DEPARTMENT OF CORRECTIONS

Policy Number:	**500.400**
Title:	**Dietitian Services**
Effective Date:	**11/5/19**

PURPOSE: To ensure adequate and proper nutrition is offered to offenders and residents through the provision of nutritional oversight of menus and dietetic expertise to food and health services units at all department correctional facilities by state licensed and registered dietitians. To provide procedures regarding prescribing and providing medically-modified and allergy diets.

APPLICABILITY: Adult and juvenile facilities; health services and food services staff; and offenders and residents

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 offenders may choose on a meal-by-meal basis. Provides a high-fiber, meatless meal choice, lower in fat and salt, to be used for offender religious, medical, and preference purposes.

Cachexia – also known as wasting due to severe chronic illness; is loss of weight, muscle atrophy, fatigue, weakness, and significant decrease in appetite.

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 preference – foods that one personally chooses whether to consume.

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

PROCEDURES:

A. Menus

1. A registered/licensed dietitian is involved in menu planning and must ensure all menus meet nationally recognized allowances for basic nutrition and the departmental dietary goals.

2. The dietitians identify specific products, recipes, and portion sizes to create standardized menus capable of consistently meeting the nutritional requirements of the average male and female offender and juvenile resident.

3. With each new seasonal menu version, a detailed nutritional analysis must be used to formally approve the semi-annual menu provisions.

4. The standard adult facilities must offer both the regular and alternative menus when possible to allow self-selection to be realistic.

5. The alternative meal option must be used whenever possible to meet the majority of offenders' basic diet needs for common health concerns.

6. The offender/resident is responsible to make appropriate food choices in accordance with food allergies or medical needs, choosing items to leave uneaten and limiting use of canteen or vending snacks.

B. Modified diets

1. Modified diets must be based on a health necessity and not on food preferences.

2. The dietitian functions as a resource for practitioners wanting to order a modified diet or nutritional supplement, and maintains dietary reference materials for the department found on iShare (Business Unit: Health Services – Food and Nutrition - Therapeutic Diet Resource Manual).

3. The primary care practitioner is authorized to order modified diets and standard snacks if offender/resident health needs cannot be met on general or alternative menu lines using self-selection.

   a) All food-related medical orders must be designated on, and limited to, a Medical Diet Order Request Form (attached). Selection of non-formulary diets not listed on the form must involve a dietitian.

   b) Diet orders must be rewritten annually, or more often as clinically indicated.

   c) Certain medical conditions have pre-established dietary accommodations that can be initiated by the practitioner (e.g. snack bags for cachexia, gastric bypass, pregnancy, and hypoglycemia).

4. Dietary orders are kept in the offender/resident medical record. Food services tracks all special diet orders received and contacts health services as needed to ensure accuracy and the continued need for the provisions.

5. Upon offender intra-agency transfer, the receiving facility's health services staff must review an offender'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 re-authorize the modified diet order with the offender's new location on the Medical Diet Order Request form. The expiration date for the modified diet order should remain the same, and routing of the order form should follow regular procedures.

6. The facility food services operation must implement modified diets using current guidelines and menus found on iShare (Business Unit: Health Services – Food and Nutrition – Therapeutic Resource Manual – Available Medical Diets).

7. A dietitian 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 in order to be considered medical orders.

8. A dietitian creates modified diet menus as needed (for both medical and religious reasons) and assists food service in implementation when necessary.

9. The refusal of health care procedures contained in Policy 500.010, "Health Services," applies to offenders refusing modified diets. A dietitian must attempt to meet with an offender/resident having significant diet confusion or menu frustrations.

10. Nourishments (e.g., food supplements, crackers, milk, fruit) ordered by a practitioner must be purchased by the facility and paid for from the facility food budget. The contract health services vendor pays for nutritional supplements (e.g., Ensure® or other commercial supplements) ordered by a contracted practitioner.

11. The agency's food program director maintains the signed audits of all modified diets, conducted annually by a dietitian.

C. Food allergies

1. The practitioner must:

   a) Use the Medical Diet Order Request form if a food allergy is not self-manageable, which will trigger a dietitian consult.

   b) Approve an allergy diet only when presented with evidence of a significant allergic reaction to specific food(s) as opposed to food preferences or aversions. Example 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. If documentation is not readily available and the allergen is unavoidable with significant high-risk, a short-term (one week) special diet should be authorized to allow time for the retrieval of evidence.

   c) Follow protocol when considering severe lactose-intolerance and gluten-intolerance, such as celiac disease, as necessary avoidance diets.

2. Health services staff must:

   a) Immediately notify the practitioner, facility food service director, and a dietitian in the event of a severe allergies diagnosis or multiple allergies diagnosis.

   b) Assist the offender/resident in locating medical documentation to support a food allergy claim before an appointment is set with the practitioner.

   c) Contact the dietitian in the case of a non-formulary diet order request and assist in the discovery of related chart documents.

   d) Scan all Medical Diet Order Request forms to the food service unit.

   e) Provide the offender/resident with either the self-management guidance on food issues or the relevant label-reading guideline sheet for a proven protein allergy for use in meal service and canteen to assist in avoiding the allergen. Such guidelines and other nutrition education materials are available for staff on iShare (Business Unit: Health Services – Food and Nutrition – Therapeutic Diet Resource Manual – Available Medical Diets – Food Allergy Diets – Offender Education).

