Guidelines for Anoka-Hennepin Schools to serve students with feeding and swallowing concerns.

This document was created by the Anoka Hennepin Oral Motor/Swallow Team in 2012, and adapted from "Serving Student's with Feeding and Swallowing Problems: Guidelines for School Teams", MPLS public schools, Special Education.

Purpose of this manual

Like breathing, feeding and swallowing are life-sustaining behaviors. The medical professions have the primary responsibility for the assessment and treatment of a child with suspected feeding and swallowing problems. The school's primary responsibility is to ensure that the feeding program prescribed by medical feeding specialists is carried out so that a student can be fed safely while in school (birth-21 years old).

This resource manual is intended to serve the following purposes:

- To provide guidelines for school teams to obtain information from the medical professions for students with feeding and/or swallowing problems. This information includes diet type and texture, the level of assistance required by the student, positioning, special equipment, specific feeding techniques, and safety precautions.
- To provide a format that summarizes specific feeding information for a student from the medical professions and that will follow the student as they move through schools.
- To communicate information on feeding safety.
- To help school teams delineate team members' roles and responsibilities.
- To communicate information on designing a pleasurable mealtime environment for students and optimizing communication interaction with the student during mealtime.
- To provide selected sources for feeding materials and references for further information on feeding.

Introduction

Federal support for the education of children with disabilities became a reality with passage of legislation such as public law 94-142 and the "Individuals with Disabilities Education Act" (IDEA). It opened the doors of public schools to large numbers of individuals with congenital and acquired disabilities who had previously been excluded from public education programs. The need to ensure equal access extends beyond the front door and the activities of the classroom. Prohibition of discrimination also relates to the school cafeteria and the school nutrition program. The Vocational Rehabilitation Act of 1973, IDEA, and the Americans with Disabilities Act of 1973 (including section 504) guarantee that individuals with disabilities cannot be prevented from participating in federal school meal programs solely on the basis of handicap. Many of the students with disabilities that attend public school exhibit some degree of difficulty with eating or drinking. The severity of these difficulties varies. Some students are able to chew and swallow any type of food but have problems related to getting the fork, spoon or glass to the mouth. Others may require special equipment, positioning, presentation techniques or food textures in order to be fed in a safe and efficient manner to reduce the risk of choking and/or aspiration. Providing a safe and optimum feeding regimen is a concern of many individuals in the education setting. The information that follows is meant to provide guidance for education personnel through this often confusing and uncomfortable experience. A process is offered to assist the educational team in obtaining needed information and attempting to ensure safe feeding for students with feeding needs as ordered by the private medical community and outside agencies. Additional information related to optimizing the feeding environment and interaction with the student are also provided. Most of us would agree that a hungry, uncomfortable child would have difficulty learning. Mealtime is as important a part of the school day as reading, math or recreation. Therefore, ensuring participation of a student with a disability in the school nutrition program is not only the law, it makes educational sense.

Case Manager Checklist

The following checklist has been constructed for the case manager's use. It can serve as a guide for completion of tasks leading to the development and provision of a safe and appropriate feeding program in the education setting. It is meant to assist in knowing what tasks need to be done, who is responsible for each area and at what point it should be completed.

A. When the school becomes aware of a student with feeding problems, these tasks should be completed at (preferably prior to) the student's entrance into school in order to determine current feeding status, special precautions and needed modifications or adaptations.

___ Interview the student's parent/guardian and have them demonstrate safe feeding procedures to the team if possible. Have the family complete the "Feeding and Nutrition Questionnaire for Parents/Guardians" or "Parent Input Feeding and Swallowing". Click here to VIEW the form.

___ Obtain feeding information from the school nurse.

___ Complete an Anoka Hennepin Release of Information form to gain information from other agencies that may have feeding recommendations or may have done assessments.

___ Return the signed release of information form to the school nurse.

___ The case manager will call a meeting to gather the appropriate team members (OT, PT, Speech, Nurse, Parents/guardian, Child Nutrition) to complete the "Feeding Adaptations in General and Special Education" form as a team. Click here to VIEW the form.

___ In addition when the child is attending EIP programs make sure the school team includes an OT, SLP, and LSN if:

- A child is on a texture modified diet
- The child is choking when feed
- The child is at risk for aspiration
- The child has a diagnosis that can lead to swallowing problems/aspiration
    - Refer to list of populations at risk for feeding problems in this packet
    - Including child with a tracheostomy
- Child is tube fed and is going to transition to oral feedings

Team needs to consult EIP lead teacher for up to date list of SLPs who are designated feeding/swallowing consults.

____ Follow up with child nutrition staff/district dietitian to ensure that required dietary modifications will be available to the student. The school nurse will obtain a "Diet Accommodation Request for Children with Special Dietary Needs" form signed by a licensed physician and the parent/guardian and forward the document to CNP Administration for approval. Ten to 14 school days may be necessary to obtain approval and special order food items.

B. Prior to feeding the student, the case manager and/or feeder should:

___ Know modifications/adaptations and observe the caregiver feeding the student, if necessary.

"Feeding Adaptations in General and Special Education" *form includes all information needed to safely feed including: type of feeding (oral or tube), diet, equipment, positioning, special feeding techniques, significant medical information (e.g., respiratory status), and precautions.* Use ***"Feeding Observation Checklist and "Feeding Log" or "Swallowing and Feeding Observation" forms.*** Click here to VIEW the form.

___ Know which professional staff member to contact with concerns or problems, in order to ensure safety and appropriate programming for the student. The case manager should be the first individual to be made aware of concerns and will contact the appropriate team members

___ Read the section on "Possible Signs of Feeding Problems" to increase awareness of behaviors that may signal need for further information from caregiver, medical community or other school staff.

___ Read Anoka Hennepin safety guidelines and emergency procedures so that any possible problem situation/emergency is handled as recommended in the building crisis plan.

___ Read the section on "Feeding Safety" which outlines general safety guidelines to consider when feeding a student with needs in this area.

