DANGEROUS MEALTIME PRACTICES

CREATING SAFE, HEALTHY DINING ENVIRONMENTS

LEARNING OBJECTIVES

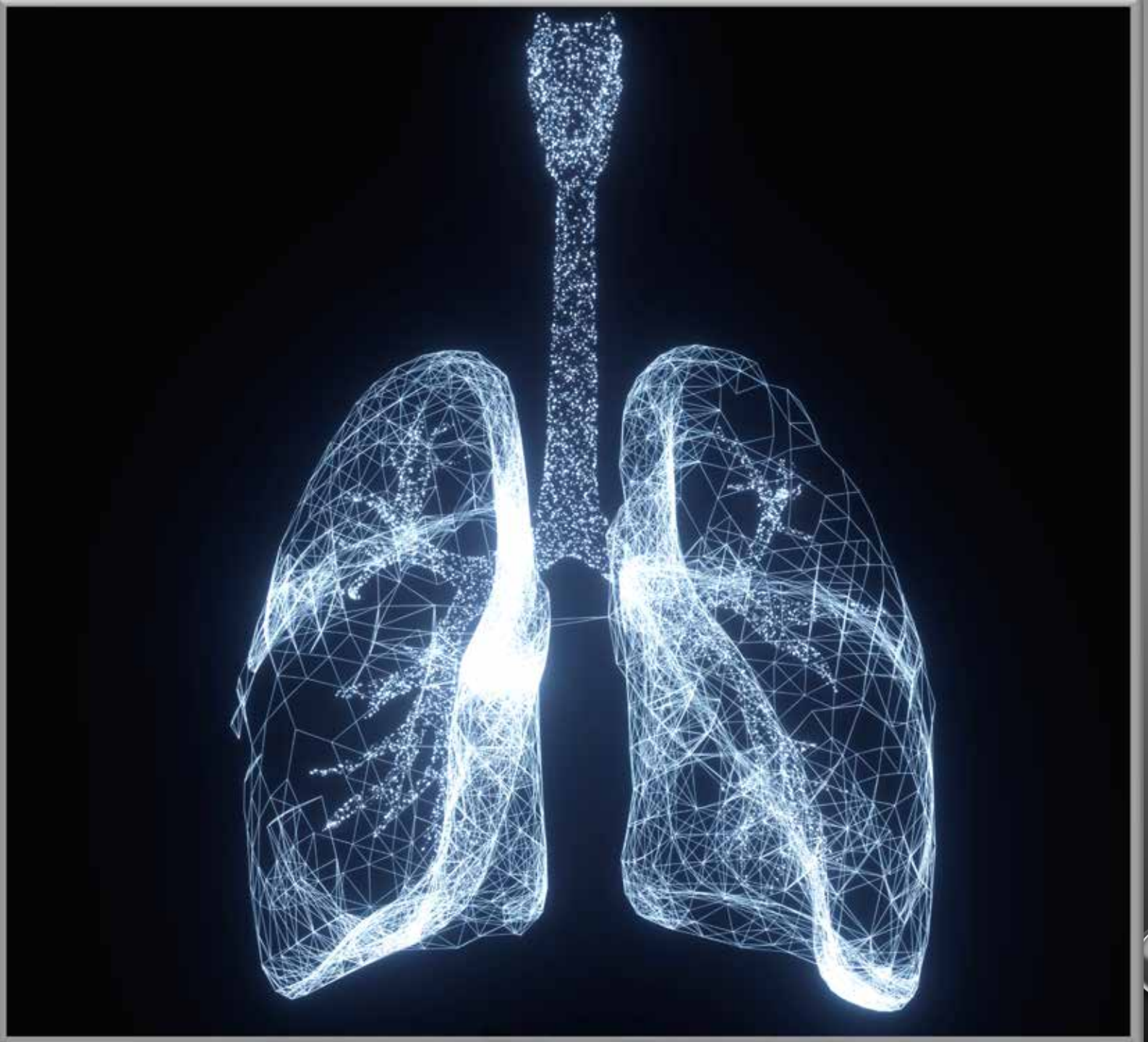
- **UNDERSTAND** WHAT SAFE MEALTIME IS AND HOW TO AVOID COMMON DANGEROUS PRACTICE THAT IMPACT THE SAFETY OF THE PEOPLE YOU SUPPORT.
- **PRACTICE** WHAT YOU. HAVE LEARNED.
- **TEACH** OTHERS IN THE HOME TO USE SAFE MEALTIME PRACTICES.

TEACHING TOOL

S	**SLUMPING should be corrected.** Eating meals or snacks when slumped forward or to the side increases the chance the food will not go where it should when you swallow.
A	**ADAPTIVE EQUIPMENT that is missing or wrong poses a danger.** If the person you are helping needs special dishes, cups, or utensils, it is unsafe for them to eat without their equipment.
F	**FURNITURE that is not supporting correct positioning is a no-no.** Should this person be seated in a specific dining chair or wheelchair while eating? If the furniture is wrong, correct positioning cannot be achieved.
E	**EATING LIKE A BABY BIRD can lead to aspiration.** Doing anything that causes an individual to look up when taking a bite or sip is unsafe.
M	**MEALTIME ORDERS that are not followed lead to unsafe eating.** It is dangerous to serve food or beverages not prepared to match the ordered texture and consistency. Food and drink should also match any prescribed diet.
E	**ENVIRONMENT THAT IS CHAOTIC is not suitable for mealtime.** A lot of noise and distraction in the area where meals are served creates unnecessary risk.
A	**ASSISTANCE WITH EATING THAT IS NOT APPROPRIATE increases risk of choking or aspiration.** Staff presenting food from a standing position or not following guidelines about where they should be sitting and level of support (e.g., 1:1) is unsafe.
L	**LACK OF RESPECT is a problem at any time, but is uniquely risky for meals.** Talking over or around the person you are supporting adds to mealtime danger. Besides being rude, it means your attention is not on the mealtime.
T	**TEMPERATURES OF FOOD being too hot or too cold when served is unsafe.** Food served at the wrong temperature can range from unappetizing to unsafe. A person who can't spit out food is at much higher risk of getting burned.
I	**IMPROPER SANITATION during food preparation can cause contamination.** If food is prepared, served, or stored from a surface that has not been properly sanitized (including handwashing), this is risky.
M	**MISHANDLING FOOD DURING STORAGE leads to risk of infection and illness.** Food not stored properly, both before preparation and when there are leftovers, increases the risk of bacteria and food-borne illness
E	**EXCESSIVE PACE OR AMOUNT impairs safe swallowing.** Feeding someone too quickly or with too big a bite or sip greatly increase the risk of choking.

THE FATAL FIVE: EATING AND DRINKING DIRECTLY IMPACT FOUR OF THESE!

