Welcome!

Check your audio connection to be sure your speakers are on and the volume is up.

Archive recording, presentation slides, resources, and CEU form are available at:

www.schoolnutrition.org/webinars
Get the FACTs ABOUT FOOD ALLERGIES IN SCHOOLS
Questions & Answers

• Type your questions into the “Question” box at any time during the webinar

• Questions will be addressed during the webinar and at the end as time allows
Today's Moderator

Sherry Coleman Collins, MS, RDN, LD
Consultant/Registered Dietitian
Nutritionist
National Peanut Board
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Today’s Speakers

Eleanor Garrow-Holding
President & CEO, FAACT

Gitta Grether-Sweeney, MSRD
Foodservice Director, PPS
Objectives

- Gain an understanding of the facts about food allergies
- Learn to apply these facts to the k-12 foodservice environment
- Learn to distinguish between fact and fiction with regard to food allergy myths and misconceptions
Disclosures

- National Peanut Board Sponsored Presentation
- Speakers received no monetary or in-kind compensation

Acknowledgements

- Food Allergy & Anaphylaxis Connection Team (FAACT). 2014
- St. Louis Children’s Hospital. Food Allergy Management & Education (FAME) program. 2014
FAACT: Who and What

- FAACT's mission is to educate, advocate, and raise awareness for all individuals and families affected by food allergies and life-threatening anaphylaxis.
- FAACT offers many education programs and hands-on civil rights advocacy support in the school setting.
- FAACT educates and informs food-allergic individuals of their rights to safely and equally participate alongside individuals without food allergies, particularly in schools.
- FAACT's website offers an Education Resource Center and Civil Rights Advocacy Resource Center with many free and downloadable resources.
- FAACT offers visual aids for schools: bookmarks, posters, etc.
Emergency Action Plans
Food Allergy - Prevalence

- Food allergies affects 4-6% of US Children
- 18% increase among children between 1997 – 2007
- 50% increase among children between 2009-2011
- 2 Students per classroom, U.S.
- Food allergies & asthma in children = 29%
  - Higher risk for anaphylaxis

#gettheFAACTsaboutfoodallergies
Should the last bullet also include eczema?

"Individuals who also have asthma or eczema, in addition to food allergies, are at a higher risk for anaphylaxis."

Karen Harris, 7/26/2014
Food Allergy - FACT’s

- There is NO cure for food allergies
- Strict avoidance is key
- 18% of children reacted while at school
- 25% of first time severe reactions occur in the school setting
- Fatalities have occurred in schools due to delays in properly recognizing and treating serious allergic reactions (anaphylaxis)
“Food Allergy” - The Term

- “Food Allergy”
- Food related conditions & diseases often confused with a food allergy
- Food allergy can be fatal

- FAAP signed by a medical doctor

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Food Allergy

- 90% of food allergic reactions in the U.S. are caused by eight foods:
  - Milk
  - Wheat
  - Egg
  - Soy
  - Fish
  - Peanuts
  - Crustacean Shellfish
  - Tree-nuts

➤ Any food can cause an allergic reaction

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Anaphylaxis

- Anaphylaxis (an-a-fi-LAK-sis) is a severe allergic reaction that is rapid in onset and may cause death.
- Anaphylaxis from food = (within minutes – several hours)
- Death from food = (30 min – 2 hrs. of exposure)
Anaphylaxis - FACT’s

- Can be FATAL if not treated promptly
- Can include a wide range of signs & symptoms
- Symptoms can occur alone, or in combination
- Requires immediate treatment
  (follow student’s emergency action plan on file)

- Injection of epinephrine
- 911
- Observation in ER (2-24 hrs. recommended)

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Anaphylaxis Triggers

- Food
- Insect venom
- Medications
- Latex

What is the leading cause of anaphylaxis outside of the hospital setting?

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Anaphylaxis Triggers

✓ **Food** = leading cause of anaphylaxis outside of the hospital setting

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Anaphylaxis

Risk Factors
- Delay of epinephrine
- Relying on antihistamines (i.e. Benadryl, Zyrtec...)
- Alcohol consumption

Groups at Higher Risk
- Adolescents
- Young adults
- Children with known food allergy
- History of anaphylaxis
**Signs & Symptoms**

**Mouth**
- Itchy
- Swelling of tongue, lips, or roof of mouth

**Eyes/Nose**
- Red Watery Eyes
- Runny / Stuffy Nose
- Sneezing
- Swollen Eyes

**Skin**
- Itching
- Hives or other rash
- Redness/flushing
- Swelling

**Throat**
- Itchy
- Tightness / closure
- Hoarseness
- Trouble breathing/swallowing
- Hacking cough
- Stridor

**Lung**
- Shortness of breath
- Wheezing
- Repetitive Cough
- Chest pain / tightness

**Circulation/Heart**
- Chest pain
- Low blood pressure
- Pale blue skin color
- Dizziness or fainting
- Weak pulse
- Lethargic

