the signs and symptoms of food allergies & how to respond.
- Prepare & respond to food allergy emergencies.
- Work with parents, school nurse, & other appropriate school personnel to determine if classroom modifications are needed.



Roll of School Nutrition Professionals

- Participate in schools planning for managing food allergies.
- Get trained and help manage food allergies in your school.
- Communicate appropriate actions to all food service staff on how to avoid allergic reactions.
- Help prevent food allergy reactions in the cafeteria.
- Understand how to read food labels to identify allergens in foods & beverages served in school meals & snacks.
- Prevent cross-contact of potential food allergens during food preparation & service on utensils, equipment, and services.



Plan Menus

- Follow medical statement given by doctor, nurse practitioner, or a physicians assistant for foods to avoid and substitute
- Substitute with foods already served or purchased when possible
- Substitutions don't have to be one-for-one—for example pizza for pizza
- Utilizing cycle menus helps to simplify planning



Read Labels

- Formulations can change frequently--read every label every time
- Ingredients may differ:
 - between different sizes of the same product (foodservice vs. supermarket)
 - among brands/suppliers
- Don't rely on "safe lists"
- If a food label does not provide adequate information, it is the responsibility of the LEA to obtain the information necessary to ensure a safe meal.
 - This can be accomplished by contacting the supplier or manufacturer or checking with the State Agency.



Unexpected Ingredients

- Foods may include ingredients that you wouldn't expect
- Common foods that may include milk
 - hot dogs
 - sauces and dips
 - cake mixes
 - non-dairy creamers
 - tuna fish



“Hidden” Ingredients

- Not all ingredient labels include the “simple” name of the ingredient
- Terms that can be used to indicate soy
 - edamame
 - miso
 - tamari
 - tempeh
 - tofu
 - textured vegetable protein (TVP)



Reinforced Handwashing

- At appropriate times
- Using proper techniques
- Wash hands before glove use
- Use gloves when handling ready-to-eat foods & when changing between tasks



Organize Work Areas

- Designate an area in the kitchen where allergen-free meals can be prepared
- Keep this a “safe zone” that is free of allergens that must be avoided
- Establish procedures for food storage, preparation, and serving to prevent cross contact with allergens



Avoid Cross Contact

- Potential sources of cross contact:
 - Food handling and preparation
 - Shared equipment or utensils
 - Cutting boards, counters, griddle
 - Splatter or steam from cooking foods
 - Reused oil in fryers
 - Salad bars, serving stations



Cafeteria Strategies

- Offer designated allergen-friendly tables for young students (optional for students who have parental and physician authorization to sit at “regular” table)
- Clean tables carefully
- Prevent food trading
- Encourage students to wash hands if they have food on them
- Provide supervision to ensure orderly behavior, and respond to an allergic emergency





Medical Statements

Medical Statements

- Schools must obtain a written medical statement from a state licensed health care professional (doctor, nurse practitioner, or physician's assistant) in order to receive reimbursement for meal modifications when the modified meal does not meet program meal pattern requirements.
- Medical statements **MUST** include:
 - Information about child's impairment to allow the LEA to understand how it restricts the child's diet.
 - A brief explanation of how exposure to the food affect the child
 - An explanation of how to accommodate the child.
 - The food or foods to be omitted and recommended alternatives.
 - DOES NOT need to identify the specific disability, or use the term "disability" or "disabled"
- Schools are required to provide notice & information to parents/guardians regarding how to request a reasonable modification & their procedural rights.



Incomplete/Missing Medical Statements

- If a medical statement is provided that is not complete the LEA should immediately contact the child's parent/guardian for an amended medical statement.
 - Clarification of the medical statement should not delay the LEA from providing meal modifications.
- If a medical statement is not provided the LEA should not delay from providing meal modifications.
 - In the event that this occurs, it is recommended that the LEA has a policy in place stating how long parents/guardians have to submit a medical statement.



Updating/Discontinuing Medical Statements

- Schools are NOT required to obtain updated medical statements on a regular basis.
- FNS does not require LEAs to obtain written documentation from a state licensed healthcare professional rescinding the original medical order prior to ending a meal modification.
 - FNS does recommend that LEAs maintain documentation when ending a meal accommodation.



Definition of Disability

Section 504 of the Rehabilitation Act of 1973

- Prohibits discrimination against qualified persons with disabilities in the programs or activities of any agency receiving federal financial assistance.
- Students with a life-threatening food allergy are generally considered eligible for protection under Section 504.



