Who needs to know about this Policy?

Client Services staff, volunteers and contractors delivering supports to participants. This includes Camp carers / CARS support workers, Camp Registered Nurses (RNs) and MDNSW Camp program and staff who are required as part of their role to support an MDNSW participant to engage in safe mealtimes.

Policy

This policy and the following procedures apply to all participants during mealtimes whilst attending a MDNSW camp or retreat or day programs like CARS. Camps typically run for 5 days, twice a year and Young Adult Retreats run for 4 days annually.

- The camper/participant's Nutrition and Swallowing Risk Checklist is to be provided by the participant or the person responsible and is 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 Pathology). 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 wellbeing.
- Training for enteral nutrition is mandatory for all Camp staff including Camp Registered Nurses (RNs) and Camp Carers who are required to support campers /clients with their enteral nutrition and medication administration via enteral tube or medication port.
- Camp Carers / support workers should be aware of the general risks associated with swallowing, when supporting a camper / participant at mealtimes, and report any concerns to the Camp RN.
- Staff and support workers must refer to the Procedures below for detailed advice relating to supporting participants during mealtimes.

Where can I get help?

If you have any questions or concerns, immediately contact (see table below):

CAMPS and WEEKENDS Program	**CARS Program**
Camp Registered Nurse	Supervisor
Camp Manager	Program Coordinator
Camp Carer Team Leader	Client Services Manager
Client Services Manager	

PROCEDURES

Information flagged on the Camp Application form or Nutrition and Swallowing Checklist will prompt MDNSW staff to recommend to parents/carers or the participant that they pursue a Mealtime Management Plan to be developed and signed by the participant's speech pathologist or other relevant health professional.

Support workers & Camp Carers working with participants who require mealtime assistance must follow written meal preparation and delivery instructions. Training will be provided for workers assisting with meals.

The support worker / carer also needs basic first aid skills and knowledge required to administer CPR and place a person in a recovery position. This is covered in the following

vocational training units and is mandatory for all staff, volunteers and support workers to have a current First Aid certificate:

- HLTAID001 Provide cardiopulmonary resuscitation
- HLTAID002 Provide basic emergency life support
- HLTAID003 Provide first aid

Support worker / Carers should read the following procedures when supporting campers / clients with nutrition and swallowing support needs:

1.0 What is Dysphagia?
- 1.1 The Swallow Function
- 1.2 Neuromuscular Conditions and swallowing
- 1.3 Signs and symptoms of swallowing and feeding difficulties
- 1.4 Risks associated with eating and swallowing
- 1.5 Risks associated with not following the mealtime plan
- 1.6 Food preparation requirements
- 1.7 Medications
- 1.8 Dysphagia and Enteral Nutrition (Peg feeding)

2.0 Assisting with meals
3.0 Responding to Coughing or Choking

Common terminology related to mealtime preparation and modified meals.

All concerns should be referred to the Camp RN / Supervisor who will seek emergency assistance if required.

1.0 What is Dysphagia?

Dysphagia is a medical term for any difficulty with swallowing. It is associated with a wide range of disabilities and health conditions.

People with disability who have dysphagia are more likely to die from choking or respiratory illnesses or have serious health complications because of poor management of dysphagia.

Dysphagia occurs when one or more of the four phases of swallowing is disrupted.

There are two main types of dysphagia:

Oropharyngeal dysphagia – trouble with moving food around the mouth and forming a bolus, as well as 'initiating a swallow'. Patients are often medically unwell, and the most common links are neurological disorders, such as stroke, Parkinson's disease and dementia.

Oesophageal dysphagia – the sensation of having food stuck in the throat or chest when swallowing and patients may complain of chest pain. Causes include gastro-oesophageal reflux disease (GORD), cancer, Zenker's diverticulum, infection, inflammation, motility disorders and certain types of medications. Oesophageal tract changes, which may contribute to swallowing difficulties, are common in people over 80 years.

