

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. Reviewed the signs and symptoms of swallowing and feeding disorders and identifying students who are at risk.

Answered 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.

Determined how we can address the disorders while **complying with federal (IDEA) and state regulations** and meeting our **ethical obligations**.

Established a proposal to present to district supervisors for a system-approved procedure.

This session will:

Show you how you can address swallowing and feeding in a school district to establish and maintain safe feeding at school.

Cover the Students Eat Safely: Follow the Forms Procedure which includes a step-by-step process.

Management of the swallowing and feeding teams.

Swallowing and Feeding Team 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

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 swallowing and feeding is adopted.

“Students Eat Safely: Follow the Forms”

The Students Eat Safely: Follow the Forms Procedure includes a step-by-step process.

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.

We will go through the procedure as it was utilized with an actual student.

Talk about why each step is essential to establishing and maintaining safe feeding at school.

Where do we begin? Meet Jaylin.

4-year-old student enrolled in a public preschool setting with history of oral and pharyngeal dysphagia.

Diagnosis of spastic, diplegic cerebral palsy due to complications at birth.

Beginning a special education preschool, 3 days per week.

History of many hospitalizations

Is eating only pureed foods when he starts school.

Teacher is concerned because he is 4 and eating puree. He seems to be very small so she is concerned that he isn't getting adequate nutrition.

He appears to be interested in trying different foods.

STEP 1: Referral (see Referral Form)

This is where you always begin.

SLP reviews the Referral Form with the teacher noting her observations and concerns. The following things are checked on the form:

- Student doesn't chew
- Food spills out when drinking from a sippy cup or open cup
- Limited oral motor skills
- Food remains in his mouth after meals
- Slurred speech
- Mealtime takes more than 30 minutes
- Occasional coughing during meals

MEDICAL INFORMATION

- | | |
|---|------------------------------------|
| X- Repeated respiratory infections | X- History of recurring pneumonia |
| - Vocal cord paralysis | - Cleft palate |
| - Medical HX of swallowing problems | - History of GERD |
| - History of head injury | X- Weight loss / failure to thrive |
| - Receives nutrition through tube feeding | |

OBSERVED BEHAVIORS

- X- Requires special diet or diet modification (i.e. baby foods, thickener, soft food only-
- X- Poor upper body control
- X- Poor oral motor functioning
- Maintains open mouth posture
- X- Drooling
- Nasal regurgitation
- X- Food remains in mouth after meals (pocketing)
- Wet breath sounds and/or gurgly voice quality following meals or drinking
- X- Coughing/choking during meals (occasional)
- Swallowing solid food without chewing
- Effortful swallowing
- Eyes watering/tearing during mealtime
- Unusual head/neck posturing during eating
- Hypersensitive gag reflex
- X- Food and/or drink escaping from the mouth or trach tube
- Slurred speech

Risks identified on the Referral

Jaylin is high risk for both oral and pharyngeal dysphagia.

He has limited oral motor skills which is affecting his ability to chew and form a bolus.

He has a history of respiratory infections and recurring pneumonia.

Each area will be looked at further.

Why the Referral form is important.

The referral starts the process

ALL students begin with the referral.

Allows the administrator to assign a Team Leader and to record that the student is being considered.

Identifies the concerns of the teacher, parent, therapist who initiates the referral

The SLP Coordinator (or team administrator) assigns a Team Leader (the SLP)

Swallowing and Feeding Case Manager and Team Assignments
2018-19 School Year

*indicates team leader assignment for school.

School	SLP	OT	Nurse	PT
Honey Island Elementary	*Mary Smith	Jane Jones	Betty Clark	Susan Higgins
Little Oak Middle	*Mary Lou Sims	Cathy Duncan	Jean Roberts	Carol Corner

STEP 2: Parent/Guardian Interview (see Parent Interview Form)

SLP (Team Leader) contacts the parents to let them know that there are some feeding concerns and that she/he is sending home a History/Interview form for them to complete.

The SLP (Team Leader) contacts other team members: OT, PT and nurse and asks the nurse to participate in the interview with the parents.

MEDICAL INFORMATION

Name of primary care physician: Dr. Good 555 666 7788

Is your child followed by any of the following physicians?

