
Policy Number: 500.400
Title: Nutritional Services
Effective Date: 11/15/24

PURPOSE: For establishment of protocol to ensure adequate and proper nutrition is offered to the incarcerated population and juvenile youth. This is accomplished through the provision of menu oversight and dietetic expertise to food and health services units at all state correctional facilities by licensed and registered dietitians (RD). This includes provision of nutritional recommendations and prescriptions, dietary counseling and educational materials, and coordinating meal production documents for the food program.

APPLICABILITY: Adult and juvenile facilities; health services and food services staff; and incarcerated persons and juvenile youth

DEFINITIONS:

Allergen – an antigenic substance capable of producing immediate hypersensitivity, otherwise known as an allergy.

Alternative meal option – a tray option providing a lacto-ovo vegetarian meal that may be selected on a meal-by-meal basis at standard adult facilities, excluding male bootcamp and juvenile facilities. It provides a high-fiber, meatless meal choice, lower in calories/carbohydrates/fat/salt, to be used for religious, medical, and preference purposes.

Anaphylaxis – a serious life-threatening allergic reaction which usually occurs within a few seconds or minutes of exposure to allergic substances. This involves hives, swelling, and sudden drop in the blood pressure and sometimes cardiac shock which may be fatal.

Dietary team – consists of nutritional professionals (registered dietitians and certified dietary managers) working in clinical, food service, and educational roles within the agency's food program.

Food allergies – reactions to foods outside of the body's digestive system that are fought by the immune system and can be consistently reproduced, often capable of triggering an anaphylactic response.

Food intolerance – a digestive system response rather than an immune system response. It occurs when something in a food challenges a person's digestive system that can result in gas, pain, heartburn, nausea, diarrhea, headache, or vomiting.

Food preference – foods that one personally chooses to consume or not.

Modified diets – diet plans that are medically indicated, as determined by a health services practitioner.

Therapeutic Diet Resource Manual – a guide for DOC health care providers in prescribing modified diets, and for health care staff to interpret and carry out diet orders, including provision of basic nutrition education and handouts.

PROCEDURES:

A. Menus

1. A registered/licensed dietitian (RD) is involved in menu planning and must ensure all menus meet nationally recognized allowances for basic nutrition and the departmental dietary goals.
2. The dietary team identifies specific products, recipes, and portion sizes to create standardized menus capable of consistently meeting the nutritional requirements of the average male and female incarcerated person and juvenile youth.
3. A detailed nutritional analysis must be used with each new seasonal menu version to approve the semi-annual menu provisions.
4. The standard adult facilities must offer both the general and alternative menus, when possible, to allow self-selection options and practice.
5. The alternative meal option must be recommended and encouraged whenever possible to meet most of the populations' basic diet needs for common health concerns.
6. The DOC menus are created to be nutritionally adequate for the majority of people, making it unnecessary to enhance a regular diet with additional self-purchased food.
7. The person in our care is responsible for making appropriate food choices in accordance with self-manageable food allergies or medical needs, utilizing the alternative menu and/or choosing items to leave uneaten and limiting use of canteen or vending snacks.

B. Modified diets

1. Modified diets are also known as therapeutic diets and must be based on a health or medical necessity, not on food preferences. Menus for specific conditions are created by the RDs.
2. The alternative menu is structured specifically to offer another meal option for those avoiding dairy, tomatoes, onions, mushrooms, fish, pork, peanuts, and excess sodium in the main entree. It is a self-selection recommendation for weight control, diabetes, heart health, and constipation due to fewer calories, and less fat and added sugar while offering higher fiber.
3. The dietary team functions as a resource for practitioners considering an order for a modified diet or nutritional supplement and maintains dietary reference materials for the department on iShare (Business Unit: Food and Nutrition - Therapeutic Diet Resource Manual.)
4. The primary care practitioner is authorized to order standard medical diets and snacks through the special restrictions area of the Electronic Health Record (EHR) if the person's health needs cannot be met on general or alternative menu lines using self-selection.
5. If the practitioner is requesting a non-standard diet option, an RD must be consulted following the EHR workflow that utilizes the "Request for Dietary Guidance" form.

