

## K-12 Toolkit for School Nurses **Addressing Students with Celiac Disease**



### What's Inside:

- Background about celiac disease and requirements for a medically-necessary gluten-free diet
- Checklist and best practice recommendations specifically for school health professionals

Created with a generous grant from the Ravitz Family Foundation, 2017

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## Table of Contents

What is Celiac Disease?.....	3
Fast Facts about Celiac Disease.....	4
Celiac Disease at a Glance – Infographic.....	5
The Gluten-Free Diet.....	6
Celiac Disease: An Invisible Illness – Infographic.....	8
Checklist for K-12 Schools.....	9
Additional Resources.....	12
Excerpts from “Putting Guidelines into Practice: Actions for School Administrators and Staff, Centers for Disease Control and Prevention.....	14

## What is Celiac Disease?

Celiac disease (also referred to as celiac sprue, non-tropical sprue, and gluten-sensitive enteropathy) is an autoimmune disorder triggered by consuming a protein called gluten, which is found in wheat, barley and rye. When a person with celiac eats gluten, the protein interferes with the absorption of nutrients from food by damaging a part of the small intestine called villi. Damaged villi make it nearly impossible for the body to absorb nutrients into the bloodstream, leading to malnourishment and a host of other problems including some cancers, thyroid disease, osteoporosis, infertility and the onset of other autoimmune diseases.



### WHO GETS CELIAC DISEASE?

One out of every 133 Americans has celiac disease, equivalent to nearly 1% of the U.S. population. Unfortunately, 83% of the 3 million Americans living with celiac disease remain undiagnosed or misdiagnosed. Celiac disease is a genetic disorder, meaning that it passes from parent to child via DNA. In some cases, stressful events such as pregnancy, surgery, infection, or severe emotional distress can trigger the onset of the disease.



### HOW IS IT DIAGNOSED?

With a wide variety of symptoms associated with celiac disease, gaining an accurate diagnosis can be difficult. To determine if a patient has celiac disease, a physician can screen by using a simple antibody blood test, sometimes combined with a genetic test. If a celiac diagnosis is still suspected, the doctor will likely perform a small intestinal biopsy for confirmation.

#### COMMON SYMPTOMS

Abdominal Pain	Dermatitis Herpetiformis	Infertility	Numbness in Legs
Anemia	Diarrhea	Joint Pain	Osteopenia
Bloating	Dental Enamel Defects	Pale Sores in Mouth	Osteoporosis
Delayed Growth	Fatigue	Migraines	Weight Loss
Depression	Gas	Nausea	

### TREATMENT OF CELIAC DISEASE: A GLUTEN-FREE DIET

The only current treatment for celiac disease is simple: a lifelong gluten-free diet. There are no medications or surgeries that can cure the autoimmune disease. Eating any amount of gluten,

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no matter how tiny it is, can cause damage to the villi of the small intestine and prevent patients from absorbing nutrients into the bloodstream.



Eliminating popular foods from the diet can seem overwhelming at first, but with some extra effort in the kitchen, people with celiac disease can eat delicious food without compromise.

## Fast Facts about Celiac Disease

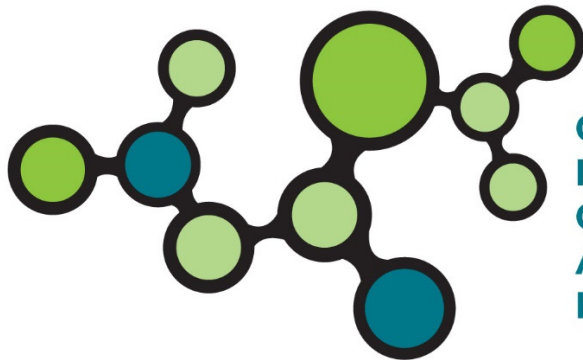
Celiac disease is a serious genetic autoimmune disease that damages the villi of the small intestine and interferes with absorption of nutrients from food.

- An estimated 1 in 133 Americans, or about 1% of the population, has celiac disease.
- Celiac disease can affect men and women of all ages and races.
- It is estimated that 83% of Americans who have celiac disease are undiagnosed or misdiagnosed with other conditions.
- 6-10 years is the average time a person waits to be correctly diagnosed. (Source: Daniel Leffler, MD, MS, The Celiac Center at Beth Israel Deaconess Medical Center)

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## 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.



