

Mealtime Management Policy and Procedure



1.0 PURPOSE AND SCOPE

AACA will work with participants/families/Health Alliance carers to identify participants requiring mealtime management support.

This policy and the following procedures apply to all participants during mealtimes.

- The participant's Nutrition and Swallowing Risk Checklist is to be provided by the participant or the person responsible as a way of screening participants for difficulties related to nutrition and swallowing.
- The checklist may necessitate a Mealtime Management Plan to be developed and signed by a health professional(usually a Speech Pathologist). If the participant has a copy of their Mealtime Management Plan, this should be kept on file and referenced throughout the program/camp.
- The Mealtime Management Plan will outline the risks, incidents, and emergencies to be managed, including required actions and escalation, to ensure the participant's well-being.
- Training for enteral nutrition is mandatory for all AACAA staff who are required to support clients with their enteral nutrition and medication administration via the enteral tube or medication port.
- Support workers should be aware of the general risks associated with swallowing when supporting participants at mealtimes and report any concerns to the AACAA.
- Staff and support workers must refer to the Procedures below for detailed advice relating to supporting participants during mealtimes.

2.0 MEALTIME MANAGEMENT ASSESSMENTS

Participant requiring mealtime management supports will have their individual mealtime management needs assessed by appropriately qualified health practitioners (if required),

including:

- undertaking a comprehensive assessment of their nutrition and swallowing
- assessing their seating and positioning requirements for eating and drinking
- provide mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking
- reviewing assessments and plans annually or more frequently if their needs change or difficulty is observed

3.0 MEALTIME MANAGEMENT PLAN DEVELOPMENT

Following a process to obtain the participant/family/person consent to do so, each participant requiring mealtime management will be involved in the assessment and development of their mealtime management plan.

A speech pathologist can prescribe and recommend specific actions for a person 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

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- Improve the seating and positioning supports for a person'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 the 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 participant is eating or drinking
- Use feeding equipment for participants who have severe dysphagia, including assistive technology such as spoons, plates, cups and straws, and tube feeding equipment for those with severe and profound difficulty swallowing who require tube feeding.

4.0 MEALTIME MANAGEMENT SUPPORTS & PROCEDURES

- Information flagged on the AACCA form or Nutrition and Swallowing Checklist will prompt AACCA staff to recommend to parents/carers or the participant that they pursue a Mealtime Management to be developed and signed by the participant pathologist or another relevant health professional.
- Support workers working with participants who require mealtime assistance and must follow written meal preparation and delivery instructions. Training will be provided for workers assisting with meals. The support worker/carer also needs the basic first aid skills and knowledge required to administer CPR and place a person in a recovery position. This is covered in the following staff, volunteers and support workers to have a current First Aid certificate and CPR.
- Support Workers responsible for providing mealtime management support to participants will be supported and informed by AACCA through appropriate documentation, education and training to understand the mealtime management needs of individual participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
- Support Workers responsible for providing mealtime management to participants will be trained in preparing and providing safe meals for participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.
- Support Workers will be supported and enabled to:
 - o Read, interpret and implement mealtime management plans
 - o Follow food preparation procedures
 - o Deliver food
 - o Monitor eating to identify and respond to risks and
 - o Arranging/Supporting participant postural requirements

4.1 Assisting with Meals

AACCA will ensure that:

- Staff receive the necessary training and support to implement a mealtime management plan or other mealtime recommendations for swallowing safely and mealtime management
- Meals for participants with dysphagia, and medication taken orally, are prepared as directed and mealtime supports and assistance are provided as recommended by health professionals.
- Trained staff are available to monitor people with dysphagia during mealtimes

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- Staff know how to respond if a participant starts to choke during mealtimes, including when they should call an ambulance
- Mealtime safety issues for participants with dysphagia are regularly considered in staff meetings and addressed in day-to-day procedures, participants' documentation, and plans for transition to the hospital.
- Part of assisting with meals, including monitoring participants for any issues with coughing, gagging, choking or breathing noisily during or after eating food, drinking, or taking medication.