___ Review the section on "Creating a Pleasurable Mealtime Environment" which discusses the importance of attending to the physical characteristic of the feeding setting, a student's sensory needs and careful set-up of a meal.

___ Review the section on "Mealtime Communication Between Student and Feeder" for information regarding this aspect of mealtime interaction.

C. When feeding the student

___ Complete the feeding log after each meal or snack. Click here to VIEW the form.

D. When orders are not current and/or staff don't agree with diet modifications due to safety concerns.

___ Have the nurse communicate with health care professional and family regarding concerns.

FEEDING LOG

Student_____ DOB_____ School_____

WATCH FOR AND NOTE BY LETTER:

A. seizure
B. food stuck in throat/used Heimlich

Coughing, Gagging, Choking (specify which)

C. for liquids
D. for solids
E. within an hour after eating

F. has unusual skin color (pale, gray, bluish tinge)
G. voice sounds "wet" after swallow
H. wheezing or asthma
I. rapid breathing

J. drooling or food falling out of mouth
K. vomiting or regurgitation
L. spurting or forceful ejection of food/liquid during swallowing

M. eats slowly
N. fearful or reluctant to eat
O. dislikes or refuses food
P. dislikes or refuses liquid
Q. eats in an unusual or odd manner (throws head back to swallow)
R. tired out by eating
S. multiple swallows to clear mouth
T. food remains in mouth after swallow(s)

Date	*Specify Meal*	*% of Meal Eaten*	*% of Liquids Taken*	*Notations*	*Food Consistency*	*Liquid Consistency*	*Comments*	*Initials*

Feeding Observation Checklist

Student Name:_____

Initial Observation Date:_____

Review Dates:_____

The following form has been created to assist in formal observation of a student's school mealtime to determine the safety and appropriateness of current modification/adaptations. Initial observation is suggested to be completed within the student's first 5-7 days of programming.
Please check all that apply

Medical Information

- ☐ Repeated respiratory infections/history of recurring pneumonia
- ☐ Received nutrition through feeding tube
- ☐ Vocal fold paralysis
- ☐ Cleft palate
- ☐ Reported medical history of swallowing problems/modified diet
- ☐ History of head injury
- ☐ Weight loss/failure to thrive
- ☐ Frequent constipation, diarrhea, or other GI tract problems/reflux
- ☐ Significant prematurity
- ☐ History of Intubation
- ☐ Other

  _____

  _____

- ☐ Allergies; please list:

  _____

  _____

*Before feeding please ensure that appropriate food textures/diet, position and equipment are present and in use.

Student behaviors that may indicate problems with safe feeding:

___ Does the student appear sleepy or not alert during feeding?

___ Is there difficulty getting food into the student's mouth (may not open mouth, may "push" food out with tongue, not closing mouth to hold food in, other_____)? Circle or list all that apply.

___ Is there an unusual amount of food/liquid loss from the student's mouth while eating or drinking?

___ Does the student "pocket" food in the sides of the mouth or is there food remaining in the mouth after swallow?

___ Does the student cough before, during or after swallow?

___ Does the student drool large amounts of saliva during meals?

___ Does the student show poor oral skills (takes a long time to swallow, needs two or more swallows to clear mouth, poor chewing)?

Additional concerns:

___ Presence of food/liquid in tracheostomy tube

___ Mealtime is prolonged (over 30 minutes)

Summary:

___ Prescribed program appears to ensure safe feeding. No concerns noted.

Student behaviors may indicate problems:_____
_____
_____
_____
_____

Other Notes:
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____

___ Need to get more information from the following:

- ___ Child's parent/guardian
- ___ School Team (PT, OT, SLP, Nurse)
- ___ Medical community
- ___ Other: _____

Staff signature completing the observation: _____

Swallowing and Feeding Observation

Student:_____ **Date**:_____

DOB: _____ **Completed by**:_____

Please check all that apply

Medical Information

- ☐ Repeated respiratory infections/history of recurring pneumonia
- ☐ Received nutrition through feeding tube
- ☐ Vocal fold paralysis
- ☐ Cleft palate
- ☐ Reported medical history of swallowing problems/modified diet
- ☐ History of head injury
- ☐ Weight loss/failure to thrive
- ☐ Frequent constipation, diarrhea, or other GI tract problems/reflux
- ☐ Significant prematurity
- ☐ History of Intubation
- ☐ Other _____
- ☐ Allergies; please list: _____

Observed Behaviors:

- ☐ Requires special diet or diet modifications (i.e. baby foods, thickener, soft food only) List: _____
- ☐ Poor upper body control
- ☐ Poor oral motor functioning
- ☐ Maintains open mouth posture
- ☐ Drooling
- ☐ Nasal regurgitation
- ☐ Food remains in mouth after eating (pocketing)
- ☐ Wet breath sounds and/or gurgly voice quality following meals/drinking
- ☐ Coughing/choking during meals
- ☐ Swallowing solid foods without chewing
- ☐ Effortful swallowing
- ☐ Eyes watering/tearing during mealtime
- ☐ Unusual head/neck posturing during eating
- ☐ Hypersensitive gag reflex
- ☐ Refusal to eat
- ☐ Food and/or drink escaping from mouth or track tube
- ☐ Spitting up or vomiting associated with eating and drinking
- ☐ Slurred speech
- ☐ Meal time takes more than 30 minutes
- ☐ Overstuffing

Additional information or comments:

_____

Stress Cues During Feeding

- Change in facial expression:
  - ☐ Glassy ☐ stare ☐ panic ☐ worry ☐ smile ☐ grimace ☐ adverted gaze
- Crying:
  - ☐ silent ☐ weak ☐ strong
- Change in body movement:
  - ☐ squirm ☐ twitch ☐ tremor ☐ excessive movements
- Change in muscle tone:
  - ☐ flaccid ☐ tense ☐ hypertonic ☐ hypotonic
- Gasping:
  - ☐ silent ☐ audible
- Sweating
- Gagging
- Coughing
- Choking
  - ☐ silent ☐ audible
- Reflux
  - ☐ spit up ☐ vomit ☐ delay in reflux _____
- Change in skin color
  - ☐ flushed ☐ blue ☐ grey ☐ mottled ☐ paling around nostrils
- Change in respiration:
  - ☐ rate increased ☐ irregular ☐ struggle ☐ apnea ☐ noisy
- Change in heart rate:
  - ☐ bradycardia ☐ tachycardia
- Change in oxygen saturation levels:
  - ☐ decrease ☐ increase

Additional Comments:

Nutritive Sucking:

- Burst cycles at onset: _____ Pattern of decline: normal/too rapid
- Endurance: normal/reduced/total time (from onset to finish) _____
- Amount consumed: _____
- Fluid loss at seal:
  - ☐ normal ☐ none ☐ excessive
- Lingual cupping: present/absent
- Suck strength: adequate/weak
- Suck-swallow-breath pattern:
  - ☐ coordinated ☐ disorganized
- Respiration:
  - ☐ Normal ☐ uncoordinated ☐ struggle (describe) _____
- Swallow reflex
  - ☐ normal ☐ delayed ☐ absent ☐ multiple swallows
- Pharyngeal response:
  - ☐ none ☐ cough ☐ gag ☐ wet voice ☐ wet breathing

Additional Comments:

Spoon Feeding Observations

- Food presented:
  - ☐ thick puree ☐ thin puree ☐ ground ☐ chopped
- Fed by: caregiver/self
- Removal: suckle/suck
- Clearance of food with lips:
  - ☐ all ☐ most ☐ some ☐ none
- Loss of food:
  - ☐ none ☐ minimal ☐ excessive
- Mandibular movement: normal/thrust
- Lingual movement
  - ☐ normal ☐ thrust ☐ retracted ☐ residue after swallow
- Amount consumed: _____ Time taken: _____

Additional Comments:

Cup Feeding Observation

- Liquid presented:
  - ☐ thin ☐ nectar ☐ honey ☐ spoon thick
- Cup type:
  - ☐ normal ☐ cut-out ☐ straw ☐ free-flow sippy ☐ suck sippy
- Cup stabilization:
  - ☐ tongue under cup ☐ bite
- Cup with handles
- Fed by: caregiver/self
- Removal: suckle/suck
- Lingual movement:
  - ☐ normal ☐ thrust ☐ retracted ☐ pooling after swallow
- Mandibular movement: normal/thrust
- Amount consumed: _____Time Taken: _____

Additional Comments:

Bite/Chew Observations:

- Food presented:
  - ☐ chopped ☐ chewy ☐ soft ☐ hard
- Loss of food
  - ☐ none ☐ minimal ☐ excessive
- Lingual control: good/reduced
- Mandibular movement: rotary/up-down
- Labial movement: coordinated/uncoordinated
- Pocketing
- Overstuffing
- Amount consumed:_____ Time taken: _____

Additional Comments:

Swallow Observations

- Pharyngeal swallow:
  - ☐ normal ☐ delayed ☐ absent ☐ multiple swallows
- Pharyngeal response:
  - ☐ cough ☐ gag ☐ choke
- Vocal quality after swallow:
  - ☐ normal ☐ wet ☐ gurgly

Additional Comments:

Accessing Information from Outside Agencies

A feeding problem, complicated though it may be, often does not occur as a student's primary disability. It is not an uncommon characteristic of other health-related or disabling conditions many of which require attention from professionals from a wide range of specialties. Because of this, it is possible that a student with feeding needs has been seen for evaluation and treatment by a number of different professional and agencies prior to coming into the educational system. The information that can be accessed from these individuals or agencies could be valuable, in fact essential, to providing safe and appropriate feeding. The following list is meant to provide school staff with some idea of the wide range of individuals that may be helpful to contact for information regarding a student. Assistance from the parent/guardians in determining where the student has been seen and by whom can be valuable in obtaining information on the student's feeding problem.

Physicians:

1. Student's primary physician
2. Specialists: ENT, pulmonologist, neurologist, orthodontist, facial surgeon, dentist, etc.

Clinics/Outpatient therapy agencies:

1. Student's primary health clinic
2. Dental clinic
3. Feeding clinic
4. Private therapy agencies and/or clinics associated with medical facilities
5. Nutritionist and/or dietitian report to physician
6. Specialized clinics (Mayo, U of M, Audiology)

Hospitals:

1. Hospital reports
2. Radiology
3. Nutritionist and/or Dietitian
4. Individual departments such as SLP, OT, PT, nutrition/dietary service

Obtaining Information from Outside Agencies

Successfully obtaining relevant background and feeding information from other professionals and agencies can be a frustrating task. Parents/guardians can be very helpful in getting the information in several ways. Providing the name of the student's primary doctor to the school will usually be the first important part of the process. They may also be able to give the names of other physicians, agencies or professionals with knowledge of the students feeding status. By signing a Anoka-Hennepin release of information form and by following up on the school's request to make sure that the requested information is received, the response by other agencies is likely to be more timely.

At times a phone call will achieve the desired response from a doctor or other professional. Please make careful note of names, agencies and dates if contact is made by phone so that the sources can be documented and follow-up will be easier. Since "connecting" the parties involved in attempted phone contacts is often difficult and time available to spend in a phone call is often limited, a written request may be more efficient. Once the information is received, a follow-up call to the professional may be needed for clarification or other purposes.