Participants with dysphagia are at higher risk of developing life-threatening conditions, including aspiration and aspiration pneumonia, obstruction, pneumonitis and abscess.

From: https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health#impacts-of-dysphagia

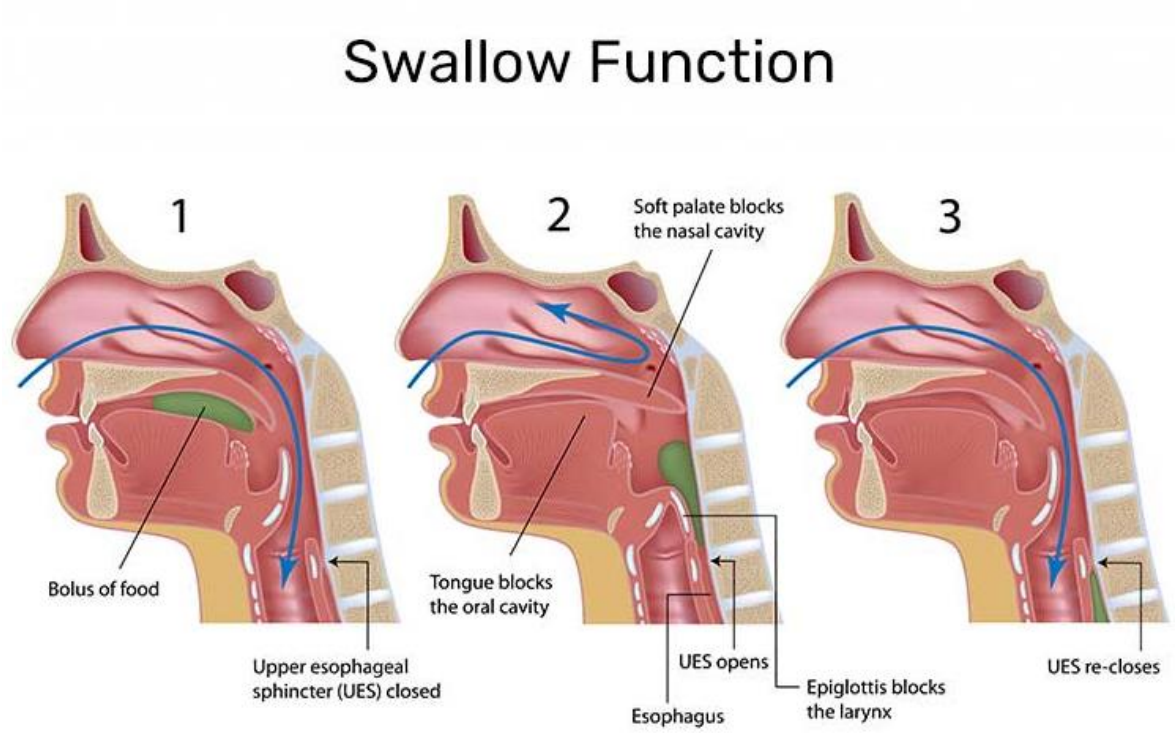
More information:
https://www.hopkinsmedicine.org/gastroenterology_hepatology/_pdfs/esophagus_stomach/swallowing_disorders.pdf

1.1 The Swallow function

There are 4 phases of swallowing:

- **Oral Preparatory Phase** – also known as the pre-oral stage, involves the cognitive response to food and fluid and the ability of the person to think about eating. This is the initial phase, which starts with the mouth closing and chewing the food.
- **Oral Transit Phase** – is where the tongue works to move the food back towards the throat. Food and liquid is chewed and mixed with saliva, which is then pushed into the pharynx by the tongue.
- **Pharyngeal Phase** – is where the soft palate elevates and creates pressure within so food doesn't go back into the nose. The food or fluid reaches the pharynx and triggers the swallow reflex. This acts to protect the airway so that food or fluid pass into the oesophagus and not into the lungs.
- **Oesophageal Phase** – is the final stage and involves the passage of the food and fluids down the food pipe (the oesophagus) into the stomach.

