COOKING IN CLASSROOMS: A POTENTIAL FOOD SAFETY RISK?

Donna W. Lockner, PhD, RD, Ruth Luckasson, JD

Objectives:
1. Identify potential liability and risk of foodborne illness when food preparation is used as a special education classroom activity.
2. Recognize key food safety practices that special education teachers need to know if they are preparing food in the classroom.
3. Acknowledge that nutrition professionals can be advocates for safe food preparation activities in special education classrooms.

INTRODUCTION
Cooking in the classroom is an important tool for conveying nutrition education (1,2). Students gain familiarity with foods and practice cooking skills that may help them practice more healthful dietary habits now and in the future. Many teachers also use cooking in the classroom as a tool for demonstrating more abstract concepts of science and mathematics and for integrating multicultural experiences into the curriculum. Cooking is a very common activity for special education classes because many students with disabilities need concrete examples of concepts they are learning and it enables them to practice functional life skills. Also, food preparation in special education classrooms may be used for fundraising to support community instruction and field trips.

When food is prepared in a classroom setting there are frequently many individuals handling the food. Utensils and often refrigeration, cooking, and cleaning equipment may be limited. Therefore, teachers need to be vigilant about food safety practices to ensure that cooking in the classroom does not promote foodborne illness among students and staff. Special education teachers, in particular, should be knowledgeable about food safety because children with disabilities often have physical manifestations associated with developmental delays that place them at elevated risk for infection (3-5).

Foodborne illness is common in the United States with estimates of 76 million cases per year and 325,000 hospitalizations per year (6). Due to these epidemic proportions, the Food and Drug Administration (FDA) estimates that 1 in 6 Americans gets sick from food each year (6). Foodborne illness can cause a range of symptoms from mild nausea to more severe vomiting and diarrhea, but for susceptible individuals such as children, the elderly, and

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From the Chair
Susan S. Zubriskie, RD, MS

Have you ever heard the story of the eighteenth camel? An old man living in a village of some ancient desert locale died, leaving his sole personal assets, seventeen camels, to his three sons. His will included instructions on disburse-ment of the camels: the first son was to get half the camels, the second son a third of the camels and the third son one ninth of the herd. Many wise men and mathematicians were consulted to find a way to accomplish this, but to no avail. Finally, a neighbor came to them with a solution: Take one of your camels. You will then have 18. The first son will get nine camels. The second of you will take six camels. The third will get two camels. That leaves one camel, which you can return to me.

I think of our work as DDPD EXECUTIVE COMMITTEE MEMBERS as the eighteenth camel. The work of a dietetic practice group within our profession is a continuous process—publications such as our Pocket guide were the collective work of several generations of active members. This excellent newsletter is sent in a seamless quarterly mailing though editors change every 2 years. Our finances are accounted for, our Web site is updated, our membership mailings continue through many changes of command. I am delighted to have been a part of this process. The ADA is an impressive professional organization and our own dietetic practice group is an extension of its thoroughness and ethical and profession-al standards. Individual members brought these standards into existence and perpetuate its mission. I urge all of you who read this publication to become actively involved in our dietetic practice group. Each of us can make a difference in the lives of a few. But together, as one voice we can effect social and political change far greater than we can imagine. The Medical Nutrition Therapy Bill is one such example. Your voices will be heard and respected. Whether you express concern, request a change, create a tool for instruction or share your insights on clinical practice, there’s a good chance that it would benefit many of our members and the people they serve.

Since this is my last letter as DDPD chair, I would like to acknowledge the grudging efforts of our executive commit-tee members for 2003-2004:

Thank you to Lynn, a wonderful and wise Web master. Her many years of service to the dietetic practice group served all of us well in creating and updating our DDPD web site. The listserve she set up this year has been a valu-able network for information exchange and dialogue among our members.

Thank you to Roz, both for her meticulous work as mem-bership chair and for being excellent company at the past three FNCE meetings!

Thank you to MaryEllen and RuthAnn as past chairs. Their wisdom and experience were essential in every board action and decision.

Thank you to Ann Hatcher, Karen Blachley, Ann Overmeyer, and Joyce Lowe—our resource professionals and librarian, whose behind the scenes efforts provide much needed information to our members throughout the year.

