A Time-tested Procedure for Addressing Swallowing and Feeding in the School Setting

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Disclosures

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- Consultation to SLPs, their school districts, and state departments of education on this topic with no financial gain

Course 1:
- Gave a brief overview of dysphagia and feeding disorders in the school setting and why it is important to address it.
- Review the signs and symptoms of swallowing and feeding disorders and identifying students who are at risk.
- Answer the WHY by discussing legal mandates and cases, ethical considerations, IDEA regulations and school food services regulations in regards to swallowing and feeding in the schools.
- Determine how we can address the disorders while complying with federal (IDEA) and state regulations and meeting our ethical obligations.
- Establish a proposal to present to district supervisors for a system-approved procedure.

What the Attorneys said:

“The keys to minimizing liability exposure are planning, procedures, training, and the proper execution of those procedures.”

Robert L. Hammonds, School Board Attorney

…and the documentation of these procedures!

Emily M. Homer
Key Words!

- Planning
- Procedure
- Training
- Execution
- Documentation

District policies

- There are policies and procedures for disciplining students, taking students on field trips, dress codes, etc.
- Special education departments may have their own procedural manual that addresses the many issues that are associated with working with special needs students.
- It is in the interest of students, school personnel, parents and the district that a procedure for addressing dysphagia is adopted.

Benefits of a district-wide procedure

- Consistency: same procedure is used throughout the district
- Accountability: makes school personnel accountable for following the procedure
- Clarification: role and responsibilities of staff
- Documentation: provides the forms, etc. necessary to document the procedure
- Safety: ensures a safe mealtime environment for students with dysphagia

Students Eat Safely: Follow the Form
Swallowing and Feeding Procedure Flowchart

1. Referral:
   - Student is referred to the Swallowing and Feeding Team by a parent, teacher, SLP, OT, etc.

2. Parent/Guardian Information:
   - Parent/Guardian is contacted and Parent Interview is conducted.

3. Interdisciplinary Observation:
   - Interdisciplinary Observation is conducted with teacher, SLP, OT, nurse, and parent.
   - Assessment: Swallowing and Feeding Plan written.
   - Caretaker staff trained on both plans: Swallowing/Feeding Plan and Emergency Plan provided.
   - Evaluation: May be repeated when additional information is obtained.

4. IEP Conference:
   - IEP Conference set up by teacher with IEP authority and meeting held.
   - Attended by: parent, teacher, SLP, OT, nurse, and administrator.
   - Discuss: swallowing and feeding concerns, diet modifications, release of information, referral for instrumental evaluation, if indicated. Additional medical and feeding history obtained.
“Students Eat Safely: Follow the Forms”

- This procedure uses the “Follow the Forms” process for addressing swallowing and feeding.
- Each step in the process has an accompanying form which ensures that the procedure is followed with fidelity and that there is documentation of each step.

Initial Identification of Students: Step 1 Referral

- Teacher, SLP, OT, nurse, parent, etc. may have a concern about a student’s swallowing and feeding skills or safety when eating.
- Referral form identifies the areas of concern or risk factors to be considered for swallowing and/or feeding
- School based personnel complete the referral form and send it to the district level administrator/consultant.
- Team Leader is officially assigned and notified
- Team Leader notifies other team members

The referral:

- Begins the process of determining if there is a swallowing and feeding disorder.
- Begins the process of gathering information in a systematic way that includes documentation of the procedure.
- Should be completed on every student being followed by the swallowing and feeding team.
- May be completed by the teacher, parents, OT, SLP, etc.
- Does not mean student will be followed but begins the process and documents the concerns.
Step 2: Parental/guardian Interview

Following the referral the swallowing and feeding team leader calls parents/guardians to inform them of the concern and let them know that the Parent Interview form is being sent home. The form:

- Gathers medical history
- Provides information on how the student is fed at home
- Identifies the parent’s goals for the child’s feeding

Parents/guardians become active team members
This sets a collaborative and empathic climate with the parents.