**Mental**
- Anxiety
- Panic
- Sense of doom
- Confusion

**Gut**
- Nausea
- Abdominal pain (a sharp stabbing pain)
- Vomiting
- Diarrhea
Epinephrine (adrenaline)

- First line treatment for anaphylaxis
- Naturally produced in the body
- Early use to treat anaphylaxis improves a person’s chance for survival
- Effects are not long lasting, additional doses may be needed
  - *Administer epinephrine = call 911*
- All staff should be trained on epinephrine administration

#gettheFAACTsaboutfoodallergies
Risk Reduction Strategies

- Cleaning measures
- Reading food labels
- Creating a safe environment
- Educating parents, students and school staff
Cleaning Measures

**Hands**
- Yes
  - Soap and water
- Yes
  - Hand wipes
    (*Wet Ones / Tidy Tykes*)
- No
  - Plain water
- No
  - Hand Sanitizer

**Surfaces**
- Yes
  - Lysol sanitizing wipes
  - Formula 409
  - Commercial cleaning wipes
  - Target brand cleaner with bleach
  - Other common household cleaning agents
- No
  - Liquid dish soap
Food Labels - FALCPA

- Food Allergen Labeling Consumer Protection Act
- Applies to top eight allergens
- Consult with parents
Creating a Safe Environment

**Goal** - To create a safer learning environment by reducing children’s exposure to potential allergens

- School bans?
- **Alternatives?**
  - Allergen Safe Zones / Food Free Zones
    - (classrooms or eating area in cafeteria; library, buses)
  - Allergy - Aware (classroom, school)
- **Limiting food in the classroom**
  - Rewards
  - Birthdays
  - Holidays
Creating a Safe Environment

1. Ensure the daily management of food allergies in individual children
2. Prepare for food allergy emergencies
3. Provide professional development on food allergies for staff members
4. Educate children & family members about food allergies
5. Create and maintain a healthy & safe educational environment
Prepare for an Allergic Emergency

- If an allergic reaction occurs on the playground, what means of communication is available?
- Who will retrieve epinephrine, including second dose and/or stock, if not carried by student?
- Who is responsible for administering epinephrine?
- Who is responsible if no school nurse is on-site?
- Who is calling 911?
- Who is outside to alert first responders of location?
- Who will document times?
- Who will contact the parents?
- Who will ride with the student?
- Who will speak to students who may have witnessed?
- Who will speak to the families of other food allergic students?
A Team Approach!

- School Nurse
- Medical Provider
- School Staff (transportation, food service, administration, bus drivers, P.E. Coach, etc.)
- All Parents / Students
- PTA / PTO
Epinephrine Training

**Auvi-Q**

![Auvi-Q Image]

**Epi-Pen**

![Epi-Pen Image]

www.auvi-q.com

www.epipen.com
St. Louis Children’s – FAME Toolkit

# Quick Guide for Oregon Child Nutrition Programs

## Meal Substitutions for Participants with Disabilities or Medical or Other Special Dietary Needs

### Participants with Disabilities

Federal regulations require Child Nutrition Programs sponsors and providers to make substitutions to the standard meal requirements for participants who are considered disabled and whose disability restricts their diet.

Decided by: Licensed Physician (Medical Doctor [MD] or Doctor of Osteopathy [DO], only)

Use the form titled: *Medical Statement--Participants with Disabilities*

The medical statement shall identify:

1. The participant’s disability and the major life activity or major bodily function affected by the disability;
2. An explanation of why the disability restricts the participant’s diet;
3. The food or foods to be omitted from the participant’s diet; and,
4. The food or choice of foods that must be substituted.

The following information should be included on the Medical statement if required by the disability:

1. Caloric modifications
2. Meal pattern or frequency modifications
3. The substitution of a liquid nutritive formula

Description of required textual modifications is recommended but not required.

### Participants without Disabilities

A sponsor or provider may, at their discretion, make substitutions for individual participants who do not have a disability but are unable to consume a food item because of medical or other special dietary needs.

Decided by: Recognized medical authority. In Oregon recognized medical authorities include Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistants (PA), Registered Dietitians (RD), Nurse Practitioners (NP), Registered Nurses (RN), Naturopathic Physician (ND), and Naturopathic Doctor of Osteopathy (NDO).

Use the form titled: *Medical Statement--Participants without Disabilities*

For those participants without disabilities, the supporting statement by the recognized medical authority shall identify:

1. The medical or other special dietary need that restricts the participant’s diet;
2. The food or foods to be omitted from the participant’s diet; and,
3. The food or choice of foods that may be substituted.

