Chapter

Guidelines for Safe Eating: Implications for Educational Programs in Oregon

It is important to understand that feeding and swallowing difficulties put the safety of students at risk every time they are fed or given a drink throughout the school day. A multidisciplinary team of knowledgeable professionals should be involved in evaluating and designing mealtime programs which protect the safety of those students. In addition, school staff should be trained and monitored in the implementation of protected feeding protocols and mealtime plans for individual students. Safe feeding is an issue of student safety and as such deserves the careful consideration of everyone from direct service staff to school district administrators.

Who is at risk for unsafe feeding at school? How does school staff know when a student has a feeding problem? By the time they reach school age, many children with feeding problems will have been identified, and the school notified upon enrollment. In those cases, recommendations will likely have been made and a safe mealtime plan placed in the child's student record. In some cases, however, a problem may exist that has not yet been identified. School administrators and staff need to be aware of "red flags" which can be indicators that a child is at risk for unsafe eating at school. Children who have certain cognitive, motor or behavioral delays may "stuff" more food in their mouths than they are capable of swallowing, and have a choking episode at school. Children who have a history of aspiration pneumonia, or who are frequently absent due to upper respiratory infections, may be at risk for health problems related to eating. When one or more of these risk factors is observed, it is an indication that more information is needed. The next step depends upon school district procedure. A conversation with the child's parent may be the most appropriate starting point. Alternatively, referral to the Student Services Team, permission to talk to the child's doctor, or a consultation with the school nurse may be in order. If further information is necessary, the child may need to be referred for a feeding evaluation by a district Feeding Team.

For a child with suspected feeding difficulties who is on an Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP), a feeding assessment must be conducted in accordance with IDEA rules for evaluation. It may be important for the administrator to be a part of the decision-making process when issues of student safety are involved. Communication is essential to insure that the district does not commit to a course of action without administrative approval.

Many school districts, Education Service Districts (ESD's) and Regional Programs have developed collaborative feeding teams to insure that they are appropriately meeting the needs of their students with special eating difficulties. Feeding teams are typically comprised of speech/language pathologists, nurses, occupational and physical therapists, Registered Dieticians and others who have expertise in feeding assessment. The role of the feeding team is to evaluate children who have eating problems and to develop mealtime plans in collaboration with the child's

IEP/IFSP team or 504 team. Feeding teams also work with special education administrators to develop processes and procedures which take into account the district's legal mandates and liability issues.

In some cases, school districts do not directly employ professionals who have the specialized expertise needed to evaluate and develop mealtime plans and protected feeding protocols. In other cases, assessment of specific feeding difficulties may be beyond the scope of practice for licensed staff. In those situations, it is the district's responsibility to work with other agencies to look beyond district resources for the expertise needed to protect the students in their charge.

The primary goal of this manual is to provide districts with guidelines for developing safe feeding practices, while providing adequate nutrition to allow the student to benefit from his/her educational program. Chapter I is a general introduction to the issue of safe feeding and its implications for educational programs in Oregon. Chapter II outlines the considerations involved in identifying, evaluating, and providing safe mealtime plans for students with special feeding needs in educational programs. Chapter III is a guide to developing a district process to insure that safe feeding practices are in place. These guidelines are intended to provide a framework for planning and implementing safe mealtime programs for all students. The guidelines are not intended as "recipes" for design of individual feeding protocols. Each individual student brings with her or him unique needs that must be carefully addressed on a case by case basis.

For the purpose of this document, we have chosen to use specific terminology in our discussion of safe feeding. Individual school programs may decide to use different terms. What is important is that terms are clearly defined so that all parties involved in the discussion of special feeding practices have a mutual understanding of what is meant. The definitions used in this publication can be found in the chart on page 5.

Definition of Terms

Aspiration means inhaling food or liquid into the airway or lungs.

Gastrostomy Tube Feeding refers to feeding via a tube which has been surgically placed into the stomach to provide or augment nutrition and hydration when a child cannot receive it orally. It is often referred to as g-tube feeding. There are other forms of tube feeding (e.g. naso-gastric, jejeunem).