From: https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health#the-swallowing-process



From: https://www.ausmed.com.au/cpd/articles/dysphagia

1.2 Neuromuscular Conditions and swallowing

Neuromuscular conditions cause progressive deterioration of muscle strength and function.

The swallow function utilises muscles in the face, lips, tongue and throat. People living with neuromuscular conditions may experience mild to severe dysphagia, depending on their neuromuscular condition, age and disability.

1.2.1 Supporting participants with possible swallowing difficulties to be assessed for dysphagia

If a participant shows any sign or symptom of swallowing difficulty, you should support them to consult a GP and a speech pathologist promptly, so they can assess their swallowing and mealtime assistance needs, as well as review their general health.

1.3 Signs and symptoms of swallowing and feeding difficulties

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
- regurgitation of undigested food
- 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.

From: https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/practice-alert-dysphagia-safe-swallowing-and-mealtime-management.pdf

1.4 Risks associated with eating and swallowing

- **Aspiration**
  Aspiration occurs when material is ingested and ends up in the lungs. This may be food particles, fluids, oropharyngeal secretions containing infectious agents or bacteria, which can cause an inflammatory condition. Patients with dysphagia are at increased risk of developing aspiration, as are patients who are critically ill.
- **Silent aspiration**
  Silent aspiration is aspiration without any key clinical symptoms and signs, making it difficult to identify without imaging and assessment. However, it is common, occurring in more than 50 per cent of patients who aspirate.
- **Aspiration pneumonia and pneumonitis**
  Dysphagia is also a risk factor for aspiration pneumonia – pneumonia caused by inhaling secretions or food that have been colonised by bacteria. Aspiration pneumonitis is caused by aspirating gastric contents. It is the most common cause of death in patients with dysphagia.
  From: https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health#impacts-of-dysphagia
- **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.

1.5 Risks associated with not following the mealtime plan

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

However, plans can recommend thickened liquids, that participants may find unpalatable, or the exclusion of certain foods from a participant's diet, which they may crave. Participants 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.

Any deviations from the plan, even at the request of the participant, can increase risk to the participant and must be discussed with the Camp RN or Supervisor who will note it on the participant's plan. It should also be documented on the Daily Camp Report. Where possible, the Mealtime Management Plan prescriber should be contacted, and the requested change discussed.

If a person receives enteral nutrition as well, their support requirements will be recorded in the Enteral Nutrition Plan - Plus Oral Intake Plan template at the back. The Camp RN / trained support worker will administer any peg feeding required by the participant in accordance with the Enteral Nutrition Plan.

Refer also to: Enteral Nutrition Care Policy & Procedures

1.6 Food preparation requirements

The Mealtime Management Plan (MMP) may outline specific dietary plans for the client / participant. Specific meals will be pre-ordered for the client and the Camp Manager / Supervisor will advise on where to obtain it.

Dietary plans and food types may include:

- Pureed, minced, chopped or soft foods
- Thickened fluids
- Weight reduction or weight-increasing
- Low fat
- Vegetarian
- Low cholesterol or cholesterol-lowering
- Diabetic

Exclusions or allergy-inducing foods may include specific food groups:

- Bread, cereals, rice, pasta, noodles
- Vegetables, legumes
- Fruit;
- Milk, yogurt, cheese;
- Meat, fish, poultry, eggs, nuts, legumes.

See Appendix 2 for International Dysphagia Diet Standardisation Initiative

1.7 Medications

Certain medicines administered to people with disability can increase the risk of choking in two ways: by causing swallowing problems (dysphagia) and, to a lesser extent, by causing drowsiness (sedation).

The participant's Mealtime Management Plan and / or Medication Plan will outline methods for including medication in food, where this is required by the plan.

The plan will include instructions on the form of medication, eg.:

- Liquid medications
- Pills and capsules, including instruction of crushable/non-crushable medication.
- Other medications such as patches.

