BEST SCHOOL PRACTICES FOR STUDENTS WITH EATING DISORDERS

Eating disorders can be challenging for our patients, their families, and their support systems to manage. Our programs at Hasbro Children's Hospital attempt to take an ecological approach, working to include the many systems that impact our patients' progress in recovery. When a patient is discharged from one of our Hasbro inpatient units or from our Hasbro Partial Hospital Program (PHP), it means they are stable enough to be at home and at school, but that they still are considered at risk of complications if outpatient treatment recommendations are not followed.

The two main tenets of a patient's treatment plan that can be supported at school are activity/health class restrictions and monitored lunches and snacks.

Activity and Health Class Restrictions

- During renourishment, a patient's metabolism is extremely active. Energy demands, even when a patient is at rest, are substantial as major organ systems recover.

- Following a hospital stay, most students are activity restricted from PE and sports, and we ask that school staff help us ensure that recently discharged students are not participating in PE or athletic teams until medically cleared to do so. Additionally, other forms of exertion within the school building (ie, taking the stairs when there is an elevator available, carrying book bags that are unnecessarily heavy, etc.) can also slow recovery. While we recognize that school staff may not have the capacity to ensure that students are not carrying backpacks or climbing stairs, we ask that all adults in the student's life support the student in minimizing unnecessary movement to make recovery as efficient as possible.

- Health class content that covers exercise and nutrition education is unlikely to align with the treatment plan for a patient who was recently admitted to the hospital or to our partial hospital program. If the student is in health class and this content is planned, we ask that the student have an excused absence during classes focused on these topics, that the student is excused from any testing around these topics, and that the student can return to class when the topic shifts to different material.

- Similarly, for students recently discharged from inpatient units or from our partial hospital program, it is important for teachers in all subject areas to avoid giving assignments (e.g., assigned books, word problems, labs) that have content related to nutrition, calories, health, body development, body appearance, or exercise. If a school teacher has questions about whether a given assignment might be counterproductive for a given student, the student's treatment team should be consulted.

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Lunch and Snack Monitoring

- Patients discharge from the hospital or from our partial hospital program with a meal plan that is unique to them, prescribed by our team, and typically consisting of 3 meals and 2-3 snacks every day. The meal plan is designed to support ongoing recovery, which means that missed meals or snacks can result in slowed progress and/or medical complications.

- Meal and/or snack supervision at school is meant to provide accountability for the student's participation in their meal plan, and to make sure that they are eating an appropriate snack and lunch while at school. It is NOT meant to "make" the student eat.

- The student should have a quiet, separate area outside the cafeteria with a school staff member present to observe the snack or meal. There can be a few other students present who are also being supervised, but it should be a relatively small group.

    - Any staff member who could directly observe lunch would be appropriate for this monitoring. This could include, for example, a teacher, guidance counselor, social worker, school psychologist, principal, assistant principal, nurse, paraprofessional, or office staff.

    - Alternate settings for lunch may include a 1:1 staff-to-student arrangement with the option to have a friend join, or a small group setting such as a "Lunch Bunch" group in which a staff member is present. A less ideal option but still minimally sufficient option is to have lunch in an office setting where a staff member is sitting at a desk and can provide some visual supervision of lunch while also attending to other job duties.

- The treatment team does not expect that the school-based adult who is monitoring meals or snacks will have any eating disorder treatment experience. School staff is NOT responsible for coaching a student through meals, but rather is there to observe whether content from meals is consumed versus discarded.

- Meals and snacks should be balanced and substantial. Lunches should consist of at least 3 different foods (often more), and snacks should consist of at least two different foods. It is not the school's responsibility to make sure the student brings sufficient nutrition to school, but it can be helpful if school staff have a general sense of what the student is expected to bring.

- The student should have 30 minutes to complete lunch, and 15 minutes to complete a snack (if a prescribed snack within the building is also part of a given student's plan). It is acceptable for

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the student to leave the monitored setting sooner than the 30/15 minute time frames above if monitor has observed them to have completed all of their required nutrition for that eating time.

- After lunch (or snack) ends, if all nutrition has not been completed, some students may be on treatment plans in which school staff will need to present the student with a liquid nutritional supplement (typically either "Ensure Plus," "Boost Plus," or "Equate Plus"), according to written "replacement guidelines" from the hospital that will specify the amount of supplement to be presented based on the amount of food completed at a given eating time. In these situations, the student should have 15 minutes to complete replacement. Please note that in these situations:
    - Parents should provide bottles of nutritional supplement to be stored in the office for as-needed use. It is not necessary for these bottles to be refrigerated if unopened.
    - Nutritional supplemented is to be presented AFTER being poured into a cup (to avoid the student seeing the nutritional label).
- Close communication between school staff and the student's caregiver(s) with regard to nutrition completed in the school building is important. Options for this, in order of optimality, include the following:
    1) Shared web-based documents (eg, "Google doc") providing details of meals and snacks that can be accessed by both caregivers and school staff but not by the student, with caregivers providing daily updates about the nutrition being sent to school with the student, and with school staff documenting nutrition (+/- nutritional supplement) consumed versus refused/discarded.
    2) Daily email communication between caregivers and school staff about the details above.
    3) Written documentation between caregivers and school staff about the details above (least optimal as this can be easily edited by the student in the course of transport between the parent and the school team).
- For most students, the nutritional monitoring plan outlined above will likely remain in place for several months, making a 60 day time frame a reasonable expectation from a school planning perspective. Students on structured nutritional plans typically experience reduction in the intensity of adult nutritional monitoring in several graded steps (eg, elimination of post-meal nutritional supplement replacement as step one, followed by ultimate return to eating lunch in the cafeteria with their peers as a second step, while all other meals at home remain monitored by a caregiver). It is reasonable for the school team to reach out to the treatment team somewhere

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between the 30 and 60 day mark of a plan's initiation in order to inquire about timing of such anticipated/subsequent steps.

Excused Absences for Appointments

- Following hospital or partial program discharge, patients require close follow up and are likely to have many appointments with members of the treatment team (medical, nutrition, and behavioral health providers). These appointments might require patients to occasionally miss school.

- Excused absence notes can be provided for all appointments.

These recommendations are not meant to complicate the student's school day, but to support them in progressing towards recovery while attending school. We look forward to partnering with you to support successful school engagement following the hospitalization or partial hospital treatment. In addition to the above, patient-specific recommendations for school-based accommodations will be provided at the time of discharge.

Sincerely,

The Hasbro Children's Eating Disorders Program
Hasbro Partial Hospital Program
Selya 6 Inpatient Medical/Psychiatric Program