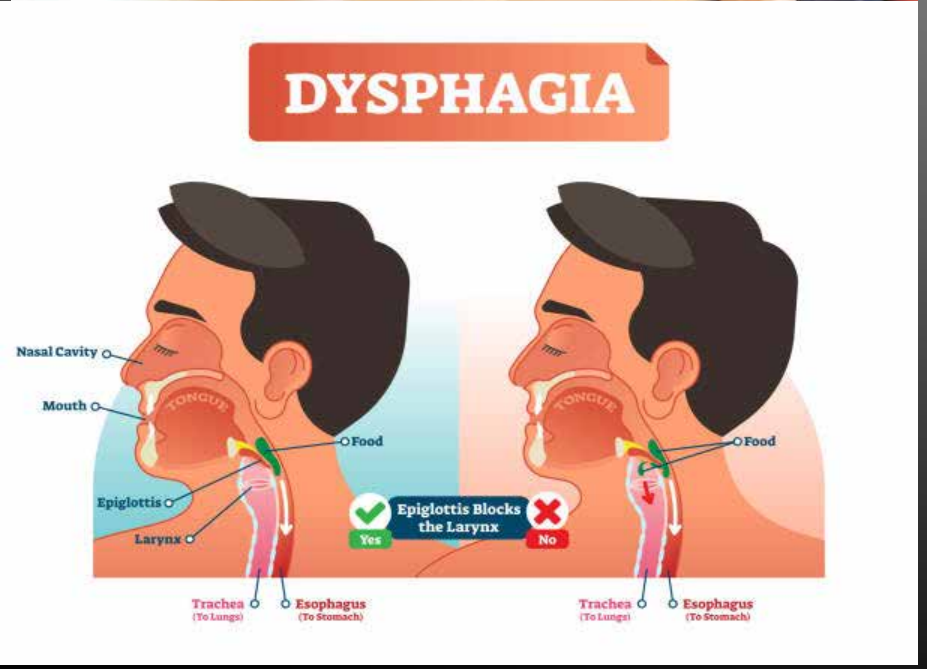
- TOP 5 CAUSES OF DEATH AMONG THE IDD POPULATION MAKE UP THE FATAL FIVE
- ASPIRATION
- GERD
- CONSTIPATION AND BOWEL OBSTRUCTION
- DEHYDRATION
- SEIZURES



ASPIRATION

- FOODS OR FLUID IN THE LUNGS/AIRWAY
- HEALTH RISKS RELATED TO ASPIRATION INCLUDE:
  - GAGGING
  - COUGHING
  - PNEUMONIA
  - SCARRING OF LUNGS
  - DECREASED LUNG CAPACITY/EXPANSION
  - UNEXPLAINED WEIGHT LOSS

NORMAL VS. ABNORMAL SWALLOW



DYSPHAGIA: DIFFICULTY MOVING FOOD FROM THE MOUTH TO THE STOMACH

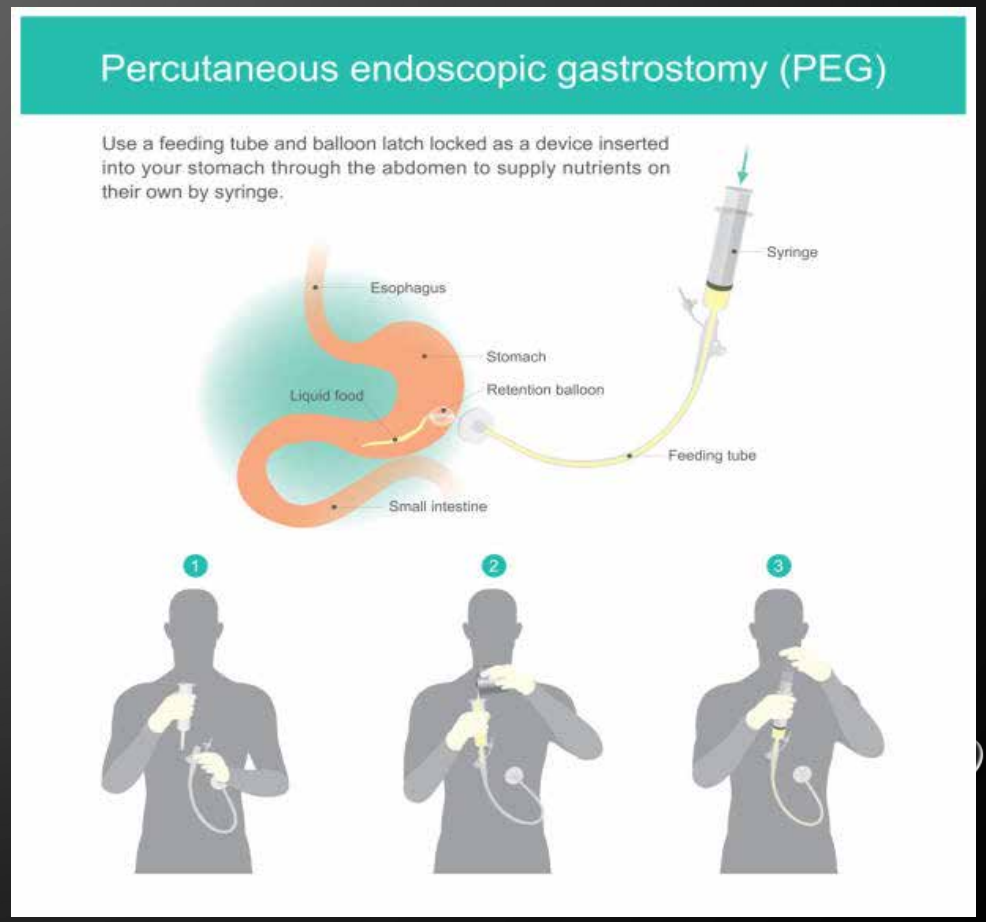
- Swallowing is something we rarely think about until we have trouble
- People swallow 600 times per day on average
- The process of swallowing takes about one second
- The medical term for difficulty or discomfort when swallowing food or liquids is DYSPHAGIA.

SYMPTOMS AND WARNING SIGNS OF DYSPHAGIA

- Drooling/difficulty managing oral secretions
- Gurgling or "wet" sounding voice during or after eating
- Excessive throat clearing
- Coughing while or soon after eating or drinking
- Slow or prolonged eating time
- Multiple or painful swallows to clear the throat
- Obvious effort while chewing or swallowing
- Fatigue or shortness of breath while eating
- Regurgitation during or after meals
- Food avoidance or reluctance to eat
- Holding or pocketing food in mouth
- Runny nose, tearing of eyes, nasal regurgitation during meals
- Spillage of food/liquid from mouth
- Gagging or choking during meals
- Unexplained fevers that come and go
- Unexplained weight loss
- Upper respiratory infections, congestion and/or pneumonia

CONSEQUENCES OF DYSPHAGIA

- Aspiration – respiratory distress, pneumonia, death
- Choking – airway compromise
- Tracheostomy
- Weight loss
- Chronic respiratory illness
- Insertion of a tube for feeding through the nose, mouth, or directly through the abdomen into the stomach.
- Skin breakdown or ulceration



DYSPHAGIA CAN LEAD TO ASPIRATION

- ASPIRATION: food or fluids that should go through the esophagus (food pipe) to the stomach go through the trachea (windpipe) to the respiratory system instead
  - The person will usually cough strongly to try and get the food or liquid out
  - Food or liquid that stays in the "windpipe" or trachea may enter the lungs and create a chance for bacteria to grow
- Bacterial growth in the lungs may result in a serious infection called aspiration pneumonia (inflammation of the lungs and airways to the lungs)
- Sometimes there are no signs or symptoms (coughing) when food or liquids enter the lungs – this is known as SILENT ASPIRATION

A NOTE ABOUT SILENT ASPIRATION
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DBHDD ICST SPEECH LANGUAGE PATHOLOGIST

HTTPS://WWW.YOUTUBE.COM/WATCH?V=O9KS2SPDZXQ

DYSPHAGIA CAN LEAD TO CHOKING

- CHOKING is the mechanical obstruction of the flow of air into the lungs
- This can be partial or complete
- Complete blockage of air into the lungs will cause death in-4 to 6 minutes!
- Quick action is needed!