Thank you to Daria for keeping us updated and aware of the legislative issues that relate to our profession.

Mary Emerson has already done a great job as chair-elect and comes to us with a wealth of experience in state dietetic association activities. Please welcome her as DDPD chair with your support and participation!

Thank you to Melissa, our outstanding newsletter editor, she has been the model of grace under pressure, no small task for that job!

Thank you to Lee, who has kept tabs on our finances most cheerfully and carefully, she could easily switch careers to the accounting world!
Assess teachers’ knowledge of basic foodsafety was identified, a survey was drafted specifically for this study. The survey was based primarily on consumer behavior and targeted high school science teachers (n=906) in a large metropolitan public school district. Teachers were advised of the purpose of the survey and were assured that their responses would be anonymous. Reminder postcards were sent if responses were not received within one month.

The Institutional Review Boards of the sponsoring university and public school district approved this study. Open-ended questions followed the multiple choice questions to identify teachers’ training in food safety, frequency of using food preparation in the classroom, and type of foods prepared.

The survey was mailed to special education teachers (n=906) in a large metropolitan public school district. Teachers were advised of the purpose of the survey and were guaranteed anonymity in the cover letter. Each survey was coded to track response, but coding was removed before the responses were read and compiled so teachers could answer honestly without fear of having their responses tracked to their school or classroom.

We salute your career achievements on contributions to our field!

We require the following disclaimer in each issue of the newsletter: “The publication of an advertisement in the DDPPD should not be construed as an endorsement of the advertiser or the product by the American Dietetic Association or this dietetic practice group.”

Descriptive frequency distribution statistics were compiled using SPSS version 10.1 for windows (SPSS Inc., Chicago, IL). Chi square analysis was used to compare past training in food safety with current food safety knowledge. Significance was set at p<.05.

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Advertisements may be submitted any time and advertisers will receive notification of acceptance within 30 days of submission, at which time scheduling for placement will be arranged. Advertisements will be limited to three issues in each calendar year and must be received in camera-ready form by the designated deadline for publication along with payment in full made payable to The American Dietetic Association/DPG#12 and sent to: Melissa Altman-Traub, Newsletter Editor, 1997 Turkey Trot Road, Jamison, PA 18929.

The DDPPD Advertising Policy is an integral part of our advertising policy and is designed to ensure that the newsletter remains a high-quality educational tool. We reserve the right to evaluate all statements in advertisements and to refuse to accept any copy that does not follow guidelines established through the American Dietetic Association.

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DevelopMental Issues

The Dietetics in Developmental and Psychiatric Disorders Dietetic Practice Group accepts advertisements for its newsletter, DDPPD Issues, under these guidelines:

- Advertisements will be limited to three issues in each calendar year and must be received in camera-ready form by the designated deadline for publication along with payment in full made payable to The American Dietetic Association/DPG#12 and sent to: Melissa Altman-Traub, Newsletter Editor, 1997 Turkey Trot Road, Jamison, PA 18929. Phone: 215/491-5408. Nutrisolutions@aol.com, 1997 Turkey Trot Road, Jamison, PA 18929. Rates: $2500 to sponsor an entire issue (which includes recognition at our Annual Meeting, a full page ad, a recognition notice, and one year complimentary subscription). $500 for a full page $350 for a half page ad $250 for a quarter page $125 for an eighth page (business card size).

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RESULTS

A total of 255 surveys (28.1%) were returned, with 27 not filled out because the teachers indicated they were no longer in the classroom setting. This left 228 usable responses. Expressed as a percentage of respondents, 54% of special education teachers use food preparation as part of classroom activities. Of those who use food preparation, 43.3% do so at least once per day, and 17.5% do so at least once per week. Teachers’ ability to identify potentially hazardous foods is provided in Table 1. Most teachers (95.2%) correctly reported a thermometer was the best method to determine the temperature of food, while fewer knew the correct temperature for storing foods (56.5%) or holding hot foods (44.3%). Teachers’ knowledge of other practices that reduce food-borne illness is shown in Table 2.