At Camps, all medications will be administered by the Camp RN. In other programs, this role will be performed by a trained support worker or may be self-administered by the participant where this is appropriate.

See also: Medication Policy, Medication Management Plan, Enteral Nutrition Care Policy & Procedures, Enteral Nutrition Plan.

1.8 Dysphagia and Enteral Nutrition

If the participant is receiving naso-gastric, naso-duodenal or gastrostomy feeding (peg feeding), they will have an Enteral Nutrition Plan. There are two types of Enteral Nutrition Plans:

- Enteral Nutrition Plan – Plus Oral Intake
- Enteral Nutrition Plan – Nil by Mouth

Enteral Nutrition Plan – Plus Oral Intake means that the participant may also have drinks and eat some foods.

The Enteral Nutrition Plan – Plus Oral Intake will outline all food and drink requirements and will supersede the Mealtime Plan.

Refer also to: Enteral Nutrition Care Policy & Procedures

2.0 Nutrition and Swallowing Checklist

Participant families in the Camp Program complete the Nutrition and Swallowing Checklist as part of the application process. An assessment of the checklist responses is then completed and follow up actions may include recommending the family see a Speech Pathologist for an assessment of the participant and the development of a Mealtime Management Plan.

2.0.1 Additional procedures for camp

Staff will complete an online form for NSW Sports and Recreation, providing details of dietary requirements and allergies for all participants, carers and staff. Any individual dietary needs will then be followed up by Sport and rec catering staff and individual meals provided. Carers will need to check if camper had individual meal prepared and set out in the servery.

The Camp manager also communicates with venue management in the camp planning process that all meals provided during camp should be easy to chew, e.g. no steak.

2.1 Mealtime Management Plans

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:

- 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 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 person is eating or drinking
- use feeding equipment for people who have severe dysphagia, including assistive technology such as spoons, plates, cups and straws; and tube feeding equipment for those with severe or profound difficulty swallowing who require tube feeding.

From: https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/practice-alert-dysphagia-safe-swallowing-and-mealtime-management.pdf

2.1 Assisting with Meals

MDNSW 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
- 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 day-to-day procedures, participants' documentation, and plans for transition to hospital

From: https://www.ndiscommission.gov.au/sites/default/files/documents/2020-11/practice-alert-dysphagia-safe-swallowing-and-mealtime-management.pdf

Part of assisting with meals includes 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:

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

3.0 Responding to coughing or choking / emergencies

From: https://www.healthdirect.gov.au/choking

If someone is choking and cannot breathe, call triple zero (000) and ask for an ambulance. At Camp, ask a coworker to contact the Camp RN as soon as possible.

If the person becomes blue, limp or unconscious, call triple zero (000) and ask for an ambulance.

1. Try to keep the person calm. Ask them to cough to try to remove the object.

2. If coughing doesn't work, call triple zero (000) for an ambulance.
3. Bend the person 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.
4. 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.
5. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.
6. If the patient becomes blue, limp or unconscious, start CPR immediately.

Document any incidents in the Accident / Incident Report or Daily Camp Report. The Camp Manager or Client Services Manager will notify the camper's nominated contact.