- Gastroenterologist Name and Phone #: Dr. ENT
- Neurologist Name and Phone #: Dr. John Smith
- Pulmonologist Name and Phone #: _____

Current Height: 40" Current Weight: 32 pounds

Allergies, including food allergies: none

Bowel Habits:

Frequency of Bowel Movements: 2 times per (check one): Day Week
Consistency: Hard Soft Loose Watery

Medications taken on a regular basis. (please include dosage and frequency):

Medication	Dose	Prescribing Physician
Reflux medication	1 per day	Dr. ENT

Please check if your child has had the test below:

- X Swallow study (MBSS/VFSS) Date: 09/12/2012 Results: A
delayed swallow, responded to slightly thickened liquids
- Upper GI (Barium Study) Date: _____ Results: _____
- Gastric emptying Date: _____ Results: _____

Does or has your child ever had GERD (gastroesophageal reflux disorder)? If yes, please list the symptoms and treatments: Yes, doctor prescribed medication and it seems better.

Results of the Parent Interview

- History of hospitalizations for pneumonia during his first year of life. Has not had pneumonia for 3 years.
- Jaylin has GERD and is followed by a gastroenterologist
- He eats what the family eats (mom purees the food for him).
- Mom is afraid to progress to different textures.

Results:

- He currently drinks thin liquids.
 - She is worried about him going to school, partly because of his eating.
- Mother was very cooperative and provided the district with a lot of information.

Why the Parental Interview and Form is important

Involves the parent from the beginning of the process.

Gathers important information from the parents and also allows the school team to provide the parents with information on swallowing and feeding.

The parent becomes a part of the problem solving team and there is a climate of collaboration that is essential.

Parents are informed of the district procedure for addressing swallowing and feeding and the team structure.

They are informed of the team goal of safe and efficient eating at school.

STEP 3: Interdisciplinary Observation (see Interdisciplinary Observation Form)

Team Leader sets up an Interdisciplinary Observation at a time when the SLP and OT can both participate. The PT observes Jaylin prior to the Interdisciplinary and makes recommendations on positioning.

The nurse participates due to concerns about upper respiratory infections and aspiration.

The classroom teacher and paraprofessional (Jaylin's designated feeder) also attend.

What is the Interdisciplinary Observation?

Clinical or bedside type evaluation where the team observes the student eating a meal at school.

Team members may direct the feeder 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 writing the swallowing and feeding plan.

SLP, OT, nurse, PT, SPED teacher, parent, paraprofessional, may participate.

Takes into account the whole child.

During the Interdisciplinary:

The SLP does some trials with puree and then with *minced and moist* foods (fruits and meats) to determine if Jaylin can handle the additional texture. She also tries mildly thicken liquids and he does well.

Jaylin does well with the textured food. The SLP attempts a small bite of *soft and bite-sized*. He struggles with this texture so his plan includes *minced and moist* texture to begin. The SLP schedules him for oral motor therapy.

The OT determines self-feeding skills and gives Jaylin a suction bowl and curved spoon. He does well with both and they are included in his plan. She also provides him with a low flow cup to limit anterior loss.

The team (SLP, OT, PT and nurse) meet to discuss the results.

The team looks at all areas of swallowing and feeding: liquids, foods, behavior, and sensory.

Person administering food: Classroom Para Location/Setting: School cafeteria Positioning: Upright in his wheelchair
 Utensils/Adaptive equipment used: Suction bowl and curved spoon/student attempted to self feed

	Food 1:	Food 2:	Food 3:
Consistency of food presented:	Pureed fruit	Fruit (minced and moist) finely mashed	Fruit (soft and bite sized), soft and chopped into small pieces
Poor lip closure	+	+	+
Drooling	-	-	-
Reduced lip action to clear material	+		
Poor bolus formation/movement	N/A	Moved lips and jaw to chew	+ unable to chew the chunks
Decreased anterior/posterior movement	+	+	+
Food residue in oral cavity	+	+	+
Absence of chewing	+	Beginning chewing observed	Attempted chewing but had difficulty
Absence of rotary jaw movement (munching)	+	+	+
Bites on spoon or utensil	-	-	-
Delay swallow initiation: ant/post sw. delay	-	-	-
Cough or throat clear following swallow	_____seconds	_____seconds	_____seconds
Cued swallow	-	-	-
Fatigues easily	-	-	+
Gagging before/during/after meal	-	-	-

Consider student's body structure and function:

Posture and movement i.e. muscle tone, posture, ROM, strength, coordination. This was a concern for Jaylin.