**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  
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- Celiac disease can lead to a number of other disorders including infertility, reduced bone density, neurological disorders, some cancers, and other autoimmune diseases.
- Over a four-year period, people with undiagnosed celiac disease cost an average of \$3,964 more than healthy individuals. (Source: Long et al, 2010)
- Left uncontrolled, a celiac disease patient costs an average of \$18,206 annually, which is 15% more than the average annual all-cause total cost for ulcerative colitis patients. These higher costs are likely due to other diseases that are also present.
- 5-22% of people with celiac disease have an immediate family member (first degree relative) who also has celiac disease.
- There are **no** pharmaceutical treatments or cures for celiac disease.
- A **100% gluten-free diet is the only existing treatment** for celiac disease today.
- 48% of adults and 45% of children with celiac disease on a long-term gluten-free diet actually inadvertently consumed gluten and had detectable gluten in their urine samples.
- The celiac disease diagnosis rate may reach 50-60% by 2019, thanks to efforts to raise public awareness of celiac disease. (Source: Datamonitor Group, 2009)
- The gluten-free market continues to show steady growth and as of June 2015, was a \$26B market, representing a 12% increase over the previous year. -- Kora Lazarski, SPINS, October 23, 2015

## The Gluten-Free Diet

Gluten is a protein found in wheat, barley and rye.

Those on a gluten-free diet must forgo all products containing wheat, barley, rye, and the various ingredients that contain derivatives of these grains (including malt and brewer's yeast). Those who are gluten-free can enjoy a diet filled with fruits, vegetables, meats, poultry, fish, beans, and legumes. Nuts and most dairy products are naturally gluten-free.

There are a variety of alternatives that naturally DO NOT contain gluten and thus can be consumed by those on a gluten-free diet if they are labeled gluten-free. These include:

- |                              |                |
|------------------------------|----------------|
| • Almond meal flour          | • Potato flour |
| • Amaranth                   | • Potatoes     |
| • Brown, white and wild rice | • Quinoa       |
| • Buckwheat                  | • Sorghum      |
| • Coconut Flour              | • Soy flour    |
| • Corn                       | • Teff         |
| • Cornstarch                 |                |
| • Guar Gum                   |                |
| • Millet                     |                |
| • Pea flour                  |                |

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A special caution must also be delivered when it comes to oats. While oats in their natural form do not contain gluten, a small portion of patients with celiac disease react to oats in their pure, uncontaminated form. Additionally, most mills that process oats also manufacture gluten-containing grains, making the chances of cross contact inevitable. The best advice we can offer is to take a great deal of care before introducing oats into your diet, which includes speaking with your healthcare provider about this dietary change. There is no way to determine if you will react, so proceed with caution. Verify that the oats you are using are “pure, uncontaminated,” “gluten-free,” or “certified gluten-free.” Experts recommend that up to 50g of dry gluten-free oats are considered safe. Check nutrition labels for portion size.

People adhering to a gluten-free diet should embrace a diet filled with a variety of naturally gluten-free foods such as fruits, vegetables and lean proteins, as well as gluten-free grains. FDA recommendations encourage everyone, including those on a gluten-free diet, to avoid overly processed foods, and keep refined sugar and saturated fat intakes to a minimum.



As with any nutritional regimen, the practices of portion control and moderation are essential for those eating gluten-free. Daily exercise is also necessary for managing and maintaining a healthy lifestyle.

A gluten-free diet is by no means a cure all. Even a small percentage of those with celiac disease may still experience symptoms after going gluten-free; these individuals should schedule an appointment with their healthcare providers.

Most importantly, a gluten-free diet cannot replace a formal consultation, diagnosis or recommendation from a physician or trained healthcare professional. In fact, dietitians knowledgeable in celiac disease and the gluten-free diet play a critical role in the management of this autoimmune condition.

Adhering to a gluten-free diet can be tough. But with a little education and an optimistic approach, individuals and their families can rediscover a love of cooking and enjoy access to high quality gluten-free products that mimic the comfort foods that they have come to love.

# CELIAC DISEASE: AN INVISIBLE ILLNESS

THIS SERIOUS GENETIC AUTOIMMUNE DISEASE HAS A MAJOR IMPACT ON PEOPLE'S HEALTH—EVEN IF YOU CAN'T SEE IT.