There are 3 different levels of support required by participants:

- The participant cannot put food or drink into their own mouth and someone else is needed to feed them.
- The participant requires assistance during a meal (e.g. guidance with utensils)
- The participant is able to feed themselves but needs to be monitored for swallowing issues.

4.2 Responding to coughing or choking/emergencies

- If someone is choking and cannot breathe, call 000 and ask for an ambulance. Contact the service manager as soon as possible.
- If the participant becomes blue, limp or unconscious, call 000 and ask for an ambulance.
 - Try to keep the participant calm. Ask them to cough to try to remove the object.
 - If coughing doesn't work, call 000 for an ambulance.
 - Bend the participant forward and give them up to 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 person'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 are trying to lift the participant 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 medical help arrives.
 - If the participant becomes blue, limp or unconscious, start **CPR** immediately.
- Document any incidents in the Accident/Incident Report Form in 24 hours and upload them to the office.

Reference: <https://www.healthdirect.gov.au/choking>

More information in the NDIS Practice Alert: Dysphagia, safe swallowing and mealtime management:

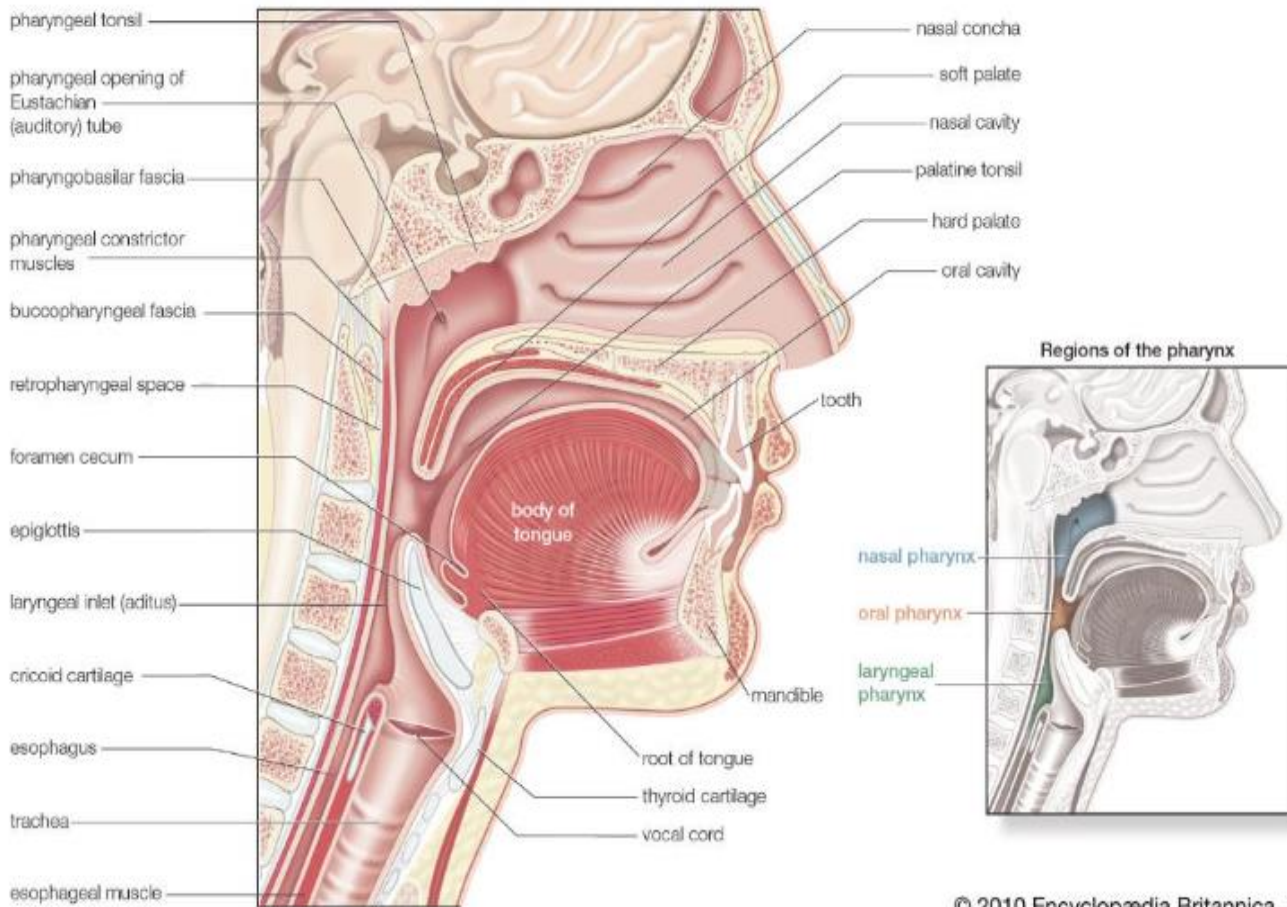
<https://www.ndiscommission.gov.au/document/2411>