Parents/guardians are our best source of information & knowledge about the student
Preferably done face to face or by phone whenever possible.

Parental Interview includes:

- Medical Information including thorough history of medical issues related to swallowing and feeding
- Current feeding practices such as diet at home, mealtime practices, child’s behavior during mealtimes, and parent’s concerns.

Video: In this video interview with the parent, some important information is shared by the mother to the therapists. Listen to see if you pick up on it!

Oral Motor Evaluation – (physical exam)

- Prior to the Interdisciplinary Observation a thorough oral mechanism evaluation should be conducted by the SLP and/or OT.
- Oral Peripheral Examination
  - Face
  - Lips
  - Teeth
  - Hard palate
  - Soft palate
  - Tongue
- Oral Function
  - Range of motion
  - Symmetry
  - Speed
  - Precision
  - Strength
  - Coordination
Step 3: Conduct interdisciplinary observation

- Clinical or bedside type evaluation where the team observes the student eating a meal at school.
- Team members may direct teacher to try strategies during the meal.
- Determines if further assessment is indicated and if the student should be followed by the team.
- Determines the need for positioning changes or diet modifications.
- Provides information necessary for the swallowing and feeding plan.
- SLP, OT, nurse, PT, SPED teacher, parent, paraprofessional, may participate.
- Takes into account the whole child.

Areas to be aware when identifying a swallowing and feeding disorder in the school setting.

Body structure and function of the student:
- Posture and movement i.e. muscle tone, posture, ROM, strength, coordination.
- Sensory i.e. vision, hearing, taste, smell, oral or tactile defensiveness.
- Nutrition and hydration – weight and height.
- Ingestion functions i.e. reflux and GI mobility, pain when eating.

Awareness continued:

Student’s activity and participation – Ability to:
- Make decisions and choices about food.
- Manage own behavior during mealtimes.
- Interact with others in social situations.
- Capacity to self feed, monitor bite and bolus size.
- Ability to maintain body positioning, head and neck control, arm and hand use.

**Interdisciplinary observation**

- The student’s typical lunch at school is used. This can be the student’s lunch from home or the school lunch.
- Begin with the foods the student is used to eating to see if the student can tolerate the diet he/she is already used to eating.
- When a concern is observed (such as gurgly voice, eyes watering, coughing, inadequate chewing) then begin modifying the meal to determine the safest way for the student to eat or drink.

**When conducting the Interdisciplinary Observation**

- Prepare for it to be logistically difficult in the cafeteria setting.
- Observe the student in the setting that is as close as possible to his/her typical mealtime at school.
- Conduct it as a team, if possible, but may need to be done separately (the OT doing their sensory screening at a different time, etc.)
- Utilize more than one meal, if needed, to get necessary information for the plan.
- Provide some food textures and thickener, if needed, to determine the safest food modification for the student. District should provide foods and thickener.

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**Swallowing and Feeding Plan (may be revised following an MBS, if indicated, or as needed)**

Once the referral is completed, the parent has been interviewed and the interdisciplinary observation/clinical evaluation has been conducted, the team should have the information needed to write a safe swallowing and feeding plan.

**Purpose of the plan:**

- To utilize the information we have & professional judgment to establish a safe swallowing and feeding plan.
- To provide the classroom staff/feeders with the information they need to feed the student safely at school.
Swallowing and Feeding Plan cont.

Includes the following:
- Identifying Information (DOB, Teacher, etc.)
- Brief History/Special Considerations

Feeding recommendations:
- Positioning
- Equipment
- Diet/Food Preparation
- Feeding plan techniques/precautions
- Name/number of swallowing and feeding case manager
- Verification of training

The swallowing and feeding plan should:
- Provide a clear picture for the classroom staff of how to safely feed the student at school.
- Be kept in a location in the classroom that can be easily accessed and/or referred to when needed.
- Be updated and modified as the student’s skills change. It is an ongoing document.
- Be revised at the beginning of each school year and then whenever a change warrants a revision.

