

SPECIAL DIETS

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Alabama State Department of Education

Child Nutrition Programs

Recorded October 7th, 2020

2020 Fall
RCCI/Private Schools Training
presented by
Alabama State Department of Education



AGENDA

**Wednesday
October 7, 2020**

**VIRTUAL
TRAINING**

Montgomery, AL



**Welcome ~ Announcements
Updates and Reminders**

Robbie Scott
Education Specialist
ALSDE, School Programs

COVID19 Waivers

Julie Autrey
Education Specialist
ALSDE, School Programs

CNP Finance Management

Steven Rylant
Auditor
ALSDE, Financial Management

HACCP

LaKecia Love
Education Specialist
ALSDE, School Programs

**Special Diets and Food
Allergies**

Devin Williamson
Nutritionist
ALSDE, School Programs

Corrective Action Procedures

Chad Langston
Senior Nutritionist
ALSDE, School Programs

Click on the link below to access the recorded training:

<https://alsde.webex.com/alsde/lsr.php?RCID=9f19ae44eba642e1b6dd5354dfdf15d2>

AGENDA

Accommodating Children with Disabilities

Written Medical Statements

Food Allergy Vs. Food Intolerance

Meal Modifications & Substitutions

Communication with School Nurses

ACCOMMODATING CHILDREN WITH DISABILITIES

WHAT IS A DISABILITY?

Section 504, the ADA, and Departmental Regulations at 7 CFR part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more “major life activities,” has a record of such impairment, or is regarded as having such impairment.” (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) “Major life activities” 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 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. (See 29 USC § 705(9)(b) and 42 USC § 12101.)

After the passage of the ADA Amendments Act, most physical and mental impairments will constitute a disability. It does NOT need to be life threatening.

POTENTIAL DISABILITIES

- Food allergy
- Non-life-threatening allergy
- Food intolerance
- Autism
- Obesity

The above conditions may be considered a disability and require a meal modification, if it impacts a major bodily function or other major life activity.

Any physical or mental impairment preventing a child from consuming a meal is considered a disability.

WHAT IS THE CENTRAL CONCERN IN
ACCOMMODATING SPECIAL DIETS?

To ensure that children with disabilities have an equal opportunity to participate in and benefit from the NSLP and the SBP!

USDA REQUIRES DISTRICTS TO...

- Provide special meals, **at no extra charge**, to children with a disability when the disability restricts the child's diet. (7 CFR 15b.26(d))
- Make substitutions to meals to accommodate children with disabilities that restrict their diet. (7 CFR 210.10(m) and 220.8(m))
 - Only when supported by a written statement from a State licensed healthcare professional (physician, NP, PA) who is authorized to write medical prescriptions under State law.

REQUESTING A MODIFICATION

SFAs **must** require a written medical statement in order to receive reimbursement for meals served to children with disabilities that do not meet Program meal pattern requirements.



WHAT MUST BE INCLUDED IN A WRITTEN MEDICAL STATEMENT?

- A description of the child's impairment that is sufficient to allow the cafeteria to understand how it restricts the child's diet
- An explanation of what must be done to accommodate the disability
- The food or foods to be omitted and recommended alternatives, in the case of a modified meal

It is not necessary to obtain a separate medical statement if the child's IEP or 504 Plan includes the information required in the medical statement

Diet Prescription for Meals at School

This file is to be maintained for use within the school cafeteria.

Student's Name: _____

Name of School: _____

To be completed by a Licensed Physician, Licensed Physician's Assistant, or Nurse Practitioner

Student's Diagnosis (optional): _____

Major life activity affected by the disability _____

Diet Prescription- **please attach additional instructions if necessary.** Be specific with instructions. This form is used to provide guidance for cafeteria staff.

Foods to Omit (Due to Allergy or Sensitivity):

Food to Omit	Recommended Food(s) to Substitute

****If foods are listed to be omitted from the diet, specifics on foods to substitute MUST be provided.**

Other Diet Modifications (Check All that Apply):

Special Diet	Information Required
<input type="checkbox"/> Modified Carbohydrate	Grams per meal (range)
<input type="checkbox"/> Increased Calorie	Calories per meal (range)
<input type="checkbox"/> Decreased Calorie	Calories per meal (range)
<input type="checkbox"/> Modified Texture	Textures Allowed (i.e. ground, pureed)
<input type="checkbox"/> Other (Please specify):	Instructions:
<input type="checkbox"/> Other (Please specify):	Instructions:

I certify that the above-named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

State Licensed Healthcare Professional Signature

Date

*It is recommended that the diet prescription be renewed annually.