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Appendix 1 – Pharyngeal Anatomy



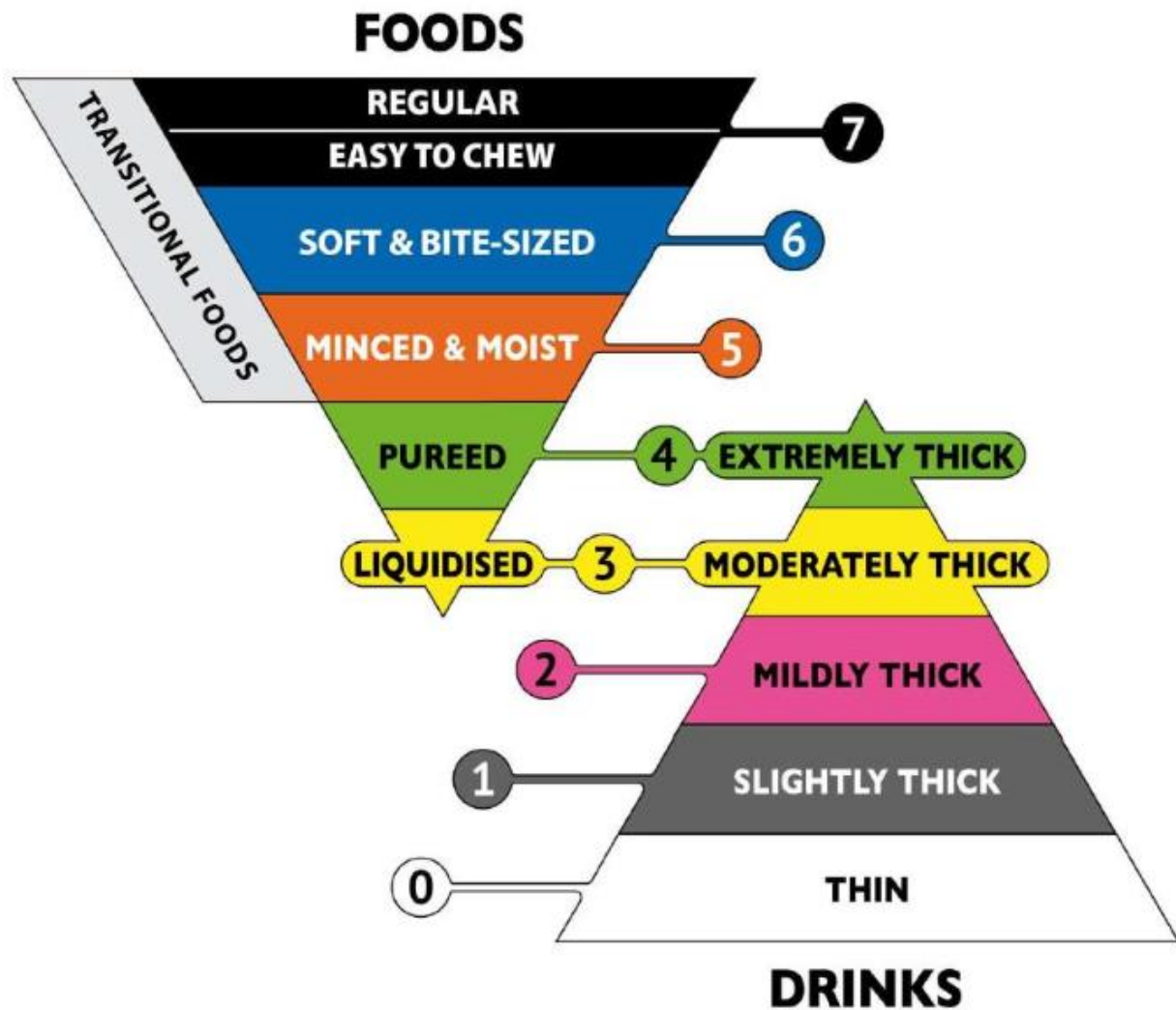
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pharynx (Greek: “throat”) is a cone-shaped passageway leading from the oral and nasal cavities in the head to the esophagus and larynx. The pharynx chamber serves both respiratory and digestive functions. Thick fibres of muscle and connective tissue attach the pharynx to the base of the skull and surrounding structures. Both circular and longitudinal muscles occur in the walls of the pharynx; the circular muscles form constrictions that help push food to the esophagus and prevent air from being swallowed, while the longitudinal fibres lift the walls of the pharynx during swallowing.