Writing the Swallowing and Feeding Plan
- Make it easy to read and follow with minimal text and maximum information.
- Provide specific information on special precautions, such as bite size.
- Monitor on a regular basis since student’s skills may change from one year to the next (or more often).

Staff Training: Swallowing and Feeding Plan and Emergency Plan
- Following the Interdisciplinary Observation a team meeting is held to determine how the student should be fed at school. It is essential that a safe plan is written immediately and that classroom staff are trained on the plan.
- The school nurse generates an Individualized Health plan and/or an Emergency Plan for the student and the Team Leader writes the swallowing and feeding plan.
- Classroom staff are trained on both plans and document knowledge of the plans and the ability to implement them.
- Parents are informed of the plan and trained (when possible) on how the school team will be feeding the student.
Training Classroom Staff on the Swallowing and Feeding Plan

- Develop and write a swallowing and feeding plan that is:
  - easy to read
  - specific in descriptions of precautions
  - provides clear directions to feeders on how to safely feed the student.
- Establish the classroom staff that will serve as each student’s primary feeder and two back-up feeders (classroom teacher should serve as a back-up feeder for all students with plans in his/her classroom).
- Determine the type of training required for the classroom staff for each student with a plan (e.g., texture modification, positioning, etc.) and notify team members responsible (e.g., PT for positioning).
- Level the students who require assistance with feeding to match him/her with the most appropriated feeders.
- Determine and then train the cafeteria staff who will be preparing the food choices to be placed on each student’s tray.

Swallowing and feeding plan training, continued

Train the primary feeder and back-up feeders on the particulars of each student’s swallowing and feeding plan including:

- **Feeding recommendations:**
  - Positioning
  - Equipment such as bowls, cups and utensils
  - Diet/Food Preparation such as texture modifications
- Feeding plan techniques and special precautions such as bite size, pacing of bites, food to drink ratio, etc.
- Amount of monitoring required during mealtimes

How to most effectively train staff.

- “results suggest both modeling and rehearsal were sufficient to obtain high levels of treatment integrity when combined with verbal instructions, a finding that is consistent with previous research on modeling and rehearsal” [Mueller, MM., Piazza, CC., Moore, JW. et al. (2003)]
- Demonstrate feeding the student following the plan for classroom feeders.
- Observe the feeders feeding the student(s) following the plan.
- Practice with the classroom staff on correct texture and liquid modification Utilize the IDDSI instructions for food modifications [https://iddsi.org/](https://iddsi.org/).
- Have the feeders practice the plan with each other to see how it feels to be fed according to the plan.

Step 4: IEP meeting: general student information

- Describes student’s disorder
- Includes medical history
- Indicates that the student is being followed by the swallowing and feeding team and that he/she has a swallowing and feeding plan and an individualized health plan
- Documents recommendations of the swallowing and feeding team
- Indicates what will happen next, i.e. swallow study, implementation of swallowing and feeding plan
Level of Performance

- Not every student will have goals and objectives.
- If the student has oral motor or oral sensory motor deficits then IEP goals may be written to reflect the student’s therapy program.

IEP meeting: level of performance

Describes the student’s:
- oral motor skills related to swallowing and feeding
- level of awareness
- level of dependence or independence
- feeding skills in relation to the goal written

IEP: goals & objectives

- Communication or Self Help with SLP or OT as person responsible
- Begin with “The student will...”
- Oral motor goals
- Improving feeding skills & progression to different foods, textures, etc.

Sample goal:

Goal: reduce overstuffing
The student will bite off one piece, chew and swallow before taking another bite without cueing 4 out of 5 bites.

This goal addresses the student’s overstuffing by training the student to finish chewing and swallowing before taking another bite. This is a good goal that progresses the student toward being a more independent eater.
Sample goal for drinking
Given faded verbal cues after 3 bites of food, the student will drink ½ teaspoon liquid through straw and then swallow 8 out of 10 times

This goal addresses the need for the student to take periodic sips of water when eating. The therapist is training the student to independently take a drink after 3 bites of food.

Example of a poorly written goal.