Malnutrition refers to any condition caused by excess or deficient energy or nutrient intake or by imbalance of nutrients. A person may display symptoms of under-nutrition by becoming extremely thin, losing muscle tissue, and losing resistance to infection and disease.

Protected Feeding means feeding which maintains the health of the student while providing adequate nutrition to allow the child to benefit from his/her education program.

Protected Feeding Protocol is an individually-designed feeding plan developed by a qualified specialist or a team of specialists for a child with feeding difficulties. The protocol is designed to minimize the effects of a student's oral-motor disability on the activity of eating while at school. A protected feeding protocol is needed for any student at risk for aspiration or choking.

Remedial feeding is a program designed and monitored by a qualified specialist or team of specialists with the intention of helping the student acquire new eating skills. Remedial feeding uses specific therapeutic techniques to facilitate the development of oral-motor movement or to inhibit abnormal oral-motor reflexes. Remedial feeding is a part of a student's specialized instruction and as such includes student goals and objectives as part of the IEP/IFSP. The decision to include remedial feeding must be based on the child's unique needs. The program is developed by the child's IEP/IFSP team through the IEP/IFSP process which includes input from the parent. A remedial feeding program is designed for a specific student when his/her eating ability is judged to impede educational progress <u>and to have potential for change</u>. A student may also have goals and objectives about nontherapeutic feeding issues, such as gaining independence in the lunch room, making correct food choices or requesting assistance appropriately.

Safe Eating or **Safe Feeding** apply to all instances of eating in educational programs. Safe feeding/eating is protection from a life threatening episode of choking or aspiration brought on by poor feeding or eating techniques, distractions, fluctuating health conditions or lack of staff knowledge and training. All of these mealtime programs require specific expertise to develop and implement. The term, "eating" is used to specify self-feeding or eating in general, while "feeding" takes two people: a trained adult feeder, and a child who participates to be fed.

Specialist is used here to mean a nurse, occupational therapist, speech/language pathologist or Registered Dietician, because they traditionally have specific instruction in the area of feeding disorders as part of their basic training. In addition, many physical therapists have taken additional training in feeding disorders and may be considered specialists.

Videofluoroscopy refers to a videotaped x-ray of a person swallowing. Also known as a "swallow study" or modified barium swallow, it provides information about how safely and effectively the individual is able to swallow foods and liquids of varying amounts, textures and temperatures.

Responsibilities of the School District

It is the duty of the school district to provide for the safety of all students in the educational program. For children with complex medical needs, schools and EI/ECSE programs increasingly face new challenges. Medical technology has advanced so rapidly in recent years that children are now able to survive a variety of serious medical conditions such as extreme prematurity, cardiac disease, chronic lung disease, as well as a variety of gastrointestinal tract disorders. Often, following resolution of the primary underlying medical condition, the infant/child is left with a secondary oral feeding disorder. Examples are a neuromuscular or structural problem, an aversion to certain tastes, smells, or textures, or an inability to gain weight. The educational program is responsible for planning and implementing an individualized feeding program that safely meets the health and nutritional needs of the student who has feeding difficulties.

There is established legal precedent for provision of special health-related support services, such as special feeding interventions, in educational programs. In March of 1999, the US Supreme Court ruled in a case from the Eighth Circuit regarding school health services, that when such services are needed in order for a child to attend school, they are required as related services under IDEA. The Oregon Administrative Rules regarding school Health Services (Section 581-022-0705), state that, "(1) The school district shall maintain a prevention oriented health services program for all students which provides, (d) Services for students who are medically fragile or have special health care needs." As a "health service", protected feeding is clearly a related service, and as such is a requirement of FAPE, the "Free, Appropriate Public Education" guaranteed under IDEA. Monitoring of individualized mealtime programs can be a complex and time-consuming task. School district administrators and their professional staff must address concerns about feeding in such a way that risk to students can be reduced through attention to increasing the safety factors related to feeding.

