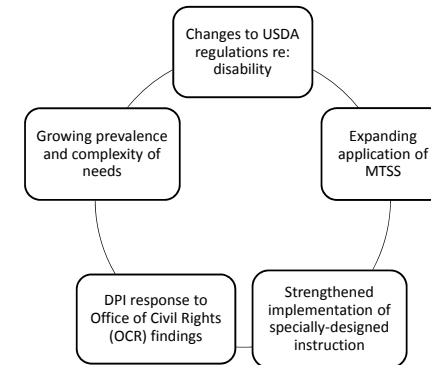


ADDRESSING MEALTIME NEEDS WITHIN A MULTI-TIERED SYSTEM OF SUPPORT (MTSS)

Handouts:

<https://goo.gl/ji9Wcn>

Conversation Drivers



Learning Objectives for the Day

- Identify appropriate team members for meeting student unique mealtime needs (UMN)
- Develop a local communication UMN protocol
- Develop an implementation plan for system-wide UMN
- Identify student-focused, safe, and compliant process and practices for meeting UMN



Attitudes, Beliefs and Values

- Desire to see all students thrive
- Value teamwork
- Respect parent concerns, including cultural competence
- Aware of seriousness/complexity of meeting UMN
- Value safety for high-risk students
- Committed to non-optional delivery of compliant services
- Take long-range view of students' life-long food/beverage experiences



Whole School, Whole Community, Whole Child Model (WSCC)



Unique Mealtime Needs Policy Framework

IDEA (Individuals with Disabilities Education Act)
 Section 504 of the Rehabilitation Act
 USDA (U.S. Department of Agriculture)
 HIPAA
 FERPA

IDEA

Individuals with Disabilities Act

The purposes of this act are—

(a) To ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.

Section 504 of the Rehabilitation Act of 1973

Section 504 covers qualified students with disabilities who attend schools receiving Federal financial assistance.

To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment.

Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities.

FERPA and HIPAA

Federal Education Right to Privacy Act
(1974)

- Addresses education records in schools receiving federal funds
- Covers sharing of student information and records
- Provides parental right to review and amend records

<https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

<https://www2.ed.gov/policy/landing.jhtml?src=pn>

Health Insurance Portability and Accountability Act
(1996)

- Addresses health records in Healthcare Provider Offices, Insurance Companies, School-based Health Centers
- Covers fee process, patient information, electronic sharing of records
- Governs patient rights to health records and protection of those

US Department of Agriculture: School Nutrition

USDA regulations at 7 CFR 15b, "Nondiscrimination on the Basis of Handicap in Programs and Activities receiving Federal Financial Assistance" implements Section 504's nondiscrimination requirements.

7 CFR 15b.26(d) requires recipients of Federal financial assistance, such as SFAs, to serve special meals at no extra charge to children with disabilities. In addition, Program regulations at 7 CFR 210.10(m) and 220.8(m) require SFAs to make substitutions to meals to accommodate children with disabilities that restrict their diet.

Recent: USDA Policy Memos SP 59- 2016 and SP 26-2016; and 2017 Edition: Accommodating Children with Disabilities in School Nutrition Program

Key Concepts in USDA Regulations

- Federal law and USDA regulations require SFAs to make **reasonable modifications** to **accommodate children with disabilities**.
- Includes providing special meals, **at no extra charge**.
- Make **substitutions on a case-by-case basis when supported by a Medical Statement**
- Work **collaboratively with parents**
- **Access to program benefits is key**

New Approach to Students with UMN

- **Most physical and mental impairments will constitute a disability**; need not be life-threatening or significantly restrict a major life activity
- **Assume, rather than suspect, a disability is there!**
- **"Major life activities" are broadly defined**; include eating, major bodily functions
- School Nutrition **required to offer meals** as required by IEP/504/Med Statement
- **Ensure equal opportunity to participate and receive program benefits**

MEALTIME IN A MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

General Education Supports

Core Supports

All students require:

- Safe food handling procedures
- Nutritious and appealing meals, snacks, and beverages
- Clean, welcoming, unhurried meal/snack environment (adequate seat time)
- Supportive cafeteria logistics
- Opportunities to socialize
- Opportunities to learn mealtime routines/manners
- Taught, enforced, and reinforced behavioral expectations



Supplemental/Targeted Adjustments

Some groups of students may need mealtime adjustments:

- Meal patterns to accommodate common conditions (e.g., diabetes, lactose intolerance, nut allergies)
- Quieter areas to accommodate sensory differences/overstimulation
- Adult-led tables to model/teach/monitor social-emotional-behavioral skills and routines
- Adjusted table/seat heights for early grades