Goal:
The student will remain upright for forty five minutes after eating his meal.

This is not a goal for the student to achieve but is a requirement of the safe swallowing and feeding plan and therefore should not be written on the IEP as a goal.

IEP: program service page

- Minutes under Speech/Language Therapy with additional minutes added for dysphagia
- If a student does not qualify for speech and language impaired or occupational therapy then the student would receive services through “health services” which according to IDEA can be provided by a nurse or “other qualified professional”

Release of Information Form

- At the IEP, the swallowing and feeding team leader or the school nurse should present the parents with Release of Information form for each of the physicians listed in the Parental Interview Form.
- Getting these forms signed when the student is initially being followed by the team will be helpful if there are concerns where a physician’s consultation is needed.
- These forms must be signed yearly.
At the IEP:

- Gather additional medical information from parents.
- Have the parents sign the Release of Information Form for each of the physicians on the Parental Interview Form.
- Discuss the student’s swallowing and feeding plan.
- Discuss the student’s Individualized Health Plan and Emergency Plan (school nurse) and have the form signed by parents.
- Discuss the need for and set up of a VFSS/MBSS, if indicated.
- Parents sign the IEP agreeing to the plan.

Step 5: Medical referral for VFSS/MBSS

- There may be times when an instrumental evaluation will be required. Many cases in the schools are oral phase and/or behavioral/sensory and an instrumental evaluation is not indicated. However, there are students for whom pharyngeal functioning is a concern and for those cases a referral may be necessary.
- District works with parents to request physician orders for a Videofluoroscopic Swallow Study (Modified Barium Swallow Study) when indicated.
- Pre VFSS/MBSS form is faxed to hospital-based SLP and team leader communicates directly with hospital SLP, when possible, prior to study.
- School district SLP attends study, when possible, to ensure that the district’s questions are addressed in the study.

Pre VFSS/MBSS Form includes

- Brief medical history
- Summary of the Interdisciplinary Observation
- Current feeding practices at school
- Information the school system would like to get from the study. This includes what the school team’s concerns are that warranted the study.
- This form is extremely important because the hospital SLP must know the concerns of the district in order to plan for the study.
Why a team representative should attend the swallow study.

- The team SLP knows the child and the parents and can assist in getting a study that addresses the concerns of the school district.
- Parents don’t always have the same concerns resulting in the district’s questions/concerns sometimes not being addressed or answered if they do not attend the study.
- Observing the MBSS gives the school SLP a much better picture of the student’s swallowing which is helpful in writing a plan.

Step 6: Revising the swallowing and feeding plan following an MBSS and retraining classroom staff.

- Many MBS studies will support what the district already suspected and the swallowing and feeding plan may not change.
- In some cases, the study indicates aspiration or high risk for aspirate pneumonia or choking. In that case the swallowing and feeding plan should be revised to reflect the results of the study.
  - Once the plan is revised the classroom staff will need to be trained on the new plan.

Working with the School Cafeteria and Parents to Establish a Safe Feeding Plan

Many students will receive their nutrition at school through the school lunch program. The school lunch program is federally funded and school districts have the responsibility to provide nutritionally balanced meals that meet federal regulations for all students participating in the lunch program.

Other students will bring their meals from home. In both cases, the swallowing and feeding plan must be followed.

Step 7: Cafeteria procedure

Swallowing and feeding team leader works with the cafeteria manager or food service provider to determine how the cafeteria can provide the modified diet on the student’s plan.

School lunch programs generate a monthly menu of meals that are provided to students throughout the school year.

The team leader reviews the menu with the cafeteria manager/provider and one of two things may happen.
Foods are prepared on site and need to be modified at school

1. The team leader reviews the meals that will be offered with the cafeteria manager/provider and eliminates or substitutes foods that cannot be modified for the student or that the student cannot have. Ex: on taco day, the shell is crossed out and the student is given the meat without the shell.

2. The cafeteria manager/provider is responsible for placing on the student’s tray only the foods that have been chosen by the team leader and the cafeteria manager/provider that follow the student’s safe feeding plan and meets the federal guidelines for nutrition.