Evaluation and management of children with feeding difficulties requires specialized expertise. In some cases, this will be an individually-designed mealtime program.
A mealtime program is:

- necessary to support a student's educational performance or to allow a student to access the educational program,
- recommended by the child's IEP/IFSP team,
- developed and monitored by individuals with expertise,
- listed in the IEP/IFSP as related services, modifications, or supplemental aids and services,
- *may include* goals and objectives specified in the child's IEP/IFSP.

Considerations for IEP/IFSP Teams:

Risk:
Numerous factors must be considered when determining whether a child may be at risk while eating. Risk factors may include low muscle tone, a seizure disorder, sensory or behavioral issues, frequent respiratory illnesses, inability to ingest adequate nutrients to sustain growth and development, or other health conditions. A more comprehensive list of potential ***Risk Factors*** may be found in the ***Resources*** section. An individual student may exhibit a combination of several of the risk factors listed. The exact combination and severity of each factor can vary from day to day and at different times of the day. Other factors may also influence the student, such as fatigue, illness, medications, inadequate caloric or nutrient intake, and a loud, distracting environment, etc.

Under the direction of a specialist, the use of a ***Safe Feeding Checklist*** (such as the example in the section entitled ***Sample Forms***) will assist caregivers in determining the safest course of action in feeding the student with a feeding disorder at a particular meal.

Feeding another person is a risky business. Students with oral sensory or musculature difficulties, are at risk for a life threatening incident every time they eat or are fed. Children may inhale food during feeding without showing any sign of distress. Food may build up in the mouth or pocket of the throat unbeknownst to the feeder until it dislodges and chokes the child. A child may have a seizure when food is present which can block the airway. It is important that school personnel and staff recognize the critical nature of the eating process and attend carefully to these guidelines.

Delegation:
According to law, some activities are considered nursing tasks which can only be undertaken by a nurse or by someone whom the nurse has delegated, or authorized, to do the task. Delegation involves training by the nurse in how to perform the task, and ongoing monitoring to insure competence.

Gastrostomy tube feeding is one of these delegable nursing tasks. There are some students enrolled in school who, regardless of the expertise of those doing the feeding, cannot be safely fed by mouth. Gastrostomy tube feeding can safely occur in school with training and delegation by a registered nurse.

District Liability:
The Oregon Administrative Rules, Section 581-022-1420, state, "The school district shall maintain a comprehensive safety program for all employees and students which shall: (1) Include plans for responding to emergency situations." To insure that a district has provided students with safe feeding practice, the following activities need to be undertaken:

1. Determine the care to be given to the student and document it in the student's Health Care Plan and/or IEP/IFSP.
2. Develop prescriptive and therapeutic measures that are correctly planned, executed and monitored by the appropriate personnel.
3. Make notation of student behaviors relative to feeding and specific responses to feeding events.
4. Maintain current, signed documentation which is recorded by appropriate personnel.
5. Maintain a log of monitoring and training activities carried out by the responsible specialist.

One of the most difficult situations arises when a family feels their child can safely be fed orally, but the educational team disagrees. Generally, when it is determined that a student is at risk for choking/aspiration from oral feeding, the family and the child's physician may decide to place a feeding tube. However, in some instances, a family will decide against this surgery and request that the school district provide oral feeding. This is the highest risk feeding situation that a school district can encounter. Medically-trained professionals must follow their professional judgement when they determine that it is unsafe to feed a child at school. In this instance, the district may ask the parent to feed the student at home and/or shorten the school day for the student. In all cases, feeding decisions need to be made by the IEP/IFSP team in collaboration with the feeding team and the administrator, following appropriate procedural safeguards. If a modified school day is being considered, a revision of the IEP/IFSP is necessary because this is a placement decision.

Important Note: Having a family member feed a child at school who is otherwise considered to be at risk if fed orally does not relieve the school of legal liability for the child's safety at school.

