Special Diets and Food Allergies

- Meals for Students With Disabilities and/or Special Dietary Needs

Figure 1: The “Big Eight” Allergens: Tree Nuts, Peanuts, Soy, Egg, Milk, Fish, Wheat and Shellfish.
MEALS FOR STUDENTS WITH DISABILITIES AND/OR SPECIAL DIETARY NEEDS

Nutrition Services has a policy of providing modified menus for students who have physical or mental disabilities or special dietary needs and are unable to consume a regular breakfast or lunch. This policy is in accordance with a federal mandate to include all students in school nutrition programs (Child Nutrition and Food Distribution Division Management Bulletin, No. 03-2013, California Department of Education.)

Nutrition staff, school nurses, and parents are encouraged to visit the Nutrition Services web site at http://www.lbschools.net/Main_Offices/Business_Services/Nutrition_Services/ to obtain resources for students with special dietary needs. Resources include medical statement forms, nutrient lists, carbohydrate counts, allergy information table and other important information.

Special Dietary Needs for Students WITH Disabilities

Nutrition Services is required to offer special meals, at no additional cost, to students whose disability restricts their diet as defined in USDA’s nondiscrimination regulations, 7 CFR, Part 15.3(b).

✓ A child with a disability must be provided substitutions of special foods, including special supplements, when a statement signed by a licensed physician supports that need. Included on page 65 of ABCs of Your Child Nutrition Program is a medical statement form to be used by the parent to request special meals and/or accommodations. This form must be signed by a physician and may be duplicated.
✓ The completion of this form is required to ensure that the modified meal is reimbursable, and ensure that any meal modifications meet nutrition standards that are medically appropriate for the child.
✓ Medical statements are in effect until the condition changes or until the student transfers, promotes to a new school, or leaves the district.
✓ For children with disabilities who only require modifications in texture (such as chopped, ground, or pureed foods), a licensed physician’s written instruction, indicating the appropriate food texture is recommended, but not required.

Special Dietary Needs of Students WITHOUT Disabilities

Nutrition Services may make reasonable accommodations for students who are not disabled, but who are unable to consume a food item because of medical or other special dietary needs. Such determinations will be made on a case by case basis when supported by a medical statement form signed by "a recognized medical authority" (licensed physicians, physician assistants, or nurse practitioner). This provision covers those students who have allergies or food intolerances but do not have life-threatening or anaphylactic reactions.

Please note: we do not provide milk substitutions for non-disabled students that cannot consume milk. Juice is available at breakfast for all grade levels, and clean drinking fountains are available in or near every school cafeteria.
RESPONSIBILITIES

Parents/Guardians

Parents/Guardians must provide a completed Medical Statement form that includes the following:

- The student’s disability or medical condition
- Major life activity affected by the disability or medical condition
- The most current diet prescription and/or accommodation
- The food(s) to be omitted and the food(s) that must be substituted
- Which meal(s) the student will participate in (breakfast and/or lunch)
- Signature of appropriate medical authority and date

To ensure accurate meal service, parents are requested to:

- Communicate the student’s special dietary need to school staff when the student transfers to a different school or district, promotes or attends school sponsored camp.
- Communicate any dietary changes as prescribed by medical authority

A special diet and/or meal accommodation cannot be made unless Nutrition Services receives a completed Medical Statement form signed by a recognized medical authority.

Nutrition Services takes a conservative approach to food allergies. If a student has a food allergy from any of the top eight allergens (soy, fish, shellfish, peanut, tree nuts, dairy, egg, wheat) food items that may contain a specified allergen are omitted/excluded. Any alterations to the diet plan or meal accommodation must be directed to a Child Nutrition Specialist in writing, and include the parent signature and date.

Middle School or High School Students and Parents/Guardians

- Middle and High School grade level students with food allergies or special dietary needs are responsible for making the appropriate menu selections from the information provided from the Nutrition Service web site. Additional assistance is available upon request.
- Carbohydrate counts and nutrient lists are available on the Nutrition Services web site for students/parents to plan appropriate meal choices.
- If a special diet plan is needed, students and staff must schedule a predetermined location for the student(s) to receive the prepared meals.