Feeding Safety

Before the feeding begins, carefully read and familiarize yourself with the student's feeding plan attached to the IEP. Follow instructions for:

1. Diet/liquid type and amount
2. Level of assistance
3. Positioning
4. Equipment/utensils
5. Feeding techniques

Some General Safety Considerations:

1. Attend to the alertness level of the student. Make sure that the student is alert enough to be aware of food or liquid in the mouth during feeding. Illness, seizure activity or fatigue may interfere with an individual's ability to eat at the designated time.
2. In general, do not allow the student's head to be tilted back when feeding. This type of feeding position reduces the student's oral control of food and liquid and makes swallowing more difficult. This also increases the opening to the trachea and lungs, making choking and aspiration more likely. Unless specifically instructed otherwise in the information on positioning, do not feed any student in this manner. The most commonly recommended position for airway protection is with the child's head in a midline position with the chin tilted slightly downward.
3. Attend to the student's verbal and nonverbal signals when deciding how fast to feed. Give the student enough time to clear the mouth before presenting more food. Do not overstuff the mouth with food or liquid.
4. Watch for signs of distraction or "startle" while feeding. Try to obtain the student's attention and a more relaxed body tone or posture before presenting food or liquid. If the student is startled, head and body position will often change making feeding more difficult and unsafe.
5. If the student should begin to cough, keep them in an upright position and encourage them to continue to try to clear the food or liquid. As a rule, giving liquid to "help" the swallow may make it worse. Do not hit a student on the back if they are coughing. Wait and assist only if choking is evident.
6. Signs of choking and obvious distress should be met with a quick response. These signs may also include the inability to make sounds or inability to cough. Call for emergency care according to the building crisis plan.

Possible Signs of Feeding Problems

Certain characteristics or patterns may be noted in a student's behavior or general health status that could indicate the presence of feeding or swallowing difficulties. Those having regular contact with the student will usually be alert to signs, which may obviously be associated with feeding difficulty, such as coughing or gagging during meals. Other signs are less visible but could result in serious consequences. An unexplained spiking temperature, for example, could be indicative of pneumonia caused by aspiration food or liquid into the airway/lungs. Aspiration is often "silent", unaccompanied by coughing or other noticeable behaviors. In fact, it is undetectable without radiography (video swallow). The importance of being attentive to all student behaviors, and changes in behavior or health status, cannot be overemphasized.

The following list includes some of the more common signs of feeding/swallowing difficulty. It is important that classroom teachers, Paras, school nurses and others in regular contact with the students at risk for feeding problems be aware of these signs. Concerns should be communicated to parents/guardians so that, if necessary, decisions can be made in regard to changes in programming or additional evaluation and/or treatment.

1. Coughing before, during or after swallow.
2. Unusual amount of food/liquid loss from mouth
3. Difficulty getting food/liquid into mouth
4. Food remains in mouth or "pocketed" in sides of mouth following swallow.
5. Spiking temperature occurs without known cause.
6. Weight loss or difficulty in gaining weight
7. Frequent upper respiratory infections and/or history of chronic pulmonary difficulties/illness
8. Large amounts of secretions and/or drooling present during or after meals.
9. Anatomical abnormalities are present which may affect feeding (e.g. cleft palate or lip).
10. Presence of food/liquid in tracheostomy tube
11. Student appears to have difficulty getting a swallow started.
12. Repeated swallows appear necessary in order to clear mouth of food.
13. Reduced or poor chewing ability.
14. Regurgitation during or following meal (mouth or nose).
15. Mealtime is prolonged (generally more than 30 minutes).
16. Poor or variable alertness level.
17. Poor or reduced speech intelligibility or absence of speech.

Populations At Risk for Feeding Problems

Feeding problems can occur as the result, or as a common characteristic, of certain disabilities and chronic conditions. The following list is not meant to be all-inclusive, but may serve to increase awareness of the type and number of disabilities in which feeding can be problematic.

1. Chronic illness (terminal illnesses where physical and/or neurological condition deteriorates such as muscular dystrophy, brain tumor or HIV positive)
2. Cerebral Palsy
3. Cranio-facial anomalies (cleft lip/palate)
4. Spina bifida
5. Bronchopulmonary dysplasia
6. Cystic fibrosis
7. Prader-Willi syndrome
8. PKU and other conditions where there is impaired nutritional absorption
9. Traumatic head/brain injury
10. Chronic lung disease
11. Down syndrome
12. Visual impairment
13. Hearing impairment
14. Individuals with developmental disabilities may have difficulties along a broad spectrum of possibilities.
15. Traumatic injury or birth defects affecting mouth, throat, larynx, esophagus or trachea.
16. Individuals who are orally defensive or aversive to oral intake.

Roles and Responsibilities of the Educational Team

The task of developing and providing a safe feeding program in the school setting is not an easy one. When creating a program that is safe and appropriate, the student's physical, emotional, sensory and communication needs must be addressed. Generally speaking, there is no one individual, either family member or professional, who has the knowledge and expertise to complete this task alone.

Information from many different sources, including school staff and staff from outside agencies, is essential in creating conditions which maximize the student's nutritional intake and feeding ability. Input may be required from physicians, nutritionists, parents/guardians, physical and occupational therapists, speech-language clinicians, teachers, food service staff, nurses, among others. A team approach is needed to develop the student's program upon entrance to the school and also in making changes as progress occurs or concerns arise. Open channels of communication between individuals with home, school, medical and other related settings are critical to this process.

The student's parents/guardians are an important link in helping to facilitate this necessary sharing of information between different settings, since they have access to all the professionals involved.

On the following pages we suggest a list of responsibilities that various team members may have in a student's school feeding program. Each school is encouraged to develop a team approach with individual team members who are knowledgeable about feeding problems. For a feeding program to be successful, members need to clearly understand their own roles within the feeding team and take responsibility for completion of assigned tasks. Their ultimate goal is to share information and expertise, working together to create a safe feeding program which effectively addresses the student's needs in the school setting.

I. ***Case Manager:*** The case manager will usually have the primary responsibility for:

A. Start the referral process:

1. Identify and share concerns with case manager, teacher, nurse, speech therapist, OT, PT and other appropriate team members.
2. Set up a meeting with the IEP team and other relevant professionals.