SIGNS OF CHOKING

- CANNOT SPEAK OR CRY OUT
- LABORED BREATHING
- GASPING/WHEEZING
- VIOLENT COUGHING
- GAGGING OR VOMITING
- CLUTCHING OF THROAT
- TEARING OF EYES
- GURGLING SOUND
- TURNING BLUE
- UNCONSCIOUSNESS

COMMON ITEMS PEOPLE CHOKE ON

- Hot dogs
- Coins, small toys, or buttons
- Peanut butter
- Popcorn
- Grapes
- Marbles
- Latex gloves or balloons
- Bottle tops
- Large pieces of hard foods
    - Raw carrots, celery, broccoli, radishes, etc.
    - Hard candy
- Tough dry meats
- Medications (large pills or capsules or swallowing multiple pills together)

FOOD TEXTURES

WHAT IS FOOD TEXTURE?

Food texture refers to the size of the pieces of food

Bigger pieces of food require more chewing (processing) before swallowing

People who have difficulty chewing and/or swallowing need to have their food mechanically altered for safe consumption

TOOLS NEEDED FOR MECHANICALLY ALTERING FOOD

WHAT IS FOOD CONSISTENCY? HOW THE FOOD FEELS IN THE MOUTH

- Consistencies that are difficult to clear from the mouth due to difficulty moving the tongue around and/or dry mouth (little saliva)
    - STICKY – like peanut butter and starchy foods
    - DRY – breads, crackers, dry meats
- Consistencies that are difficult to keep in the mouth until swallowing the food and can slip down the throat before the swallow and the airway might not be closed
    - WET or SLIPPERY – like canned peaches or okra
    - RUNNY – pureed foods with too much liquid or soups

DIFFERENT FOOD TEXTURES/CONSISTENCIES WILL FEEL DIFFERENTLY IN THE MOUTH

WATCH AND LISTEN FOR CUES THAT INDIVIDUALS ARE EXPERIENCING DIFFICULTIES WHEN CONSUMING VARIOUS CONSISTENCIES

VARIED FOOD TEXTURES

- TACOS
  - This food has mixed textures
- PUREED BROCCOLI
  - Note it holds the shape of a spoon pressed into the surface

CATEGORIES OF FOOD TEXTURES

Regular	• No modification
Chopped/diced	• ¼” to ½” pieces (food processor or knife)
Ground/minced	• 1/8” to ¼” pieces (food processor or knife)
Pureed	• Smooth consistency with no lumps (Blender or immersion blender)

REGULAR

- People with no history of problems with chewing or swallowing can safely eat food as it would be served in a restaurant.
- No mechanical alterations to the prepared foods
- Foods are readily identifiable
- Present food in an attractive and appetizing manner

CHOPPED/DICED

- This texture may be recommended for people who can chew satisfactorily and move the food around in their mouth but have a hard time breaking up big pieces.
- First level of mechanical alteration of foods
  - ¼” – ½” pieces
  - No larger than diced carrots
- Foods are readily identifiable
- Present food in an attractive and appetizing manner

MINCED/GROUND

- This texture is sometimes recommended for people who cannot chew well and cannot effectively move the food around in their mouth.
  - 1/8” – ¼” pieces
  - No larger than a grain of rice
  - A food processor may be used to mechanically alter the food
- Ground food should always be moist when served, with no liquid separation.
  - Appropriate liquids should be added to moisten foods that are not naturally moist
- Foods are identifiable
- Present food in an attractive and appetizing manner

PUREED

- This texture may be recommended for people who have a lot of difficulty chewing and moving food around in the mouth.
  - Most restrictive mechanically altered food texture
  - Use a blender, not a food processor to prepare pureed food
  - Prepare each food separately.
  - Clean the blender between processing each food
- Pureed foods are smooth with no lumps
  - Food should not be sticky, gummy, or runny
- Foods should still be identifiable
- Tell the individual what each food is
- Present food in an attractive and appetizing manner

FOODS THAT MAY HAVE AN UNSAFE TEXTURE WHEN PUREED

FOOD	SOLUTION
Rice – grains will not puree to a smooth consistency.	Substitute Rice Flakes for a smooth, cohesive consistency.
Fresh celery – liquifies when pureed but has "strings".	Cook celery in vegetable broth or water to a soft texture prior to pureeing.
Fresh carrot sticks or other hard, raw vegetables – will not puree to a smooth consistency; will still have small, hard pieces.	Cook vegetables in broth or water to a soft texture prior pureeing.
Ground beef – still has small pieces after pureeing.	Substitute muscle meat cuts of beef (beef stew, roast beef, beef tips, steak, etc.) which will result in a smooth, cohesive consistency.
Nuts and seeds – may have small pieces after pureeing.	Substitute nut butters (peanut butter, almond butter etc.) but may need to add jelly for a consistency that is not too sticky.
Fibrous or stringy fruits and vegetables – may not puree to smooth consistency.	Remove pith and hard, fibrous parts. Cook until tender prior to pureeing if necessary.
Bread may become sticky, lumpy and gummy.	Mix breadcrumbs or cracker crumbs with broth, water, or milk to achieve a smooth, cohesive texture.

MECHANICALLY ALTERED FOOD, WHETHER CHOPPED, MINCED, OR PUREED SHOULD RESEMBLE THE ORIGINAL FOOD

PRESCRIPTIONS FOR FOOD AND FLUID TEXTURES AND CONSISTENCY MUST BE FOLLOWED WHENEVER SOMEONE IS EATING
AT HOME, AT A RESTAURANT, ON A PICNIC, AT THE DAY PROGRAM, AT A PARTY

- UNDERSTAND
- PRACTICE
- TEACH

THIN LIQUIDS

- No alteration is needed.
- This includes most liquids served as they would be in a restaurant.
- Note: any food that melts at body temperature (about 98.6° F) is a thin liquid. This includes ice cream, milkshakes, and gelatin.
- When poured from a glass to a plate, thin liquid runs quickly and spreads to the edges of the plate right away.
- Thin liquids will wet a utensil (spoon or fork) but will not coat it.

NECTAR CONSISTENCY LIQUIDS

- This is a slightly thickened liquid, such as tomato juice, apricot nectar, pear nectar, or fruit smoothies.
- When poured from a glass to a plate, liquid flows more slowly and does not run to the edge of the plate as quickly.
- Nectar thick liquids will coat a utensil (spoon or fork) and will flow off easily.

HONEY CONSISTENCY LIQUIDS

- No honey is added to these liquids, but it is the same consistency or thickness as honey.
- Liquids that are thickened to honey consistency pool slowly when poured from a glass to a plate and are very slow to reach the edge.
- Honey thickened liquids will coat a utensil (spoon or fork) and drip from the utensil slowly, in large drops.

PUDDING OR SPOON-THICK CONSISTENCY LIQUIDS

- Liquids that are pudding thick need to be served with a spoon. They are too thick to drink directly from a glass.
- When a glass of pudding thickened liquids is tipped over a plate, the liquid will fall from the glass rather than pour out and will not spread at all.
- Liquids at this consistency will stay on a utensil (spoon or fork) without dripping off.

POINTS TO REMEMBER ABOUT THICKENERS

Thickeners should only be used when there is a prescription.

The amount of thickener required depends on the type of agent used, as well as the type and temperature of the liquid. Refer to the thickener container for specific instructions. Use measuring cups and spoons to make sure liquids are prepared appropriately. Starch-based thickeners and xanthan gum-based thickeners work slightly differently. Pay attention to which type you are using and make sure it matches the prescription.

Liquids containing a fiber supplement (such as Miralax®, Metamucil®, Benefiber ® or generic alternatives) should not be thickened. If the individual you support requires a fiber supplement to be added to liquids, talk with the primary medical provider about alternatives, such as sprinkling over food.

Thickeners should be used for ANY liquid the individual consumes, including medications.

Thickening usually takes several minutes. Refer to the thickener container to ensure that you allow enough time for the liquid to reach the appropriate consistency. Some thickeners continue to thicken over time, producing a thicker consistency. Nectar consistency will become pudding consistency over time.