Sensory i.e. vision, hearing, taste, smell, oral or tactile defensiveness. Jaylin did not exhibit any sensory concerns.

Nutrition and hydration – weight and height. Jaylin is small and thin for his age.

Ingestion functions i.e. reflux and GI mobility, pain when eating. GERD is treated and does not seem to be causing pain.

Student's activity and participation – ability to:

Make **decisions and choices** about food.

Manage own behavior during mealtimes.

Capacity to **self feed**, monitor bite and bolus size

He is able to indicate what he likes but will need direction on how much food to put on the spoon, to swallow before taking another bite, and so on.

Interact with others in social situations. Jaylin is very social.

Ability to **maintain body positioning**, head and neck control, arm and hand use. Minimal control over body positioning.

Marianne Gellert-Jones, MA CCC-SLP, HMS School for Children with Cerebral Palsy, 2018 ASHA Convention

Why the Interdisciplinary Observation is important.

Identifies the accommodations and modifications that are necessary for the student to eat safely and efficiently at school, including food modification, positioning and equipment.

Along with the Referral and Parental Interview provides the information needed to write a swallowing and feeding plan.

All team members give input from the interdisciplinary when establishing the plan.

STEP 3A: The team meets and the Swallowing and Feeding Plan is written (see Swallowing and Feeding Plan Form)

- To utilize the information gathered & 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.

Once the plan is established:

- The nurse writes an Individualized Health Plan and an Emergency Plan.
- A minimum of 3 feeders are trained including the classroom teacher. A main feeder is designated by the classroom teacher.

Swallowing and Feeding Plan includes:

Identifying Information (DOB, Teacher, etc.)

Brief History/Special Considerations (What was the initial concern?)

Feeding recommendations:

- Positioning
- Equipment
- Diet/Food Preparation

Feeding plan techniques/precautions

Name/number of swallowing and feeding team leader

Verification of training of classroom staff (Three feeders should be trained at all times. If all trained feeders are absent, then the SLP or OT step in on that day)

Swallowing and Feeding Case Manager: Jane Speech, Nice Elementary School.

If there are any questions regarding this student's feeding plan, please contact the Case Manager at the following: Location(s): Nice Elementary School Phone #: School: 985 333 444 or Cell #: 985 444 333
Case History: Student has cerebral palsy and a history of under nutrition. Jaylin, is low tone and has difficulty chewing. Main concerns are: choking and nutrition.

Feeding Recommendations:

Positioning: 80-degree angle in his wheelchair with head and trunk support.
 Equipment: Low flow cup, suction bowl and curved spoon.

Diet/Food Prep: (delete textures that do not apply)

Food Consistency minced and moist
 Liquid Consistency
 X Thickened liquids: Mildly thick

Feeding Plan Techniques/Precautions:

Amount of food per bite (be specific to amount and size): One ¼ full spoon of food
 Food placement: student uses curved spoon to self-feed
 Keep student in upright position 30 minutes after meal.
 Offer a drink after 3 bites
 Additional precautions/comments:
Student requires constant 1:1 monitoring for all meals, snacks and drinks. Report any concerns during meals to the Case Manager.

Jaylin's swallowing and feeding plan includes:

- Fed at 90 degree angle in his wheelchair with support of bolsters and back brace.
- Low flow cup, suction bowl and curved spoon to facilitate self feeding.
- Minced and moist food texture prepared by trained classroom paraprofessional.
- Mildly thick liquids (until the MBS report)
- ¼ spoonful of food
- Upright for 30 minutes following meal.
- Offered a drink every 3 bites
- 1:1 monitoring during all meals.

Once the Swallowing and Feeding Plan has been established:

Classroom staff is trained on how to feed Jaylin according to his plan.

Once the feeder is comfortable with following the plan and feeding the student, and has been observed feeding the student according to the plan, verification of training can be signed.

The core team members will collaborate and consult on a regular basis on how the student's plan is going. The classroom staff will have opportunities to give feed back and ask questions.

Training classroom staff

Determine the **type of training** required for the classroom staff for each student with a plan (ex: texture modification, positioning, etc.) and **notify team** members responsible (ex: 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.

