



**BIG WALNUT
LOCAL SCHOOLS**

**INSPIRE
& GUIDE**

Student: _____ Date of Birth _____ School Year _____

Building: _____ Grade level _____ Teacher: _____

Plan Updated on: ____ / ____ / ____

Celiac Disease/Gluten Intolerance Action Plan

Definition: Celiac Disease (also known as gluten intolerance, or CD) is an autoimmune disease caused by the body's inability to digest gluten. Gluten is the protein found in WHEAT, RYE, BARLEY, SPELT, and most OATS. Even small amounts of gluten act like a toxin to a person with Celiac Disease, triggering the body to attack itself in the small intestine.

Symptoms: Diarrhea, lethargy/low energy, vomiting, loss of appetite, constipation, flatulence(gas), bloating, irritability or other behavior changes, stomach pain, cramping, nausea, hair loss, and brain fog.

Treatment: The only treatment is strict adherence to a gluten-free(GF) diet

How do you know what foods are gluten-free?: Some examples of foods that will need to be substituted for gluten-free versions include bread, cereal, breakfast bars, bakery items, pasta/noodles, crackers, pretzels, breaded items, soups, and pizza. The main starchy foods that a person with CD can eat are made with rice, corn, potatoes, soy, quinoa, and tapioca. Other starches that can be used are buckwheat, bean flours, and amaranth. Most people with CD may have any plain fruit and vegetables, nuts, dairy products, and meats that are NOT prepared with gluten-containing products.

Avoid cross-contamination- A critical part of managing celiac disease is to assure foods and surfaces remain GF during food preparation, serving, and classroom projects.

Please follow these suggestions:

Classrooms: Avoid having food in the classroom. Please check art supplies, such as paints, and play-dough. Avoid licking stamps and envelopes. Wash tables after art projects, or eating in the classrooms, and wash hands after art or eating to reduce the amount of gluten in the classroom. Students with CD should wash their hands prior to eating. Parents should provide appropriate GF snacks or treats for their child to be used for daily snacks, class activities, or classroom celebrations.

Cafeteria: Wash eating surfaces and chairs prior to meals to remove gluten particles- between lunch groups in the cafeteria. Provide the person with CD adequate eating space to avoid cross-contamination with others. Supervise other children who may cross-contaminate the eating area or utensils during the meal. Use fresh serving utensils or fresh gloves to serve GF foods first, and then serve the gluten-containing items or designate an area specific to gluten-free items only. Be sure the items are marked GLUTEN FREE. Use separate work surfaces or clean surfaces prior to preparing GF items. Keep separate containers for GF items/condiments to avoid cross-contamination. It is suggested that you have a designated GF toaster, and cooking utensils/pans.

Accidental Exposure: Currently there is no medication or remedy approved to treat gluten ingestion. Unlike a food allergy, exposure to gluten for a person with CD may or may not have visible or outward symptoms. The degree of reaction can vary with the amount consumed, which could be unknown. It can take several days for healing to occur in the intestines and for symptoms to resolve. Whether or not symptoms are visible with ingestion of gluten, intermittent exposure can cause inflammation and damage to the intestines.

I consent for school personnel to take action for the safety and welfare of my child. I give permission for the school nurse to communicate information, in this health plan, with appropriate school personnel, EMS, or volunteers that are responsible for the care of my child, such as field trips. I give permission for the medical provider and the district nurse to have two-way communication about my student's CF needs and my signature authorizes the medical provider to review, modify, and sign this plan. I understand that it is my responsibility to notify the school nurse to update the plan as needed. I understand that this plan is only valid for the school year and is to be completed at the start of every school year.

Parent Signature: _____ Date: _____

I agree with this school health plan for the above-named student with Celiac Disease/Gluten Intolerance.

Physician Signature: _____ Date: _____

Physician Name: _____ Telephone: _____