## SACRIFICING MAJOR LIFE EXPERIENCES <sup>1,2</sup>

**49%** have sacrificed life experiences because of their gluten-free diet and/or celiac disease.

**60%** of gluten-free college students report becoming sick from dining on campus, and 42% report missing class as a result of gluten exposure.

## SOCIAL ANXIETY & ISOLATION <sup>3,4</sup>

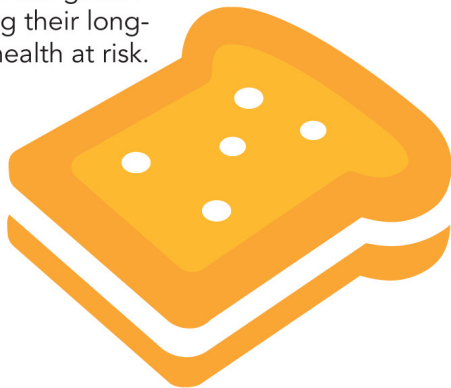
**49%** of children with celiac disease exhibit anxiety, including social and separation anxiety, physical symptoms, excessive worry and pessimism.

**37%** of women with celiac disease have symptoms of depression.



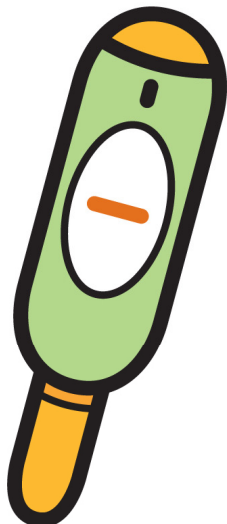
## ACCIDENTAL EXPOSURE <sup>5</sup>

**70%** remain exposed to gluten while on the gluten-free diet, putting their long-term health at risk.



## BRAIN FOG <sup>6</sup>

**89%** of patients experience this symptom after gluten exposure. Some describe it as difficulty concentrating, forgetfulness and grogginess.



## REPRODUCTIVE HEALTH <sup>7,8</sup>

Women with celiac disease are significantly more likely to miscarry or give birth prematurely than other women.

Women with unexplained infertility are **SIX TIMES MORE LIKELY** to have celiac disease.

## DAILY BURDEN <sup>9,10</sup>

**80%** of people with celiac disease report having difficulty staying strictly gluten-free. Additionally, people with celiac disease report a higher negative impact on their quality of life (also called burden of disease) than do people with Type 2 diabetes, congestive heart failure, hypertension, and inflammatory bowel disease.





## **Checklist for K-12 Schools to Accommodate Students with Celiac Disease and Gluten Sensitivity**

This checklist provides guidance and suggestions for accommodating the needs of students with celiac disease, gluten sensitivity, and other special diets in the cafeteria, classroom, and extra-curricular activities. Please use it as an evaluation tool to assess current training, procedures, and policies in order to improve accommodations that will enhance the quality of life for students with celiac disease and gluten sensitivity.

### **Special Diet Policy, Procedure, and Forms**

- Review or create a special diet policy including:
  - Establishment of a clear, transparent, and user-friendly process for families to request reasonable accommodations for those with celiac disease, gluten-related disorders, and other special diets
  - Development of a consistent, district-wide policy for cafeteria practices, group food distribution, and consumption in the classroom (parties, food rewards/incentives, etc.) and during extra-curricular activities
  - Provision of special considerations for bathroom privileges, permission to see nurse or guidance counselor, and test accommodations after incidence of gluten exposure, etc.
  - Inclusion of ways to identify, report, address, and diminish incidents of bullying and harassment toward students with celiac disease, food allergies, and other special diets
  - Creation of field trip and off site procedures, with the inclusion of food options and accommodations directly on permission forms, to ensure appropriate accommodation offsite (field trips, tournaments, etc.)
  
- Set procedures for diet-related 504 plans, including:
  - Responsibilities of school nurse to track and manage plan documentation and communications and facilitate accommodations
  - Student's responsibilities to self-manage diet and advocate for individual needs
  - Annual evaluation of effectiveness
  - Specific procedures for incident reports and emergency plans if accidental gluten exposure occurs
  - Inclusion of nutrition staff who provide daily meal support in meetings with student and parents about 504 plan accommodations
  
- Encourage partnership and collaboration between school district, students, and parents to foster students' good health and academic success, with clear delineation of the responsibilities of each party
  
- Designate and provide easy access to qualified staff appointee(s) to handle special diet requests (Director of Student Services, Special Diets Manager, etc.), and include relevant contact information on all relevant written and digital communications
  