Trained Classroom Feeders
 Classroom Teacher: Margaret May Swallowing and Feeding Team Leader: Jane Speech
 School: Nice Elementary

Indicate the level of supervision and monitoring required during meals at school using the following key:
 1:1 Student needs maximum monitoring during meals one trained adult to one student.
 2:1 Student needs monitoring during meals but is somewhat independent one trained adult to 2 students
 3:1 Student self feeds and needs to be monitored during meals to maintain pacing, food choices, drink to food ratio, etc. 3 students to one adult.

*NOTE: If all trained feeders are absent the SLP or OT assigned to the school will be notified and will feed the student. Classroom teacher is responsible for informing the alternative feeder.

Date	Student	Level of Supervision	Feeder #1	Feeder #2	Feeder #3
01/15/2019	Jaylin	1:1	Mary Martin (para)	Kristen Kelly (para)	Margaret May (teacher)

*"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/>.

Have the feeders practice the plan with each other to see how it feels to be fed according to the plan.

Marianne Gellert-Jones, MA CCC-SLP, HMS School for Children with Cerebral Palsy, 2018 ASHA Convention, **Ready To Eat?** Training Caregivers to Feed Children with Complex Medical Needs

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.

Why the Swallowing and Feeding Plan is important

The plan provides specific information on how to safely and efficiently feed the student (Ex: bite sized is the size of a quarter, wait for student to swallow before presenting another bite, how to cue child, etc.).

It provides a clear picture for the classroom staff of how to safely feed the student at school that is kept in the classroom for easy reference.

STEP 4: Cafeteria Procedure
(see food service form sample Prescription for Meal Modification Form)

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 Jaylin's plan.

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

School Food Service

- The team leader meets with the cafeteria manager to review the monthly diet and omit foods and make substitutions that are nutritionally equal but can be modified according to Jaylin's *minced and moist diet*. His mother provides thickener to add to liquids to achieve mildly thick drinks.
- NOTE: If the student brings his lunch from home, the mother comes in and is trained preparing the *minced and moist diet* that is recommended.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Meat	Red Beans, White Beans, Gumbo or Jambalaya	Tacos, Gordita, (beef or chicken) with Cheese	Catfish, Fish Strips or Square	Chicken Tenderloin	Hamburger or Sliders, BBQ Chicken or Chicken Patty/Sliders (choice of 2 sand)
Fruit	Frozen Fruit Sorbet	Fresh Fruit Choice	Fresh or Canned Fruit Choice	Fresh Fruit Choice	Fresh or Canned Fruit Choice
Vegetables	Spinach or Fresh Broccoli Carrot Sticks or Rounds	Green Leaf Lettuce Salsa	Raw Broccoli Mashed Potatoes or Baked Potato- White and/or Sweet	Salad Mixed Vegetables	Green Leaf Lettuce Potato Rounds or Fries

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

Once the food has been placed on the student's tray, either a trained cafeteria worker or classroom paraprofessional modify the texture of the food according to the Jaylin's plan in a blending station that is set up in the cafeteria.

These staff members are trained by the Team Leader

Why the Cafeteria Procedure is necessary

It is important that the cafeteria food be prepared according to the student's swallowing and feeding plan.

This involves a number of people: the team leader, classroom paraprofessional (feeder), cafeteria manager and workers.

Every team member, including cafeteria workers must know their roles and responsibilities.

STEP 5: ARD meeting:
(refer to local ARD form)

Jaylin's ARD meeting is set up by his preschool classroom teacher.

The meeting includes the parents, SLP, OT, PT, nurse, school administrator and the teacher.

The IEP meeting accomplishes many things.

At the ARD they gather additional medical information from Jaylin's mom. She shares with them the most recent medical report.

Jaylin's mother signs the 3 Releases of Information Forms for each of the physicians or private service providers on the Parental Interview Form.

Jaylin's swallowing and feeding plan is discussed and a time to train Jaylin's mother is set up.

Jaylin's Individualized Health Plan and Emergency Plan (school nurse) are discussed and Jaylin's mom signs the forms

Because of his history with aspiration, frequent URIs and some coughing during meals, the team requests a referral for a modified barium swallow study. His mom agrees to request a referral from the physician and signs a release for the hospital.