School Staff

- School nurses must be notified of all students that have a special dietary need.
- If a student’s IEP includes a nutrition component, the school staff should ensure that Nutrition Services staff is involved early on in decisions regarding special meals or modification.
- Special education students may eat prior to the regular meal service. Please contact your Nutrition Services supervisor if this is needed.
- A designated adult must use a Nutrition Service Branch roster (FS 118) to check off the names of the special education student(s) that are unable to come through the line to receive their meal. The roster must be checked off during the meal service, (not prior to meal service) signed by the adult and returned to the Nutrition Services supervisor after each meal service. This is the same procedure for field trips or other school meals consumed away from the cafeteria.
RESPONSIBILITIES CONTINUED

Nutrition Services Supervisor

- Maintain the special diet roster of all student names and the type of special diet in the Special Diet Binder. Train your staff to refer to this binder.
- For Provision II sites: maintain Special Diet Identification folder and preserve confidentiality of student photos. If a photo of a new student is received, forward it to a Child Nutrition Specialist. If a photo cannot be obtained, please contact the student’s teacher so that you can become familiar with the student.
- Upon receiving a completed Medical Statement, photocopy it. Forward the document to a Child Nutrition Specialist and your school nurse.
- Notify a Child Nutrition Specialist at 562-427-7923, ext. 238 or 278 regarding any new student(s) with life threatening allergies or peanut allergies, whether or not you have the medical statement.
- Meet with the school nurse to discuss any necessary accommodations such as the location where the student will receive the prepared tray (K-8, Middle school or High School) and if snacks will be provided to the student.
- Nurses may at any time request a snack free of charge, when medically necessary.
- Keep all special diet plans in the Special Diet binder. If you post any menu plans containing students’ names, do so in a confidential way, away from view of the serving line.
- Keep the Special Diet binder at the register or main terminal. Review all special diet plans in advance to reserve food frequently served and to order any special food products as needed.
- Keep food for the monthly alternative menu plan (listed at the top of the menu) available at all times. Substitute this plan when the student or parent requests this option in advance.
- Supervisor or designee will prepare the modified meal according to the special diet plan.
- Record special diet food products on production records.
- Be watchful of specified indicators for students that have a food allergy or special dietary need:
  - POS screen for RED (life threatening) and all other special diet alert messages.
  - Check student trays and provide the appropriate meal accommodations according the alert message. Train staff to know these students.
  - Student cards are also coded with a RED or BLUE dot to alert staff of the need for a special diet.
- Contact a Child Nutrition Specialist to cancel a special diet plan when student(s) transfer, promote, graduate, or no longer requests meals. Special diet plans and meal accommodations may not be canceled or changed under any circumstance unless directed so by the Child Nutrition Specialist.

Nutrition Service Manager

- During site visits, review the special diet binder, serving guides and production records to ensure compliance to the special diet plan and procedures.
- Assist with the issuing of the hand-held blender as needed.

Application Clerk

- RED and BLUE dots will be placed on student’s meal cards to help identify these students.
RESPONSIBILITIES CONTINUED

Child Nutrition Specialist

✓ When a completed medical statement is received at the Nutrition Services Office, the Child Nutrition Specialist will enter the specific diet needed in E-office in the POS Information section. This information will display on the POS system to alert cafeteria staff that a special diet or meal accommodation is needed.

✓ Life threatening allergies are coded as RED and will be processed immediately, prior to receiving a completed medical statement.

✓ For food allergies, the name of the food(s) to AVOID will be listed and shown on the POS screen according to a coding system used by Nutrition Services in addition to one or more of the following:

<table>
<thead>
<tr>
<th>Computer Screen Reads</th>
<th>Resources/Special Diet Information to Follow</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Follow Monthly Menu with daily modifications for specific menu plan.</td>
</tr>
<tr>
<td>A</td>
<td>Use the Allergy Information Table (Database) to avoid foods containing a particular allergen and for substituting only allowable foods for meals.</td>
</tr>
<tr>
<td>C</td>
<td>Follow Special Diet Cycle Menu and serve only foods listed/allowed.</td>
</tr>
<tr>
<td>L</td>
<td>Follow individualized Special Diet List of items you may or may not serve to the student.</td>
</tr>
<tr>
<td>Puree or Chop</td>
<td>Indicates Texture Modification. Using hand blender, follow specific instructions for appropriate texture: pureed or chopped</td>
</tr>
<tr>
<td>RED</td>
<td>Indicates a life threatening allergy. Use the Allergy Information Table (Database), Monthly Menu, or Special Diet Plan. (All anaphylactic allergies)</td>
</tr>
<tr>
<td>Home</td>
<td>Food from home only</td>
</tr>
<tr>
<td>Select</td>
<td>Student self selects own meal</td>
</tr>
</tbody>
</table>

✓ Review and prepare all special diet plans. Contact parent or legal guardian and cafeteria supervisor when creating a special diet plan. Send 3-4 copies of the written plan to the Nutrition Services supervisor, school nurse and parents/student. The teacher may receive the fourth copy upon request.