- Provide sample medical permission forms on website and in health offices:

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- Prescribing physician's recommendation/documentation for accommodations in the school meal plan, in the classroom and in wider school-based activities
- Field trip forms including special diet options/accommodations
- ❑ Understand best practices within K-12 school lunch program for gluten-free food preparation

### Communication

- ❑ Make all special diet policies easily accessible on website and in key print publications (school handbook, etc)
- ❑ Ensure teachers receive all special diet information and individual student health plans, with special attention to aides and substitutes with less familiarity of the everyday practices
- ❑ Provide school-wide communications about special diet policies to facilitate awareness and community support
- ❑ Survey parents and students to determine challenges and successes for your current special diet accommodations

### General Staff Education and Training

- ❑ Utilize Beyond Celiac toolkit resources to educate staff about celiac disease and the gluten-free diet
- ❑ Ensure nurses have received training about celiac disease and the gluten-free diet accommodations
- ❑ Educate teachers and support staff about celiac disease and gluten-related disorders and the needs of students with these conditions
- ❑ Incorporate food allergy and special diet education into the cooking curriculum to increase understanding and acceptance of those with special diets
- ❑ Ensure that nurses, teachers, and support staff are familiar with symptoms and emergency procedures for students with gluten exposure or reactions
- ❑ Prepare school personnel (nurses, teachers, and support staff) to provide emotional and physical support when gluten exposure occurs
- ❑ Train coaches, activity coordinators, parent leaders, and other stakeholders on the specific needs of students with celiac disease, as well as overall special diet policies and strategies to fulfil them
- ❑ Provide easy guidelines and suggestions for providing snacks that are safe for multiple food allergies
- ❑ Provide alternative options for students with gluten-related disorders for toys and craft materials that may contain wheat flour (papier mache, Play-Doh)

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- Provide age-appropriate books and cookbooks about celiac disease and the gluten-free diet (see Additional Resources)

### **Accommodation in Family Consumer Science (FCS) Classes**

- Ensure FCS teachers can identify gluten-containing ingredients and understand and eliminate the risk of cross-contact when preparing food
- Incorporate food allergy and special diet education into the cooking curriculum to increase awareness and understanding of those with special diets
- Work with special diet students to create modified menus and recipes to accommodate special diets when possible
- Provide a clean, safe work surface and utensils free from gluten and food allergens if necessary
- Purchase or create an allergen cooking kit to be used in kitchens for cooking labs

### **Food Service Programming (School Lunch Program & Staff /Registered Dietitians)**

- Educate and train your foodservice staff on how to provide safe, healthy gluten-free options (the Beyond Celiac GREAT Schools training manual and free log in for the online course has been provided for your foodservice operation)
- Create an action plan and train your foodservice staff on how to response to accidental gluten exposure
- Have formal district-wide process to check and validate ingredients and products for gluten-containing grains and their derivatives- wheat, rye, and barley
- Ensure food is prepared by cooking, serving, and storing ingredients and cooked meals using protocols to control gluten as a hazard
- Create a variety of healthy, gluten-free options for school lunches using common foods when possible (see recipes in GREAT Schools manual)
- Provide gluten-free options/substitutions on monthly menu (see sample menus)
- Create an environment of inclusion in the cafeteria for students with special diets

## Additional Resources

### GOVERNMENT AGENCIES

**Accommodating Children with Special Dietary Needs in the School Nutrition Program**, U.S. Department of Agriculture Food and Nutrition Service; Fall 2001.  
[https://www.fns.usda.gov/sites/default/files/special\\_dietary\\_needs.pdf](https://www.fns.usda.gov/sites/default/files/special_dietary_needs.pdf)

**Modifications to Accommodating Disabilities in the School Meal Programs**, U.S. Department of Agriculture Food and Nutrition Service; September, 2016.  
<https://www.fns.usda.gov/sites/default/files/cn/SP59-2016os.pdf>

**Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools**, U.S. Department of Education, Office of Civil Rights; December, 2016.  
<https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>

**Questions and Answers on the ADA Amendments Act of 2008 for Students with Disabilities Attending Public Elementary and Secondary Schools**; January, 2012.  
<https://www2.ed.gov/about/offices/list/ocr/docs/dcl-504faq-201109.html>

**Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs**, Centers for Disease Control and Prevention, U S Department of Health & Human Services; 2013.  
[https://www.cdc.gov/healthyyouth/foodallergies/pdf/13\\_243135\\_a\\_food\\_allergy\\_web\\_508.pdf](https://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_a_food_allergy_web_508.pdf)

### RESOURCES FOR SCHOOL LIBRARIES

**Beyond Celiac** - Educational resources about celiac disease and the gluten-free diet for patients, families plus health, education, and foodservice professionals, [www.beyondceliac.org](http://www.beyondceliac.org)

### BOOKS FOR PRE-SCHOOL TO SCHOOL-AGE CHILDREN

**201 Gluten-Free Recipes for Kids: Chicken Nuggets! Pizza! Birthday Cake! All Your Kids' Favorites, All Gluten-Free!** by Carrie S Forbes.

**Adam's Gluten-Free Surprise: Helping Others Understand Gluten-Free** by Debbie Simpson.

**Amy Goes Gluten-Free; A Young Person's Guide to Celiac Disease** by Hilarie Staton, MD

**Eating Gluten-Free with Emily** by Bonnie J. Kruszka, illustrated by Richard S. Cihlar.

**Gluten-Free Friends: An Activity Book for Kids** by Nancy Patin Falini.

### RESOURCES FOR PREADOLESCENT THROUGH COLLEGE AGE

**Beyond Rice Cakes: A Young Person's Guide to Cooking, Eating & Living Gluten-Free** by Vanessa Maltin.

**The GF Kid: A Celiac Disease Survival Guide** by Melissa London, illustrated by Eric Glickman.

**Cooking for Your Gluten-Free Teen: Everyday Foods the Whole Family Will Love** by Carlyn Berghoff.

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*The following is excerpted from section 3 of:*

## **Putting Guidelines into Practice: Actions for School Administrators and Staff**

***Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs.*** Centers for Disease Control and Prevention

Effective management of food allergies in schools requires the participation of many people. This section presents the actions that school building administrators and staff can take to implement the recommendations in Section 1. Some actions duplicate responsibilities required under applicable federal and state laws, including regulations, and policies. Although many of the actions presented here are not required by statute, they can contribute to better management of food allergies in schools.

Some actions are intentionally repeated for different staff positions to ensure that critical actions are addressed even if a particular position does not exist in the district or school (e.g., school doctor). This duplication also reinforces the need for different staff members to work together to manage food allergies effectively. All actions are important, but some will have a greater effect than others.

Some actions may be most appropriately carried out by district-level staff members whose roles are to support food allergy management plans and practices across schools or to provide specific services to schools that do not have an on-site staff person to provide these services. Ultimately, each school district or school must determine which actions are most practical and necessary to implement and who should be responsible for those actions.

### **Registered School Nurses**

#### ***1. Participate in the school's coordinated approach to managing food allergies.***

- Take the lead in planning and implementing the school's FAMPP or help the school administrator with this task.
- Support partnerships among school staff and the parents and doctors (e.g., pediatricians or allergists) of students with food allergies.
- Consult state and local Nurse Practice Acts and guidelines to guide the roles and responsibilities of school nurses.

#### ***2. Supervise the daily management of food allergies for individual students.***

- Make sure that students with food allergies are identified. Share information with other staff members as needed, provided the exchange of information occurs in accordance with FERPA and any other federal and state laws that protect the confidentiality or privacy of student information.

- Obtain or develop an ECP for each student with a food allergy or food allergy disability. Get the medical information needed to care for children with food allergies when they are at school, such as medical records and emergency information. Communicate with parents and health care providers (with parental consent) about known food allergies, signs of allergic reactions, relevant use of medications, complicating conditions, and other relevant health information.
- Make sure that USDA's required doctor's statement is completed and provides clear information to assist in the preparation of a safe meal accommodation. This statement can be part of an ECP or a separate document.
- Use a team approach to develop an Individualized Healthcare Plan (IHP) for each student with a food allergy, and, if required by Federal law, a Section 504 plan, or an Individualized Education Program (IEP), if appropriate.
- Monitor each student's ECP or other relevant plan on a regular basis and modify plans when needed.
- Refer parents of children who do not have access to health care to services in the community.
- For students who have permission to carry and use their own epinephrine auto-injectors, regularly assess their ability to perform these tasks.