In response to the open-ended question about foods prepared in the classroom during the past 2 years, the most commonly named food was cookies (listed by 66% of teachers). Other frequently mentioned foods include meat, eggs, milk products, and beans were listed as prepared in the classroom during the past 2 years by 76.8% of teachers who use classroom cooking activities.

Most teachers (72.2%) reported never receiving any training in food safety. For those who have had some training, the source most often cited was as part of a foodservice industry job (40.3%).

Results of the chi square analysis indicated there was no significant difference in food safety knowledge between teachers who use food preparation in the classroom and those who do not (p > .05). Likewise, teachers who reported food safety training in the past showed no difference in food safety knowledge compared to those who had never received training (p > .05).

DISCUSSION

The results of this study indicate that the majority of the special education teachers responding to this survey are using food preparation as a component of their classroom activities. Although the educational benefits of participating in such activities are recognized, food-borne illness is a threat whenever potentially hazardous foods are used. The types of food teachers report preparing include meat, eggs, and beans, which are potentially hazardous.

Almost all teachers indicated they knew raw meat, fish, poultry, and eggs were potentially hazardous, but close to a third of the teachers did not recognize that cooked meat, fish, poultry, and eggs still are potentially hazardous and thus require special handling. These foods are often used when the product will be consumed as a meal. If the food is prepared much earlier than mealtime, there may be considerable delay in serving, with the risk of foodborne illness increasing exponentially over time. Beans, often used in burritos and with other Mexican foods, are commonly cooked in the city where this survey was conducted. Due to their high moisture and protein content, beans are an excellent medium for growth of pathogenic bacteria, but only 35.5% of the teachers knew beans are a potentially hazardous food.

Unpasteurized juice has been reported as the cause of illness in at least 15 outbreaks (18), yet 22.8% of respondents did not indicate they knew unpasteurized juice could cause foodborne illness. Even if juice is used in functional cooking activities, it may be brought into the classroom as a snack beverage or incorporated in teaching activities such as learning to express choices and teachers need to be aware of possible risks.

Most teachers were aware of some common practices that reduce risk of foodborne illness, but for some practices, such as hand washing, it is alarming that not all teachers reported awareness of the importance. Although 92.6% of teachers indicated that washing hands after using the bathroom or changing diapers would reduce risk, the fact that 7.4% of respondents did not indicate that they realized the practice would reduce foodborne illness is dramatic. Since some special education teachers frequently change diapers, especially those serving students with severe disabilities, it is extremely important they recognize the danger in handling food without proper hand washing. Foodborne illness caused by human fecal pathogens such as hepatitis A, Norwalk-like viruses, and Shigella was the most common side effect. Some children may experience a loss of weight when starting treatment with Strattera. So far the clinical trials show a lower impact on growth with Strattera than with children using traditional stimulant therapy. As with all ADHD medications, growth should be monitored during treatment.

Another new psychiatric medication from Eli Lilly is Symbyax, which is approved for treating bipolar depression. Symbyax is a combination of the antipsychotic Zyprexa (olanzapine) and the antidepressant Prozac (fluoxetine hydrochloride) in one capsule. The side effects of Symbyax include weight gain, diarrhea, dry mouth, increased appetite, feeling weak, swelling of the hands and feet, tremor, sore throat, and trouble concentrating. The role of weight management and healthy lifestyle needs to be discussed with the client early in the course of treatment to ensure medication compliance and minimize any weight gain. All atypical antipsychotics (Zyprexa, Risperdal, Clozaril, Seroquel, Geodon, and Ability) now have a label warning of increased risk of Type II Diabetes. All clients on these medications should have their blood sugars monitored routinely.

Zyprexa Zydis is the orally administered tablet that disinTEGRATES in the mouth. Zydis forms of medication can be taken with or without water and are administered when medication compliance is questioned.

LIVING WELL WITH A DISABILITY

As many as one of every five Americans has a disability or chronic health condition. The “LIVING WELL WITH A DISABILITY” health promotion and wellness program continues to be part of a national movement to promote the health and wellness of all people with disability. LIVING WELL provides tools for setting and achieving goals and maintaining a healthy lifestyle. To date, over 1,500 LIVING WELL participants in 17 states have achieved their goals and significantly improved their health. To learn more, visit “LIVING WELL WITH A DISABILITY: An Update”, at: http://rtc.ruralinstitute.umt.edu/health/LivingWell.htm

Save the Date!