VAGUE DIET PRESCRIPTIONS

- “Increase calories”
- “Decrease calories”
- “Modified carbohydrate”
- NO SUBSTITUTION LISTED

FURTHER INSTRUCTIONS ARE NEEDED!

Contact the parent or guardian and ask them to provide an amended medical statement

However, this should NOT delay the school from providing a meal modification. Follow what is clear to the greatest extent possible.

If the school is aware a meal modification is needed, the SFA:

- **May not unduly delay** providing the modification while awaiting the medical statement
- Must request the family provide a medical statement signed by a State licensed healthcare professional
- **MUST** document the initial interaction with the family where school officials learned of the child's need for a modification

What happens if the cafeteria still does not receive a medical statement?

- Schools should continue to follow up until the family submits a medical statement supporting the need for a modification

SCENARIO #1

A parent calls the cafeteria or the school nurse and tells them the child has lactose intolerance. They have not yet acquired a diet prescription. What should you do?

SCENARIO #1:ANSWER

A parent calls the cafeteria or the school nurse and tells them the child has lactose intolerance. They have not yet acquired a diet prescription. What should you do?

Managers: Accommodate the diet to the best of your ability, and await a diet prescription. Alert the school nurse.

Nurses: Please alert the cafeteria manager, so that they can go ahead and accommodate the special diet.

Discontinuing Special Diets

- FNS does not require written documentation from a State licensed healthcare professional rescinding the original medical order prior to ending a meal modification
- It is recommended that SFAs maintain documentation when ending a meal accommodation
 - For example:
 - Ask the parents to sign a statement indicating that their child no longer needs a meal accommodation
 - Keep a log of these conversations
- If the parent wants to **CHANGE** a diet prescription rather than discontinue, it would be recommended to have them request a new diet prescription form completely

SCENARIO #2

A parent calls the school nurse or cafeteria, and reports that the child no longer needs the special diet. What is required?

SCENARIO #2

A parent calls the school nurse or cafeteria, and reports that the child no longer needs the special diet.

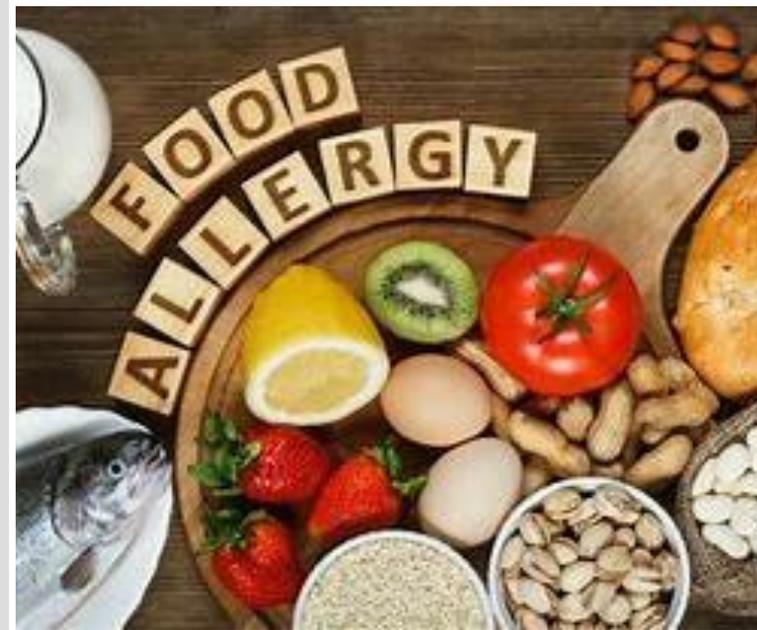
USDA does NOT require cafeterias to obtain written documentation from a State licensed healthcare professional rescinding the original medical order.

USDA RECOMMENDS that SFAs maintain documentation when ending a meal modification.

FOOD ALLERGY
VS.
FOOD INTOLERANCE

WHAT IS A FOOD ALLERGY?

