



## Mealtime Management Policy and Procedure

### STATEMENT

The Paraplegic & Quadriplegic Association of South Australia Ltd (PQSA) has developed this policy to provide guidance and safe practice to Homecare+ (HC+) workers in relation to their responsibilities in mealtime management and dysphagia support when working with clients.

<p>Approved by:</p>  <p>Chief Executive Officer</p>	<p>Date: February 2023</p>
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**In this policy, 'us' 'we' or 'our' refers to The Paraplegic & Quadriplegic Association of South Australia Ltd ACN 644 670 977, which is a Company Limited by Guarantee and conducts its business through Lifestyle Support and HomeCare+ services.**

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## **SCOPE**

Compliance with this policy is a condition of appointment for all persons engaged to provide services on behalf of PQSA.

## **DEFINITIONS**

Refer to the PQSA Policy and Procedure Definition Glossary. The following additional definitions apply.

### **Choking**

Choking occurs when something gets stuck in the back of the throat and blocks the airway. When the airway has partially blocked, the person can usually cough and still make noise. When it is completely blocked, the person is unable to make any sound at all.

### **Aspiration**

Aspiration is entering of food or drink in a person's airway and stays in the lungs. Aspiration can cause pneumonia and sometimes death from the pneumonia infection. Aspiration is different to choking.

### **Silent Aspiration**

Silent aspiration is aspiration without any obvious signs, such as coughing.

### **Dysphagia**

Dysphagia is difficulty swallowing, taking more time and effort to move food or liquid from mouth to stomach and it can be painful. In some cases, swallowing is impossible.

### **Tube feeding**

A medical device used to give nutrition to person who cannot get nutrition by mouth, can't swallow safely, or need nutritional supplementation. Examples are nasogastric tube, gastrostomy tube, enteral nutrition, enteral feeding, PEG feeding.

## **RESPONSIBILITIES**

### **HomeCare+ (as delegated to specific workers) is responsible for:**

- ensuring all Support Workers involved in providing mealtime support for clients with dysphagia are trained in and informed of current government policies and legislation, relevant professional standards and organisational policy and guidelines
- providing training for Support Workers to meet specific client support needs
- providing competent and qualified trainers and assessors
- providing appropriate training for trainers and assessors
- accountability to funding bodies and individuals where a client with dysphagia has a service that includes mealtime support.

### **Support Workers are responsible for:**

- completing the generic training on Supporting Client with Dysphagia and attending bi-annual refresher training in accordance with PQSA policies where required to meet client dysphagia support need.
- maintaining other mandatory training, such as Provide First-Aid
- following PQSA policy and procedures for Mealtime Management and related documentation
- supporting clients during mealtime as per their Support plan and Health plan
- timely reporting and documenting of all client concerns and incidents in regard to mealtime support as per PQSA policies and procedures
- seeking advice from their supervisor if concerned about a client's ability to safely manage their food and fluid.
- seeking assistance from their supervisor to facilitate further training if the Support Worker is in doubt about their own knowledge, skills or capabilities.

**Registered Nurse (RN) is responsible for:**

- providing training to support workers who will be supporting client with dysphagia and refresher training on a bi-annual basis
- providing additional related training and competency assessment, conducted on an individual client needs basis
- developing and maintaining a Modified Diet Health Plan for clients with individual support needs, which incorporates the recommendations of involved health practitioners such as Speech Pathologist, Dietician, Doctor
- providing appropriate support and direction to workers in the event of incidents, concerns or issues related to mealtime supports and reporting/feedback to the relevant Manager/Supervisor per PQSA policies and procedures
- communicating effectively with the Team Leader/Client Service Coordinator with respect to referrals for Support Workers to undertake relevant training
- entering Support Worker skills in Carelink+ in a timely manner.

**Team Leader/Client Service Coordinator (CSC) is responsible for:**

- ensuring that only Support Workers with the appropriate qualifications and training in dysphagia are rostered to support clients who require mealtime support
- providing appropriate support, direction and referral to Support Workers in the event of incidents, concerns or issues related to mealtime support
- communicating effectively with the RN(s) with respect to referrals to undertake training
- providing timely information/feedback to the relevant Manager/Supervisor when mealtime support issues arise
- developing and maintaining a Nutrition Plan with generic support needs, which incorporates the Modified Texture Diet Health Plan developed by RN.

**Client (or representative) is responsible for:**

- providing HomeCare+ with all reasonable information necessary to develop appropriate Support and Health Plans and providing Support Workers with access to them.