2004 Food & Nutrition Conference & Expo
October 2-5, 2004
Anaheim, CA
www.eatright.org/fnce

Have you visited the Center for Professional Development lately?
www.eatright.org/cpd.html
Your “One Stop Shop for Lifelong Learning”
From the Editor
Melissa Altman-Team, MS, RD, LDN

As our group continues to grow with the energy of new members, we invite those of you who are interested in helping with any ongoing projects to contact the executive committee members. We are happy to announce an opening for an assistant newsletter editor. This individual will assist the editor in coordinating the quarterly DevelopMental Issues, and will move into the editor position in the spring of 2005. This would be a great match for you if you enjoy editing and writing and would like the opportunity to shape our most valued member service. If you are interested, please contact me at Nutrisolutions@aol.com, for more information. Include “DDPD” in the subject line.

If you have expertise with nutrition and substance abuse and would like an opportunity to become a resource professional, please contact Mary Emerson, chair elect, at 207-761-2378 or via e-mail: emersonm@springharbor.org. If you have expertise with nutrition and substance abuse and would like an opportunity to become a resource professional, please contact Mary Emerson, chair elect, at 207-761-2378 or via e-mail: emersonm@springharbor.org.

Macular degeneration is the leading cause of vision loss in the United States for people over the age of 55 years. It is caused by the deterioration of the macula, which is a small area in the retina that is responsible for central vision. This can lead to a decrease in visual acuity and can potentially lead to legal blindness.

IMPLICATIONS FOR PRACTICE
As nutrition professionals encourage cooking in the classroom, it is important that teachers be given information and strategies to protect the health of students, faculty and staff. Food safety training provided to teachers in a format that is quick and easy to use will help to ensure the health of students and decrease liability for school districts if children are exposed to foodborne illness. Longer-term benefits for the students include life skills for the future. Teachers can model behavior and prepare students to make appropriate choices and engage in recommended food safety practices that will promote health for themselves and their future families.

Donna Locke is an assistant professor of individual, family, and community education at the University of New Mexico.

REFERENCES
Continuing Professional Education Questionnaire for RD's and DTR's

This self-study program is available only to members of Dietetics in Developmental and Psychiatric Disorders.

Please send a completion certificate by email to the following address: mailcompletedformto: MaryEllenPosthauer@RD,CD,LD @MPDCD@aol.com

After reading each statement please select the best answer:

1. Which is correct about foodborne illnesses in 2001?
   a. The incidence of all foodborne illnesses continued to increase.
   b. The incidence of some bacterial foodborne illnesses decreased.
   c. The incidence of some viral foodborne illnesses decreased.
   d. The incidence of all foodborne illnesses decreased.

2. Which organism can lead to hemolytic uremic syndrome and kidney failure in children?
   a. Campylobacter
   b. Salmonella
   c. Shigella
   d. Escherichia coli 0157:H7

3. According to the authors, which is an important purpose of cooking in classrooms for children with developmental delays?
   a. To add nutritional intake.
   b. To provide concrete life skills.
   c. To decrease labor costs in the schools' foodservice department.
   d. To minimize the need for packed lunches.

4. From the survey conducted, which statement is correct regarding the food safety knowledge of special education teachers?
   a. Those who used food preparation in the classroom showed improved food safety knowledge.
   b. Previous food safety training was positively associated with improved food safety knowledge.
   c. Teachers with over 10 years experience scored higher on the food safety test.
   d. There was no association found between previous food safety training and food safety knowledge.

5. Which of the following food safety practices were the special education teachers least likely to be aware of?
   a. Persons with diarrhea should avoid handling food.
   b. Hands should be washed after touching animals.
   c. Cover a cut on hands with plastic gloves.
   d. Use a thermometer to check food temperatures.

6. Why is food safety a concern in special education classrooms?
   a. The room temperature must be kept warm.
   b. Gloves may not be worn due to latex allergies.
   c. Steamers must be kept at low settings to prevent burns.
   d. Many students may be handling food.