THICKENING AGENTS THINGS TO CONSIDER

- Anyone on thickened liquids is at risk of dehydration and may require more liquids to maintain proper hydration.
- Adding ice to thickened liquids changes the consistency, making it thinner. This presents an aspiration hazard.
- Practice thickening procedures to achieve competency.
- Pay attention to liquid foods, such as soup or milk added to cereal. Those liquids need to be thickened also.
- Thickeners contain calories. If you are supporting someone with a calorie-restricted diet, be sure to include the calories from the thickener in your calculations.

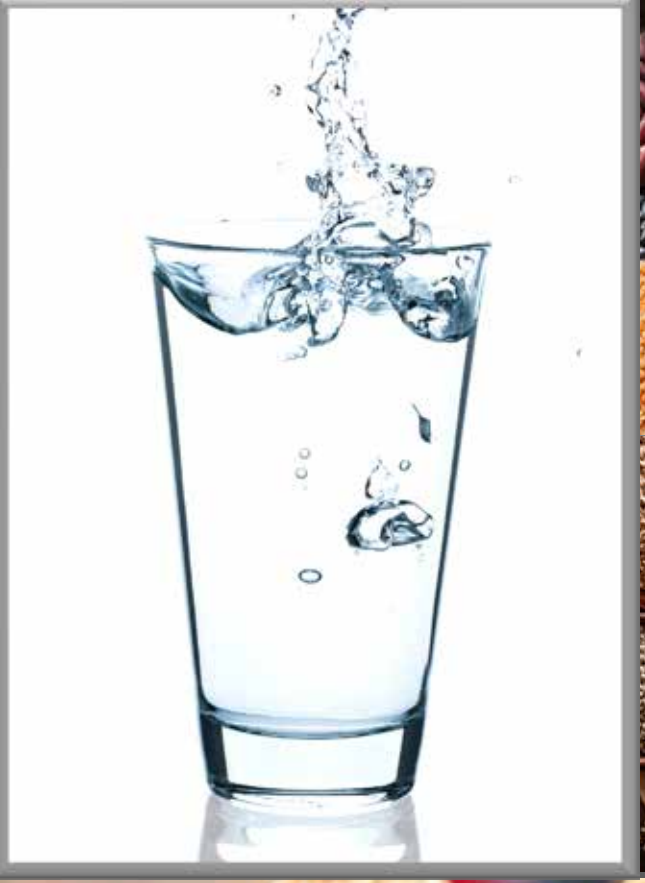
- UNDERSTAND
- PRACTICE
- TEACH

GERD

- GERD stands for gastro-esophageal reflux disease
  - The lower esophageal sphincter does not close completely and stomach contents "reflux" back up into the esophagus
- Signs/symptoms
  - Burping/belching, re-swallowing after a meal, coughing after a meal, chest pain, bad taste in the mouth.
- Behavioral signs
  - Hand mouthing, agitation or outbursts after meals, attempting to stick things down the throat such as fabric, or refusal to open mouth to accept bites of food.
- Upright positioning during and 45-60 minutes after meals helps food go down the esophagus (food pipe) and stay in the stomach

AVOID FOODS THAT AGGRAVATE OR INTENSIFY SYMPTOMS OF GERD

- Fried or fatty foods
- Citrus foods
- Chocolate
- Tomato and tomato sauce
- Mint
- Garlic and onions
- Caffeine
- Take note of what individuals have eaten prior to an increase in discomfort



CONSTIPATION
BOWEL OBSTRUCTION

- Constipation occurs when stool stays in the colon too long and the colon absorbs too much water from it, causing hard, dry stools that are difficult to pass.
- Contributing factors
  - Limited physical activity
  - Inadequate fiber in the diet
  - Inadequate fluid intake
  - Side effects from medications

LET'S GET MOVING TO KEEP OUR SYSTEM MOVING!

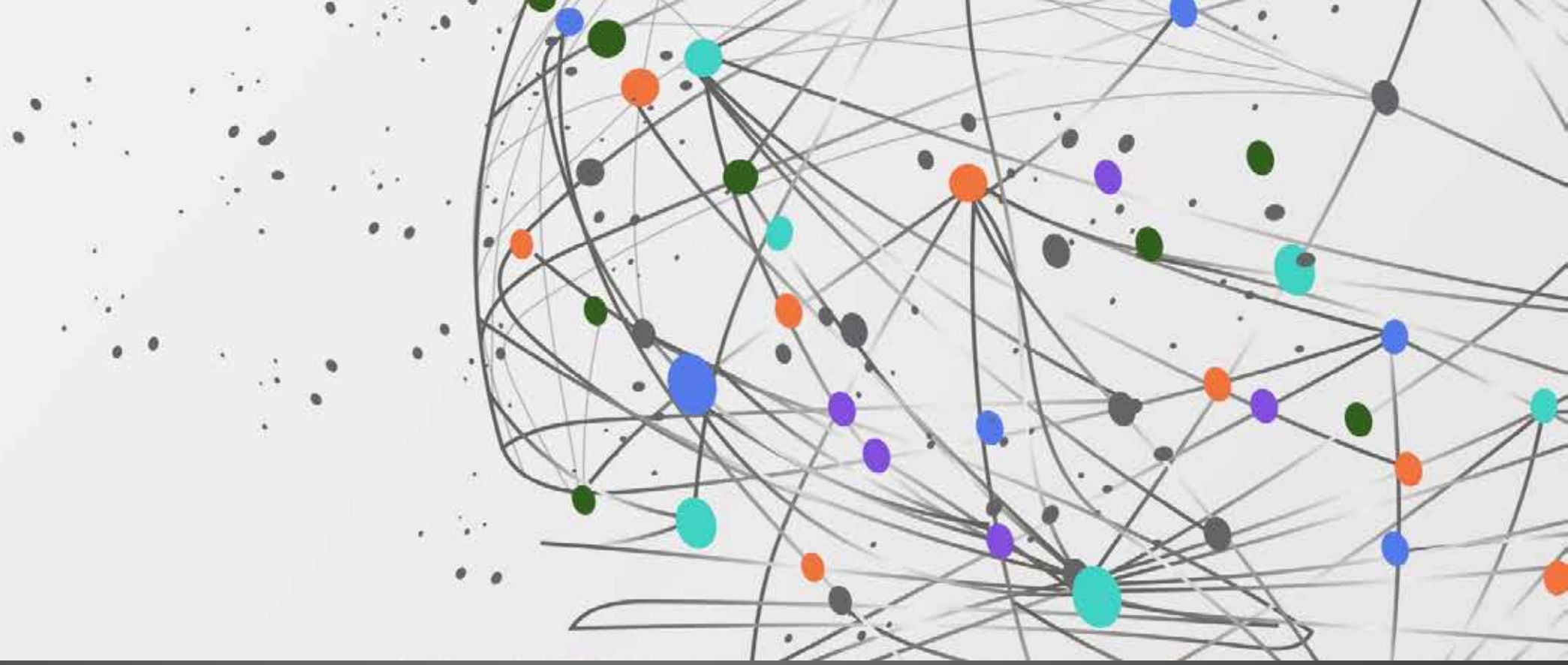
- Incorporate movement into everyday routines
- Set an example for your individuals
- Make it fun!
- Remember music makes you want to move!

DEHYDRATION

- Offer fluids frequently throughout the day (mainly water)
- Make sure fluids are thickened as prescribed
- Urine frequency and color is a good indicator of level of hydration
- Urine should be light, almost clear

HYDRATION

MOST PEOPLE NEED APPROXIMATELY ONE OUNCE OF FLUID DAILY PER EACH KILOGRAM OF BODY WEIGHT (1 OUNCE FOR EACH 2.2 LBS.)