- An immune-mediated adverse reaction to a food protein. In allergic individuals, specific foods can trigger the immune system to develop an antibody, immunoglobulin E (IgE), against the allergen (food protein). When the person with the antibody consumes that allergen, it binds to IgE and begins to trigger a variety of allergic symptoms
- When the food allergen is eaten, the body tries to protect itself by releasing substances into the blood.
- Even a BITE of food can result in an allergic reaction



SYMPTOMS OF FOOD ALLERGIES



The following symptoms can occur within minute or up to two hours after eating the food:

Mild Symptoms:

- Hives
- Nausea or vomiting
- Stomach Pain
- Nasal Congestion
- Runny nose

Severe Symptoms:

- Swelling of the lips, tongue, or throat
- Shortness of Breath
- Drop in blood pressure
- **Anaphylaxis- life-threatening and could cause death**



MOST COMMON FOOD ALLERGIES

Top 8 Allergens (FALCPA-Regulated allergens):

- Milk
- Egg
- Peanut
- Tree Nuts
- Soy
- Wheat
- Fish
- Crustacean Shellfish



Even tiny amounts of food proteins (invisible to us!) can cause reactions in people with food allergies!

FOOD ALLERGY STATISTICS

- 5% of adults and teens have food allergies
- 6-8% of children have food allergies
- There has been a **377%** increase in diagnosis of anaphylactic food reactions between 2007 and 2016



WHAT IS A FOOD INTOLERANCE?

- An abnormal physiological response, but involves the **gastrointestinal system**, not the immune system
- Does not cause immediate life-threatening reactions
- Causes of food intolerance:
 - Absence of an enzyme to digest food (i.e. **lactose intolerance**)
 - **Celiac disease**
 - An adverse reaction occurs when someone with Celiac disease eats gluten
 - Found in wheat, barley, rye
 - Gluten-free is the only way to manage symptoms

ALTERNATIVE MILK CHOICES

- Juice or water is only an acceptable substitution if the doctor specifies that it is to be substituted
- Any substitute for milk is acceptable if specified on diet prescription



ALTERNATIVE MILK CHOICES, CONTINUED

If you are awaiting a diet prescription

**OR want to accommodate for a
preference:**

- 1.) The milk must meet the Fluid Milk Nutrient chart
- 2.) SFAs must obtain a written statement from student's guardian to support the request
- 3.) The SFA must notify the State if any of their schools provide milk substitutions for non-disability reasons

Fluid Milk Substitute Nutrient Requirements	
Nutrient	Per cup (8 fl. oz.)
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.

EXAMPLES OF MILKS THAT MEET THE NUTRIENT CHART



- Lactose-free dairy milk or reduced-lactose dairy milks are always acceptable and **do not** have to have a diet prescription or meet the nutrient chart
- Some Soy Milks
- Some Pea Milks



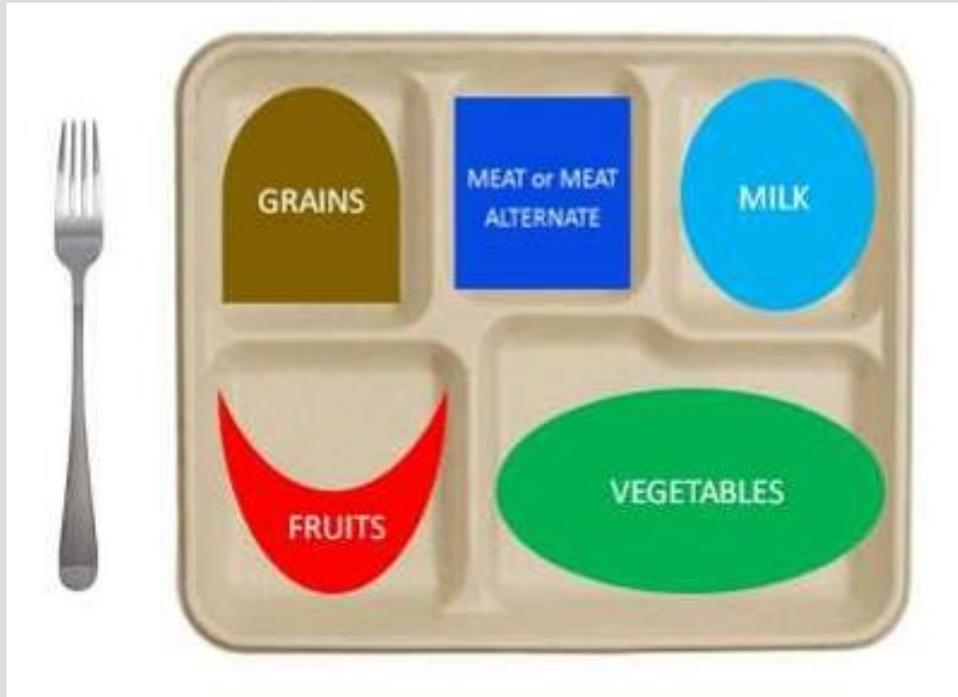
WHEN IS
ACCOMMODATION
NOT REQUIRED?