✓ Update the special diet roster as new students are added. Send the revised copy to the school site.

✓ Update menus, Allergy Information Table, and Nutrient Lists for the Nutrition Services web site and school site special binders.

✓ Provide technical assistance and communication to school nurses, school staff, parents and students as appropriate.
MEDICAL STATEMENT TO REQUEST
SPECIAL MEALS AND/OR ACCOMMODATIONS

☐ Student eats breakfast in the cafeteria  ☐ Student eats lunch in the cafeteria

1. School/Agency Name  2. Site Name  3. Site Telephone Number

4. Name of Participant  5. Age or Date of Birth

6. Name of Parent or Guardian  7. Telephone Number

8. Check One:

☐ Participant has a disability or a medical condition and requires a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form.

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician’s assistant, or nurse practitioner must sign this form.

9. Disability or medical condition requiring a special meal or accommodation:

10. If participant has a disability, provide a brief description of participant’s major life activity affected by the disability.

11. Diet prescription and/or accommodation: (please describe in detail to ensure proper implementation-use extra pages as needed)

12. Indicate texture:

☐ Regular  ☐ Chopped  ☐ Ground  ☐ Pureed

13. Foods to be omitted and substitutions: (please list specific foods to be omitted and suggested substitutions, you may attach a sheet with additional information as needed)

If your child has a Peanut or Nut allergy, please specify if it is a Peanut allergy, Nut allergy or both.

A. Foods To Be Omitted

B. Suggested Substitutions


14. Adaptive Equipment:

15. Signature of Preparer*  16. Printed Name  17. Telephone Number  18. Date

19. Signature of Medical Authority*  20. Printed Name  21. Telephone Number  22. Date

* Physician’s signature is required for participants with a disability. For participants without a disability, a licensed physician, physician’s assistant, or nurse practitioner must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

INSTRUCTIONS

1. School/Agency: Print the name of the school or agency that is providing the form to the parent.
2. Site: Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. Site Telephone Number: Print the telephone number of site where meal will be served. See #2.
4. Name of Participant: Print the name of the child or adult participant to whom the information pertains.
5. Age of Participant: Print the age of the participant. For infants, please use Date of Birth.
6. Name of Parent or Guardian: Print the name of the person requesting the participant’s medical statement.
7. Telephone Number: Print the telephone number of parent or guardian.
8. Check One: Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. Disability or Medical Condition Requiring a Special Meal or Accommodation: Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
10. If Participant has a Disability, Provide a Brief Description of Participant’s Major Life Activity Affected by the Disability: Describe how physical or medical condition affects disability. For example: “Allergy to peanuts causes a life-threatening reaction.”
11. Diet Prescription and/or Accommodation: Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: “All foods must be either in liquid or pureed form. Participant cannot consume any solid foods.”
12. Indicate Texture: Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check “Regular.”
13. A. Foods to Be Omitted: List specific foods that must be omitted. For example, “exclude fluid milk.”
   B. Suggested Substitutions: List specific foods to include in the diet. For example, “calcium fortified juice.”
14. Adaptive Equipment: Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheelchair accessible furniture, etc.)
15. Signature of Preparer: Signature of person completing form.
16. Printed Name: Print name of person completing form.
17. Telephone Number: Telephone number of person completing form.
18. Date: Date preparer signed form.
19. Signature of Medical Authority: Signature of medical authority requesting the special meal or accommodation.
20. Printed Name: Print name of medical authority.
21. Telephone Number: Telephone number of medical authority.
22. Date: Date medical authority signed form.

DEFINITIONS:

“A Person with a Disability” is defined 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 an impairment.

“Physical or mental impairment” means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“Major life activities” 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.

“Has a record of such an impairment” is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990)