CREATING AND MAINTAINING SAFE DINING ENVIRONMENTS
HOW CAN WE CONNECT ALL THE DOTS?

THE DINING ENVIRONMENT
WOULD YOU RATHER EAT OR DINE?

- Eating is something we might do in a hurry such as grab food to go at a drive through window
- Dining is intended to be relaxing and aid digestion

- How is the dining environment?
- Are diners' preferences honored?
- Is there too much noise?
  - Tv, staff conversation, phone calls, texts, etc.
- Is the individual's dignity maintained?
  - Dining scarves vs towel, apron, clothing protector, bib
  - NEVER use a garbage bag, chux, incontinence brief, or bed sheet to protect an individual's clothing during meals.

- UNDERSTAND
- PRACTICE
- TEACH

PREPARATION FOR MEALTIME

- Effective hygiene practices are used at mealtime
  - Staff washes hands
  - Staff washes the individual's hands
  - Ideally staff assists only one person at meals, but if assisting multiple individuals, avoid cross contamination
  - Use hand sanitizer between individuals if unable to leave the table to wash hands
  - Wash/sanitize eating surfaces

ASSIST INDIVIDUALS WITH HAND SANITATION

CDC GUIDELINES FOR HANDWASHING

Follow Five Steps to Wash Your Hands the Right Way

1.Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2.Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3.Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.

4.Rinse your hands well under clean, running water.

5.Dry your hands using a clean towel or air dry them.

PREVENT FOOD BORNE ILLNESS

PREVENT CROSS CONTAMINATION

- Cross contamination in meal preparation occurs when juices from raw meats or germs from unclean objects touch cooked or ready-to-eat foods
    - Best practice is to have designated cutting boards for different foods
        - Raw meats
        - Cooked meats
        - Vegetables and fruits
- Scratching nose, coughing, touching face or hair
- Touching the table, saliva, food, utensils
- Touching another individual
- Touching another individual's food, utensils or saliva

EATING SURFACES

- Cleaned and sanitized
  - Tables
  - Trays
  - Tray tables on wheelchairs
- Applies at home, day center and dining out

KEEPING FOOD SAFE

- Food must be covered, protected and maintained at proper temperatures
  - HOT FOODS AND LIQUIDS STAY HOT UNTIL READY TO SERVE (135 degrees or above)
  - COLD FOODS AND LIQUIDS ARE KEPT COLD UNTIL READY TO SERVE (40 degrees or below)
- Defrost foods safely
- Store leftovers correctly

DEFROSTING FOOD

SAFE METHODS

Refrigerator

Microwave

Cold **running** water

During the cooking process

- Examples: frozen hamburger patties, frozen fish, vegetables

UNSAFE METHODS

COUNTERTOP

HOT WATER

OUTSIDE

UTENSILS:
ANYTHING YOU PUT IN YOUR MOUTH DURING MEALTIME IS CONSIDERED A UTENSIL

- CLEAN UTENSILS IN HOT, SOAPY WATER WITH HOT WATER RINSE OR DISHWASHER
- STORE UTENSILS IN A CABINET OR DRAWER
  - CLEAN STORAGE AREA ON A FREQUENT, SCHEDULED BASIS
- THROW AWAY UTENSILS AND ADAPTIVE EQUIPMENT WHEN DAMAGED
  - ADVISE MANAGER SO REPLACEMENTS CAN BE ORDERED AS NEEDED
- DISTRIBUTE/TOUCH UTENSILS TO AVOID CROSS-CONTAMINATION
  - TOUCH HANDLE ONLY – NOT “BUSINESS END”
  - DO NOT TOUCH RIM OF CUP OR GLASS
  - STRAWS – LEAVE PAPER COVER ON DRINKING END UNTIL PLACED IN BEVERAGE (NO “BARE HAND” TOUCH)
- NO DISPOSABLE (SINGLE-USE) UTENSILS WITH INDIVIDUALS AT RISK OF CHOKING

WARNING !! DANGER !!

- **DANGEROUS PRACTICES**

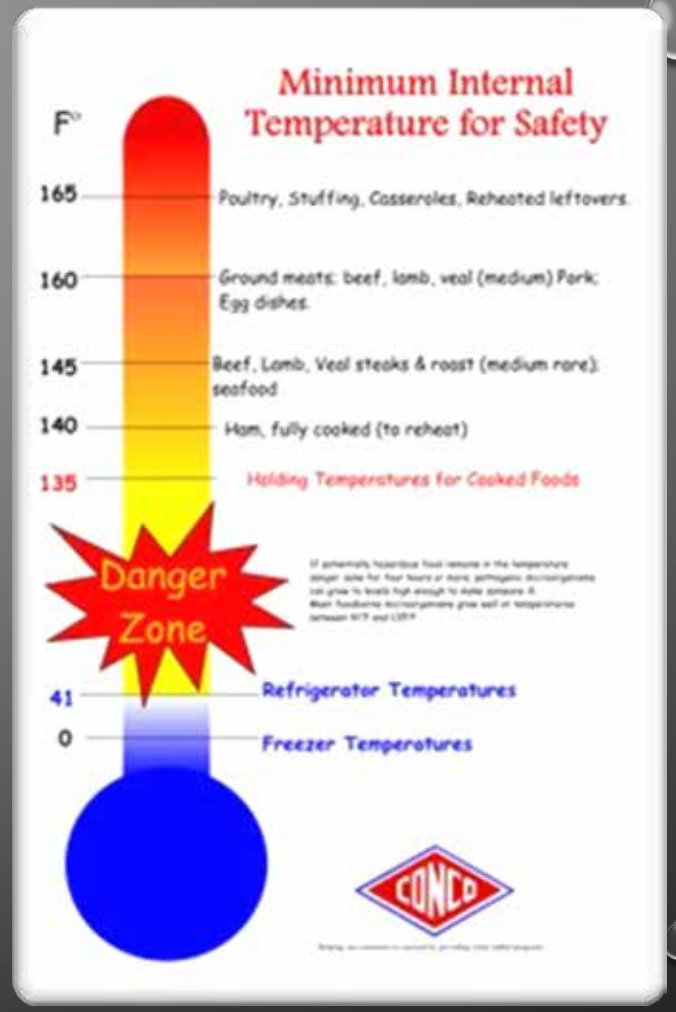
- Staff touching face, coughing, sneezing without washing hands
- Staff touching the “business end” of utensils or rims of glasses
- Staff assisting more than one individual and touching another individual’s food, utensils, saliva, mouth, hair, nose, etc.
- Cross contamination during meal preparation
- Cooked and raw food touching or handled on same cutting board
- Unclean or non-sanitized surfaces

- **CORRECTIVE ACTIONS**

- Wash hands after touching face, coughing, sneezing, using restroom
- Avoid touching eating surfaces of utensils
- Practice good hand hygiene
- Avoid juices from raw meats
- Avoid germs from unclean objects and then touching cooked and ready-to-eat foods

FOOD *HOLDING* TEMPERATURES

- Foods must be held at proper temperatures to prevent food born illnesses
- Holding temperature for hot food is 140° or above
- Holding temperature for cold food is 40° or below



FOOD *SERVING* TEMPERATURES

- Serving temperature for hot food is lower than the holding temperature
- Individuals with developmental disabilities may be more sensitive to extremes in food temperature
  - Some cannot spit out food that is too hot
  - Some may have sensitive teeth, especially to very cold items

FOOD THERMOMETER

- Food temperatures can only be measured with a food thermometer
- Test accuracy of the thermometer by placing in a glass of ice water (32°) or boiling water (212°). Calibrate by adjusting the nut under the head of the thermometer with pliers if inaccurate
- Clean thermometer between uses with hot, soapy water or an alcohol swab
- Place tip of thermometer in thickest part of meat to measure temperature
- To measure temperature of the food, do not let the tip of the thermometer touch the walls of the container or plate

FOOD MAY LOOK TOO HOT, BUT TEMPERATURE READING TELLS THE TRUE STORY

WARNING!! DANGER!!