Intensive Interventions

A **few** students may need intensive mealtime interventions:

- Embedded, explicit social-emotional-behavioral instruction
- Separate, low-stimulation setting
- Extended time/adjusted routine for eating
- Adapted/modified physical set-up (e.g., seating, utensils)
- Adapted/modified food (e.g., ingredients, texture)
- Adult or peer helper

MEALTIME CHALLENGES: PREVALENCE AND IMPACT

Section Learning Objectives

- Analyze prevalence and impact of UMN at school
- Identify diagnosis and conditions related to UMN
- Differentiate between food allergy and food intolerance

Unique Mealtime Needs are Everywhere

NC Annual School Health Services Reports (2015-16 data)

- 15% of total student population received care at school related to a chronic health condition (~225,000 students)
- 24% of those students (~54,000) were diagnosed with a condition that directly involves unique mealtime needs (diabetes, allergies, etc.)
- Other conditions often require modifications (cancer, genetic, etc.)
- School nurses reported engagement with 10,577 Medical Diet Orders in 2015-16

What are the student issues and possible impacts?

Issues

- Feeding challenges
- Atypical growth
- Medical diagnoses
- Food & nutrient modifications
- Cognitive & sensory impairments
- Medication & nutrient interactions

Impacts

- Poor nutrition, weight loss/gain, obesity
- Dehydration, overhydration, discomfort, diarrhea
- Choking and/or aspiration, pneumonia
- Fatigue, low endurance/vitality
- Access issues, social isolation
- Delay in learning routines and maximizing self-care abilities

COMMON DIAGNOSES/CONDITIONS

What conditions often result in unique mealtime needs?

- Diabetes: type 1 and type 2
- Neuromuscular diagnoses:
 - Cerebral Palsy,
 - Muscular Dystrophy
 - Neural Tube Defects
 - Traumatic Brain Injury
 - Seizure Disorders
- Cognitive diagnoses:
 - Autism
 - Intellectual disabilities
 - ADD/ADHD
- Acquired allergies and intolerances:
 - Nut allergies
 - Celiac Disease
- Genetic diagnoses:
 - PKU
 - Trisomy 21
 - Cystic Fibrosis
 - Metabolic Disorders
- Altered growth patterns:
 - Obesity
 - Failure to Thrive
 - Eating Disorders
- Multisystem impact diagnoses:
 - Cancer
 - Short Gut Syndrome
 - Cardiac Disorders

Dysphagia

- Difficulty or inability to chew or swallow
- Sometimes used as a medical diagnosis, but is actually classified by medical codes as a sign or symptom
- Usually caused by disease or injury to nerves and/or muscles used for chewing or swallowing
- Can lead to aspiration (food or liquid in airway and/or lungs)
- Aspiration can occur before, during or after swallowing
- 60% of pneumonia deaths are related to aspiration

Risk Factors for Swallowing Difficulty

- Oral and digestive muscle and/or nerve dysfunction
- Limited oral sensory processing
- Inability to properly chew and move food and liquid – collects in the mouth
- Poor posture control creating challenges in safe positioning
- Poor judgement
- Low alertness, lethargy, somnolence
- Existence of medical condition and/or disability

Indicators of Swallowing Difficulty

- Prolonged time required for eating
- Fatigue during/after meals
- Coughing, choking
- Tongue protrusion
- Watery eyes and nose
- Drooling, increased secretions
- Gurgling after mealtime
- Regurgitation
- Resistance to eating, agitation

FOOD ALLERGY & INTOLERANCE

Food allergies and intolerances are the third most common student diagnosis reported overall in NC schools.

They are the top reported mealtime related condition.

What is an allergy?

- An allergy occurs when immune system sees a substance as harmful (antigen) and overreacts to it
- Previous exposure is necessary to have an allergy
- Responses range from mild symptoms (runny nose and eyes, rash, upset stomach) to full anaphylaxis (multiple system response that can lead to death)
- Students with anaphylaxis need an Emergency Action Plan
- A food allergy is generally considered to be a disability

www.aafa.org/page/allergies.aspx

Common Food Allergies

- Peanuts (actually a legume)
- Tree nuts (almonds, walnuts, cashews)
- Seafood, including shell fish
- Milk, particularly cow's milk and products
- Eggs
- Wheat, Oats, Barley, Rye
- Soy

These account for 90% of childhood food allergies. Many food allergies qualify as a disability.

What is a food intolerance?