What is Considered a Disability?

- A person with a physical or mental impairment that substantially limits one or more major life activities.
- A person who has a history of impairment.
- A person who is regarded as having such an impairment.



Expanded Definition of Disability

“Substantial Limits”

- Need not prevent, or severely/significantly restrict a major life activity
- Individualized assessment
- May include an impairment that is episodic or in remission if it would substantially limit a major life activity when active.
- **Any physical reaction would be considered a disability.**



Expanded Definition of Disability

- Major Life Activities
 - Seeing
 - Hearing
 - Walking
 - Speaking
 - Learning
 - Reading
 - Eating
 - Breathing
- Major Bodily Functions
 - Digestion
 - Immune System
 - Respiratory
 - Circulatory
 - Neurological/Brain





Meal Modifications

Making Meal Modifications

- Schools must provide children with a safe meal & a safe environment to consume the meal.
- Staff must ensure all meals & snacks that are provided meet the prescribed guidelines & are free of all ingredients suspects of causing an allergic reaction.
- Schools must ensure proper storage, preparation, & cleaning techniques are used to prevent exposure to allergens through cross contamination.



Making Meal Modifications

- It is almost never appropriate to decline to provide an effective meal modification to accommodate a child's disability.
 - An exception would be a modification request that would fundamentally alter the nature of the program. In this case the LEA should work with the parent/guardian to develop an appropriate modification and suitable alternatives for the child.
- Offer verses Serve can NOT be used to accommodate a meal modification
 - All children with disabilities must have the opportunity to select all required food component or items for the meal.



Key Considerations When Making Meal Modifications

- Consider cost/resources and age of child
- “Stereotypes” regarding certain conditions or individuals can never drive decisions. Decisions must be based on facts.
- Meal accommodations do not need to mirror to meal or meal item substituted
 - Example: If your school is having a pizza party, a sandwich could be offered to children with cheese allergies instead of a cheese free pizza.
- “Lifestyle” choices (e.g. vegetarian) are not considered disabilities and need not be accommodated unless related to an underlying disability



Key Considerations When Making Meal Modifications

- LEAs are not required to provide meals to children with disabilities beyond the meals provided to other children.
 - For instance, if the school does not have a breakfast program they are not required to initiate the program exclusively for children with disabilities.
- LEAs are required to provide children food portions exceeding the minimum quantity requirements, if specifically prescribed in the medical statement.
- LEAs are not required to provide specific brands requested unless the brand name item is medically necessary.



Reimbursement for Modified Meals

- Modified meals that do not meet program meal pattern requirements due to a disability can be claimed for reimbursements IF the school has a medical statements that supports the meal modification.
- Schools will not receive additional reimbursement to cover the cost sometimes associated with providing a reasonable modification.
- Schools may claim a modified meal while waiting for the child's medical statement.



Accommodations to the Meal Service

- Federal civil rights legislation requires that in providing nonacademic services, including meals, school districts must ensure children with disabilities participate along with children without disabilities to the maximum extent appropriate.
 - In some cases, it may be appropriate to require children with certain special needs to sit at a separate table.



Non-Disability Situations

- Schools may make meal modifications for children who do not have disabilities.
 - **Modifications must be consistent with meal pattern requirements.**
- Schools are encouraged to provide a variety of foods for children
- Meal modifications to accommodate a food preference for religious, ethnic, moral, or other reasons may be reimbursed as long as meal pattern requirements are being followed.



Food Service Management Companies & Children with Disabilities

- Schools must make modifications for children with disabilities regardless of whether the school district operated the food service or contracts with FSMC.
- Modifications for children with disabilities should be included with the FSMC contracts .



Fluid Milk Substitution

- The only milk substitutions allowed under the rule for students without disabilities are nondairy beverages that are nutritionally equivalent to fluid milk and provide specific levels of nutrients as listed in the following table:

Nutrient	Per Cup
Calcium	276 mg.
Protein	8 g.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

- Acceptable brands that meet this criteria include: Pacific Natural, Kikkoman Pearl, & 8th Continent.



DESE – Food and Nutrition Services

- <https://dese.mo.gov/financial-admin-services/food-nutrition-services/food-allergy-information-0>
 - Food Allergy Information



Questions? Contact Us

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