See **Appendix 3** for the Procedure for Assisting with Meals

Related forms and information

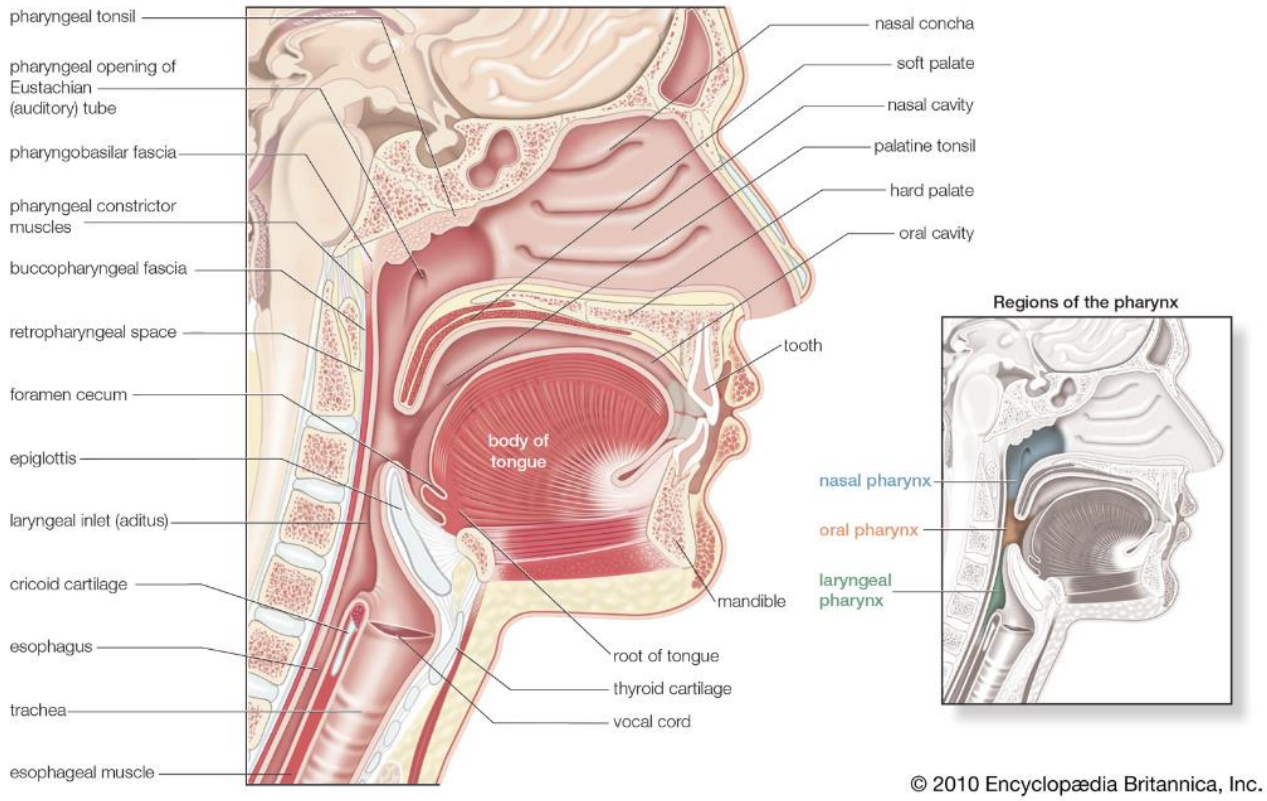
- Mealtime Management Plan (supplied by a health professional)
- Nutrition and Swallowing Checklist
- Participant Support Plan
- Participant Risk Plan
- Accident/Incident Report form
- My Medication Plan
- Daily Camp Report
- Enteral Feeding Chart – at the back of the Enteral Nutrition Plan
- Enteral Nutrition Plan – Nil by Mouth / Plus Oral Intake
- Medication Incident Report form
- Medication Policy

2.1 Common terminology related to mealtime preparation and modified meals

See **Appendix 2** for International Dysphagia Diet Standardisation Initiative, which has a list of terms used to describe the various food and drink consistencies used in Mealtime Plans.

More information in the NDIS Practice Alert: Dysphagia, safe swallowing and mealtime management: https://www.ndiscommission.gov.au/document/2411

