411-086-0250 Dietary Services

(Effective 08/01/04)

(7) DINING ASSISTANT. Facilities may use dining assistants to assist residents with feeding and hydration. “Dining Assistant” means a person 16 years of age or older who has successfully completed a Department-approved Dining Assistant training course and competency evaluation. Dining assistants include volunteers participating in facility volunteer programs who feed residents.

(a) Resident selection criteria

(A) The facility must ensure that a dining assistant feeds and hydrates only residents who have no complicated feeding problems including, but not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings.

(B) The facility Director of Nursing Services, RN Care Manager or RN Charge Nurse must assess and document resident selection for dining assistance. The resident assessment be based on, but is not limited to:

(i) the resident’s appropriateness for dining assistance;

(ii) the resident's feeding and hydration needs;

(iii) the resident's communication, behavior and interpersonal skills;

(iv) Risk factors including nausea (acute and ongoing), difficulty swallowing, seizure disorders, acute gastrointestinal issues, vomiting; and

(v) the resident's latest MDS assessment and plan of care.

(C) The documented assessment must be updated promptly after any significant change of condition and reviewed quarterly.

(b) Scope of Duties

(A) Permitted Duties

(i) Assist residents with eating and drinking

(ii) Transport residents to and from dining area;

(iii) Distribute meal trays

(iv) Ensure accurate meal delivery by verification with accompanying meal card;

(v) Provide assistance in preparing residents for meals including, but not limited to, placement of eye
glasses, washing hands and face and placement of clothing protector;

(vi) Assist with insertion of dentures for residents that can self direct care;

(vii) Set up meal tray for residents including, but not limited to, opening food packets, positioning and cutting the food;

(viii) Provide minimal assistance with positioning, as needed, for feeding and hydration and;

(ix) Measure and record food and fluid intake.

(x) Measure and record food and fluid intake.

(B) Prohibited Duties

(i) Transfer residents;

(ii) Assist with tube feeding or IV nutrition;

(iii) Assist with insertion of dentures for residents unable to self direct care;

(iv) Provide standby assistance with ambulation or activities requiring gait belt;

(v) Assist with food containing medication;

(vi) Turn, lift or extensively reposition residents; and

(vii) Other CNA tasks including oral care.

(c) Training. A Department-approved facility Dining Assistant training course must include, at a minimum, 16 hours of training and evaluation in the following topics and subject matters and as identified in Exhibit 86-2, which is attached to and made a part of these rules

(A) Training Topics

(i) Scope of authorized duties and prohibited tasks.

(ii) Feeding and hydration techniques.

(iii) Skills for assisting with feeding and hydration.

(iv) Communication and interpersonal skills.

(v) Appropriate responses to resident behavior.

(vi) Recognizing changes in residents that are inconsistent with their normal behavior and the reporting of those changes to the registered nurse (RN) or licensed practical nurse (LPN).

(vii) Safety and emergency procedures including the abdominal thrust. (viii) Infection control.

(ix) Assisting residents with dementia.
(x) Resident rights.

(xi) Abuse prevention and reporting.

B) Instructors of the Department-approved facility Dining Assistant training course must be licensed/certified in one of the following disciplines: registered nurse, registered dietician, occupational therapist or speech language pathologist.

(C) “Successful completion” means a passing score on a written exam for a Department approved facility Dining Assistant training course and satisfactory completion of competency evaluation as determined by the instructor. A Department-approved certificate will be issued to each dining assistant upon successful completion.

(D) The Department will evaluate, select and approve at least one Dining Assistant training course curriculum which includes the topic and subject matters contained in Exhibit 86-2. The Department will periodically re-evaluate its selection and approval.

(d) Supervision of dining assistants

(A) Dining assistants must work under the supervision of a registered nurse or licensed practical nurse. A registered nurse or licensed practical nurse must be readily available to respond to urgent or emergent resident needs.

(B) In an emergency, dining assistants must immediately obtain appropriate staff assistance including the use of the resident call system.