### **3. Prepare for and respond to food allergy emergencies.**

- Develop instructions for responding to an emergency if a school nurse is not immediately available. Add these instructions to the school's FAMPP.
- File ECPs in a place where staff can get to them easily in an emergency. Distribute ECPs to staff on a need-to-know basis.
- Make sure that the administration of an epinephrine auto-injector follows school policies and state mandates. Make sure that medications are kept in a secure place that staff can get to quickly and easily. Keep back-up epinephrine auto-injectors for students who carry their own. Regularly inspect the expiration date on all stored epinephrine auto-injectors.
- Train and supervise delegated staff members how to administer an epinephrine auto-injector and recognize the signs and symptoms of food allergy reactions and anaphylaxis.
- If allowed by state and local laws, work with school leaders to get extra epinephrine auto-injectors or nonpatient-specific prescriptions or standing orders for auto-injectors to keep at school for use by staff delegated and trained to administer epinephrine in an anaphylaxis emergency.

- Assess whether students can reliably carry and use their own epinephrine auto-injectors and encourage self-directed care when appropriate.
- Make sure that school emergency plans include procedures for responding to any student who experiences signs of anaphylaxis, whether the student has been identified as having a food allergy or not.
- Make sure that staff plan for the needs of students with food allergies during class field trips and during other extracurricular activities.
- Contact parents immediately after any suspected allergic reaction and after a child with a food allergy ingests or has contact with a food that may contain an allergen, even if an allergic reaction does not occur. If the child may need treatment, recommend that the parents notify the child's primary health care provider or allergist.
- After each food allergy emergency, review how it was handled with the school administrator, school doctor or nurse (if applicable), parents, staff members involved in the response, emergency medical services (EMS) responders, and the student to identify ways to prevent future emergencies and improve emergency response.
- Help students with food allergies transition back to school after an emergency.
- Talk with students who may have witnessed a life-threatening allergic reaction in a way that does not violate the privacy rights of the student with the food allergy.

#### ***4. Help provide professional development on food allergies for staff.***

- Stay up-to-date on best practices for managing food allergies. Sources for this information include allergists or other doctors who are treating students with food allergies, local health department staff, national school nursing resources, and the district's food service director or registered dietitian.
- Educate teachers and other school staff about food allergies and the needs of specific students with food allergies in a manner consistent with FERPA, USDA, and any other federal and state laws that protect the privacy or confidentiality of student information. (See Section 5 for more information about FERPA.)
- Advise staff to refer students to the school nurse when food allergy symptoms or side effects interfere with school activities so that medical and educational services can be properly coordinated.

#### ***5. Provide food allergy education to students and parents.***

- Teach students with food allergies about food allergies and help them develop self-management skills.
- Make sure that students who are able to manage their own food allergies know how to recognize the signs and symptoms of their own allergic reactions, are capable of using

an epinephrine auto-injector, and know how to notify an adult who can respond to a food allergy reaction.

- Help classroom teachers add food allergy lessons to their health and education curricula.
- Find ways for the parents of students with food allergies to share their knowledge and experience with other parents.
- Work with administrators, classroom teachers, and parent-teacher organizations to offer food allergy education for parents at school.

#### **6. Create and maintain a healthy and safe school environment.**

- Work with other school staff and parents to create a safe environment for students with food allergies. On a regular basis, assess the school environment, including the cafeteria and classrooms, to identify allergens in the environment that could lead to allergic reactions. Work with appropriate staff to develop strategies to help children avoid identified allergens.
- Make sure that food allergy policies and practices address competitive foods, such as those available in vending machines, in school stores, fundraisers, during class parties, at athletic events, and during after-school programs.
- Work with school counselors and other school staff to provide emotional support to students with food allergies.
- Promote an environment that encourages students with food allergies to tell a staff member if they are bullied because of their allergy.

Centers for Disease Control and Prevention. *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Department of Health and Human Services; 2013.



