1. **PURPOSE**

People with dysphagia may have difficulty sucking, swallowing, drinking, chewing, eating, controlling saliva, taking medication, or protecting the lungs from food and drink ‘going the wrong way’, and may even experience pain while swallowing (odynophagia). People who have trouble swallowing are at risk of poor nutrition and dehydration, choking and other health issues (such as lung infections).

The purpose of this policy is to ensure that a participant experiencing dysphagia and requiring a modified diet receives a Mealtime Management Plan arranged by an allied health professional, and that all employees who provide support to participants of The Junction Clubhouse follow any Mealtime Management Plan(s) and undertake appropriate training and education to assist participants during mealtimes.

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| **Related documents** |
| Related internal and external references/documentations | * JQS.P6.1 Code of Conduct
* JQS.P6.3 Training and Development
* JQS.P1.10 Risk Management
* JQS.P3.1 Service Delivery
* JQS.P1.17 Incident Management Policy
* JQS.P5.1 Feedback
* Mealtime Management Plan
* [Information & Training – Safe Swallowing Australia](https://www.safeswallowing.com.au/what-is-dysphagia)
* [NDIS eModule – Supporting Safe and Enjoyable Meals](https://www.ndiscommission.gov.au/workers/worker-training-modules-and-resources/supporting-safe-and-enjoyable-meals)
* [Muscular Dystrophy NSW Policy & Procedures – Mealtime Management](https://mdnsw.org.au/wp-content/uploads/2022/03/Mealtime-Management-Policy-Procedures-V1-08.11.2021.pdf)
* [NDIS Practice Alert – Dysphagia, Safe Swallowing and Mealtime Management](file:///C%3A//Users/Manager/Downloads/practice-alert-dysphagia-safe-swallowing-and-mealtime-management.pdf)
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| Other standards | * National Mental Health Standards
* NDIS Practice Standards and Quality Indicators
* QLD Human Rights Charter
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| Legislation or other requirements | * National Disability Insurance Scheme (Quality Indicators) Guidelines 2018
* National Disability Insurance Scheme Act 2013
* United Nations Convention on the Rights of Persons with Disabilities
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1. **Scope**

This policy applies to all staff, volunteers, and contractors of The Junction Clubhouse who provide support to participants requiring mealtime management.

Staff, volunteers, and contractors of The Junction Clubhouse who do not provide mealtime management support to participants should still be aware of the general risks associated with swallowing and raise any relevant mealtime concerns about members or participants with the NDIS Program Manager or the Director of Operations.

1. **Policy**

The Junction is committed ensuring that all participants have enough nutrition and hydration to maintain life and good health, and reduce the risks of malnutrition and dehydration, and to providing participants with the support they require to eat and drink. The intake and assessment process (including review processes) will be used to identify participants who have chronic health conditions or health issues that require a tailored or modified diet.

Every participant will have information about dietary needs, habits and issues captured through the completion of a **nutrition and swallowing risk checklist** (with results recorded in the participant’s support plan). Every participant’s nutrition and swallowing checklist will be reviewed annually.

**Mealtime management plans**

A Mealtime Management Plan (MMP) is a plan which prescribes specific support recommendations for the participant to eat and drink in a safe and nutritious way. Developed by a health professional, the purpose of the MMP is to minimise risk to the participant.

Where risks are identified, the participant will be supported to obtain a referral to an allied health specialist such as a dietician or speech pathologist to develop a personalised mealtime or diet plan. Participants with chronic health conditions such as diabetes, or participants who experience allergies must also have tailored plans to ensure that their diet is supporting the participant’s health and wellbeing.

Under the guidance of a qualified health professional staff will work with participants to develop menus, ensuring the participant is consistently:

* provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan
* conducted in the context of a person’s health needs, culture, religion and personal preferences, and
* supported to proactively manage risks if they have chronic health risks, such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight

Copies of the MMP and any menus or diet plans are to be placed in participant files and communicated with all staff who provide support services to the participant.