**POLICY**

HomeCare+ believes that each client requiring mealtime management should receive nutritious meals and of a texture that is appropriate to their individual needs, appropriately planned and prepared in an environment and manner that meets their individual needs and that preferences are delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

Nutritional health is a basic human right for all people. Eating nutritious food is important for maintaining good health, keeping the body functioning, alert and active. Poor nutrition has severe, adverse consequences for a person's health.

Mealtime is an important experience for everyone, it is not only for the act of consuming food and nourishing the body, but also as an opportunity for everyone of all abilities to engage in social interactions enjoyed over a meal and the emotional support and connection that comes with it.

People with disability are often dependent on others for access to nourishing, enjoyable and culturally appropriate food which meets the Australian Dietary Guidelines and is provided in a form that is safe for them to eat and drink.

People with disability must be supported to achieve and maintain nutritional health and experience its benefits. These benefits are a sense of wellbeing, improved physical health, less likelihood of illness, capacity to participate more in home, family and community life and prevention from harm.

## **PROCEDURES**

HomeCare+ will provide ongoing support and advice to Support Workers and the client and their representative regarding mealtime management and health support in accordance with PQSA policies, industry guidelines and legislation.

Support Workers providing mealtime support to clients with dysphagia will be provided with appropriate training before they are rostered to a shift.

### **Signs and symptoms of swallowing and feeding difficulties**

If a client shows any sign or symptom of swallowing difficulty (Dysphagia), staff should report to the CSC. The CSC will support the client to be reviewed by their GP and a Speech Pathologist promptly, so they can assess their swallowing and mealtime assistance needs, as well as review their general health.

A person may have Dysphagia if they show signs and symptoms such as:

- difficult, painful chewing or swallowing
- a feeling that food or drink gets stuck in their throat or goes down the wrong way
- coughing, choking, or frequent throat clearing during or after swallowing
- having long mealtimes e.g. finishing a meal takes more than 30 minutes
- becoming short of breath when eating and drinking
- avoiding some foods because they are hard to swallow
- difficulty controlling food or liquid in their mouth
- drooling
- having a hoarse or gurgly voice
- having a dry mouth
- poor oral hygiene
- frequent heartburn
- unexpected weight loss
- frequent respiratory infections.

### **Choking**

Choking is a major cause of preventable deaths for people with disability. These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking. The risk of accidental choking can be reduced by following expert advice from speech pathologists and other specialists. Early identification and management of swallowing problems can minimise risks of health complications.

#### **Signs of choking**

The signs and symptoms of choking will depend on how severe the blockage is and what caused it. When someone has a foreign object lodged in their airway, they may be anxious, agitated, coughing or lose their voice.

Signs of choking may include:

- clutching the throat
- coughing, wheezing, and gagging
- difficulty in breathing, speaking, or swallowing
- making a whistling sound or no sound at all
- blue lips, face, earlobes, fingernails
- loss of consciousness.

### **Responding to choking / emergencies**

If a client is choking:

- try to keep the client calm. Ask them to cough to try to remove the object.
- bend the client forward and give 5 sharp blows on the back between the shoulder blades with the heel of one hand. After each blow, check if the blockage has been cleared.
- if the blockage still hasn't cleared after 5 blows, place one hand in the middle of the client's back for support. Place the heel of the other hand on the lower half of the breastbone (in the central part of the chest). Press hard into the chest with a quick upward thrust, as if you're trying to lift the person up. After each thrust, check if the blockage has been cleared.
- if the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until the blockage is cleared or medical help arrives.
- if the client is not able to breathe, becomes blue, or unconscious, call 000 for ambulance and start CPR immediately. Continue CPR until ambulance arrives.
- notify HomeCare+ as soon as possible and complete incident report via FOUR platform.

### **Mealtime Management Plan**

A Mealtime Management Plan is a plan which prescribes specific support recommendations for the client to eat and drink in a safe and nutritious way. It is a key to the client's safety and good health. It will recommend the safe consistency of food and drinks for the client and other strategies for safe and enjoyable meals. A Speech Pathologist can prescribe and recommend specific actions for a client to eat and drink safely and develop a mealtime management plan for their needs. They will also specify when plans need to be reviewed.

A dietitian may contribute to the mealtime management plan by ensuring there is enough nutrition and hydration in the recommended modified meals.

Mealtime management plans may include recommendations to:

- support a client's safe positioning during meals
- modify food textures to make the food easier to chew and swallow
- provide specific mealtime assistance techniques, including any reminders about a safe rate of eating, or a safe amount of food in each mouthful
- respond to coughing or choking and make sure risks are monitored while a client is eating or drinking
- use feeding equipment for clients who have severe Dysphagia, including assistive technology (refer below).