6. An RD may make recommendations via nutrition prescription to the practitioner for specific snacks, supplements, or modified diets. All recommendations must be co-signed by the practitioner to be considered medical orders.
7. All food-related medical orders must be designated on the EHR and communicated to food services by nursing. The incarcerated person must receive a copy of their diet order. Diet orders must be reviewed annually, or more often as clinically indicated.
8. Upon an incarcerated person's intra-agency transfer, the receiving facility's health services staff must review that person's medical information for modified diet orders and inform a practitioner if a current order is present. If the modified diet is to be continued at the new facility, the practitioner must document support so nursing can notify the current food services with the written order.
9. The refusal of health care procedures contained in Policy 500.010, "Health Services" also applies to people refusing modified diets. An RD must attempt to meet with the person having significant diet confusion or menu frustrations if notified.
10. The facility food service operation must implement modified diets when ordered using current guidelines and menus found on iShare, the menu software system, or special modified menus provided by the dietary team. Incarcerated persons may request a copy of their current special menu from food services.
11. Nourishments (e.g., food-based snacks) ordered by a practitioner must be purchased by the facility and paid for from the facility food budget. Nutritional supplements (e.g., Ensure® or other commercial supplements) ordered by a practitioner are purchased through the contract health services vendor.
12. Food service staff will track all special diet orders received as well as supervise and document daily special diet provisions for accuracy and acceptance.

C. Food allergies

1. Menus are pre-planned to allow self-avoidance of the common major allergens of peanuts, tree nuts, fish, and seafood. Many other types of single item food allergies and intolerances are self-manageable by a person, such as blueberries, bananas, mushrooms, and spicy foods
2. Listing of an allergy to food(s) in the EHR and COMS, self-manageable or not, must designate if it is self-reported or verified through evidence of an allergic reaction. as opposed to food intolerances, preferences, or aversions, Consult the RD for assistance when necessary.
3. Allergy diet menu orders are required and approved only when presented with evidence of a significant allergic reaction to specific food(s) that is found valid, documented, and with merit AND the food allergen(s) is not self-manageable for adequate nutrition.
 - a) Examples of appropriate evidence include medical verification of an anaphylactic reaction to a specific food and/or allergies verified with food-specific immunoglobulin E (IgE) testing. Self-reporting to other health facilities is not considered appropriate evidence.

- b) If documentation is not readily available and the allergen is unavoidable with significant reaction risk, a short-term (two-week) special diet should be authorized to allow time for the retrieval of allergy evidence.
 - c) As an exception, the diagnosis of gluten-intolerance will justify the Gluten-Free modified diet order. Additionally, a severe lactose-intolerance may also warrant a modified diet to control symptoms with RD support.
4. Health services staff must:
- a) Assist the person in our care in locating medical documentation. Before an appointment with a practitioner can be set, a person must complete a release of information (ROI) to support a food allergy claim.
 - b) In the event of a severe allergy diagnosis or multiple-food allergy diagnosis, immediately notify the practitioner, facility food services, and the dietitian to ensure safe meals can be offered.
 - c) If a ROI is not possible or productive, connect with the dietitian for assistance.
5. Designating an allergy diet accommodation:
- a) Select among the options within the allergy diet restriction in the EHR that coincide with the allergy severity and evidence. Follow the process as outlined, which may require dietitian involvement.
 - b) For a vetted and self-manageable food allergy, select the Allergy Alert option which must be shared with food services for reference.
 - c) An allergy restriction, like other medical diets, must be scanned to food services.
 - d) Severe food allergy situations will require RD guidance for a possible non-standard diet restriction order if a unique menu is needed.
6. Educational materials are available to offer facility-level guidance to persons able to self-navigate food concerns. Guidelines and handouts are available for staff on iShare (Business Unit: Food and Nutrition – Therapeutic Diet Resource Manual – Available Medical Diets – Food Allergy Diets – Patient Education).
7. The RDs develop allergy diets for people in their care without the capability to fully avoid allergen(s) while remaining nourished
8. The RDs are available to meet directly with an incarcerated person/resident requiring more complex allergy diet education or nutritional counseling.
9. Food service staff are trained in the food allergy processes and follow production protocols to ensure avoidance of cross-contact and application to all feeding scenarios (menu substitutions, holiday meals, lockup meals, and bag meals).