Staff will always follow a participant's MMP. It is desirable for staff to encourage participants to engage in good nutritional practices through participation in social and physical activities that promote good eating and a healthy lifestyle and include regular exercise.

**Staff training**

Prior to the provision of support services, The Junction Clubhouse staff, including contractors and volunteers, will complete the NDIS eModule “[Supporting Safe and Enjoyable Meals](https://www.ndiscommission.gov.au/workers/worker-training-modules-and-resources/supporting-safe-and-enjoyable-meals)” and provide evidence of the completion of this module to the HR/Admin staff for saving to their personnel file.

All staff, volunteers and contractors of The Junction Clubhouse are to obtain, maintain, and provide evidence of current certification in First Aid, Basic Life Support and Cardiopulmonary Resuscitation.

The Junction staff will be trained and supported to understand how each participant’s mealtime management plan is implemented. This includes:

* How to read, interpret, understand, and implement mealtime management plans
* The signs and symptoms of swallowing and feeding difficulties
* Risks associated with eating and swallowing
* Risks associated with not following mealtime management plans
* Preparing and providing safe meals with participants that would reasonably be expected to be enjoyable (including food preparation requirements and methods for common conditions – e.g., people with dysphagia)
* Mealtime preparation and ingestion procedures for individual participants
* Awareness of procedures and methods for including medication in food where this is required by the plan, including an understand of crushable and non-crushable medications
* Proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks
* Foods that the participant is not to consume
* Common terminology related to mealtime preparation and modified meals
* Food storage protocols in accordance with health standards
* Labelling requirements so that meals for participants can be easily identified and differentiated from meals not to be provided to the participant
* Ensuring the participant is supported to eat in the correct posture or seating arrangements
1. **Procedures**

The Junction staff are expected to read the following procedures when supporting participants with mealtime management:

From: [Safe Swallowing Australia](https://www.safeswallowing.com.au/what-is-dysphagia) and [Queensland Health](https://www.health.qld.gov.au/abios/swallowing/resources-for-professionals-on-dysphagia-or-swallowing-changes)

1. What is dysphagia?
	1. Signs of a swallowing problem
	2. How does a swallowing problem occur?
	3. Management of dysphagia
	4. Tips to help someone with swallowing difficulties
2. Assisting with meals
3. Responding to coughing or choking
	1. **What is dysphagia?**

The swallowing system is a tube in which a series of pumps and valves move food and drink from the mouth to the stomach. In the throat, the tube branches in two directions; down one, the food and drinks pass into the *oesophagus* on their way to the *stomach*, while the other branches off to the *voice box and lungs* and is used for *breathing*.

With each swallow we hold our breath for around one second to make sure the food or drink travels down the correct tube to the stomach rather than the lungs. Swallowing uses 26 muscles and many nerves to coordinate the split-second timing needed to safely swallow. Mistimed movements can lead to food or drink ‘going down the wrong way’.

Dysphagia is a term used to describe difficulty swallowing; meaning someone has difficulty chewing food, keeping food/liquid in their mouth, and/or difficulty drinking fluids safely.

Difficulty with swallowing can lead to serious health complications, such as choking and pneumonia (whereby food and/or fluid can collect in the lungs), as well as poor nutrition and dehydration. There are many different causes of dysphagia, and it may be temporary or long term.