7. How many of the teachers in this study prepared potentially hazardous food in the classroom during the last 2 years?
   a. 5%
   b. 36%
   c. 52%
   d. 77%

8. According to the authors, how should school administrators manage the risk of foodborne illness from cooking in the classroom?
   a. Cooking should not be permitted.
   b. Avoid all raw foods.
   c. Educate teachers and students about safe food handling practices.
   d. Have foodservice staff members take over any food-related tasks.

9. What is the incidence of foodborne illnesses in 2001?
   a. The incidence of all foodborne illnesses continued to increase.
   b. The incidence of some bacterial foodborne illnesses decreased.
   c. The incidence of some viral foodborne illnesses decreased.
   d. The incidence of all foodborne illnesses decreased.


Searching for CPE hours to meet your Professional Development learning plan and/or state licensure requirements? You may want to look into these opportunities:

www.rossce.com - Ross sponsors several on-line programs related to enteral feeding and oral supplement ingredients and health.

www.bellinstitute.com/calci um - This site is sponsored by General Mills and includes a 2 hour program reviewing the new research about calcium and weight management.

http://www.dpga2004training.usda.gov - The program about the Dietary Guidelines is worth 5 CEUs.

International Congress of Dietetics
Chicago, IL May 28-31, 2004

DDPD Election Results

Chair-elect: Lee Wallace
Secretary-Treasurer: Cherry Chanley
Nominating chair: Roz Wilkins

Thank you to everyone who voted!
Continuing Professional Education Reporting Form
This activity has been approved for 1 hour of continuing professional education credit for registered dietitians and dietetic technicians, registered. If you would like to receive a completion certificate please see below:

You must be a member of the DDPP to participate.

This CPE activity is free of charge.

Expiration deadline: Postmarked December 31, 2004

☐ PDP  ☐ non-PDP  (PDP = Professional Development Portfolio)
☐ I do NOT need a completion certificate
☐ Please send a completion certificate by email to the following address: 

*Registration ID No.: ____________________________________________________
*mandatory entries

Please send a completion certificate to the address listed below.

Mail completed form to: Mary Ellen Posthauer, RD, CD, LD at MEPSCDCD@aol.com

For questions email: Mary Ellen Posthauer, RD, CD, LD at MEPSCDCD@aol.com

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Eating Disorders Web sites
Jessica Setnick, MS, RD/LD

Organizations for Eating Disorder Professionals: Academy for Eating Disorders - www.aedweb.org
International Association of Eating Disorders Professionals - www.iaedp.com

Educational Web sites for the Public:
National Association of Anorexia Nervosa and Associated Disorders - www.anad.org
National Eating Disorders Association - www.nationaleatingdisorders.org
Eating Disorders Anonymous - www.eatingdisordersanonymous.org
National Institute of Mental Health anorexia study - www.angenetics.org
Something Fishy - www.somethingfishy.org
Mirror Mirror - www.mirror-mirror.org
National Eating Disorder Screening Program - www.mentalhealthscreening.org
Gurz Books - www.gurzbooks.com
Eating Disorder Referral and Information Center - www.edreferall.com

From the Editor
Melissa Altman-Trash MS, RD, LDN

As our group continues to grow with the energy of new members, we invite those of you who are interested in helping with any ongoing projects to contact the executive committee members. We are happy to announce an opening for an assistant newsletter editor. This individual will assist the editor in coordinating the quarterly DevelopMental Issues, and will move into the editor position in the spring of 2005. This would be a great match for you if you enjoy editing and writing and would like the opportunity to shape our most valued member service.

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In response to the open-ended question about foods prepared in the classroom during the past 2 years, the most commonly named food was cookies (listed by 66.0% of teachers) followed by pizza (33.0%), which were listed as prepared in the classroom during the past 2 years by 76.8% of teachers who use classroom cooking activities.

Most teachers (72.2%) reported never receiving any training in food safety. For those who have had some training, the source most often cited was as part of a foodservice industry job (40.3%). In the majority of cases, teachers who received training indicated they learned something useful, but the type of training and the source of the training varied.

The chi square analysis indicated no significant difference in food safety knowledge between teachers who use food preparation in the classroom and those who do not (p > 0.05). Likewise, teachers who reported food safety training in the past showed no difference in food safety knowledge compared to those who had never received training (p > 0.05).