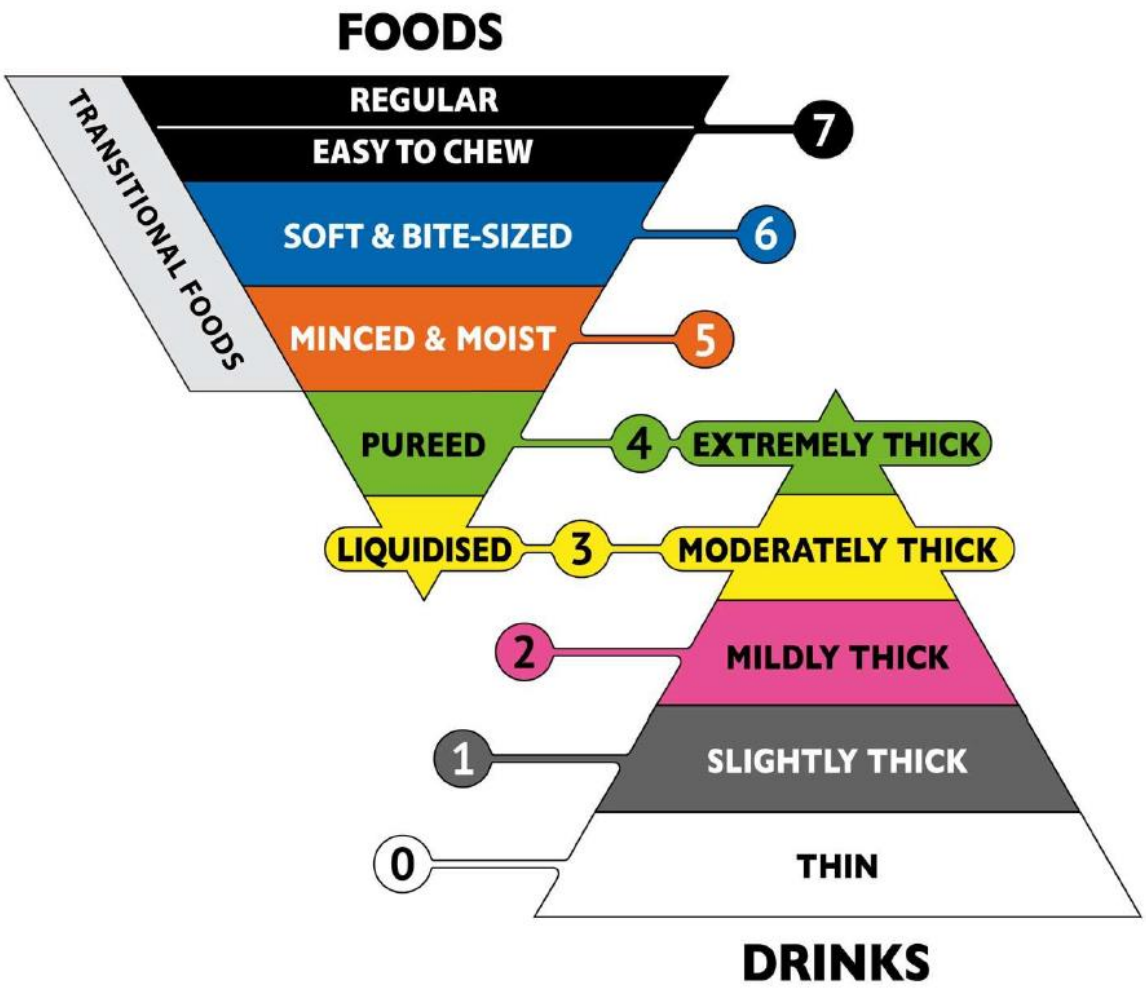
APPENDIX 1 – Pharyngeal Anatomy



pharynx, (Greek: “throat”) 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.

From: https://www.britannica.com/science/pharynx

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.

See this PDF:

https://iddsi.org/IDDSI/media/images/Complete_IDDSI_Framework_Final_31July2019.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. The plan may specify the angle of the wheelchair, for example. 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 – eg. if eating a puree diet, as food may not be instantly recognisable.
10. Ask whether the participant wants any seasoning or sauces and has 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, using 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 have indicated 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, wash your hands
18. Document the participant's food intake - if the participant refused a meal or didn't eat much on the Daily Camp Report.

Adapted from: https://www.nursingtimes.net/clinical-archive/nutrition/assisting-patients-with-eating-and-drinking-to-prevent-malnutrition-09-10-2017/