1. **Signs of a swallowing problem**

Swallowing is a complex neuromuscular process consisting of voluntary and involuntary mechanisms. There are 3 basic phases of a swallow:

* Oral
* Pharyngeal
* Oesophageal

The type of swallowing problem will vary from person to person. Signs of a swallowing problem may include:

* Difficulty getting food or fluids into the mouth
* Difficulty chewing
* Painful chewing or swallowing
* Difficulty moving food and/or fluids around the mouth
* Escape of food and/or fluid while eating
* Food and fluid staying in the mouth or throat after swallowing
* Food getting stuck in the throat, or a feeling that food is stuck in the throat
* Choking, coughing, excessive throat clearing or gagging while eating or drinking (or shortly after)
* Rapid and/or unexpected weight loss
* Regurgitation of undigested food
* Recurrent respiratory or chest infections
* Avoidance of food and/or fluid
* Excessive, or reduced, saliva (drooling, or dry mouth)
* Frequent heartburn
* Eating or drinking too quickly (resulting in choking)
* Taking longer than usual to eat meals
1. **How does a swallowing problem occur?**

A swallowing problem can occur at any stage in life. Babies born prematurely, those with heart defects or damage to the brain (e.g., cerebral palsy) often have swallowing problems. People with abnormalities in the structures of the head, neck, and face (such as cleft lip or palate) may also have difficulty feeding. People may also develop swallowing problems because of damage to the brain or structures of the head and neck. Almost half of everyone who has had a stroke will have a swallowing problem. People who have had a head injury, those with Parkinson’s disease, motor neuron disease, dementia, cancer of the head and neck may also have swallowing problems. Swallowing problems can result in life threatening medical problems such as pneumonia, choking, poor nutrition and dehydration, if not managed properly. Eating and drinking can be uncomfortable, stressful and frustrating for a person with swallowing problems. They can’t have some types of food and drink and symptoms of swallowing problems can make eating and drinking in front of friends and family difficult and embarrassing. These problems can lead to anxiety, depression and social isolation.

1. **Management of dysphagia**

A speech pathologist (or other health professional) will assess the person’s ability to swallow, and provide specific strategies to assist in managing foods and fluids safely. For example, modifications can be made to compensate for dysphagia:

* Thickening fluids – to a consistency that aims to prevent the fluid from entering the lungs. Thicker fluids are easier to control as they move at a slower rate
* Preparing food – to a consistency that the person can safely swallow (e.g., soft, minced & moist, or pureed)
* Prescribing adaptive equipment – to increase safety and independence (e.g., modified eating utensils, weighted cups to slow the speed of fluid)

Speech Pathologists may also work with other health professionals such as a dietician (for nutritional advice), an Occupational Therapist (for adaptive equipment advice) and/or a Physiotherapist (for seating and positioning advice).

In the case of the dysphagia being severe, the doctor or health professional may recommend a feeding tube as an alternative to oral feeds.

1. **Tips to help someone with a swallowing difficulty**
* Follow any specific instructions provided by a healthcare professional (e.g., turning the person’s head a certain way while they swallow, using a specific utensil, positioning of their body, etc.)
* Reduce background noise and distractions
* Meals should be supervised
* During meals the person should be sitting supported, in an upright position
* The person should eat slowly, one mouthful at a time. Ensure each mouthful is swallowed before the next one is taken
* Encourage the person to cough between mouthfuls to make sure his/her throat is clear
* If the person is having obvious difficulty with the meal, stop and seek medical advice from a Speech Pathologist, Doctor or the NDIS Program Manager
* The person should sit up for at least 30 minutes after every meal
* Ensure good oral hygiene; the person’s mouth should be clear of all food after meals and teeth should be brushed regularly
* Specialised adaptive equipment may need to be purchased to promote maximum safety and independence
	1. **Assisting with meals**

The Junction will ensure that:

* Staff receive the necessary training and support to implement a mealtime management plan (MMP) 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
* Staff know how to respond if a participant starts to choke during mealtimes, including when they should call an ambulance
* Mealtime safety issues for people with dysphagia are regularly considered in staff meetings and addressed in participant daily procedures, documentation and plans for transition to hospital

Part of assisting with meals includes monitoring participants for any issues with coughing, gagging, choking, or noisy breathing during or after eating food, drinking, or taking medication.