DANGEROUS PRACTICES

- FOOD IS TOO HOT
- FOOD IS TOO COOL

CORRECTIVE ACTIONS

- STIR THE FOOD, SPREAD FOOD OUT, WAIT FOR FOOD TO COOL, ADD A COOLER TO THE FOOD, PUT IN THE REFRIGERATOR FOR A FEW MINUTES
- REHEAT IN THE MICROWAVE, ON THE STOVE, OR IN THE OVEN
  - NOTE THAT HEATING IS UNEVEN IN A MICROWAVE, SO STIR THOROUGHLY
  - FOOD HEATED IN THE MICROWAVE IS HEATED FROM THE EDGES INTO THE MIDDLE
  - FATS AND SUGARS HEAT THE FASTEST

STORING FOODS

Refrigerate or freeze	Refrigerate or freeze meats, poultry, eggs, dairy products and other perishables as soon as arrival at home from the store
Refrigerate	Refrigerate meats and poultry on bottom shelves (or in meat drawer if available)
Store	Promptly store and label leftovers. Do not leave sitting out on the table or counter. Store leftovers in shallow containers for faster cooling •Place container of leftovers in an ice bath for quick cooling •Label and date the food
Use	Use leftovers within three days (4 days maximum)
Heat	Heat leftovers thoroughly

- UNDERSTAND
- PRACTICE
- TEACH

POSITIONING FOR MEALS

- Position individual before the meal to ensure body is in alignment and supported in the therapeutic position
- No dangling limbs (pelvis, shoulders, arms feet and head supported)
  - Nose, knees, toes in alignment
- To assist individuals at meals, caregiver should be seated and positioned at head level

Proper positioning before, during and after a meal allows the digestive system to work more efficiently. It is imperative to aid in transporting the food bolus from the mouth to the stomach.

Positioning after the meal is equally important and should be noted in the individual's plan of care, including elevation of the head of the bed, if indicated.

PROPER POSITIONING - WHEELCHAIRS

- Individuals should be aligned and supported in the wheelchair
- Arms of wheelchair should fit under table
- Food, utensils, beverage and condiments should be accessible to the individual
- Tray table may be used on wheelchair if appropriate or when table cannot be adjusted

WHEELCHAIRS MAY NOT FIT UNDER THE TABLE EDGE.
ADJUSTABLE TABLES ARE THE BEST FOR ACCOMMODATING WHEELCHAIRS.

- Upright positioning may be difficult to achieve if wheelchair does not fit under the table
- Poor positioning places individuals at risk of choking and aspiration
- Poor positioning may impact digestion and increase symptoms of GERD.

STAFF POSITIONING DURING MEALS

- STAFF SIT AT EYE LEVEL WHEN PROVIDING FOOD, LIQUID, AND MEDICATIONS
- USE A CHAIR THAT PROVIDES SUPPORT TO MAINTAIN GOOD BODY MECHANICS
- FACE INDIVIDUAL TO OBSERVE FACE AND SWALLOW.
- BE AWARE OF SOUNDS THAT MAY INDICATE THE INDIVIDUAL IS HAVING DIFFICULTY

- **NEVER**:
  - STAND WHILE ASSISTING INDIVIDUALS AT MEALS WHICH CAUSES THE THROAT/NECK TO HYPEREXTEND (BIRD FEEDING)
  - STAND BEHIND INDIVIDUALS SO THEY CANNOT SEE WHAT YOU ARE DOING

STAFF POSITIONING

POSITIONING

MAINTAIN DIGNITY OF INDIVIDUALS DURING MEALS

EXAMINE THESE PICTURES:

- Is positioning good?
- Is dignity maintained?

LET'S TALK ABOUT CLOTHING PROTECTORS

A ruff was used in medieval times to catch food protect clothes when the royals ate. It was more than a decorative clothing accessory!

WHICH PROVIDES MORE DIGNITY?

- UNDERSTAND
- PRACTICE
- TEACH

OBSERVATIONS DURING MEALS

- Watch for multiple swallows for a single bite. Extra swallows are an indication of weakness or fatigue.
  - Changes the safety of the swallow
  - Can ultimately lead to increased risk of aspiration.
- Check the oral cavity between bites to ensure all food and liquid is swallowed and rule out pocketing of food.
- Be aware of overstuffing the mouth
- No “chubby bunny” activities!

EFFECTS OF POSITIONING ON SOCIAL INTERACTION AND COMMUNICATION

- Eye contact
- Pleasant conversation
- Read facial and physical cues
  - Readiness to eat
  - Food acceptance
  - Food temperature
  - Satiation (hungry or full)

WARNING!! DANGER!!

DANGEROUS PRACTICES

- STANDING WHEN FEEDING CAUSING BIRD FEEDING – SWALLOWING WITH HEAD IN HYPEREXTENSION
- POOR HEAD ALIGNMENT
- NOT REPOSITIONING DURING MEAL WHEN NEEDED
- PROVIDING MEAL WHEN INDIVIDUAL IS STANDING OR WALKING
- NOT MAKING EYE CONTACT OR NOT WATCHING FOR SWALLOW

CORRECTIVE ACTIONS

- STAFF SHOULD BE SEATED IN EYE RANGE TO ASSIST INDIVIDUALS
- GOOD HEAD POSITION, CHIN SLIGHTLY TUCKED, AND HEAD/NECK ALIGNED. MAINTAIN GOOD BODY SUPPORT - NO DANGLING PARTS
- REPOSITION AS NEEDED DURING THE MEAL
- OFFER MEAL WHEN INDIVIDUAL IS SEATED AND ALERT
- WATCH FOR SWALLOW AND FACIAL CUES

SWALLOWING PRACTICE

1. Place 3 fingers on front of throat and swallow. Feel movement in the throat.

2. Look upward, extending the neck to "bird-feeding position and swallow. Feel movement in the throat.

3. Look forward, maintaining stable positioning of head (as if aligned with a wall) and swallow. Feel movement in the throat.

HOW DID THESE EXPERIMENTS FEEL?

FOOD AND FLUID ACTIVITY #1

1. Choose a partner (1 person is 'staff'; the other person is 'individual')
2. Put on clothing protector
3. Watch partner drink 3 ounces water in consecutive swallows and count the number of swallows on one breath
4. Switch partners and repeat

FOOD AND FLUID ACTIVITY #2

1. Drink 3 oz. Of liquid as fast as you can. How fast can you go when holding the cup yourself?
2. Offer your partner 3 oz. Of liquid as quickly as they can tolerate. Keep in mind their physical cues about pace so you don't cause them to get sick.
3. How does it feel? Could you breathe? Did you feel the need to stop and breathe more when someone else was in control.
4. Switch partners and repeat activity.

FOOD AND FLUIDS ACTIVITY #3

- Stand beside your partner and give one small bite of applesauce or pudding.
- Sit beside your partner and give one big bite of applesauce or pudding.
- Sit beside your partner and rapidly give two big bites of applesauce or pudding.
- Have individual wear a blindfold. Individual keeps head down while partner sits beside them and offers one bite of applesauce or pudding while individual's mouth is gaping open, tongue is pumping and using gravity to swallow.
- Individual is blindfolded with head in midline position. Partner sits beside and offers 2 small bites of applesauce or pudding quickly with no talking.
- Individual is blindfolded with head in midline position. Partner sits beside and offers a swallow of fluid followed quickly by one big bite of applesauce or pudding.
- Switch partners and repeat.