### Milk Substitutions for Participants without Disabilities

A sponsor or provider may, at their discretion, make substitutions for participants without disabilities who request a substitution for cow's milk. Participants must submit:

1. A Milk Substitute Request--Participants without Disabilities form signed by a parent/guardian, the adult participant in adult day care, or recognized medical authority.

### CDE CNP Special Dietary Needs Webpage

[http://www.cde.state.or/us/go/CNPSpecialDietaryNeeds](http://www.cde.state.or/us/go/CNPSpecialDietaryNeeds)

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## Food Allergies

Generally, participants with food allergies or intolerances are not persons with disabilities and sponsors and providers are not required to make substitutions for them. However, if a licensed physician assesses that food allergies may result in severe, life-threatening reactions (anaphylactic reactions), the participant may then meet the definition of a participant with disabilities and the sponsor or provider must make the substitutions prescribed by the licensed physician (MD or DO, only).

### USDA Meal Reimbursement

Reimbursement for meals served to participants with disabilities or participants with other special dietary needs are paid at the standard meal reimbursement rate. While any additional costs for substituted foods are considered allowable program costs, no additional Child Nutrition Programs reimbursement is available. Sources of supplemental funding may include special education funds in schools (if the substituted food is specified in the participant's individualized education program), the sponsor's general account, or the sponsor's nonprofit foodservice account.

### Other Special Needs (e.g., Cultural, Religious)

A sponsor or provider may, at their discretion, make meal substitutions for individual participants for other reasons such as cultural and religious preferences. Sponsors and providers must ensure that such substitutions are made consistent with all Child Nutrition Program Civil Rights requirements.

### Participant Meal Charges

There can be no additional charges to participants with or without disabilities for meal substitutions.

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## Cooperation

To ensure that reasonable accommodations are made to allow participants with disabilities or with other special dietary needs to participate in Child Nutrition Programs, sponsors, food service personnel and providers should work closely with the parent(s), guardian(s) or adult participants and with all other school, medical and community personnel who are responsible for the health, well-being and education of participants with disabilities or with other special dietary needs.
ADMINISTRATIVE DIRECTIVE
Life Threatening Allergies 3.60.061-AD

- Directive was Adopted in 2006
- **USDA Guidance**
- Oregon Department of Education Guidance
- District does not support a ban on foods
- Administrative Directive Includes:
  - General Requirements
  - Family’s Responsibility
  - School’s Responsibility
  - Student’s Responsibility
When is a Medical Statement or Milk Substitute Request form Not Required?

- Parent/guardian of a child or infant, or an adult participant requests a food substitution or special diet
  - Sponsor has written policy not allowing food substitutions, except in cases of diet-related disability documented by a licensed physician (Medical Doctor [MD] or Doctor of Osteopathy [DO] only)
    - Sponsor has provided all parents/guardians or adult participants with the written policy (in parent/participant handbook or enrollment materials)
      - No substitutions to regular CNP menu provided
        - No Medical Statement or Milk Substitute Request form required
Medical Statement for Participants without Disabilities

Part I To be completed by Sponsor or Parent/Guardian

Name of Participant: __________________________

Part II To be completed by one of the following medical authorities: Medical Doctors (MD), Doctor of Osteopathy (DO), Physician's Assistants (PA), Registered Dietitians (RD), Nurse Practitioners (NP), Registered Nurses (RN), Naturopathic Physician (ND), and Naturopathic Doctor of Osteopathy (NDO)

Diagnosis (include description of the patient’s medical or other special dietary needs that restrict the patient’s diet):

List foods to be omitted from diet:

List foods to be substituted:

Date ___________ Signature of Medical Authority __________________________

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Oregon Department of Education
Guidance
Medical Statement Decision Tree

When is a Medical Statement or Milk Substitute Request form Required?

Parent/guardian of a child or infant, or an adult participant requests a food substitution or special diet

Sponsor has a written policy allowing food substitutions

Substitution does not eliminate a food component

Substitution eliminates a meal component

Sponsor does not count meal for reimbursement

Sponsor counts meal for reimbursement

No Medical Statement or Milk Substitute Request form required

Medical Statement or Milk Substitute Request form required

Webinar Wednesdays®
# Medical Statement for Participants with Disabilities

**Part I** To be completed by Sponsor or Parent/Guardian

| Name of Participant: ____________________________ |

**Part II** To be completed only by a Licensed Physician: Medical Doctor (MD) or Doctor of Osteopathy (DO)

<table>
<thead>
<tr>
<th>Diagnosis (include description of the patient’s disability and the major life activity or major bodily function affected by the disability):</th>
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<p>| Does the disability restrict the patient’s diet? | Yes _____ No _____ |
| --- |</p>
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<th>If yes, list how disability restricts diet:</th>
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**Diet Plan:**