3. The dietitian must:

a) Ensure that dietary restrictions related to allergies are valid, well-documented, and with merit;

b) Create special menus for those offenders/residents with multiple unavoidable allergies or those who are unable to self-manage;

c) Meet directly with an offender/resident requiring more complex allergy diet education or guidance; and

d) Recommend vitamin/mineral supplementation when appropriate.

4. Food service staff must:
   a) Provide food substitution as recommended by the dietitian when a food allergy renders the remaining diet inadequate, as in the case of:
      (1) Life-threatening allergies (e.g., severe reactions to milk or soy);
      (2) Multiple food allergies (e.g., beans and corn); and
      (3) An allergen that is a common ingredient in other foods (e.g., eggs or wheat).

   b) Replace foods causing allergic reaction(s) with similar foods of equal nutritional value when substitution is necessary, following a menu or seeking dietitian guidance as necessary. This may involve regular meals, holiday meals, religious meals, lockdown meals, and bag meals.

   c) Read food labels until a dietitian can be contacted when it is necessary to consider the use of a newly-added food product to menu supplies.

5. The offender/resident is responsible to:
   a) Provide needed information to assist in verifying the stated food allergy, refraining from misrepresenting a strong food aversion as an allergy.

   b) Employ self-selection to consistently avoid the allergen(s) at meals, snacks, and canteen.

   c) Accept appropriate dietary instruction as needed.

   d) Notify health services and/or food services when legitimate allergy concerns arise.

D. Dietary education
   1. The dietitians create basic dietary education materials for use with offenders/residents, which can be found on iShare (Business Unit: Health Services – Food and Nutrition – Therapeutic Diet Resource Manual – Nutrition Advice – General *and* Nutrition Advice – Specific Conditions).

   2. Broader nutritional education may be provided occasionally by a dietitian in class or guest-speaker presentations to offender/resident groups that focus on chronic health conditions or current topics in nutrition. Periodic nutrition booths at health fairs and education postings may be created to encourage healthier eating within the general population.

3. Nutritional insight relevant to the DOC population is, and will be, presented to nursing skills fair participants, health service meeting participants, and the practitioners as necessary.

E. Nutritional consultation

1. Upon health service request, the state dietitians are available to provide medical nutrition therapy or recommendations for individual offenders/residents with special dietary circumstances. The preferred method for contacting the dietitian involves submitting either a completed Dietitian Consultation form (attached) or a Dietitian Referral form (attached), which can be found on iShare (Business Unit: Health Services – Food and Nutrition – Therapeutic Diet Resource Manual –Forms to Request Items or Services).

2. Nutritional assessment documents are kept in the Treatment section of the offender's/resident's medical chart and Dietitian Notes (attached) are used to record additional notes from the dietitian.

3. The dietitians are available to evaluate high-risk populations (such as pregnant, elderly, or transitional care offenders) within the facilities to maximize outcomes through nutritional intervention.

4. The dietitians are available to assist health services and food service staff in creating a plan for an offender's/resident's special dietary requirements, balancing medical needs, religious concerns, and food service capabilities.

F. Monitoring

1. The dietitians oversee the accurate and consistent production of modified diets from the food services at all facilities by on-site visits, menu monitoring, and health services or offender/resident feedback.

2. A signed semi-annual menu review of dietary allowance provisions must be provided to food services supervisors by the approving dietitian. The established Nutritional Standards for Menus used by the dietitians can be found on iShare (Business Unit: Health Services – Food and Nutrition – Food Services Operations Guidebook – Food Program Standards).

3. The dietitians refer food service training needs discovered during monitoring to the food program director.

4. The dietitians participate in the approval of all commercial nutrition supplement orders, screening for accurate product name, amount, and appropriateness for the offender's/resident's medical condition.
   a) A dietitian may recommend a nutritional goal at the time of supplement approval to aid in clearly identifying the supplement's purpose.

   b) A dietitian tracks supplement use to identify repetitive order renewals, indicating prolonged use. The dietitian may suggest other dietary approaches if the nutritional objective remains unmet or discontinuation of the supplement when appropriate.

INTERNAL CONTROLS:

A. A semi-annual review of DOC menus is documented and maintained by the dietitians.

B. Practitioner's orders for modified diets, supplements, and nutritional counseling are maintained in the medical records.

C. Nutritional assessment documents on individual offenders/residents are kept in the Treatment section of medical charts.

D. Annual audits of modified diets in food service production are conducted and maintained by the dietitians.

ACA STANDARDS: 4-4318; 1-ABC-4C-06; 2-CO-4C-01

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," 10/2/18.
All facility policies, memos, or other communications whether verbal, written or transmitted by electronic means regarding this topic

ATTACHMENTS: All referenced forms and documents can be found at health services' Food & Nutrition iShare page
Dietitian Consultation form (500.400K)
Non-Formulary Supplement Request Form (500.400L)
Medical Diet Order Request form (500.400M)
Dietitian Referral form (500.400N)
Dietitian Notes form (500.400O)

APPROVED BY:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Facility Services