Homecare+ RN will develop and oversee the Modified Texture Diet Health Plan that incorporates the recommendations of a Speech Pathologist. Workers who are required to support clients with meals including food preparation will receive necessary training and support to implement a mealtime management plan or other mealtime recommendations for swallowing safely and mealtime management.

Support Workers are required to follow Modified Texture Diet Health Plans and Mealtime Management Plans ensuring no deviations are made from the plan, even at the request of the client, as this can increase risk to the client. Workers should not support client with this and need to notify their CSC to organise the mealtime plan review by Health Professional involved.

The client may refuse certain prescribed foods or drinks, particularly if they are new to them, or they may want to eat something that is not on their plan.

Client needs are likely to change over time. A client's ability to safely eat or drink will change either rapidly or gradually. Support Workers must be observant and notice the change and inform the CSC.

### **IDDSI Framework**

The International Dysphagia Diet Standardisation initiative (IDDSI), has developed a global standardised way of describing foods and drinks that are safe for people with feeding, chewing or swallowing problems. The framework can be used for people of all ages, in all care settings and can be applied to all cultures.

Simple measurement methods are included in the framework. These measurement methods confirm the IDDSI Level a food or drink belong to, or if it is unsafe for people with feeding, chewing or swallowing problems. Clients requiring modified diet texture will have guidelines to prepare food and fluid included in Modified Texture Diet Health Plan as per the IDDSI framework.

### **Tube feeding**

If a client receives nutrition through an artificial tube such as nasogastric tube, naso-duodenal or gastrostomy feeding (PEG feeding), they will have an Enteral Nutrition Health Plan developed by the RN. Trained staff will administer any PEG feeding and medication administration required by the client in accordance with the Enteral Nutrition Health Plan.

### **Medication**

Where medication is prescribed for a person with swallowing difficulty, a Speech Pathologist may recommend texture modifications for medications, such as crushing or cutting pills, and should work with the person's Doctor and Pharmacist to ensure the client's medications can safely be modified in the recommended manner. The Pharmacist identifies alternative medication administration options (e.g. liquid medications, smaller pill sizes, and coated vs noncoated pills, capsules, and extended-release granules) as needed.

Medications such as antiepileptic, benzodiazepines, antipsychotic, narcotics, and skeletal muscle relaxants have the potential to affect swallowing and may cause risk for dysphagia. The most commonly prescribed medicines used for the purposes of behaviour support that causes swallowing problems are Risperidone (antipsychotic), Sodium valproate (antiepileptic), Olanzapine (antipsychotic). If a client is taking any of these medications and is experiencing swallowing difficulty, this should be reported to the CSC to organise a medical review.

Note : Administration of medication must be consistent with the Medication Administration Policy and Procedure.

## **Food and Drink preparation**

Safe food handling principles and standard infection prevention precautions must be adhered to during food and drink preparation including not preparing food or drink if you are unwell (diarrhoea or vomiting), washing and drying hands thoroughly, making sure clothes and equipment are clean.

When preparing food or drink for clients with oral eating and drinking difficulties, Support Workers must make sure any specific requirements documented in the client's plans are met.

## **Positioning**

Good positioning is essential for safe eating, drinking, and swallowing. A stable, upright, and well-aligned position is ideal and safest position for eating and drinking. Awkward or inappropriate positioning can lead to food or fluid being inhaled (aspiration) and choking. A client's Oral Eating and Drinking Plan will describe the specific requirements on positioning.

## **Assistive equipment**

Adapted mealtime equipment may be prescribed for a client with eating and drinking difficulties by the Speech Pathologist or health professional. The client's Oral Eating and Drinking Plan will describe the specific equipment requirements. Some of the examples of assistive equipment are spout cup, spill resistant cups, thick handled cutlery, angled neck cutlery, plate guard, plates, and bowls with built up edges, hands free eating or drinking system. This assistive equipment enables individual independence to self-feeding and minimise risks associated with eating and drinking.

Specific assistive equipment for tube feeding may also be prescribed.

## **Reduce distractions**

- To protect clients from choking and aspiration, minimise distractions, this lets clients focus on eating and makes sudden head movements less likely
- To minimise distractions, have the client sit at the table to eat
- During the meal, try to reduce loud or distracting sounds
- Avoid playing music with a fast beat, as this can speed up people's eating.
- Turning off TVs and radios during the meal will help concentrate on safe eating
- If distractions can't be removed, a person who finds it hard to concentrate on eating may benefit from sitting facing away from distractions.