Follow up with child nutrition staff/district dietitian to ensure that required dietary modifications will be available to the student. The school nurse will obtain a "Diet

Accommodation request for children with Special Dietary Needs" form signed by a licensed physician and the parent/guardian. Form will be forwarded to CNP Administration/district dietitian for approval. Ten to 14 school days may be necessary to obtain approval and special order food items.

B. Learn modifications regarding diet type, special equipment, positioning, presentation techniques with demonstration and input from the parent/guardian as needed.

C. Know the district safety guidelines for airway management, building emergency procedures, and how to place a 911 call.

E. Review information related to safety and "Creating a Pleasurable Mealtime Environment" in order to provide optimal feeding conditions for the student,

F. Know which member of the educational or medical team to contact should feeding concerns arise.

G. Assist in training of the student's feeder, with input or demonstration from the parent/guardian as appropriate.

H. Complete a "Feeding Observation Checklist" form within the student's first week of entrance into the program, to ensure that there are no student behaviors or other concerns that might suggest feeding problems.

I. Identify who will complete the "Feeding Adaptations in General and Special Education" form (e.g. OT, Speech Therapist) which summarizes all the information necessary for developing a safe and appropriate feeding program for the student in the school setting. Attach a copy of this form to the IEP and place in the CUM.

J. Ensure that the safety, diet texture, environmental, positioning, equipment and handling needs of the student are met in the school setting. This includes adequate sanitation and disinfection procedures after use of equipment.

K. Structure the student's schedule to allow for adequate time to eat.

L. Communicate relevant information to appropriate team members, including parents, so that program modifications can be made as needed. Other team members to consider may include; OT, PT, SPL, hearing consultant, vision consultant, teachers/sped teachers, psychologist, dietitian.

II. ***Paraprofessional***: In most school settings the student's primary feeder will be a para. Responsibilities include:

A. Becoming familiar with information related to the student's feeding program. This includes information on diet texture, equipment, positioning, and special feeding techniques environmental and communication needs, and precautions.

B. Learning information related to safety, including knowledge of building safety procedures, response to signs of choking, and procedures for calling 911.

C. Reviewing the sections on "Creating a Pleasurable Mealtime Environment" and "Feeding Safety".

D. Obtaining training specific to the feeding needs of student.

E. Ensuring that the student is safely fed according to the program outlined on the "Feeding Adaptations in General and Special Education" form, and as specified by teacher or parent/guardian in "hands-on" training.

F. Informing the teacher should any concerns or problems arise in the student's feeding.

G. Assisting the teacher in structuring the student's schedule so that adequate time is available to complete snacks/meals.

H. Ensure that special feeding utensils are properly washed, rinsed , air dried and stored after each use.

III. ***School Nurse:*** The school nurse, a resource for health and medically related issues, is another important part of the feeding team. The nurse can provide assistance in a number of important areas, which may include;

A. Obtain information from the parent/guardian and sharing with other team members.

B. If a special diet or food textures are prescribed by the doctor or outside agency, the "Diet Accommodation Request for Children With Special Dietary Needs" form should be sent by the school nurse. (***A copy of the form, when returned by the doctor, must be given to Child Nutrition Program staff and case manager in order for the student to receive appropriate diet modifications. Dietary texture modifications may be made in the classroom setting in some cases.)*** *The district dietitian will review document for completeness and evaluate the request and approve which accommodations will be made by CNP.*

C. Assisting the case manager and/or other team members in interpreting medical reports and obtaining additional information if necessary.

D. Administering, or training other school staff, in correct dispensing of medication.

E. Administering gastrostomy feedings, or training the classroom teacher/other designated staff member to do so and supervising as necessary.

F. Including information related to feeding/drinking on individual health plan/individual education plan as appropriate.

G. Assisting staff in obtaining CPR/emergency procedures training as needed.

H. Sharing pertinent medical and health information with the team on an ongoing basis.

I. Sharing relevant feeding/nutrition concerns with parent/guardians/staff.

J. Review video swallow information from medical community.

K. Train on medical orders.
L. Monitors the health, weight, and overall nutrition status of the student.
M. Writes the health plan and trains personnel.

IV. ***Speech Pathologist*: **If a building speech pathologist is not trained in feeding or swallowing, he/she will call for a designated SLP support from the district.***

A. Review and interpret videofluoroscopic swallowing studies.
B. Assists in communicating with outside agencies regarding feeding concerns.
C. Assist in establishing swallowing and feeding plan based on outside recommendations
D. Monitor student's swallowing and feeding plan
E. Assists in training school-based personnel and family on feeding and swallowing plan
F. Consults with IEP team as needed

V. ***Occupational Therapist*:**

A. Consults with IEP team
B. Addresses positioning and adaptive equipment needs
C. Addresses fine motor skills related to self-feeding
D. Determine sensory needs that may impact feeding ability.
E. Train staff on feeding program
F. Consult with outside agencies as needed

VI. ***Physical Therapist*:**

A. Addresses postural skills and mobility issues
B. Addresses positioning and adaptive equipment needs related to positioning for mealtimes.

VII. ***Food Service Personnel*:** Food service personnel are an integral part of the school feeding team in provide the student's meals upon receipt of an approved "Diet Accommodation request for Children with Special Dietary Needs" form.

Parents/guardians may choose to send food items from home.

School food service personnel do not determine nutritional needs or prescribe a nutrition plan. Those responsibilities are held by the student's physician and/or the student's registered dietitian.

The Minnesota Department of Education, Food and Nutrition Services, has outlined major areas for which school nutrition services have responsibility in the area of feeding students with special dietary needs. These responsibilities are designated only if a physician prescribes special dietary needs. The responsibilities include:

A. Menu Planning and

B. Production – AH district dietitian will develop a menu to meet the student's needs consistent with the physician's (or designee, i.e. hospital dietitian or hospital SLP). The diet modifications will follow the National Dysphagia Diet guidelines. Note: Each student has different tolerances, preferences and needs, thus modifications to the menu and food items may be necessary after the initial implementation. Texture modified food items provided by CNP will be commercially prepared.