- A food intolerance, or a food sensitivity, occurs when a person has difficulty digesting a particular food
- Symptoms: intestinal gas, abdominal pain, diarrhea, poor absorption of nutrients
- Sometimes confused with or mislabeled as a food allergy
 - Food intolerances involve the digestive system
 - Food allergies involve the immune system

<https://www.aaaai.org/conditions-and-treatments/conditions-dictionary/food-intolerance>



IDENTIFYING STUDENTS WITH **UNIQUE** MEALTIME NEEDS IN A MULTI-TIERED SYSTEM OF SUPPORTS

Identification, Evaluation, Disability Determination

Team Conversation – UMN Planning Tool

Infrastructure Section

Suspected Disability (Child Find)

- Notification – concern raised about mealtime participation, safety and/or health
- Medical issues impacting mealtime
- Lack of response from support provided through general education
- Increased need for specialized staff and/or support

Evaluation of Student UMN

- Goal is adequate data for decision-making
 - Information from parent
 - Pediatrician and community provider (e.g., dietitian, feeding team) data
 - Detailed record of student performance during food/beverage-related activities at school, prepared by:
 - School nurse
 - Speech-language pathologist
 - Occupational therapist
 - Instructional staff
- Need for reasonable accommodations and/or specially designed instruction must be considered:
 - Functional mealtime participation skills
 - Self-advocacy, self-determination

Developing a Plan

- Statement of student's unique mealtime need(s)
- Goals for student to increase
 - Safety
 - Independence and/or agency
 - Access to general education, peers and settings
 - Progress toward age and grade level standards
- Required supports, services, equipment, location, team training and/or accommodations for goal acquisition
- How effectiveness of supports and services will be measured

<https://goo.gl/BjhQzB>

THE MEDICAL STATEMENT IN A MULTI-TIERED SYSTEM OF SUPPORTS

Your local school nurse can provide detailed information about common issues related to a student's medical diagnosis, and facilitate obtaining needed clarifications from the medical authority and parents.

SP 59- 2016

Medical Statement

- NCDPI prototype Medical Statement now **available in English/Spanish** on SN website
- Information may be added to the Medical Statement, **but should not be removed**
- SFAs may design a **meal plan within the Program meal pattern to accommodate common disabilities**
- **Medical Statement justifies reimbursement for meals that do not meet regular meal patterns**

Medical Statement.....cont'd

- Three pages, including **Instructions** on first page
- **Recognized Medical Authority Signature** required
- Medical Statement must be "**current**" for each student
- Revised wording on the form **reflects USDA requirements**
- Description of the child's physical or mental impairment
- How the impairment restricts student's diet
- What must be done to accommodate the student's needs
- Always **seek clarification** of Medical Statement information when needed

Medical Statement

- ~~student's *disability*~~ description of the child's physical or mental impairment
- ~~explanation of why/how the *disability* restricts the student's diet~~ explanation of what must be done to accommodate the disability
- food or foods to be *omitted* from the child's diet
- ~~food or choice of foods that must be *substituted*~~ recommend alternatives

Assessing Requests for Substitutions and other Modifications

- SFAs **may consider expense and efficiency** in choosing an appropriate approach to accommodate a child's disability
- SFAs must offer **"reasonable accommodations"**



Non-Disability Substitutions and Modifications



- SFAs have the option to accommodate special dietary needs that do not constitute a disability
- LEAs are not required to provide accommodations for:
 - Food preferences
 - Religious reasons
 - Vegetarians
 - Lifestyle choices
- Every opportunity should be taken to work with parents requesting dietary modifications, within the realm of the meal pattern

Medical Statement Retention

Administrative Level

- School Nutrition Director (SN Supervisor) & EC; 504/IEP Coordinator, SLP, OT

School Level

- Cafeteria Manager & School Nurse

LUNCH BREAK

MEALTIME INTERVENTIONS IN A MULTI-TIERED SYSTEM OF SUPPORTS

General Education Supports

Section Learning Objectives

- Establish that the student is the focus of all services provided
- Identify specific adjustments made for UMN by the School Nutrition Program
- Recognize the necessity of a HACCP Plan for safety of all students and especially those with UMN
- Create a plan for delivering mealtime supports from the multi-disciplinary school team
- Identify specialized feeding equipment and support needed for students with UMN

Expected Outcomes for Students

- Increased student ownership of nutritional health
- Fostering a sense of independence
- Safe, ample intake of foods/beverages at meals/snacks
- Adequate calories, nutrients, hydration
- Full participation in school meals
- Enjoying food in a safe, supportive environment
- Continuous monitoring by multi-disciplinary team to support student's unique mealtime needs