10. Food service staff must keep a log of food allergy alerts and diets, seeking clarity from health services and/or the dietary team as needed. When necessary, food service staff will read food labels when product changes are encountered until the RD is contacted.

D. Diet education

1. The RDs create basic dietary education materials for use with the incarcerated population which are available on iShare (Business Unit: – Food and Nutrition – Therapeutic Diet Resource Manual – Nutrition Advice – General Nutrition Advice – as well as Specific Conditions).
2. Preventative nutrition education may be provided to groups of incarcerated people via classes, health fairs, cable broadcast, electronic tablet topics, and guest-speaker presentations that focus on chronic health conditions or current topics in nutrition. Proactive nutrition booths at health fairs and nutrition education postings may be periodically created to encourage healthier eating within the general population.
3. Nutritional insight relevant to the DOC population is, presented at health service staff orientations, nursing skills fairs, health service meetings, and to contracted practitioners as necessary.

E. Nutritional consultation

1. Upon health service request, the RDs are accessible to provide medical nutrition therapy or recommendations for individuals with special dietary circumstances. Recommendations are recorded on the “*Dietary – Response from Dietitian*” form in the EHR.
2. The RDs are available to evaluate incarcerated people/residents at high-risk for suboptimal nutrition status (such as those who are pregnant, elderly, disabled, post-surgical, on a hunger strike, or receiving acute care)) to maximize health outcomes through nutritional intervention.
3. The dietary team is supportive and assists health services and food service staff in creating a plan for an incarcerated person’s/resident’s special dietary requirements, balancing medical needs, religious concerns, and facility food service and meal service capabilities.

F. Dietary oversight

1. The certified dietary manager works under the supervision of an RD, who in turn receives guidance from the food program director.
2. The dietary team monitors the accurate and consistent production of modified diets at the facility food service locations through software reports, on-site visits, menu monitoring, and product tracking. Annual audits of modified diets in food service production are conducted and documented.
3. The dietary team must review electronic diet order reports at facilities routinely to ensure proper application and acceptance, as well as look for inconsistencies with the diet list maintained by food services.

4. The RDs will recommend clarifications to nutritional orders as identified while utilizing the EHR system or as requested, as well as place patients on a nutritional follow-up list to support them in reaching difficult health care goals and nutrition problem resolutions.
5. The dietary team will review and revise the online materials in the Therapeutic Diet Resource Manual on an annual rotation and as needed.
6. The established nutritional standards for DOC menus must be reviewed twice annually and kept current. The parameters are updated with relevant information as appropriate and kept as a reference on iShare (Business Unit: Food and Nutrition – Food Services Operations Guidebook – Food Program Standards).
7. The dietary team refers food service training needs discovered during monitoring to the food program director.

INTERNAL CONTROLS:

- A. A semi-annual review of DOC menus is documented and maintained by the RDs. A public version of the general and alternatives menus' nutritional analysis is posted online with each menu cycle for both men and women's facilities.
- B. Practitioner's orders for modified diets, supplements, and nutritional consultation are maintained in the EHR.
- C. Nutritional assessment documents on individuals are kept in the Dietary Progress Notes and Dietitian Response documents within the EHR.
- D. The juvenile facility maintains school nutrition menu documents for three years in anticipation of the period-ending audit by the MN Department of Education.
- E. The agency's Food Program Director maintains the current credentials of the members of the dietary team.

REFERENCES: Minn. Stat. §§ [148.621 – 148.634](#)
Minn. Rules, Chapter [3250](#)
[Policy 500.010, "Health Services"](#)
[Policy 302.030, "Food Service"](#)
[Policy 302.300, "Religious Programming"](#)

REPLACES: Policy 500.400, "Dietitian Services," 11/5/19.
All facility policies, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic

ATTACHMENTS: All referenced nutritional guidance materials for health services can be found at [Food & Nutrition](#) iShare page in the Therapeutic Diet Resource Manual folder.
Dietary communication forms are located within the EHR system.

APPROVED BY:
Commissioner of Corrections