C. Equipment - Special equipment may be needed for modifying food texture. However, a blender is often available in the classroom. In these cases, proper washing and sanitation procedures for equipment must to be followed. If the team chooses to prepare/ modify the food items in the classroom, it is the responsibility of the designated staff member to maintain the equipment in a food safe manner. See attached document.

D. Food Purchasing - There is no provision for additional federal reimbursement of any added expenses for costs of special diets so district food service administrator should be contacted as to the procedure in this area.

E. Service - This area relates to accessibility of cafeteria facilities and is outlined in federal regulations.

Safety and Sanitation -

Proper cleaning, sanitizing and storage of equipment are essential. When food is prepared or modified in the classroom, designated staff is responsible (See B. above)

CNP personnel will adhere to required safety and sanitation standards for food preparation equipment and serve ware. SPED personnel may bring food related classroom equipment to the school kitchen for washing and sanitizing.

Only authorized CNP personnel may prepare food in the school kitchen.

VIII. ***School Principal:*** The school principal is the primary administrator within each school setting. This individual, therefore, holds the ultimate responsibility for ensuring that each student with special needs has equal access to all areas of education, including nutrition. In order to ensure that a safe feeding program is available to each student in the school, the principal may be responsible for:

A. Becoming familiar with federal and state regulations governing the area of feeding special needs students in the schools. This would assist team members, who may require support or advice on matters pertaining to federal, state or district guidelines.

B. Making sure that parent/guardians are aware of the availability of this special service in the school.

C. Ensuring that efforts have been made to reasonably accommodate students with feeding needs, in compliance with legislation and best practice philosophy, within the school setting.

D. Becoming knowledgeable regarding the feeding team process, roles and responsibilities within his/her particular school setting. This would be important in the event that questions or concerns arise regarding programming for a student with special needs. Knowing which member of the team to contact would facilitate a speedier and more complete response from the school.

E. Providing assistance, if appropriate, to parents/guardians and school feeding team members in accessing additional sources of expertise or financial support in the area of feeding.

Creating A Pleasurable Mealtime Environment

An environment that enhances the student's ability to safely eat or drink with as much ease and pleasure as possible is an essential component of any feeding program. Many factors can influence whether an event is something we want to repeat or something we want to avoid. A student with feeding needs may be especially sensitive to the type of environment in which the meal occurs. The success or failure of a feeding program for a student may depend on how the feeder adjusts aspects of the mealtime environment such as seating, lighting, noise level, verbal interactions and the pace of the meal.

This information is about creating a pleasurable mealtime environment for students with feeding needs.

Physical Environment

1. Try to reduce the overall noise level in the feeding setting. Keep the volume and verbal interaction with people other than your student to a minimum. A student impacted by noise may demonstrate a change in body tone, reducing the student's ability to control the muscles needed for eating. At times, the cafeteria may prove to be too distracting or upsetting and as a result the student will need to eat in a quieter environment.
2. Some students find a touch to the face or arm reassuring, while others will react in a negative way due to physical, sensory or emotional reasons.
3. Other sensory impairments may be present that can have an influence on the student's feeding situation. Visual or hearing problems may create obstacles to feeding in a variety of ways, which may require adaptations to the feeding environment or feeding technique. These adaptations may include such things as: physical set-up of the meal; how directions will be given; hand over hand assistance; establishing a specific sequence or mealtime routine; "tapping" into other sensory channels to compensate for the one that is impaired.
4. Taste and temperature of food/liquid can have significant impact upon the feeding process. This is evident not only in the level of acceptance of a particular food, but also in the motivation and overall physical reaction of the student. Some students may be sensitive or even aversive to hot or cold temperature, others to various tastes.

If a student is receiving a modified diet texture (particularly pureed) or is totally dependent on someone feeding him or her, it is important to attend to how the food is presented. Avoid mixing all foods together before or after pureeing, so that each food retains its own flavor. Mixing foods all together changes the flavor and odor, sometimes quite adversely. Mixing also prevents the student from experiencing individual food flavors, and indicating choices and preferences.

Preparation for the Meal

Set up for the meal should be as complete as possible before beginning to feed so that the need to "get up and retrieve" is limited. Check for such things as: appropriate diet texture and food temperature; comfortable and efficient set-up for feeding; designated utensils; appropriate positioning, support and seating adaptations; towels/wipes for clean-up.

1. Make certain that adapted seating procedures are followed for the student and use of adaptive equipment
2. Physical positioning should be accomplished.

3. Seating that allows feeder and student to be at eye-level allows them to see each other's faces and engage in eye contact. This will encourage nonverbal and verbal communication.
4. Review the plan on how to position and meet the needs of the student's skills.
5. The level of feeding assistance required by the student should be clearly designated. Various possibilities exist upon a continuum from total dependence upon the feeder, to partial assist, to a level of complete independence if set-up is provided. Some students require help with liquids only; others have limitations that make any level of self-feeding impossible. These areas may require changes if a student makes gains in motor control or acquires skills leading to more independence.

Mealtime Communication Between Feeder and Student

Mealtime is a pleasurable and satisfying activity for most everyone. It is usually pleasant not only because of the food itself, but because it is often a social time. In infancy it is the activity through which most of us begin to develop meaningful interaction and relationships with others. As we grow older it becomes important to us as a time when family and friends gather with others and share conversations. It continues to be a time for interacting with others, whether we are at home, work, school, or in other community settings. This type of positive interaction is also needed by persons with feeding concerns, regardless of adaptations or modifications that may be necessary. Environmental, sensory, and physical needs to these students need to be met, but these are not the only important factors in creating a pleasurable mealtime.