Mealtime Interventions: Foundational Principles

- Follow clarified medical statement
- Collaborate with local healthcare practitioners on supporting student at school
- Always do what is in the best interest of the student's and staff's safety
- Read labels to identify allergens
- Conduct nutrient analysis
 - Required for public schools in North Carolina
 - Appropriate use of reports
 - Carbohydrate counts

School Nutrition Services Response to Unique Mealtime Needs

Specially designed mealtime supports may involve individualized changes to:

- Where food prepared/served
- How food is prepared/served
- Who prepares/serves food
- Who supports or feeds the student
- What is served:
 - Cost of food or food service
 - Meals/snacks outside of regular programs

School Nutrition Procedures for Unique Mealtime Needs

- Procurement procedures
- Menu development
- Food Labels, Nutrition Labels, Ingredient lists
- Standardized Recipes or Procedures
- Food Storage and Preparation practices
- Leftovers handled correctly
- Documentation of accommodations daily
- Continuous Staff Training

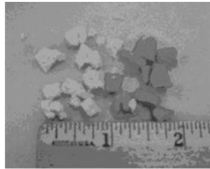
Mealtime Interventions: Compensatory Strategies

- Time allotted for set-up and eating
- Specialized techniques to change feeding pattern
- Sensory enhancements
- Nutritional enhancements
- Use of adaptive feeding utensils/equipment
- Positions for safety, energy conservation, and accuracy

Specialized Eating Supports

- Administered by competent nurse, therapist or educator assigned by school
- Rarely include swallowing interventions beyond oral phase
- Tube feedings require
 - Appropriately trained (by school nurse) personnel to administer
 - Provision of formula by parent, school/LEA or SN program
 - If refrigeration of formula is required, school must provide appropriate refrigeration

Texture Modifications - FOOD



CHOPPED



MECHANICAL
SOFT



GROUND



PUREED

Consistency Modifications - LIQUID



CLEAR
LIQUID



FULL
LIQUID



NECTAR-
THICK



HONEY-
THICK



PUDDING-
THICK

Specialized Equipment

- National Sanitation Foundation (NSF) approved food processors and blenders
- Adaptive utensils and dishes
- Positioning equipment
- Personal hygiene supplies
- Oral stimulation devices
- Tube feeding supplies

Hazard Analysis Critical Control Point (HACCP)

- Standardized food safety plan to prevent foodborne illness
- Systematic program designed to reduce risk of foodborne hazards by focusing on each step of the food preparation process – from receiving to service
- Specifically, it is:
 - Science-based
 - Operation specific
 - Practical
- Follow written HACCP procedures
- Properly clean and sanitize surfaces and equipment
- Address handwashing techniques



Food Preparation for Highly Susceptible Population

Food must be prepared under a HACCP plan that:

- Prohibits bare hand contact with Ready-to-Eat foods
- Prohibits food preparation in areas that do not have a food handling permit (i.e., classrooms)
- Preventing cross-contamination and cross-contact
- Delineates cleaning and sanitizing procedures for food contact surfaces
- Describes proper procedures and continuing education for school nutrition staff

Interventions for Food Allergies

- Participate in school/LEA coordinated management of food allergies
- Supervise daily management of food allergies for individual students
- Be alert for delivery substitutions
- Avoid using terms like “peanut-free”
- May need allergen-safe tables in cafeteria or modifications to other school environments
- Prepare for and respond to food allergy emergencies
- Food allergy education for staff, parents and students
- Use available resources:
 - Refer to HACCP Plan Part 1: Allergens
 - <http://www.foodallergy.org/resources/schools>

Avoid “Peanut Free” Facilities

- Being “allergen free” gives a false sense of security
- No one can be 100% positive there are no allergens present
- Caution, preparation and a plan are essential



Progress Monitoring

- Data collected depends on UMN and goals of intervention:
 - Calories consumed
 - Time required to complete meal
 - Number of interactions with peers
 - Number of cues needed to _____
 - Compliance with mealtime rules/routine
 - Number of emergencies/incidents (related to eating, allergies, behavior, etc.)
- Uses an equivalent measure each time
- Regular and frequent
- Quick and easy to implement
- Sensitive to change over time

Support Professional Learning for All Staff

- Identify professional development and training needs to ensure district and school staff are:
 - Adequately trained
 - Competent
 - Confident to perform assigned responsibilities to support students with unique mealtime needs
- Ensure staff fully understands the medical statement
- Conduct fidelity checks/school visits
- Regularly review and evaluate the district's UMN policy and procedures

What education does the team need to safely and successfully feed the student?