When it is not a disability, such
as:

- Religious preference
- Culture preference
- Food preferences

MEAL MODIFICATIONS

MEAL MODIFICATIONS AND SUBSTITUTIONS



In Offer Versus Serve, children with disabilities **must have the option to select all food components/items made available to other children**

- For example:
 - A child with Celiac disease must have a choice of a bread/grain item that is gluten-free

RESPONSIBILITIES OF SCHOOL NUTRITION STAFF



**IDENTIFY THE CHILD &
CAREFULLY PREPARE
FOOD**



**PREVENT CROSS
CONTACT WITH
KNOWN ALLERGENS**



**HAVE RIGID CLEANING
PROCEDURES**

#1: IDENTIFY THE CHILD & CAREFULLY PREPARE FOOD

Identify the child with food allergies:

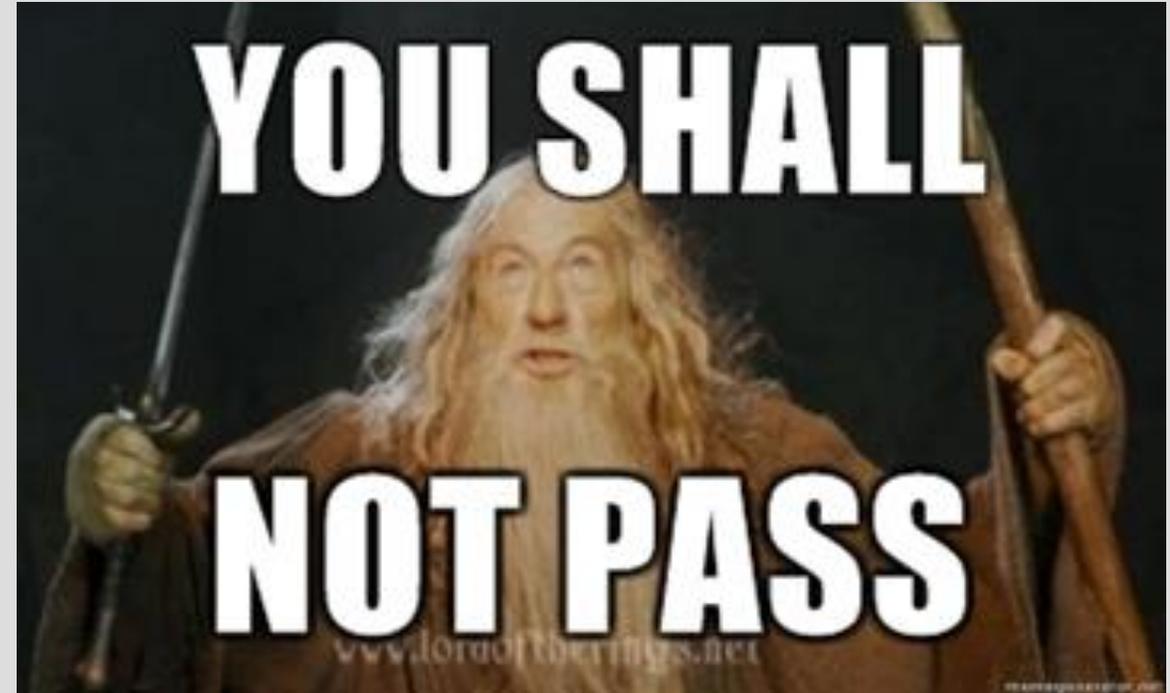
- For example, a recent picture of each child could be kept in a location that is not visible to the children or the public

This should be entered into the POS as a warning!