Interaction, whether verbal or nonverbal, is at a high level during feeding. Student and feeder are physically close, often positioned "eye to eye" and sending nonverbal, if not verbal, messages to one another. By carefully observing behaviors and reactions, the feeder can learn what the student's signals are for "I'm ready for more" or "slow down". Communication does not have to involve talking. It does require turn-talking with sincere attempts to understand. A sense of control, no matter how small it would seem to us, is given to the student when a purposeful behavior is interpreted as meaningful communication by others. Listed below are some suggestions about communication to keep in mind when feeding students.

1. Pay close attention to the effect of your voice and verbalization on the student. Many students have a strong or decreased reaction to sound.
2. The number and length of comments made by you should be monitored. Too much talking or giving messages/directions that are long may be confusing to the student.

3. Avoid mixing of foods. This limits the taste and the choice to pick what they prefer.

Meal Time Preparation

Set up for the meal should be as complete as possible before beginning to feed to limit getting up and leaving. Check for things such as: appropriate diet texture and food temperature; comfortable and efficient set-up for feeding; designated utensils; appropriate positioning, support and seating adaptations; towels/wipes for clean-up.

Nonverbal Communication

Many, if not most, of our students with feeding challenges are nonverbal or have speech that is very difficult to understand. This puts these individuals even more at risk for the dangers associated with feeding/swallowing disorders since they may not be able to tell us when they are uncomfortable, having trouble or why there is a refusal to eat/drink.

The nonverbal behaviors listed below are some examples of messages that may be given in the feeding situation. The message behind these behaviors may be difficult for the feeder to understand at first, since either positive or negative feelings may be expressed in the same way. The feeder will generally find, however, that taking time to carefully "read" the nonverbal behavior displayed in each individual situation will often reveal the student's intent. Observation will make the feeder more familiar with the student's responses to certain food types/texture, situations and methods. This, in turn, can provide a great deal of helpful information, which will make feeding a more pleasurable experience for all.

1. Increased muscle tension-may be happy, could be upset, may be part of uncontrolled body movement.
2. Closing mouth tightly-May be protesting rate of feeding, type of food, working to swallow, involuntary jaw clench.
3. Closing eyes, appearing to go to sleep-tired, sick or trying to escape the situation, shut out stimuli.
4. Coughing/gagging-Usually a physiological response could be learned response for attention, self-stimulation.
5. Leaning toward spoon- "I want more, go faster".
6. Reaching for food- "I want it now; I want to do it myself".
7. Smiling-happy or lip retraction as a part of a movement pattern that can't be controlled.
8. Turning head/body away from spoon or feeder-"slower; stop!" Overall movement pattern involved in feeding is beyond control.
9. Opening mouth-May be hungry, showing a preference, or could be part of involuntary body movement.
10. Spitting or pushing food out of mouth-Could be dislike, but often this is related to exaggerated tongue protrusion during swallowing that is not intentional, but beyond physical control.

Recommendations for Feeding Adaptations in General and Special Education Form

Student:_____ID#_____ Date:_____

Case Manager:_____ School:_____

Swallow Study Date:_____ Copy in Cum: Yes No

Feeding Assessment Date: _____ Copy in Cum: Yes No
Completed by: _____ *Date:* _____
Student not fed orally in school: _____

I. Diet type/texture (Check those that apply)

A. Non-oral Feeding:
Gastrostomy:____ Nasogastric:_____ Other:_____
Formula:_____Amount: _____ Rate or Frequency: _____
All intake:_____ Liquids Only:_____ Food only:_____

Transition between non-oral and oral:_____

B. Regular Diet (can eat any food or drink any liquid) Yes No

C Soft Diet (*Phase 3:* Easily chewed, no raw vegetables, nuts, seeds, or hard fruit with skins):

_____
_____

D. Chopped/Mechanical Soft Diet (*Phase 2*: Soft and stay together on spoon)

_____
_____

E. Pureed Diet (*Phase 1*: Blended):

_____
_____
_____

F. Other
(describe):_____
_____
_____
_____

Liquids: Regular:____
Thickened Only:_____ With: _____
Consistency: Nectar_____ Honey _____ Pudding _____
Other _____
No oral liquids:____

Comments: (amount)

_____
_____
_____
_____

II. Feeding/swallowing problems noted (Choking, reflux, aspiration, digestive difficulties):

_____
_____

III. Positioning (describe seating arrangement in detail related to type of seating device; head, shoulder, chest, foot, arms or hand supports, lapboard):

_____
_____

V. Equipment/utensils (circle needed) nosey cup coated spoon

Toddler spoon adapted plate universal cuff mother care spoon

Other:_____
_____
_____

V Feeding techniques (jaw support, rate of feeding, level of independence):
_____
_____
_____

VI. Precautions (food allergies, physical/medical limitations):
_____
_____

VII. Other Information (oral stimulation, length of meal, dietary preferences or dislikes, set-up, amount of food on spoon, mouth cleared before next bite):_____
_____
_____
_____
_____
_____

Dear Parent(s)/Guardian,

Your child's education team would like to gather additional information regarding oral intake due to concerns with feeding or swallowing while he/she is at school.

This may include observing your child's feeding abilities in class or at a meal, talking with you about your child's medical history, and asking you to complete the questionnaire attached.

The from enclosed will provide us with essential information to help your child eat safely at school. Please complete this form and contact the case manager with any concerns or questions.

Anoka-Hennepin Feeding and Nutrition Questionnaire for Parents and Guardians.

Please complete the following form and contact _____ if you have any questions at _____.

