

## CHOOSING THE RIGHT FACILITY

Carefully vetting a hospital or long-term care facility is essential to providing a safe environment for yourself or your loved one. Some important **questions to ask when searching for the right facility include:**

- Have you accommodated the gluten-free diet before?
- What steps does your kitchen take to prevent cross-contact with gluten?
- Do you designate or mark trays specifically for gluten-free meals?
- Are you able to have a kitchen manager double-check the patient's trays daily?
- Are you able to provide one-on-one staff support at meals (if necessary)?
- How do you procure food for your residents? Is it made in-house? Is it ready-made?
- Are you contracted with a food supplier that carries gluten-free staples, such as bread, pasta, and baked goods?
- Do you accept specialty items from the family to be served?

If the facility accepts government funding, it may be required under the Americans with Disabilities Act to provide gluten-free meals for those with a diagnosis of celiac disease. Refer to an **Americans with Disabilities Act attorney** to determine your rights at your hospital or long-term care facility.

It is advised to **make an appointment** with the nutrition services staff/dietitian and pharmacy department of the facility prior to admission to determine the facility's ability to properly accommodate the gluten-free diet, and determine who is responsible for approving gluten-free foods.

## ABOUT CELIAC DISEASE FOUNDATION

Celiac Disease Foundation is the nation's leading disease advocacy organization for celiac disease and non-celiac gluten/wheat sensitivity. We drive diagnosis, treatment, and a cure through research, education, and advocacy to improve the quality of life for all those affected. Through iCureCeliac®, our national registry dedicated to patient-centered research, we collaborate with researchers, clinicians, and industry to better understand, and ultimately cure, celiac disease.

Since our founding in 1990, Celiac Disease Foundation continues to champion many battles: federal recognition of celiac disease and labeling standards for gluten-free foods, improved diagnostic tools, widespread patient and provider education, access to mainstream gluten-free products, and the need for better treatments and a cure.

## CONNECT WITH US

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Support our work at [celiac.org/donate](https://celiac.org/donate)

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## HEALTHCARE FACILITY GUIDE



 **Celiac Disease**  
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## WHAT IS CELIAC DISEASE?

Celiac disease is a serious, lifelong, genetic autoimmune disorder where the **ingestion of gluten causes damage to the small intestine** by destroying the villi, tiny fingers of cells that absorb nutrients from food (villous atrophy). Gluten is a combination of proteins found in wheat, barley, rye, and triticale. **Celiac disease is estimated to affect 1 in 100 people worldwide.** Two and one-half million Americans are undiagnosed and are at risk for long-term health complications.

Celiac disease is hereditary, meaning that it runs in families. People with a first-degree relative with celiac disease (parent, child, sibling) have a 1 in 10 risk of developing celiac disease themselves.

## WHAT ARE THE SYMPTOMS AND LONG-TERM EFFECTS IN ADULTS?

Celiac disease can be difficult to diagnose because it affects people differently. There are more than **200 known signs and symptoms** which can affect the digestive system and every other organ in the body. Celiac disease can develop at any age after people start eating foods or taking medications that may contain gluten.

Approximately 20% of people with celiac disease are asymptomatic, meaning they appear to have no symptoms at all. However, all people with celiac disease are at risk for serious **long-term health complications** if they continue to consume gluten, whether or not they display any symptoms. Adult symptoms and long-term health complications include:

- Unexplained anemia
- Chronic fatigue
- Bone or joint pain/arthritis
- Osteoporosis or osteopenia
- Liver and biliary tract disorders
- Depression and/or anxiety
- Peripheral neuropathy

- Migraines, seizures, brain fog, mental confusion
- Infertility and miscarriage
- Mouth ulcers/canker sores
- Dermatitis Herpetiformis
- Central and peripheral nervous system disorders
- Pancreatic insufficiency
- Intestinal lymphomas
- Gall bladder malfunction
- Additional autoimmune diseases

## WHAT IS THE TREATMENT?

Currently, the only treatment for celiac disease is lifelong adherence to the gluten-free diet. **People living gluten-free must strictly avoid foods containing wheat, rye, barley, triticale, and oats not labeled gluten-free.** Ingesting small amounts of gluten, like crumbs from a cutting board or toaster, can trigger villous atrophy. Just 1/8th of one teaspoon of flour is enough to cause this intestinal damage.



## ACCOMMODATING THE GLUTEN-FREE DIET

**THE FOLLOWING ARE EXAMPLES OF PRECAUTIONARY MEASURES THAT HEALTHCARE FACILITIES SHOULD PUT IN PLACE TO PREVENT CROSS-CONTACT WITH GLUTEN IN FOOD PREPARATION AND SERVICE.** This list is not all-inclusive, and it is best for a food service manager to determine procedures for their specific facility:

- Offer ready-made gluten-free meals that are individually packaged and cooked
- Designate special trays with a brightly-colored place-mat stating the dietary restrictions
- Use separate preparation space, serving utensils, and cookware for gluten-free meals
- Have color-coded cutting boards and knives for gluten-free meal preparation
- Require kitchen staff to change their gloves before and after handling gluten-free meals
- If the facility offers packaged gluten-free foods, be sure they are labeled “gluten-free”

For patients with memory impairment, it may also be necessary to provide staff assistance at meal times to ensure that only gluten-free foods are eaten.

If a patient is nearing end-of-life, consider with him/her and the physician if the gluten-free diet is necessary in palliative care.

For more information on gluten-free labeling, refer to the **CDF Gluten-Free Diet and Food Label Reading Guide**, or visit **celiac.org**.