Table 2. Percent of respondents who correctly identified the practice would reduce the risk of food poisoning. (n=228)

<table>
<thead>
<tr>
<th>Percent of Respondents</th>
<th>Identified practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.7</td>
<td>Clean utensils and food preparation surfaces after contact with raw meat or poultry</td>
</tr>
<tr>
<td>92.6</td>
<td>Wash hands after visiting bathroom or changing diapers</td>
</tr>
<tr>
<td>88.6</td>
<td>Wash hands after touching animals</td>
</tr>
<tr>
<td>76.4</td>
<td>Wash hands after touching face</td>
</tr>
<tr>
<td>74.2</td>
<td>Wear disposable plastic gloves if you have a cut on your hands</td>
</tr>
<tr>
<td>59.4</td>
<td>Do not prepare foods for others if you have diarrhea</td>
</tr>
<tr>
<td>59.0</td>
<td>Drink only pasteurized milk or juices</td>
</tr>
<tr>
<td>26.2</td>
<td>Avoid eating raw sprouts</td>
</tr>
</tbody>
</table>

DISCUSSION

The results of this study indicate that the majority of the special education teachers responding to this survey are using food preparation as a component of their classroom activities. Although the educational benefits of participating in such activities are recognized, food-borne illness is a threat whenever potentially hazardous foods are used. The types of food teachers report preparing include meat, eggs, and beans, which are potentially hazardous.

Almost all teachers indicated they knew raw meat, fish, poultry, and eggs were potentially hazardous, but close to a third of the teachers did not recognize that cooked meat, fish, poultry, and eggs still are potentially hazardous and thus require special handling. These foods are often used when the product will be consumed as a meal. If the food is prepared much earlier than mealtime, there may be considerable delay in serving, which increases the risk of foodborne illness increasing exponentially over time. Beans, often used in burritos and with other Mexican foods, are commonly cooked in the city where this survey was conducted. Due to their high moisture and protein content, beans are an excellent medium for growth of pathogenic bacteria, however, only 35.5% of the teachers knew beans are a potentially hazardous food. Unpasteurized juice has been reported as the cause of illness in at least 15 outbreaks (18), yet 22.8% of respondents did not indicate they knew unpasteurized juice could cause foodborne illness. Even if juice is used in functional cooking activities, it may be brought into the classroom as a snack beverage or incorporated into teaching activities such as learning to express choices and teachers need to be aware of possible risks.

Most teachers were aware of some common practices that reduce risk of foodborne illness, but for some practices, such as hand washing, it is alarming that not all teachers reported awareness of the importance. Although 92.6% of teachers indicated that washing hands after using the bathroom or changing diapers would reduce risk, the fact that 74.3% of respondents did not indicate that they realized the practice would reduce foodborne illness is dramatic. Since some special education teachers frequently change diapers, especially those serving students with severe disabilities, it is extremely important that they recognize the danger in handling food without proper hand washing. Foodborne illness caused by human fecal pathogens such as hepatitis A, Norwalk-like viruses, and Shigella was the most common side effect. Some children may experience a loss of weight when starting treatment with Strattera. So far the clinical trials show a lower impact on growth with Strattera than with children using traditional stimulant therapy. As with all ADHD medications, growth should be monitored during treatment.

Another new psychiatric medication from Eli Lilly is Symbux, which is approved for treating bipolar depression. Symbux is a combination of the antipsychotic Zyprexa (olanzapine) and the antidepressant Prozac (fluoxetine hydrochloride) in one capsule. The side effects of Symbux include weight gain, diarrhea, dry mouth, increased appetite, feeling weak, swelling of the hands and feet, tremor, sore throat, and trouble concentrating. The role of weight management and healthy lifestyle needs to be discussed with the client early in the course of treatment to ensure medication compliance and minimize any weight gain. All antipsychotics (Zyprexa, Risperdal, Clozaril, Seroquel, Geodon, and Ability) now have a label warning of increased risk of Type II Diabetes. All clients on these medications should have their blood sugars monitored routinely.