## **Safe food storage**

Food storage refers to food, which is kept in the fridge, freezer, pantry. There are very specific rules regarding the temperatures that food must be stored at, cooked to, and reheated to and if not followed, the risk of contamination can increase and result in the client becoming ill.

Food should be stored in clean, dry, sanitary containers that are airtight if possible. This will help keep food for longer and reduce the risk of contamination. Always check packaging for special storage instructions and 'use-by' or 'best-before' dates.

Ideal temperature for food to be stored in a fridge is below 5 degrees Celsius and in freezer below -18 degree Celsius.

When refrigerating and freezing food it is important to keep raw and cooked foods separate as well as storing cooked food above raw food to reduce the risk of cross-contamination. Always thaw frozen food in refrigerator.

### **Cooking and Reheating Food**

When it comes to cooking and reheating food, temperatures are just as important as storing food. Even if food has been properly frozen or refrigerated there will still likely be some bacteria present so heating food to a safe temperature will lower the risk of food poisoning.

High-risk food such as meat products, poultry, fish, leftover food must be heated to at least 75 degrees Celsius to reduce the number of bacteria to a safe level of consumption. After the food has been cooked to this temperature, it should be eaten or refrigerated within two hours.

Food which has been kept in a Temperature Danger Zone (between 5 – 60 degrees Celsius) for between two and four hours cannot be put back in the refrigerator and must be consumed. Any food which remains in a Temperature Danger Zone for four or more hours must be discarded.

Hot food which is to be refrigerated or frozen should first be put in separate shallow containers to allow it to cool faster, rather than being left in one container.

Food that is heated in a microwave should be periodically stirred while heating as microwaves rarely evenly cook food.

### **Food Handling**

- Wash and dry hands thoroughly
- Hair must be tied back
- Stop clothes, jewellery or a phone touching food or surfaces (e.g., tie hair back, remove loose jewellery and rings, cover open sores)
- Wear clean clothing and aprons
- Tongs, spoons, and forks should be used for handling food, in preference to gloved hands
- Use gloves to handle food if no tongs are available
- Separate tongs should be used for serving raw foods and cooked foods
- Do not eat, spit, smoke, sneeze, blow or cough over food or surfaces that touch food
- Inform the office if sick or unwell.

### **Hand Hygiene**

Perform good hand hygiene using soap and water or hand sanitizer before and after handling food. Wear neatly fitting disposable gloves at all times while handling food. Wear fresh gloves when alternating between handling raw foods and cooked foods.

### **Training**

HomeCare+ will ensure that workers receive the necessary training and support to implement a mealtime management plan or other mealtime recommendations for swallowing safely and mealtime management.

Meals for clients with dysphagia, and medication taken orally, are prepared as directed and mealtime supports, and assistance are provided as recommended by health professionals. Trained workers will monitor people with dysphagia during mealtimes and know how to

respond if a client starts to choke during mealtimes, including when they should call an ambulance.

Workers will know what to do if a safety incident occurs during meals such as coughing or choking and be trained on how to proactively manage emerging and chronic health risks related to mealtime difficulties. This includes when and how to seek help to manage such risk.

## **RELATED LEGISLATION**

- Disability Inclusion Act 2018
- Food Act 2001 - Government of South Australia
- Government of South Australia Disability Services
- International Dysphagia Diet Standardisation Initiative - IDDSI Framework
- National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018
- NDIS Practice Standards and Quality Indicators – November 2021
- Queensland Government - Centre of Excellence for Clinical innovation and Behaviour Support
- Safe Food Storage Tips - Australian Institute of Food safety

## **SUPPORTING PQSA DOCUMENTATION**

- Documenting and Recording Incident Concerns Report Policy
- Duty of Care Policy and Procedure
- HomeCare+ Support Planning Policy and Procedure
- Incident Report Form
- Medication Administration Policy and Procedure
- Support Worker Training Policy

## **BREACHES OF THIS POLICY**

A **breach** of this policy is grounds for disciplinary action, up to and including termination of employment. Ignorance of these procedures will not generally be accepted as an excuse for non-compliance. Only in extreme circumstances and where such ignorance can be demonstrated to have occurred through no fault of the individual concerned will PQSA accept such an argument.

## **DISTRIBUTION AND REVIEW**

PQSA will ensure all persons engaged to provide services either paid or unpaid will be aware of this policy and will have easy access to it in an appropriate format. All policies are to be reviewed on a periodic basis or when legislation or government policy determines.