- Make sure the child's plate does NOT have the allergenic food

Even a trace of food that is invisible to us could cause an allergic reaction

Be prepared to share food labels, recipes, or ingredient lists: keep food labels for 24 hours after serving



READING INGREDIENT LISTS

- Read the food label— **every time that food is used**
 - If uncertain, call manufacturer or use different product
- FALCPA-regulated allergens must be listed as **ONE** the following:
 - In the ingredient list, using the allergen's common name
 - Using the word “**contains**” followed by the name of the major food allergen
 - In the ingredient list in parentheses, when the ingredient is a less common form of the allergen—for example, “albumin (egg)”
- Non-FALCPA regulated allergens:
 - May be present in a food but missing from an ingredient list if they are part of a spice or flavoring. For example, “natural flavorings”.

#1: IN THE INGREDIENT LIST

- Written as the common or usual name of the major food allergen

Ingredients: Whole **Wheat** Flour, Water, Unbleached **Wheat** Flour, Honey, Yeast, Sea Salt, Sunflower Seeds, Sesame Seeds, Flaxseed, Millet, Oats, Cracked Whole **Wheat**, Oat Bran.

#2: USING THE WORD “CONTAINS”

- Using the word “**contains**” followed by the name of the major food allergen:

INGREDIENTS: Gluten Free Flour:(Brown rice flour, sweet rice flour, tapioca starch, cornstarch, potato starch), Pure Cane Sugar, Fresh Eggs, Almond Flour, Almonds, (Dried Unblanched), Cranberries (Dried Sweetened), Fresh Orange Juice, Baking Powder; Aluminum Free(Sodium Acid Phosphate), Pure Vanilla Extract (water, alcohol, vanilla extractives), Fresh Orange Peel, Almond Extract

Contains: Eggs, Almonds

#3: IN THE INGREDIENT LIST IN PARENTHESIS

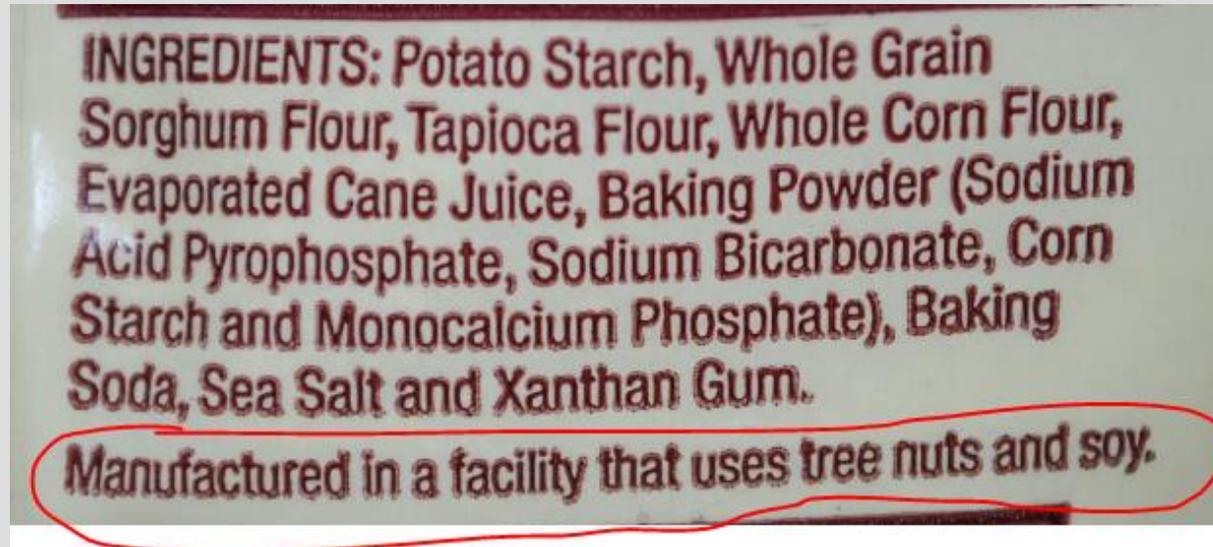
- In the ingredient list in parentheses, when the ingredient is a less common form of the allergen—for example, “cream (milk)”