Zyprexa Zydis is the orally administered tablet that dissolves in the mouth. Zydis forms of medication can be taken with or without water and are administered when medication compliance is questioned.
Assessment of teachers’ knowledge of basic foodsafety was identified, a survey was draft-ed specifically for this study. The survey was based primarily on consumer behav-
ior, but high school science teach-ers were recently shown to have gaps ... of the heightened risk of foodborne illness for students with disabilities and associated chronic medical conditions.

Laurie W George
Mary L Halliburton
Kelly E Hamlin
Sally S Hannifan
Ellen D Hatcher
Kristina M Hoffman Rieken
Antonette C Hofeldt
Rosemary O Hughes
Michal Julius
Hanna L Kelley
Dr Ada Pearl Knight
Melissa A Koch
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Mary P Lillico
Mrs. Pamela M Lorenz
Kathryn D Lundquist
M Delores Mac Donald
Linda D Marcot
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Julie M Van Valkenburg
Nina Wachtel
Kourtney C Wachter
Kathryn A Ward
Mary L Watts
Carole H Weckstein
Laura S Williams
Angelina J Zito

Table 1. Percent of respondents who correctly indicated the food was likely to cause food poisoning if not handled properly (%). (n=228)

<table>
<thead>
<tr>
<th>Percent of Respondents</th>
<th>Identified Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.7</td>
<td>Raw meat</td>
</tr>
<tr>
<td>98.7</td>
<td>Raw poultry</td>
</tr>
<tr>
<td>98.0</td>
<td>Raw eggs</td>
</tr>
<tr>
<td>96.7</td>
<td>Raw fish</td>
</tr>
<tr>
<td>72.4</td>
<td>Unpasteurized juice</td>
</tr>
<tr>
<td>65.8</td>
<td>Milk and cheese</td>
</tr>
<tr>
<td>64.5</td>
<td>Cooked poultry</td>
</tr>
<tr>
<td>64.5</td>
<td>Cooked meat</td>
</tr>
<tr>
<td>61.8</td>
<td>Cooked fish</td>
</tr>
<tr>
<td>53.5</td>
<td>Cooked eggs</td>
</tr>
<tr>
<td>35.5</td>
<td>Cooked beans</td>
</tr>
</tbody>
</table>

DevelopMental Issues

Welcome New DDPD Members!

Amy J Aalquist
Marisa Arena
Sharon H Arlea
Lauren M Bacher
Patricia A Basta
Lisa M Beckley
Terri J Biggerstaff-Bur
Claire E Blais
Michelle A Bratton
Mr Michael G Braun
Danielle N Brida
Cle a Brompton
Joanna T Bunkers
Kathleen J Burzynski
Kristin L Busch
Elizabeth J Campo
Alexandra C Carlin
Elin E Celis
Kathleen M Cetera
Theresa M Christopher
Shelley M Cohen
Christine M Copeland
Lynda M Cosgrove-Scollo
Morgan L Cox
Elizabeth C Coxe
Rhonda G Deblois
Elizabeth Diaz Del Maro
Alicia J Dixon Docter
Tracey C Drabu
Marianne M East
Paulette D Feldhiser
Kathryn P Fink
Nicole C Frattali
Laurie W George
Mary L Halliburton
Kelly E Hamlin
Sally S Hannifan
Ellen D Hatcher
Kristina M Hoffman Rieken
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Kathryn A Ward
Mary L Watts
Carole H Weckstein
Laura S Williams
Angelina J Zito

DevelopMental Issues

Congratulation to all ADA 50 Year Members

These members are members of DDPD:

Betty Leavitt of Trenton, MI
Aniko Nakamura of Salt Lake City, UT
Margaret Brandt, San Rafael, CA
Mukta Buckley, New York, NY
Harriet Cloud, Birmingham, AL
Janice Cullen, Newport Beach, CA
Dorothea Meagher, Oregon City, OR
Mildred Moore, Newport News, VA
Virginia Taylor, Lufkin, TX

We salute your career achievements on contributions to our field!
From the Chair

Susan S. Zabriskie, RD, MS

Have you ever heard the story of the eighteenth camel? An old man living in a village of some ancient desert locale died, leaving his sole personal assets, seventeen camels, to his three sons. His will included instructions on disbursement of the camels: the first son was to get half the camels, the second son a third of the camels and the third son one ninth of the herd. Many wise men and mathematicians were consulted to find a way to accomplish this, but to no avail. Finally, a neighbor came to them with a solution: Take one of my camels. You will then have 18. The first son will get nine camels. The second of you will take six camels. The third will get two camels. That leaves one camel, which you can return to me.