* 1. **Responding to coughing or choking emergencies**

From: [Health Direct](https://www.healthdirect.gov.au/choking) and [Muscular Dystrophy NSW Policy & Procedures – Mealtime Management](https://mdnsw.org.au/wp-content/uploads/2022/03/Mealtime-Management-Policy-Procedures-V1-08.11.2021.pdf)

Choking is what happens when something gets stuck in a person’s throat or windpipe, partially or entirely blocking the flow of air to their lungs.

If the food or object cuts off the airway completely, and the person cannot breathe, it becomes a medical emergency. The brain can only survive for a few minutes without oxygen.

Some participants may be more at risk of a choking episode. These include participants who have:

* A swallowing disorder
* A previous history of choking
* Impulsive behaviours
* Acute airway obstructions

A person is likely to be choking if they:

* Clutch their throat
* Appear extremely anxious or agitated
* Cough, wheeze or gag
* Have difficulty breathing, speaking or swallowing
* Make a whistling or ‘crowing’ noise
* Can’t make any sound at all
* Have no air coming our of their nose and mouth
* Have blue lips, face, earlobes or fingernails
* Lose consciousness

If someone is choking and they cannot breathe, they become blue, limp or unconscious, call triple zero (000) and ask for an ambulance. Commence CPR immediately.

What to do when someone is choking:

1. Try to keep them calm. Ask them to cough to try to remove the blockage
2. If coughing doesn’t work, bend the person forward and give them 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**

1. 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’re trying to lift the person up.

**After each thrust, check if the blockage has been cleared**

1. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.

What *not* to do when someone is choking:

1. Do not put your fingers in their mouth – they may accidentally bite you and it could further lodge the object in the trachea
2. Rather than asking if they are OK, ask the person if they are choking

Staff will adhere to emergency and/or incident management procedures following a choking incident and will complete all relevant documentation and notify the NDIS Program Manager or Director of Operations.

**Procedure for assisting with meals**

From: [Muscular Dystrophy NSW Policy & Procedures – Mealtime Management](https://mdnsw.org.au/wp-content/uploads/2022/03/Mealtime-Management-Policy-Procedures-V1-08.11.2021.pdf)

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:

* Review the Mealtime Management Plan if one is provided. It’s important to read and understand the mealtime recommendations before assisting with meals.
* Wash/sanitise hands and wear gloves
* Provide a serviette to protect the participant’s clothing or to wipe their mouth
* Sit beside or opposite the participant
* Let the participant know that you will support them to eat their meal, if required
* If specified in their MMP, position the participant for eating. The plan may specify, for example, the angle of the wheelchair.
* Assist with cutting food as required. The size and texture of the food specified in the MMP is important
* Tell the participant what is on the plate (particularly where food might not be recognisable)
* Ask whether the participant wants any seasoning or sauces and has a preferred order in which they wish to eat the food
* 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
* When participants have a small appetite, suggest that they try to eat a little of each course for a balanced nutritional intake
* Offer sips of fluid after every couple of mouthfuls; this can help eating/swallowing
* When the participant has had enough of the main course, offer dessert in the same way. Make sure the spoon is the correct size (e.g., a teaspoon for yoghurt or a larger one for soup)
* 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 have indicated that they have had enough
* 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
* Remove your gloves and thoroughly wash your hands
* Document the participant’s food intake, including food refusal

**Food Safety**

Food poisoning is frequently caused by bacteria from foods that have been incorrectly stored, prepared, handled or cooked. Food contaminated with poisonous bacteria may look, smell and taste normal. If not stored properly, the bacteria on the food can multiply to dangerous levels.

Food poisoning bacteria grow and multiply fastest in the temperature “danger zone” between 5°C and 60°C. It is important to keep high-risk food out of this temperature zone.