KNOW YOUR INDIVIDUALS

- Be familiar with individual's mealtime concerns such as hyperextension of neck, tongue thrust, vocalizations, food seeking or grabbing.
- Offer food when the individual is ready, not when choking, coughing, vocalizing, laughing, crying, or refusing food.
- Avoid offering food or fluid when the individual is walking around. Encourage them to come to the table and sit to eat.
- If individual refuses to eat, go through a "checklist."

CHECKLIST

- ✓ TEMPERATURE (TOO HOT/TOO COLD)
- ✓ TEXTURE
- ✓ CONSISTENCY
- ✓ FOOD PREFERENCES
- ✓ VOLUME
- ✓ PACE
- ✓ FLUIDS AT PRESCRIBED CONSISTENCY
- ✓ POSITIONING
- ✓ CONSTIPATION
- ✓ REFLUX
- ✓ DENTAL PROBLEMS
- ✓ STAFF ATTITUDES
- ✓ ENVIRONMENT

WARNING!! DANGER!!

DANGEROUS PRACTICES

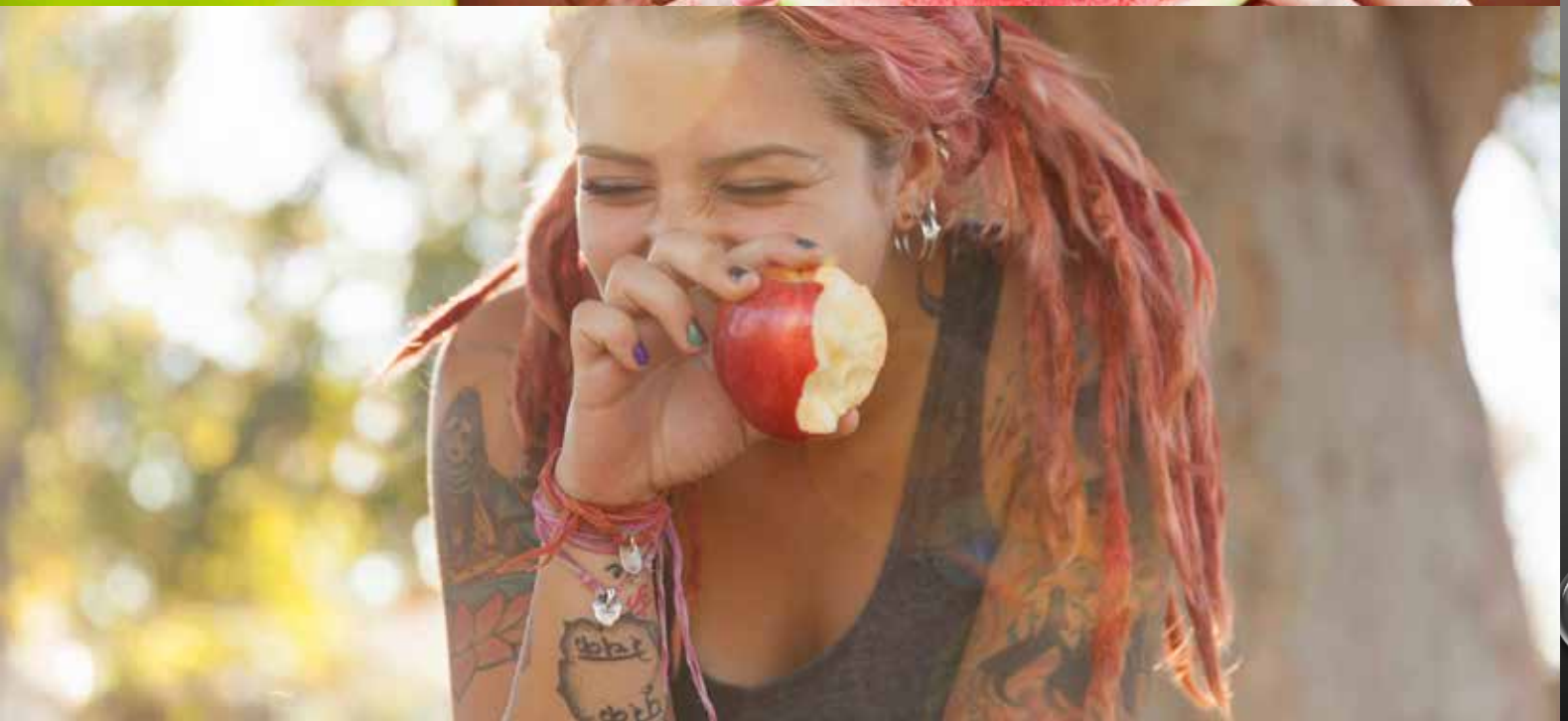
- LARGE BITES, SERVING FOOD RAPIDLY, OVERSTUFFING OR OVERFILLING SPOON
- OFFERING FOOD FROM BEHIND AN INDIVIDUAL
- PINCHING NOSE TO MAKE INDIVIDUAL OPEN MOUTH
- PRESENTING FOOD WITHOUT CUES
- SERVING MEAL WHILE INDIVIDUAL IS COUGHING/CHOKING, VOCALIZING, CRYING AND/OR LAUGHING

CORRECTIVE ACTIONS

- USE APPROPRIATE UTENSILS
  - SMALL BOLUS SPOONS
  - METERED CUPS
- UTILIZE CORRECT STAFF POSITIONING – EYE LEVEL WITH INDIVIDUAL
- OFFER FOOD WHEN INDIVIDUAL IS READY
- EXPLORE WHY INDIVIDUAL IS REFUSING TO EAT
- ALWAYS TREAT INDIVIDUALS WITH RESPECT AND DIGNITY

FLUID TIPS

- Offer fluids every 3 to 4 bites (unless specified differently)
- Do <u>not</u> hold fluids to the end of the meal unless specified in meal plan
- Thickening liquids may make them easier for some individuals to control. Follow prescribed consistency: regular/thin, nectar, honey, pudding
- Some foods are liquid at body temperature and are considered thin liquids
  - Gelatin, ice cream, sherbet, milkshakes, soups unless appropriately thickened



CORRECT VOLUME AND PACE

- Typical bite size is about one teaspoon but may be less for individuals with swallowing disorders.
- When individuals are offered bites that are too big, they may be unable to manage the food bolus effectively, putting them at risk for choking and aspiration.
- Maintain a slow pace when offering bites. Watch for cues that the person has swallowed the food and is ready for another bite.
- When watching an individual feed himself or herself, be observant of pace. Utilize verbal and physical prompts to slow eating pace.
    - Use strategies such as putting less food on the plate or less beverage in a glass to slow pace.
    - Resist the urge to hurry individuals.
- Always watch for a swallow!!

- UNDERSTAND
- PRACTICE
- TEACH

ADAPTIVE EQUIPMENT HELPS INDIVIDUALS BE MORE INDEPENDENT

WARNING!! DANGER!!

DANGEROUS PRACTICES

- Sticky food can stick to the roof of the mouth or the back of the throat leading to coughing or gagging
- Dry food may wad in the roof of the mouth or move back too quickly, leading to coughing or gagging
- Wet food may come out of the mouth or move back too quickly leading to coughing or gagging
- Runny foods may move too fast for the person to control

CORRECTIVE ACTIONS

- Add liquids, condiments or fats to sticky foods such as mayonnaise to pasta salad or butter or milk to mashed potatoes
- Add a binder such as liquids, condiments or fats to dry foods such as tartar sauce for fish or bbq sauce or gravy to dry meats
- Drain off excess liquid or blot wet food with a clean white paper towel to remove excess fluid. Add bread, cookie or cracker crumbs
- Add a binder or drain excess liquids from runny foods. Add cookie, cracker, or bread crumbs or instant potato flakes

WARNING!! DANGER!!