I think of our work as DDPP EXECUTIVE COMMITTEE MEMBERS as the eighteenth camel. The work of a dietetic practice group within our profession is a continuous process—publications such as our Pocket guide were the collective work of several generations of active members. This excellent newsletter is sent in a seamless quarterly mailing though editors change every 2 years. Our finances are accounted for, our Web site will be updated, our membership mailings all continue through many changes of command. I am delighted to have been a part of this process. The ADA is an impressive professional organization and our own dietetic practice group is an extension of its thoroughness and ethical and professional standards. Individual members brought these standards into existence and perpetuate its mission. I urge all of you who read this publication to become actively involved in our dietetic practice group. Each of us can make a difference in the lives of a few. But together, as one voice we can effect social and political change far greater than we can imagine.

The Medical Nutrition Therapy Bill is one such example. Your voices will be heard and respected. Whether you express a concern, request a change, create a tool for instruction or share your insights on clinical practice, there’s a good chance that it would benefit many of our members and the people they serve.

Since this is my last letter as DDPP chair, I would like to acknowledge the gracious efforts of our executive committee members for 2003-2004:

Thank you to Lynn, a wonderful and wise Web master. Her many years of service to the dietetic practice group served all of us in creating and updating our DDPP web site. The listserve she set up this year has been a valuable network for information exchange and dialogue among our members.

Thank you to Roz, both for her meticulous work as membership chair and for being excellent company at the past three FNCE meetings!

Thank you to MaryEllen and RuthAnn as past chairs. Their wisdom and experience were essential in every board action and decision.

Thank you to Ann Hatcher, Karen Blachley, Ann Overmeyer, and Joyce Lowe—our resource professionals and librarian, whose behind the scenes efforts provide much needed information to our members throughout the year.

Thank you to Daria for keeping us updated and aware of the legislative issues that relate to our profession.

Mary Emerson has already done a great job as chair-elect and comes to us with a wealth of experience in state dietetic association activities. Please welcome her as DDPP chair with your support and participation!

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Thank you to Lee, who has kept tabs on our finances most cheerfully and carefully, she could easily switch careers to the accounting world!

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COOKING IN CLASSROOMS: A POTENTIAL FOOD SAFETY RISK?

Donna W. Lockner, PhD, RD, Ruth Luckasson, JD

Objectives:
1. Identify potential liability and risk of foodborne illness when food preparation is used as a special education classroom activity.
2. Recognize key food safety practices that special education teachers need to know if they are preparing food in the classroom.
3. Acknowledge that nutrition professionals can be advocates for safe food preparation activities in special education classrooms.

INTRODUCTION
Cooking in the classroom is an important tool for conveying nutrition education (1,2). Students gain familiarity with foods and practice cooking skills that may help them practice more healthful dietary habits now and in the future. Many teachers also use cooking in the classroom as a tool for demonstrating more abstract concepts of science and mathematics and for integrating multicultural experiences into the curriculum. Cooking is a very common activity for special education classes because many students with disabilities need concrete examples of concepts they are learning, and it enables them to practice functional life skills. Also, food preparation in special education classrooms may be used for fundraising to support community instruction and field trips.

When food is prepared in a classroom setting there are frequently many individuals handling the food. Utensils and often refrigeration, cooking, and cleaning equipment may be limited. Therefore, teachers need to be vigilant of food safety practices to ensure that cooking in the classroom does not promote foodborne illness among students and staff. Special education teachers, in particular, should be knowledgeable about food safety because children with disabilities often have physical manifestations associated with developmental delays that place them at elevated risk for infection (3-5).

Foodborne illness is common in the United States with estimates of 76 million cases per year and 325,000 hospitalizations per year (6). Due to these epidemic proportions, the Food and Drug Administration (FDA) has taken additional steps to ensure the safety of food products.