The team may need to rely on the expertise of community based individuals to train members on very specific skills needed for success. These skills may include but are not limited to:

- Positioning
- Food preparation
- Environment most conducive to meal time success
- Caloric intake
- Feeding technique
- Specialized utensils and equipment
- Precautions for medically fragile students
- Other medical information

Team Conversation – UMN Planning Tool

Data Analysis Section

UNIQUE MEALTIME NEEDS OF STUDENTS

Communication and Collaboration

Section Learning Objectives

- Identify resources, team members and their roles/responsibilities used to support communication and collaboration for UMN students
- Understand community partnerships and their roles/benefits
- Identify successful collaboration characteristics and stages
- Understand needs for team education of students with UMN
- Understand how to design communication protocols and delineate responsibilities for all team members
- Recognize and understand protected communication (FERPA, HIPAA)
- Consider how to coordinate data systems (IEP, Point of Sale, 504)

TEAM ROLES AND RESPONSIBILITIES

Characteristics of an Effective Collaborator

- The drive and desire to make a difference
- A high level of shared values
- The ability to see things through different perspectives including culturally different frames of reference
- Genuine
- Determination, energy and persistence
- A personal and professional growth orientation
- Confidence and positive outlook about oneself, others and the collaboration process
- Trustworthiness
- Humor

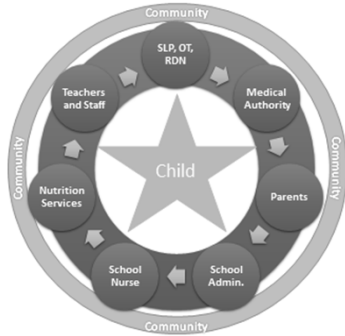
PFI Model of On-Site Consultation to Enhance Quality in Early Childhood Programs

Stages of Collaboration

1. Initiate and build a relationship
2. Assess
3. Prioritize issues
4. Select strategies
5. Implement
6. Evaluate

Adapted from Wesley, P., Dennis, B., & Fenson, C. (2007) PFI Model of On-Site Consultation to Enhance Quality in Early Childhood Programs. Original sources Bergan, 1977,1999; Bergan & Kratochwill, 1990; Caplan, 1970; Caplan & Caplan, 1999.

Team Members Supporting UMN Students



School Administrator



Exceptional Children Program Director/Coordinator



504 Coordinator



Student



Parent



Teacher/Teacher Assistant



Student's Medical Authority



School Nurse



School Nutrition Director and Managers



Speech-Language Pathologist



School Transportation Coordinator, Bus Drivers and Monitors



Occupational Therapist



Other School Staff



- Office personnel
- Coaches
- After-school staff
- Curriculum support personnel



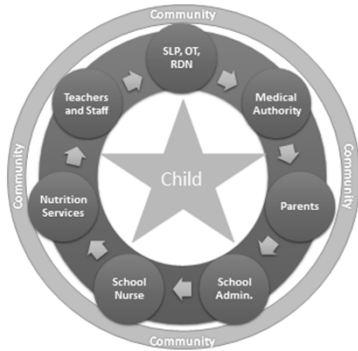
What external partners might be needed?

- Agencies
- Physician
- Registered Dietitian Nutritionist (RDN)
- Feeding specialist at a hospital or private practice (Nurse, Occupational Therapist, RDN, or Physician)
- Others you can think of?

What might be the topics of these communications/collaborations?

- What kinds of foods can the student eat and how should they be prepared?
- Does a swallow study of the student exist and what are the results?
- How should the student be positioned for the best results while eating?
- What other medical issues exist that the school should know about or that will impact eating?
- Where can pre-prepared meals be purchased ?
- How will tube feedings be accomplished in the school environment?

Leadership on the Team



- Identify the leader of the team and carefully delineate roles and communicators or the “spokes” of the team’s wheel
- Determined by the individual student

Team Conversation – UMN Planning Tool

General Considerations/ Stakeholder Engagement & Focus for Improvement Sections

Overall Review of Key Points

- Unique mealtime needs (UMN) are identified and addressed through MTSS
- UMN are often complex and challenging
- Meeting students’ UMN requires a team
- Local teams need a UMN communication protocol which includes the Medical Statement
- Student-focused, safe, and compliant UMN process and practices must be planned, implemented, monitored, and continuously improved
- NC DPI and NC DHHS are here to help!