3. When the food is delivered at school, either a trained cafeteria worker or classroom paraprofessional modify the texture of the food to follow according to the student’s plan in a blending station that is set up in the cafeteria.

Food is modified before it is delivered to school

- The cafeteria manager/provider purchases pre-modified foods in the recommended textures or modifies the food according to the swallowing and feeding plan before sending the food to school.
- The cafeteria manager/provider must be trained in preparing the textures recommended in each student’s plan.
- The school staff monitors the meals when they arrive to be sure that they meet the requirements of the plan.

Prescription for Meal Modification

- One of the federal requirements of the school lunch program is that whenever a student needs the school lunch to be modified that a physician must complete and sign a Prescription of Meal Modification.
- Each district should have their own form for this purpose. The form may need to be adapted or the changes written in if they are not part of the form being used.
- The form must be completed and signed by the physician or medical personnel, however, the lunch meal modification may start prior to the form being returned.

Who is responsible for the Prescription for Meal Modification form?

- It is the responsibility of the food service program to get the form signed and returned.
- The swallowing and feeding team leader will provide the food services program with the IEP which contains the following information:
  - Information about the child’s physical or mental impairment that is sufficient to allow the School Food Authorities to understand how it restricts the child’s diet.
  - An explanation of what must be done to accommodate the child; and
  - The food or foods to be omitted and recommended alternatives, if appropriate.
Meal modification form

Is required when there are changes to the tray in the cafeteria that other students get.

Changes that take place after the student sits, such as chopping and mashing do not require a script.

Parent/Guardian Provided Meals at School

Many special needs students with swallowing and feeding concerns bring their lunch from home.

Once a safe plan is written, the school staff must follow the recommendations on it.

School teams should work with parents/guardians so that the food provided follows the student’s plan.

If the parent/guardian refuses, the lunch must be altered at school according to the student’s plan.

Procedure continued:

- All cases are monitored for implementation of plan and changes in the student’s condition
  - Team determines the amount of monitoring necessary
- Oral motor and/or sensorimotor therapy (if indicated) is incorporated into speech/language therapy and occupational therapy, classroom procedures and home routines
Going through the procedure:
- Pull out the Flow Chart of the Procedure and the forms.
- A scenario will be presented and we will go through the procedure as if the student was at your school.

Safety, but also nutrition

Not only does a school district have the responsibility for a student to be able to eat safely at school, but they also need to monitor student’s nutritional status during school hours. If a student is undernourished or dehydrated at school, it will affect their ability to access their curriculum.

Nutrition Concerns at School
- Primary responsibility for a child’s nutrition lies with the parents/guardians.
- School team has the responsibility to recognize when a child is undernourished or dehydrated at school.
- Children with swallowing and feeding disorders are high risk for under nutrition and dehydration.

Signs and Symptoms of Under-nutrition
- Tired, lethargic, irritable, anxious and disoriented.
- Bruises easily
- Diarrhea
- Rashes
Notify the nurse on your team if the following are observed:

- Thinning of hair
- Loss of body composition such as body fat
- Hollow sunken eyes
- Protruding bones
- Thin inelastic skin

Student may be severely undernourished and need medical attention.

Dehydration

- Thirst
- Dry, sticky mouth
- Decreased urine output
- Few or no tears when crying
- May be sleepy, complain of a headache, dizziness or lightheadedness.

Severe Dehydration: contact the nurse immediately if you observe students who

- Are extremely thirsty
- Have a very dry mouth, skin and mucous membranes
- Are extremely fussy or sleepy
- Have sunken eyes
- Have dry, inelastic skin
- Produce little or no urine.
- Have low blood pressure, rapid breathing, and a rapid heartbeat

District Role

- Educate school staff to recognize the signs and symptoms of under nutrition and dehydration.
- Use the procedure and the swallowing and feeding plan to adjust the student’s diet and encourage added nutrition and hydration according to the physician’s guidelines.
- When there is a concern, classroom staff keeps a daily feeding log, nurse weighs student regularly, and school team works directly with parents/guardians and physicians.

