



***GUIDELINES AND INFORMATION ON  
FEEDING AND SAFE MEALTIME PRACTICES  
FOR STUDENTS IN A SCHOOL SETTING***

## **I. RATIONALE FOR FEEDING GUIDELINES**

The number of children with severe disabilities who are served in special education classrooms continues to increase. An increasing number of these children are unable to feed themselves, have a feeding/swallowing problem, or other disorder, which puts them at risk for choking or aspiration. Assuring student safety is the responsibility of the school. Therefore, children with feeding and swallowing difficulties must be reviewed and evaluated very carefully to insure safe feeding while at school.

## **II. STATEMENT OF PROFESSIONAL LIABILITY**

Licensed personnel such as Registered Nurses, Occupational Therapists, Physical Therapists, and Speech/Language Pathologists are required to perform their duties as stated in their licensing laws. Such duties include:

- Identifying and evaluating children with feeding/swallowing problems
- Following a physician's written precautions and orders
- Following standard procedures for their profession
- Following guidelines for delegation under licensing laws

## **III. FEEDING / ORAL MOTOR PRESCRIPTIONS**

1. A student may be enrolled in The Children's League with a current Feeding/Oral Motor prescription from a feeding disorders clinic physician.
2. For a student with known feeding difficulties, without a current prescription, planning to enter The Children's League, a prescription will be secured prior to the first day of attendance. The Registered Nurse will obtain this prescription from the student's feeding disorders clinic physician.
3. If the student is not followed by feeding clinic, a prescription may be obtained from the primary care physician, on an interim basis. This prescription will be obtained by the Occupational Therapist or Speech Language Pathologist identified on the *Classroom Feeding Guideline* form (Appendix 7). If deemed necessary by the Occupational Therapist, Speech/Language Pathologist, or Registered Nurse, a referral to feeding clinic will be recommended.
4. A student with a gastrostomy tube must have a prescription for gastrostomy tube feeding and/or oral feedings prior to enrollment. The Registered Nurse will obtain this prescription.
5. A prescription may need to be revised if there is a change in a student's health status or needs.
6. Prescriptions are updated for each student every six months.

7. A prescription contains information that includes a description of:
  - The amount of food / taste consumed.
  - The texture of food / taste consumed.
  - Oral motor intervention / pre-feeding program.
  - Frequency of program
  - Allergies
8. The prescription will be filed in the following areas:
  - Original – Student’s main file
  - Copies - Student’s red book, Nurse’s Office, Occupational Therapy File, Speech/Language Therapy File
9. Appendices 1-5 provide examples of feeding prescriptions.
10. For identified students enrolled in the program, the Occupational Therapist or Speech/Language Pathologist, listed on the *Classroom Feeding Guideline* form (Appendix 7), will obtain a release of information from the parent(s) to exchange information with the student’s feeding disorders clinic physician. For students with known feeding difficulties, this release will be obtained by the Registered Nurse prior to admission.
11. A *Classroom Feeding Guideline* form (Appendix 7) will be completed on identified students and will be filed in the red book and the main file.
12. A copy of the *Food Texture Guidelines* (Appendix 8) will be filed in the red books of all identified students.

#### **IV. FEEDING/ORAL MOTOR ASSESSMENT**

1. A Feeding/Oral Motor Assessment (Appendix 10) will be conducted for identified students by their Occupational Therapist and/or Speech/Language Pathologist in consultation with the Registered Nurse and the student’s Teacher. Parent consent (Appendix 13) will be obtained.
2. The Feeding/Oral Motor Assessment will consist of evaluation of the following areas: oral peripheral structures, oral motor skills, swallowing, and developmental feeding skills. The assessment includes: a review of pertinent health/medical information, direct interaction and observation of the student while eating. A parent interview regarding feeding at home will be included in the evaluation. Every effort will be made to have the parent present during the assessment.
3. A Feeding/Oral Motor Assessment will be reviewed annually by Speech/Language Pathologist and/or Occupational Therapist. Revisions will be made as needed.
4. The results of the Feeding/Oral Motor Assessment will be shared with the parents, the Committee on Preschool Special Education, or the child’s service coordinator. The results of the Feeding/Oral Motor Assessment will be reflected in the student’s Individual Education Plan or Individual Family Service Plan.

## V. TRAINING OF FEEDING/ORAL MOTOR PROGRAM

1. The feeding/oral motor program developed for each student will be taught by the Occupational Therapist or Speech-Language Pathologist to each staff person who will implement it. The responsible Occupational Therapist and/or Speech/Language Pathologist will be listed on the *Classroom Feeding Guideline* form (Appendix 7).
2. Training will be completed after each significant program revision. Training will include written and verbal instruction, as well as demonstration. The therapist will record dates of training and secure the signature of the trainee(s) upon completion. The Occupational Therapist and Speech/Language Pathologist will observe the trainee until they demonstrate the ability to implement the feeding/oral motor program as written and demonstrated.
3. Individuals trained to feed identified students will be listed on the *Classroom Feeding Guideline* form (Appendix 7).
4. All training will be reviewed on a yearly basis. Training may also be reviewed on a more frequent basis, as needed.

## VI. IDENTIFICATION OF STUDENTS

1. For ALL students evaluated by The Children's League for Speech and/or Occupational Therapy, a *Risk Factors Indicating Possible Swallowing Concerns* (Appendix 6) will be completed by the Speech/Language Pathologist and/or Occupational Therapist in cooperation with the parent(s) to assess possible feeding concerns.
2. If the student was not initially evaluated by The Children's League, yet receives Occupational Therapy and/or Speech Therapy, the *Risk Factors Indicating Possible Swallowing Concerns* (Appendix 6) will be completed within the first two weeks of the initiation of therapy in cooperation with the parent(s).
3. Any staff member may make a referral for a feeding evaluation. The Children's League *Referral* form (Appendix 11) may be completed and submitted to the Executive Director.
4. A review of the *Risk Factors Indicating Possible Swallowing Concerns* (Appendix 6) will determine the need for a formal Feeding Assessment.
5. Should the need for assessment be determined, parents will be notified and consent procured (Appendix 13).