INGREDIENTS: CHICKEN STOCK, WATER, MODIFIED FOOD STARCH, WHEAT FLOUR, CHICKEN MEAT, CREAM (MILK), CONTAINS LESS THAN 2% OF: VEGETABLE OIL, CARROT JUICE CONCENTRATE, SALT, POTASSIUM CHLORIDE, FLAVORING, SOY PROTEIN CONCENTRATE, DEHYDRATED MECHANICALLY SEPARATED CHICKEN, YEAST EXTRACT, CHICKEN FAT, DISODIUM GUANYLATE, DISODIUM INOSINATE, SPICE, BETA CAROTENE FOR COLOR, SODIUM PHOSPHATE, SOY PROTEIN ISOLATE, MIXED TRIGLYCERIDES, LACTIC ACID, CELERY EXTRACT, DEHYDRATED CHICKEN, ONION EXTRACT.

VOLUNTARY LABELING

“May Contain” or “Made on Equipment” Statements

- This labeling is **voluntary** for manufacturers
- **AVOID** if listed



#2: PREVENT CROSS CONTACT WITH KNOWN ALLERGENS

- Cross Contact: When an **allergen** is accidentally transferred from a food containing an allergen to a food or surface that does not contain the allergen
- Cooking does NOT reduce or eliminate the protein, so there is still the chance of a person with the allergy having a reaction to the food



WAYS TO PREVENT CROSS CONTACT

- Prepare allergy-free foods BEFORE the other foods, or designate an allergen-safe food preparation area
- Color coding utensils, equipment
- Isolating ingredients containing allergens
- Sticker or color code wrapped food
- Clean residue with soap, water and friction



#3: RIGID CLEANING PROCEDURES



- Hand Washing:
 - Warm, soapy water
 - Alcohol-based sanitizer is not effective for removal of the protein from your hands
- To remove food protein from surfaces, wash the surfaces with soap, water, and friction
- Clean all equipment and utensils with hot, soapy water
 - Wiping the crumbs from Spatulas, cutting boards, or surfaces is **NOT ENOUGH**
- Using wipes or sanitizing tables only will not effectively remove the allergen residue and will increase the risk of exposure for a child with food allergies.

COMMUNICATION

COMMUNICATION IS KEY

- Communicate with 504 or IEP team, if applicable
- CNP managers and nurses are a TEAM!
 - Establish a system for:
 - notifying each other about special diets
 - changes to the menu
- This strategy is to be determined at the district-level
- Greatest challenge from the poll: CARB COUNTS
- **Gold Standard: set up a meeting with the school nurse to discuss each other's expectations**

COMMUNICATION: CARBOHYDRATE COUNTING

- Cafeterias are not required to provide all nutritional information on all items
- Portion control
- **Alert the nurse when menu items change!**



COMMUNICATION SUCCESS STORY

“I work very closely with my CNP manager. I provide her with a list of students with known food allergies and she enters that information in her computer system. When the student enters their code an alert pops up for all CNP workers to see. She alerts me if a student tells her they are allergic to a food so I can contact the parent for more information. She also provides me with the carbohydrate values for each food item for the monthly menu to assist with our diabetic students. She is awesome!”

RESOURCES

USDA Guidance:

- SP 59-2016
- SP 26-2017
- SP 40-2017
- SP 38-2019

Managing Food Allergies in SNPs (4-hour course by the ICN)

<https://theicn.docebosaas.com/learn/course/external/view/elearning/14/ManagingFoodAllergiesinSNPs>

Voluntary Guidelines for Managing Food Allergies in Schools

www.cdc.gov/healthyyouth/foodallergies/

Allergyhome.org Resources for Schools

<http://www.allergyhome.org/schools/>

Food Allergy Resource and Education (FARE)

<https://www.foodallergy.org/life-with-food-allergies/managing-lifes-milestones/at-school>

United States Department of Agriculture, Food Allergy Book: What Employees Need to Know

https://fns-prod.azureedge.net/sites/default/files/ofs/foodallergybook_english.pdf

Reading Food Labels for Children with Food Allergies (1-hour course by the ICN):

<https://theicn.docebosaas.com/learn/course/external/view/elearning/126/food-allergies-in-snps-reading-food-labels>

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Washington, D.C. 20250-9410;

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(3) email: program.intake@usda.gov.

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