If you have concerns about the student’s nutrition or hydration intake at school see Sample Daily Feeding Log in Handouts
Program management during the school year

Students move in and out of school districts throughout the school year as well as changing schools within the district. This occurs at the beginning of the school year and throughout the year. There must be a system for ensuring that the student’s new school has the information necessary to provide a safe mealtime.

Beginning of the Year Procedure

- Swallowing and Feeding Administrator/Consultant sends out a roster of students assigned to each team leader.
- Team leader verifies that each student is at the designated school site, reviews the previous plan and trains the classroom staff. This is done before the student is at school.
- Once the student is at school, the team leader observes the student’s first school meal to ensure that the plan is still appropriate.
- The swallowing and feeding plan is adjusted, rewritten, and classroom staff retrained if there are changes.

Beginning of the Year, continued

- If the student is not at that site, the team leader is responsible for locating the student and notifying the new team leader and the administrator/consultant.
- At the beginning of the school year, a NEW swallowing and feeding plan is written for each student being followed.
- A copy of the plans and verification of each team leader’s roster is sent to the administrator/consultant.

Transfer procedure

- During the course of the school year, when a student moves from one school to the other, the district needs a procedure in place to ensure that the student’s swallowing and feeding concerns are immediately addressed.
- The team leader completes a transfer form by referencing the list of team leaders assigned to each school.
- The new team leader is contacted and the student’s information is shared.
- The swallowing and feeding administrator/consultant is sent a copy of the transfer form and the new team leader is assigned to the student.
Discharge procedure:
When do we discharge a student?

- The student is able to eat a variety of foods and textures appropriate for his/her developmental age.
- The student is NOT tube fed.
- The student does not need any special, adaptive equipment for feeding.

When do you discharge a student?

- The student is not on a special diet such as puree, mechanical-chopped, etc.
- The student is not a health risk for failure to thrive due to poor nutrition as a result of the inability to swallow safely, chew, behavior, or other concerns.
- The student does not need special instructions for mealtimes.

Transfer Form

Please transport to the Mill City Public School. Put a copy of this form in the student’s folder and send a copy of this transfer form to the swallowing and feeding administrator. Complete a different form for each student who is transferring to a different school.

Date: 2/18/2019

Name of Student: [Student Name] Date of Birth: 2/18/2013.
Current School: [Current School]
Current Case Manager: [Case Manager Name]
Log of students being followed district-wide by the swallowing and feeding team(s).

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
<th>Swallowing and Feeding Plan</th>
<th>Team Member</th>
<th>Notes</th>
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Summary of Swallowing and Feeding Team Students Eat Safely: Follow the Forms Procedure!

- Complete Referral Form
- Parental Interview
- Conduct Interdisciplinary Observation
- Team meeting to determine swallowing and feeding plan and emergency plan
- Swallowing and feeding plan written and classroom staff and family trained
- Hold IEP Meeting
- Request Medical Referral (VFSS/MBSS) if indicated
- Case manager attends swallow study
- Revise IEP & swallowing and feeding plan and emergency plan following swallow study

Summary of the Procedure: members of the dysphagia team...

- Review diet restrictions with cafeteria manager (meal modification script must be received from the physician for change in the school cafeteria meal, however, the modifications are started immediately)
- Work with cafeteria manager to ensure the correct diet is served
- Train classroom staff or cafeteria staff on food preparation in the cafeteria and on the revised swallowing and feeding plan
- Initiate revised swallowing and feeding plan

In Summary:

- Addressing Swallowing and Feeding in a school system is complex.
- Every student will be different and will need to be treated differently.
- For all students a systematic, comprehensive procedure is necessary to ensure their health and safety.
- For all students a team approach is best practice and necessary to treat the entire child.
- Following the procedure and documenting throughout the process is a necessity
For more information, electronic copies of the forms, and/or questions contact:
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