(e) Facilities must ensure that dining assistants perform only those tasks for which they are trained and permitted to perform.

(f) It is the responsibility of the facility Director of Nursing Services, RN Care Manager or licensed Charge Nurse to ensure that dining assistants are oriented to the specific residents to whom they are assigned prior to providing dining assistance.

(g) Maintenance of records. Facilities must maintain a record of all facility dining assistants. The record must contain a copy of each dining assistant’s certificate for successful completion of a Department-approved Dining Assistant training course. Upon request, a facility will share copies of dining assistant training certificates with other facilities.

**Stat. Auth:** ORS 410 & 441

**Stats. Implemented:** ORS 441.055 & 441.615

**EXHIBIT 86-2: Dining Assistant Training Curriculum**

1. Definition of Dining Assistant and Permitted and Prohibited Duties.

2. Dining, Hydration and Other Techniques.

   a. Hand over hand
b. Cuing and prompting  
c. Use of proper utensils and assistive devices (rim plates, weighted spoons, nose and sippy cups, straws, etc.)  
d. Proper positioning of dining assistant and residents  
e. Visually Impaired Clock Method  
f. Setting up the meal  
g. Pace of feeding methods  
h. Preparation of dentures for application (not to include oral care)  
i. Proper transportation techniques to and from dining area (wheelchair, walker, gerichair and meriwalker)  

3. Dining and Hydration Concepts.  
a. Diet types, textures and fluid consistencies  
b. Food pyramid  
c. Importance and promotion of fluid intake  
d. Environmental considerations while feeding  
e. Measurement and recording of foods and fluids  
f. Accessing information regarding specific feeding directives  
g. Basic anatomy of chewing and swallowing (introduction of Dysphasia, aspiration, choking and signs of difficulty swallowing)  
h. Methods of serving trays  

a. Definitions of communication (verbal, nonverbal, etc.)  
b. Techniques and adaptations to resident needs (cuing, prompting)  
c. Significance of positive and negative communication on nutrition  
d. Residents with sensory deficits  
e. Resident social interactions during dining  
f. Access and use of plan of care  

5. Appropriate Responses to Resident Behaviors.
a. Understanding resident behaviors (refusing to eat, taking of other residents’ food, biting down on spoon, etc.)

b. Responding to expected and unexpected behaviors

c. How to describe resident behavior(s)

d. What to report regarding resident behavior(s)

e. Understanding and Feeding Residents with Dementia.

f. Characteristics of Dementia

g. Causes of Dementia (head injury, alcohol abuse, Parkinson’s, etc.)

h. Progression of Dementia and how it may affect dining and hydration

i. Approaches and techniques for assisting residents with Dementia


a. Definition of observation and opinion

b. How and to whom changes in condition are reported

c. Identify types and timing of information that needs to be reported.

7. Safety and Emergency Procedures.

a. Introduction to safety and emergency procedures

b. Finger Sweep and Abdominal Thrust emergency techniques

c. Choking prevention and detection

d. What not to do during a choking episode

e. Scalds and burns

8. Infection Control.

a. Standard Precautions

b. Proper glove use (when and how to use)

c. Food sanitation

d. How infections spread

e. Reporting of open wounds or illness

9. General Food Safety.

a. Basics of food borne illnesses
b. Understanding and maintaining safe and palatable food temperatures

10. Resident Rights, Abuse and Reporting Abuse.
   a. Resident Rights in general
   b. Rights specific to dining and hydration (right to refuse, choice, dignity, etc.)
   c. Abuse definition and reporting
   d. Abusive conduct
   e. Requirements for reporting abuse and to whom
   f. Consequences of abuse findings
   g. Roles of Office to Long Term Care Ombudsman, Protective Services, Client Care Monitoring Units, and surveyors.
   h. Confidentiality and how it applies to dining assistants.

   a. Hand washing
   b. Assisting a Resident with Dining