Student:_____ID#_____ DOB:_____

Form completed by:_____ Date:_____

School:_____ Teacher/grade:_____

Weight:_____ Height:_____ Medical Diagnosis:_____

1. Does your child eat by mouth? Yes No Partial
*Please describe if you checked No or Partial:

_____
_____
_____
_____

2. Does your child have a feeding tube? Yes No
*If yes, please describe type, what is usually fed and feeding schedule:

_____
_____
_____

3. Do you or anyone have concerns with your child regarding the way they chew and swallow their food or overstuff mouth and/or pockets food in cheeks?
Yes No

*If yes, please share your concern:_____
_____
_____

4. Has your child ever had a swallow study? Yes No

*If yes, please share when, where and results:_____
_____
_____
_____
_____

5. Does your child have any food allergies/sensitivities: Yes No
*If yes, please describe allergy: _____

_____

*Dislike:*_____

6. Do you or your child's doctor have concerns about their physical growth?
Yes No
*If yes, please describe:_____
_____
_____

If your child is an oral or partial oral feeder; please answer the following:

How many meals a day does your child eat?_____ Snacks:_____
Where does your child eat their meals/snacks
(describe)_____
_____
_____
_____

Is your child on a modified diet? (i.e. thickened liquids, pureed food, soft and ground food, etc.)
Yes No
If yes, please
describe:_____
_____
_____
_____

Can your child feed them self independently? Yes No

Can your child feed them self-using: _____ fork _____ spoon _____ fingers

Please describe if you have a specific way you help feed your child and any special equipment you use:

_____

Does your child use any special equipment or require special positioning to eat?

_____
_____
_____

Does your child drink from a: ___ bottle ___ sippy cup ___ open cup without lid ___ straw.

Does your child drink from a special cup?_____

Does your child eat a variety of foods?
Yes No

If no what do they self limit themselves to? _____
Does your child eat a variety of textures? Yes No
*If no, please describe:_____
_____
_____
_____

Please list any preferred foods or drinks:_____
_____
_____
_____

Do you have specific foods you do not want your child to eat due to personal, cultural and/or religious reasons? Please describe:_____
_____
_____
_____

Please note any other concerns or things you would like us to know about your child:

_____
_____
_____

Parent Input-Feeding and Swallowing

Student:_____DOB:_____

Current weight:_____

Allergies:_____

Does your child feed himself/herself? ☐ Yes, independently ☐ yes, with assistance ☐ no

Does your child enjoy mealtime? _____

How do you know when your child is hungry? _____

How do you know when your child is full? _____

How long does it take your child to complete a meal?

☐ 10-20 minutes 20-30 minutes 30-40 minutes >60 minutes

How long does it take your child to complete a bottle? _____

How many ounces? _____

Does your child have any trouble with the following?

- ☐ Choking during a meal
- ☐ Chewing
- ☐ noisy breathing
- ☐ vomiting
- ☐ tongue thrust
- ☐ chronic respiratory problems
- ☐ breathing
- ☐ gurgly or "wet" voice
- ☐ biting on utensils
- ☐ very fussy eating behaviors
- ☐ coughing with or without spraying of food
- ☐ chronic ear infection
- ☐ gagging
- ☐ drooling
- ☐ sensitive to touch around the mouth
- ☐ drooling:
  - ☐ constant
  - ☐ frequent
  - ☐ occasional

Was your child fed through feeding tube? ☐ Yes ☐ No

If yes, when? _____

Why? ☐ Aspiration ☐ medication ☐ transition to oral feeding

☐ liquids only ☐ other

What are your child's food preferences?

Likes	Dislikes
_____	_____
_____	_____
_____	_____

What kinds of food does your child eat?

- ☐ Liquids
- ☐ Thickened liquids
- ☐ Pureed
- ☐ Mashed
- ☐ Ground
- ☐ Chopped
- ☐ Bite-sized pieces
- ☐ Table foods (whatever your family is eating)

Does your child take any nutritional supplements?

☐ Yes ☐ No If yes, specify: _____

Do certain foods/liquids appear to be more difficult for your child to eat? _____

_____

How is your child positioned during feeding?

- ☐ Sitting in a chair
- ☐ Held on lap
- ☐ Sitting in wheelchair
- ☐ reclined
- ☐ lying down
- ☐ sitting
- ☐ Other

What utensils are used?

☐ Bottle ☐ spoon ☐ sippy cup ☐ cup (no lid) ☐ straw

Does your child self feed? ☐ Yes ☐ no

If yes, what type? ☐ Finger tip ☐ whole hand

Is your child fed by caregiver? ☐ Yes ☐ no

Other adaptive equipment: _____

Has your child ever had a swallow study? ☐ Yes ☐ no If yes, when? _____

What were the results?

_____

_____

Additional comments or concerns:

_____

_____

Parent/guardian signature: _____ Date: _____

Thank you for your information and your time completing this form!

Anoka Hennepin Schools

DIET ACCOMODATION REQUEST for CHILDREN WITH SPECIAL DIETARY NEEDS		
Part A		
Student's Name	DOB	
Name of School	Grade Level	Date:
Part B		
The remainder of the form must be completed by the licensed physician signing below		
Identify the student's disability:		
Explain how the disability restricts the student's diet:		
Describe the major life activities affected by the disability:		
List which food items must be omitted from the student's diet:		
List the food items to be added to replace the omitted food items:		
Indicate any other comments about the child's eating or feeding patterns.		
Physician's Name (please print)		
Physician's Signature (Federal law requires signature of MD or DO)	Date:	
Phone Number:		
Parent's Name (please print)		
Parent's Signature	Date:	
School Use only: cc: Site Registered Nurse, CNP Site Supervisor, CNP Administrator (fax # 763-506-1253)		
Dev 7/09, Rev 8/10		

Meal Preparation and Feeding Time Equipment Washing and Sanitation Guidelines

It is essential that equipment used for preparation of food items and feeding utensils are properly cleaned, sanitized and stored in order to prevent the growth of harmful pathogens and contamination.

Washing, Sanitizing, Drying and Storage

- Equipment used in the classrooms may be washed and sanitized in the foodservice operation (by CNP staff) if they are dishwasher safe. SPED staff is responsible for delivery and pick up of items.

- If items are maintained in the classroom, equipment must be washed with dishwashing soap and water, sanitized in hot water (171 degrees Fahrenheit for 30 seconds).

- Items washed in the classroom should be allowed to air dry.

- Items are to be stored in a cleaned and sanitized drawer or food safe storage container.

Note:

Eating or drinking during food preparation or during the student feeding time is not allowed.