Jaylin's mom signs the ARD agreeing to the plan.

Document on the GSI

- Description of the Jaylin's disorder
- Summary of his medical history
- Indication that the he is being followed by the swallowing and feeding team and that he has a swallowing and feeding plan and an individualized health plan
- Documentation of the recommendations of the swallowing and feeding team
- Indicates that Jaylin will be referred for an MBSS for concerns regarding aspiration.

The GSI must include the following for the School Food Service Program:

- Information about the Jaylin's physical or mental impairment that is sufficient to understand how it restricts the child's diet.
- An explanation of what must be done to accommodate the Jaylin; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

Included on the GSI for Food Service:

Jaylin has cerebral palsy which affects his oral motor skills for eating.

He has difficulty chewing textured foods, forming a bolus and closing his lips when eating and drinking.

In order for him to eat safely at school, he will need a minced and moist diet which only includes foods that may be modified. Foods such as hard, chewy meats, taco shells, should be omitted from his diet.

ARD: program service page

Jaylin will be getting speech and occupational therapy.

Minutes are added under Speech/Language Therapy for speech and language and additional minutes added for swallowing and feeding. Self Help goals with the OT responsible for fine motor and feeding.

NOTE: 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"

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Why the ARD is important

The ARD documents what is discussed, the safe swallowing and feeding plan and the program designed for Jaylin.

The key players are at the ARD which means that everyone is on the same page.

Parents are part of the planning and know what will be happening with their child.

STEP 6: Referral for an VFSS/MBSS

It was determined by the team that Jaylin needed a referral for an instrumental evaluation.

As mentioned previously, the team requested a referral from the doctor for the study.

Pre VFSS/MBSS Form

The district has in place a process where a clerical staff is responsible for arranging the MBSS with the hospital, setting up a time that is available to the hospital, parents and team leader.

Prior to the study, the SLP sends the Pre MBSS Form to the hospital SLP to let her know what the district concerns are regarding Jaylin's swallowing and what information is needed from the study.

She also calls prior to the study to discuss it.

Brief Medical History:

Positional concerns and adaptive equipment currently used at school: Slightly tilted wheelchair, low flow cup and suction bowl.

Current diet recommendations: minced and moist, slightly thickened liquids

Summary of Interdisciplinary Observation: The following was observed during a clinical observation of the student's swallowing and feeding at school.

Oral Phase (delete those that do not apply/add those not listed)

- drooling
- anterior loss/poor lip seal
- hyper/hypo sensitivity
- difficulty with bolus formation

Pharyngeal Phase (delete those that do not apply/add those not listed)

- delay in triggering swallow
- decreased/absent laryngeal elevation
- expectorating food

Information that the school system would like to get from the VFSS/MBSS is as follows:

1. With the student's current diet, (minced and moist and slightly thickened liquids) is there any evidence of aspiration or aspiration risk?
2. If there is aspiration, is there a position that reduces the risk?
2. Because of the student's difficulty chewing, is there evidence of fatigue?

We have included an Authorization for Release of Confidential Information.

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.

Importance of the Pre VFSS/MBSS

Some children have pharyngeal phase dysphagia and the team is concerned about aspiration or pulmonary compromise. Since there was a previous concern regarding aspiration and some coughing during meals the team requested an MBS.

All children should be considered for an instrumental evaluation. Most will not need one, however, it is essential to have a process in place for making those referrals.

The district should secure a referral from the physician via the parent and schedule the study.

Communicating with the hospital SLP is essential in obtaining the information that the district needs from the MBSS.

District must have parental approval to speak to the hospital SLP.

It is preferred that a representative of the school team attend the swallow study.

The district should set up the study in order to:

- Have the district team leader attend
- Receive a copy of the report (the release is signed before the study)
- Settle any cost concerns prior to the study.

STEP 7: Revision of the Swallowing and Feeding Plan (see Swallowing and Feeding Plan form)

Jaylin's MBSS indicated that he had a strong pharyngeal swallow. There were no signs of aspiration or penetration therefore, his plan is revised to reflect the change to thin liquids.

If the study had observed aspiration on thin liquids but a safe swallow with mildly thick liquids, then the swallowing and feeding plan would have remained the same.

Classroom staff feeders would then be trained on the revised plan.