Professional Liability:
Licensed personnel such as nurses, occupational therapists, physical therapists and speech/language pathologists are required by their licensing laws to perform their duties in such a way that they do not violate the law. It is important for specialists practicing in educational programs to know local school and district policies, as well as their scope of practice, code of ethics and state licensing laws for their profession. Behaviors which are considered to be negligent and which may elicit charges of malpractice include:

- Failure to follow physician's written precautions;
- Failure to follow standard procedures for their profession;
- Failure to recognize a student's needs and follow up with appropriate intervention and timely re-evaluations;
- Failure to follow guidelines for delegation under licensing laws.

Contact information for various Oregon state professional licensing boards is listed as ***Resources in Oregon*** in the ***Resources*** section.

Resources:
Providing a quality feeding program requires the expenditure of resources. Cost depends on a number of factors. Extensive evaluation, program development, training and monitoring may be needed to assure that students with oral-motor difficulties are safely fed. The following resources may be required:

Staff Time: Included in the process of developing a plan will be the need for team meetings to develop team consensus and follow through.

Evaluation by an outside agency: It may be necessary to obtain an outside feeding evaluation that involves evaluation of a student's swallowing pattern. When an outside evaluation is recommended by school personnel, the school may be required to pay for the evaluation. Since these are medical evaluations, family medical insurance, or third-party reimbursement through Medicaid (not to be confused with the Education-Based Medicaid program) may cover part or all of the costs. Pre-authorization of payment should be explored prior to initiating the evaluation. However, parents cannot be required to use their private insurance coverage. They may do so on a voluntary basis only. Requiring parents to use private insurance would violate the child's right to FAPE (free appropriate public education).

Staff Training: It may also be necessary for a district to incur the cost of staff training by an outside agency. Training educational staff to feed specific children can be carried out by qualified district personnel, such as an occupational therapist, a physical therapist, speech/language pathologist or nurse. However, OT's, PT's, SLP's, and even school nurses may need additional training specific to complex feeding needs. In addition, the time taken by personnel for evaluation, planning, training and monitoring of direct care staff can be extensive, as training must be done on a one-to-one basis and each student must have more than one

person trained to meet his needs. It is strongly recommended that all persons feeding students with eating disorders have current training in CPR and the Heimlich Maneuver. Modified techniques for the specific individual being fed may be necessary. This training may involve a cost to the district.

Equipment: The purchase of specialized equipment is another cost factor. The equipment needed to feed students may include special cups, glasses, bowls, utensils, bolsters and other positioning devices, as well as appliances such as a microwave, refrigerator and blender.

Role of the Feeding Team

A team and/or a case manager should be designated for each student who has feeding problems to insure that proper procedures have been completed prior to the initiation of a feeding program. Many school districts and ESD's have chosen to develop multidisciplinary teams of professionals who have expertise in the area of feeding.

The feeding team is responsible to:

- evaluate children referred for feeding difficulties,
- refer to outside agencies, if needed,
- develop recommendations, mealtime plans or feeding protocols,
- train staff to implement feeding recommendations, and
- provide ongoing monitoring and evaluation.

Administrative support is critical to the work of the feeding team in the development of guidelines, policies, procedures and processes. Chapter 3 of this manual details the considerations involved in developing a district process for evaluation and intervention by the feeding team.

Members of the feeding team require advanced and ongoing training to increase their skills and knowledge in the field of feeding and swallowing disorders. If expertise is not available from the local school district staff, the district should seek it from an outside source. For example, while school nurses provide comprehensive health services to the general school population, they may not have experience with feeding issues. School nurses specializing in students with complex health needs have expertise in working with children who have disorders that impact their ability to eat safely. Such expert knowledge may not be available in all districts. When it is not, administrators must assist their staff to gain the knowledge and expertise necessary to assure student safety either through training or through consultation with other districts or agencies.

Composition of the feeding team will vary from one school district to another but may include the following disciplines: occupational therapist, physical therapist, speech/language pathologist, nurse, Registered Dietician, teacher, and for an EI child, the parent. The feeding team must be experienced in working with children who have orthopedic, neuromuscular or other disorders that may impact the student's ability to be fed safely. Refer to page 25 for a listing of possible feeding team members and their roles.