- Foods to be omitted from diet:
  | |
- Foods to be substituted (include modifications of texture or consistency that may be necessary):
  | |

| Date: ___________ | Signature of Licensed Physician: ___________ |

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Food Allergy Decision Tree for Front Line Staff

PPS Allergy Notification Procedures

- Parent indicates allergy to secretary, nurse and/or principal
  - Nurse gives medical paperwork to Lead
    - Lead faxes or scans paperwork to Program Manager
      - Program Manager calls parent or nurse to gather information for "Student Plan"
        - YES, the student might eat hot lunch with documentation
          - Program Manager reviews ODE medical statement (if needed)
            - Program Manager enters note in WebSMART in "Dietary Restrictions"
              - LIFE-NO-Peanuts®
              - LIFE-Check File
              - NO-Milk®
        - NO, the student will bring food from home
          - ODE medical statement not needed
            - Program Manager enters note in WebSMART in "Dietary Restrictions"
              - LIFE-NO-Peanuts®
              - LIFE-Check File
              - NO-Milk®
              - For a life-threatening allergy
              - For multiple life-threatening allergies
              - For non-life-threatening allergy
              - For life-threatening allergies, click the "Allergy Alert" box
                *This is an example; enter correct allergy for the student!

- File paperwork in "Allergen Alert Folder" in school kitchen. Retain file from year to year
- Program Manager will train all staff at site

USDA and Portland Public Schools are equal opportunity providers and employers.
Alert to Parents and Guardians

Date:

Dear Parent/Guardian-

This letter is to inform you that a student in your child’s classroom has a severe food allergy to ___________ which could be life threatening.

It is our goal to ensure that every student in our school is safe. Because this student cannot be in contact with foods containing this/these allergen(s), we are requesting that you avoid, if possible, sending these foods to school for snacks or treats.

Even trace elements of these products could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

Please discuss the following with your child:

☐ Do not offer, share or exchange any foods with other students at school.

☐ Hand washing with soap and water, after eating, is necessary to decrease the chance of cross contamination on surfaces at school.

☐ If your child rides the bus, remind him/her that there is “no eating on the bus.”

Thank you for your consideration and help in this matter. If you have any questions or concerns please call.

Sincerely,

Principal/Building Administrator
Common Food Allergens
Allergens for menu items available at www.pps.net/departments/nutrition/8142.htm

Wheat/gluten
Peanuts
Milk
Eggs
Tree nuts
Soybeans
Fish

PORTLAND PUBLIC SCHOOLS
Nutrition Services
USDA and Portland Public Schools are equal opportunity providers and employers.
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tr>
<td>Whole Breast Chicken</td>
<td>Turkey Hot Dog on a Whole Wheat Bun</td>
<td>Hamburger on a Whole Wheat Bun</td>
<td>Cheese, Pepperoni or Specialty Pizza</td>
<td>Breaded Chicken on a Whole Wheat Bun</td>
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<tr>
<td>Chicken Nuggets</td>
<td>Student Favorites * Served daily in addition to the Feature</td>
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<td>3</td>
<td>Non-meat entrées may contain cheese &amp;/or egg</td>
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<td>Three Bean Vegetarian</td>
<td>Roast Turkey, Gravy and Mashed Potatoes</td>
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<td>Chili with Tortilla</td>
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<td>Chips</td>
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<td>Teryaki Beef with Brown Rice</td>
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<td>Macaroni and Cheese</td>
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<td>Homemade Beef or Vegetarian Lasagna</td>
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<td>Baked Potato with</td>
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<td>Beans and Shredded</td>
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<td>Baked Potato with</td>
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<td>Spring Break Schools Closed</td>
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<td>31</td>
<td>Spring Break Schools Closed</td>
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</tbody>
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Allergens
Chicken - Eggs, Gluten and Wheat
Roasted Vegetables - None

Carbohydrates
Total - 10g
Chicken - 7g
Roasted Carrots - 3g
Allergen Signage on the Serving Line

Brunch for Lunch
“Pancakes and Turkey Sausage”

Brunch para el Almuerzo “Panqueques con Salchicha de Pavo”
Bữa Ăn Trưa với “Bánh Xếp và Xúc Xích Thổ Nhĩ Kỳ”
“Завтрак на обед” – блины и сосиски из индюшки
Brunch for Lunch “Malawax iyo Turki ismaris”
早午餐“煎饼和土耳其香肠”

Eggs  Gluten  Milk  Peanuts  Soy  Tree nuts

Eggs  Gluten  Milk  Peanuts  Soy  Tree nuts
Additional Resources

- CDC Voluntary Guidelines
- NIAID Guidelines for the Diagnosis and Management of Food Allergies
  - Summary for Patients and Families
- www.PeanutAllergyFacts.org
Questions?
Thank You

Archives, CEU information, and other resources available at [www.schoolnutrition.org/webinars](http://www.schoolnutrition.org/webinars)