Importance of the Revision of the Plan following an Instrumental Evaluation

The swallowing and feeding plan must be revised ANY time there are changes to the student's condition or to the information we have available.

Revisions should be part of the procedure.

STEP 8: Ongoing Monitoring/Consultation and Therapy

(Document on therapy logs)

A schedule for ongoing monitoring of Jaylin's feeding is set up.

He is scheduled for speech and occupational therapy to address his oral motor skills, feeding independence and texture progression.

He receives physical therapy and is monitored for positioning during mealtimes.

He is safe at school and is progressing toward more normalized feeding.

Why Ongoing Monitoring/ Consultation is important

It is necessary to ensure that the plan continues to be appropriate for the student, that the feeders are implementing the plan as written and trained and that the food textures are being modified correctly.

Through monitoring and consultation the team leader is able to identify when the student is changing and may need a revision on his plan.

In addition, the following can be achieved by ongoing monitoring and consultation:

Classroom staff is trained to recognize changes and the team leader is aware when changes occur.

Importance of Monitoring and Consultation

Questions and concerns by classroom staff are answered as they occur.

Implementation of the plan is monitored and concerns are addressed.

Why Therapy is important

Jaylin was a good example of a young child that could benefit from therapy to address oral motor concerns that affect his chewing and eating skills.

He responded well to oral motor therapy by the SLP (with reinforcement by the teacher)

He progressed quickly and within a year was eating *soft and bite sized* foods!

Management of the Swallowing and Feeding Team Throughout the School Year

- Swallowing and Feeding Team District Administrator
- Beginning of the Year Procedure
- Transfer Procedure
- Discharge Procedure

Questions, Comments, Concerns!

We've gone through the procedure, step-by-step! What are your thoughts?

Working with Families

"Working with students who have dysphagia can certainly be difficult, but understanding the families' perspectives can prove not only helpful, but in many instances, crucial to developing and implementing effective programming."

(Angel, Bailey, Nicholson, & Stoner, 2009)

Family issues and concerns facing families

- Medical Concern – frequent hospital visits and illnesses
- Financial Concerns – increased medical bills, time off work, specialized sitters and therapies.
- Concerns for the Future – After 22 years?, aging parents?,
- Toll on Family Structure – mealtimes, socialization
- Managing Family Dynamics – siblings, extended family

Emotional issues and concerns facing families

- Depression
- Guilt
- Lack of confidence in ability to raise the disabled child

Working with Families

“School-based professionals should work toward developing an appreciation of the impact that having a child with a developmental disability can have on the family and develop sensitivity for the complexities that families with disabled children face.” (Handleman, 1995)

What can a district do?

- Educate parents to help them to understand their child’s swallowing and feeding disorder (research supports that parenting stress is reduced when parents learn about their child’s medical problems and conditions)
- Share intervention techniques and feeding procedures that are successful
- Communicate regularly
- Validate the parent’s/guardian’s perspective

What a district can do, cont.

- Be sensitive to cultural values in regards to food and mealtimes
- Listen to them and seek their input
- Connect them with other families and organizations
- Follow the swallowing and feeding procedure which includes working closely with parents.
- “Work towards a child having a meaningful and functional mealtime experience both at home and school while maintaining safety and efficiency.”* (Arvedson & Letton-Greif (Medbridge, 2017).

Safety and Nutrition

- School districts have a responsibility to ensure a safe environment during meals that occur during the school
- 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.

Summary of Swallowing and Feeding Team
Students Eat Safely: Follow the Forms Procedure!

- Referral
- Parent/Guardian Interview
- Interdisciplinary Observation
- Swallowing and Feeding Plan/Classroom Staff Training
- Individualized Health Plan/Emergency Plan
- Cafeteria procedure
- ARD
- Pre MBSS/VFSS Referral
- Prescription for School Meal Modification
- Transfer of students
- Revision of plan
- Ongoing monitoring and Therapy (if indicated)

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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

Ask for information and forms

For more information including:

- a **step-by-step procedure** and **accompanying electronic forms** that your district is welcome to use and edit
- **other information** for establishing a procedure in your district for addressing swallowing and feeding, such as a Proposal Worksheet, Roles and Responsibilities, Who and What of Swallowing and Feeding, etc.

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it will send me an email.**

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