**Table 1. Recommended Practices for Reducing the Risk of Exposure to Food Allergens and Responding to Food Allergies in Schools and ECE Programs**

	<b>Classroom</b>	<b>Cafeteria</b>	<b>Transportation</b>	<b>School or ECE Program Events (Field Trips, Activities Before or After School)</b>	<b>Physical Education and Recess</b>
<b>School or ECE Program Policy or Environment</b>	<ul style="list-style-type: none"> <li>Consider designated allergy-friendly seating arrangements.</li> <li>Avoid the use of identified allergens in class projects, parties, holidays and celebrations, arts, crafts, science experiments, cooking, snacks, or rewards. Modify class materials as needed.</li> <li>Avoid ordering food from restaurants because food allergens may be present, but unrecognized.</li> <li>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</li> </ul>	<ul style="list-style-type: none"> <li>Consider designated allergy-friendly seating during meals (open to any child eating foods free of identified allergens).</li> <li>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</li> </ul>	<ul style="list-style-type: none"> <li>Train transportation staff in how to respond to food allergy emergencies.</li> <li>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</li> </ul>	<ul style="list-style-type: none"> <li>When planning a field trip, find out if the location is safe for children with food allergies.</li> <li>Make sure that events and field trips are consistent with food allergy policies.</li> <li>Do not exclude children with food allergies from field trips, events, or extra-curricular activities.</li> <li>Invite, but do not require, parents of children with food allergies to accompany their child in addition to the regular chaperone.</li> <li>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</li> </ul>	<ul style="list-style-type: none"> <li>Do not exclude children with food allergies from physical education or recess activities.</li> <li>Have rapid access to epinephrine auto-injectors in cases of food allergy emergency and train staff to use them.</li> </ul>

**Table 1. (continued)**

	<b>Classroom</b>	<b>Cafeteria</b>	<b>Transportation</b>	<b>School or ECE Program Events (Field Trips, Activities Before or After School)</b>	<b>Physical Education and Recess</b>
<p><b>Meals and Snacks</b></p> <ul style="list-style-type: none"> <li>• Use nonfood incentives for prizes, gifts, and awards.</li> <li>• Help students with food allergies read labels of foods provided by others so they can avoid ingesting hidden food allergens.</li> <li>• Consider methods (such as assigned cubicles) to prevent cross-contact of food allergens from lunches and snacks stored in the classroom.</li> <li>• Support parents of children with food allergies who wish to provide safe snack items for their child in the event of unexpected circumstances.</li> <li>• Encourage children to wash hands before and after handling or consuming food.</li> <li>• Include information about children with special needs, including those with known food allergies, in instructions to substitute teachers.</li> </ul>	<ul style="list-style-type: none"> <li>• Make reasonable meal accommodations after receiving approval from a doctor or allergist through dietary orders or as stated in the child's Emergency Care Plan (ECP). For more information, see the USDA Web site.<sup>a</sup></li> <li>• With parental cooperation, create standard procedures for identifying children with food allergies. For example, a recent picture of each child could be kept in a location that is not visible to other children or the public. Procedures must follow the requirements in FERPA. (See Section 5 for more information about FERPA.)</li> <li>• Designate an allergen-safe food preparation area.</li> <li>• Provide advanced copies of menus for parents to use in planning.</li> <li>• Be prepared to share food labels, recipes, or ingredient lists used to prepare meals and snacks with others.</li> </ul>	<ul style="list-style-type: none"> <li>• Do not allow food to be eaten on buses except by children with special needs such as those with diabetes.</li> <li>• Encourage children to wash hands before and after handling or consuming food.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify special needs before field trips or events.</li> <li>• Package meals and snacks appropriately to prevent cross-contact.</li> <li>• Encourage children to wash hands before and after handling or consuming food.</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage hand washing before and after handling or consuming food.</li> </ul>	

**Table 1. (continued)**

	Classroom	Cafeteria	Transportation	School or ECE Program Events (Field Trips, Activities Before or After School)	Physical Education and Recess
<p><b>Meals and Snacks</b></p>		<ul style="list-style-type: none"> <li>• Keep food labels from all foods served to children with allergies for at least 24 hours after servicing the food in case the child has a reaction.</li> <li>• Keep current contact information for vendors and suppliers so you can get food ingredient information.</li> <li>• Read all food labels and recheck with each purchase for potential food allergens.</li> <li>• Report mistakes such as cross-contact with an allergen or errors in the ingredient list or menu immediately to administrators and parents.</li> <li>• Wash all tables and chairs with soap and water or all-purpose cleaning agents before each meal period.</li> <li>• Encourage children, school staff, and volunteers to wash hands before and after handling or consuming food.</li> </ul>			

<sup>a</sup> USDA Web site: [www.fns.usda.gov/cnd/guidance/special\\_dietary\\_needs.pdf](http://www.fns.usda.gov/cnd/guidance/special_dietary_needs.pdf).