Reference: <https://www.britannica.com/science/pharynx>

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Appendix 2 – International Dysphagia Diet Standardisation Initiative



For a full explanation of each term for Drinks:

0. Thin; 1. Slightly thick; 2. Mildly thick; 3. Moderately thick; 4. Extremely thick.

And Foods:

3. Liquidised; 4. Pureed; 5. Minced and moist; 6. Soft and bite-sized; 7. Regular easy to chew

Reference: https://iddsi.org/IDDSI/media/Images/Compete_IDDSI_Framework_Final_31July 2019.pdf

Appendix 3 – Procedure for Assisting with Meals.

Helping participants with meals takes time, understanding and patience. Avoid interruptions, and don't rush. Some participants take a long time to eat their meals.

When assisting with meals:

1. Review the Mealtime Management Plan if one is provided. It's important to read and understand the mealtime recommendations before assisting with meals.
2. Wear a mask
3. Wash/sanitise hands and wear gloves
4. Provide a serviette to protect the participant's clothing or wipe mouths
5. Sit beside or opposite the participant
6. Let the participant know that you will support them to eat their meal if required
7. If specified in their plan, position the participant for eating. For example, the plan may specify the angle of the wheelchair. It's important to follow these instructions.
8. Assist with cutting food, as required. The size and texture of the food specified in the plan is important.
9. Tell the participant what is on the plate-e.g. if eating a puree diet, as food may not be instantly recognisable.
10. Ask whether the participant wants any seasoning or sauces and if they have a preferred order in which they wish to eat the food.
11. Ask how the participant would like to receive the food; some may prefer a fork, others a spoon. It is important to maintain the participant's autonomy during the mealtime.
12. When participants have a small appetite, suggest that they try to eat a little of each course for a balanced nutritional intake.
13. Offer sips of fluid after every couple of mouthfuls; this can help eating.
14. When the participant has had enough of the main course, offer dessert in the same way. Make sure the spoon is the correct size; for example, use a teaspoon for a yoghurt.
15. After the meal, ensure the participant is clean and comfortable and has had enough to eat and drink. Participants should be encouraged to eat but should not be pressured when they indicate that they have had enough.
16. At the end of the meal, ensure the participant has a drink to hand, but be aware that those who need help with eating may need help with drinking too, and regular fluids should be offered.
17. Remove your gloves and wash your hands.
18. Document the participant's food intake – if the participant refused a meal or didn't eat much on the Daily Report.

Reference: <https://www.nursingtimes.net/nutrition-and-hydration/assisting-patients-with-eating-and-drinking-to-prevent-malnutrition-09-10-2017/>