Food poisoning bacteria can grow and multiply on some food types more easily than others. High-risk foods include:

* Raw and cooked meat – such as chicken and minced meat, and foods containing them (such as casseroles, curries, lasagne, etc.)
* Dairy products such as custard and dairy-based desserts like custard tarts and cheesecake
* Eggs and egg products
* Deli meats and smallgoods – such as ham and salami
* Seafood – such as seafood salad, patties, fish balls, stews containing seafood and fish stock
* Cooked rice and pasta
* Prepared salads – such as coleslaws, pasta and rice salads, and fruit salads
* Ready-to-eat foods – such as sandwiches, rolls, and pizzas which contain any of the above foods

Food that comes in packages, cans and jars can become high-risk foods once opened and should be handled and stored correctly.

1. **Storing food in the fridge**

Your fridge temperature should be at or below 5°C. The freezer temperature should be below -15°C. Use a thermometer to check the fridge temperature.

1. **Freezing food safely**

When shopping, buy chilled and frozen foods at the end of your trip and take them home to store as quickly as possible. On hot days, or for trips longer than 30 minutes, use an insulated cooler bag or ice pack to keep frozen foods cold. Keep hot and cold foods separate while transporting.

1. **Storing cooked food safely**

When you arrive home, put chilled and frozen foods into the fridge and/or freezer immediately. Make sure foods stored in the freezer are frozen solid.

1. **Cooling cooked food**
* Place hot food into shallow dishes or small portions to help cool the food as quickly as possible.
* Don’t put very hot food into the refrigerator. Wait until steam has stopped rising from the food before putting it in the fridge.
1. **Avoid refreezing thawed food**

Food poisoning bacteria can grow in frozen food while it is thawing, so avoid thawing frozen food in the temperature danger zone. Keep defrosted food in the fridge until it is ready to be cooked. If using a microwave oven to defrost food, cook it immediately after defrosting.

As a rule, avoid refreezing thawed food. Food that is frozen a second time is likely to have higher levels of food poisoning bacteria. The risk depends on the condition of the food when frozen, and how the food is handled between thawing and refreezing. Raw food should never be refrozen once thawed.

1. **Store raw food separately from cooked food**

Raw food and cooked food should be stored separately in the fridge. Bacteria from raw food can contaminate cold cooked food, and the bacteria can multiply to dangerous levels if the food is not cooked thoroughly again.

Always store raw food in sealed or covered containers at the bottom of the fridge. Keep raw foods below cooked foods to avoid liquid such as meat juices from dripping down and contaminating the cooked food.

1. **Choose strong, non-toxic food storage containers**

Make sure your food containers are clean and in good condition, and only use them for storing food. Cover them with tight-fitting lids, foil or plastic film to minimise potential contamination. Transfer the contents of opened cans into suitable containers.

1. **If in doubt, throw it out**

Dispose of high-risk food left in the temperature danger zone for more than 4 hours. Don’t put it in the fridge and don’t keep it for later. Check the use-by dates on food products and discard out-of-date food. If you are uncertain of the use-by date, throw it out.

**Food Handling**

Safe food handling is very important for participants.

* Tell your manager if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice
* Do not return to work until you are free of symptoms for 48hours
* Tell your manager if you have any infected skin lesions (e.g. an infected skin sore, boil, acne, cut or abrasion, or any discharge from the ears, nose or eyes), and seek medical advice for treatment
* Tell your manager if you know or think any food is unsafe for the participant
* Perform hand hygiene before handling food or putting on gloves
* Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or cleaning
* Avoid unnecessary contact with ready-to-eat meals
* Cover hair and tie back long hair
* Secure hair clips, hair pins, buttons, jewellery, bandages
* Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof dressing
* Do not sneeze, blow, or cough over unprotected food or surfaces likely to meet food
* Do not eat over unprotected food or surfaces likely to meet food
* Do not spit, smoke, or use tobacco products in areas where food is handled
* Do not touch food after touching earrings, body parts, skin lesions, saliva, mucus, sweat, blood, money, etc. without first performing hand hygiene
* Do not wear gel, acrylic or false fingernails, or jewellery that will come into contact with food
* Be mindful that lanyards and/or badges may also transmit bacteria