- TEXTURE IS INCORRECT
  - TOO COURSE
  - TOO FINE

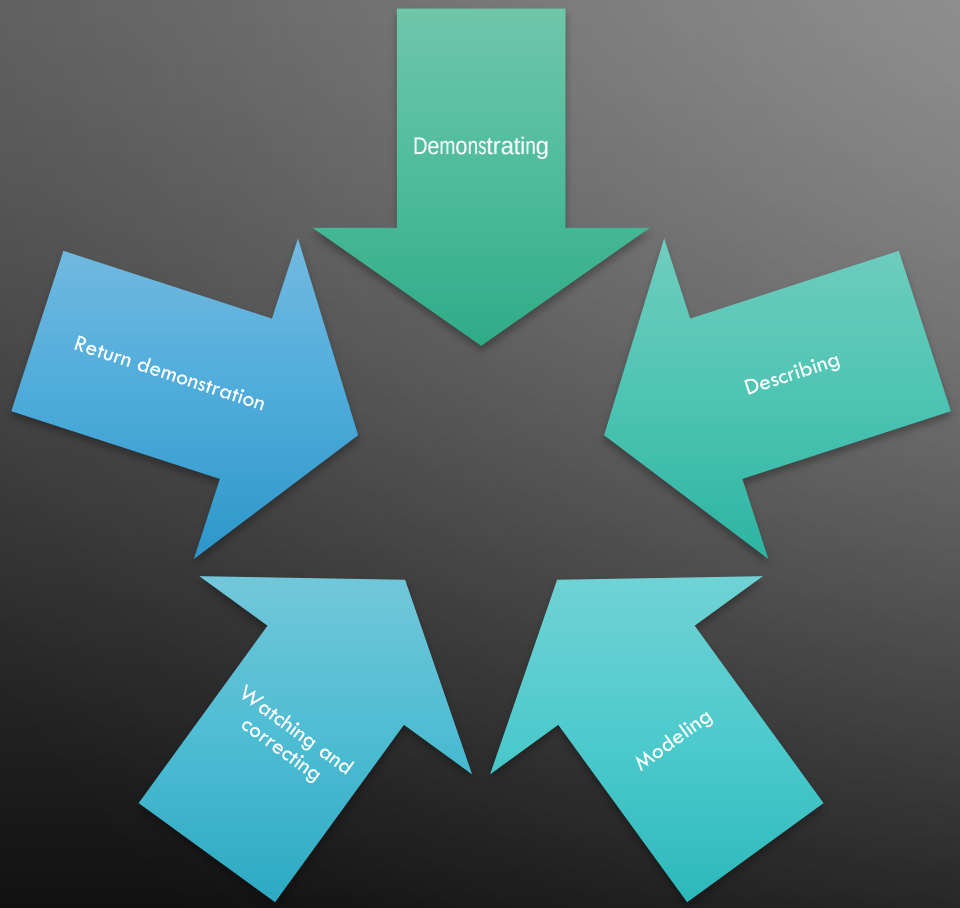
- CORRECTIVE ACTION
  - CHOP FOOD WITH A KNIFE, USE A BLENDER OR FOOD PROCESSOR UNTIL THE CORRECT CONSISTENCY IS ACHIEVED
  - DO NOT SERVE. GET MORE FOOD AND MECHANICALLY ALTER TO THE PRESCRIBED DIET TEXTURE

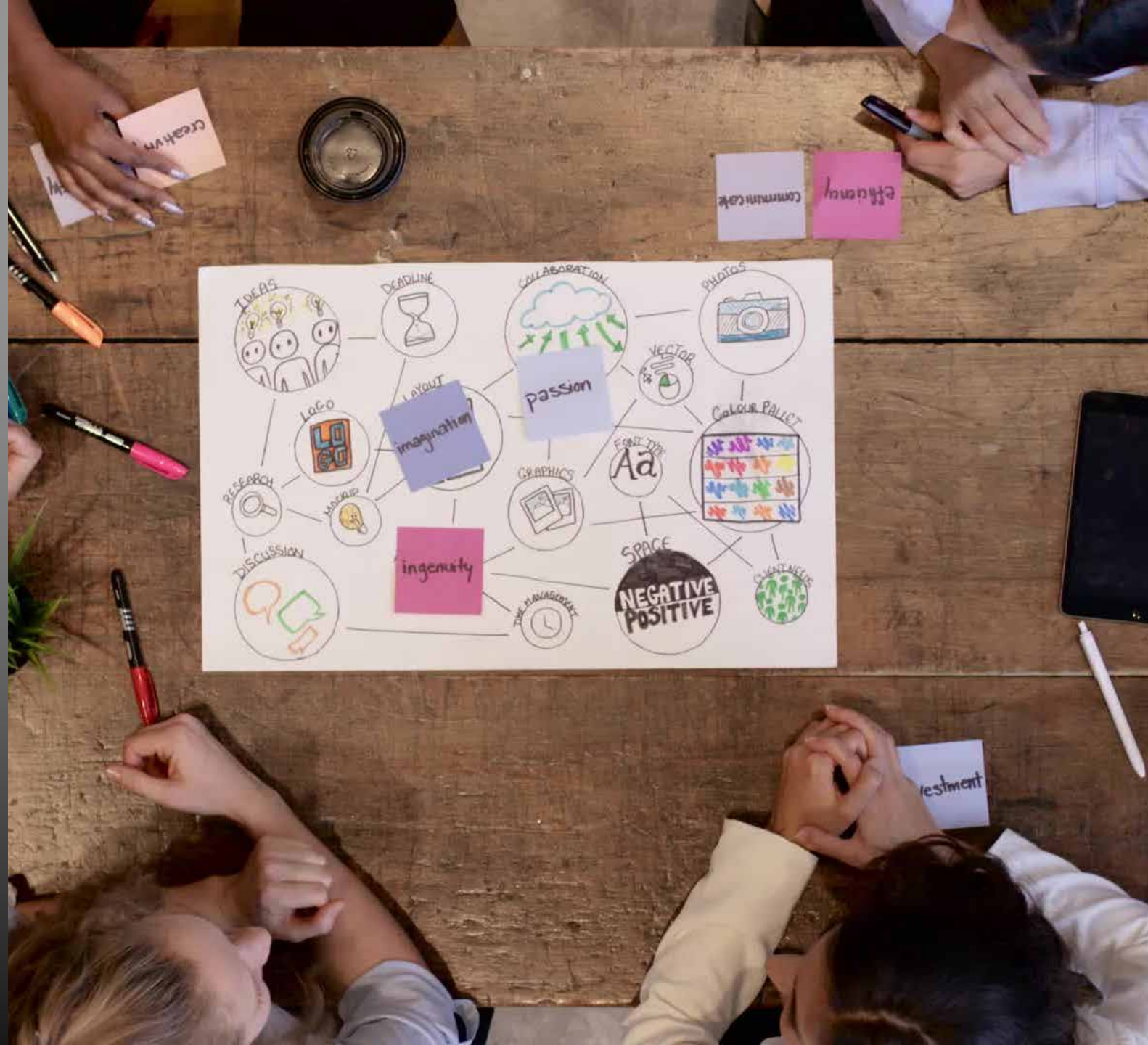
- UNDERSTAND
- PRACTICE
- TEACH

YOUR ROLE AS A TRAINER

- NAME ONE THING YOU LEARNED TODAY.
- HOW CAN YOU SHARE YOUR KNOWLEDGE WITH YOUR STAFF AND CO-WORKERS?
- HOW WILL YOU CARRY FORWARD?
- HOW WOULD YOU TEACH STAFF TO AVOID DANGEROUS MEALTIME PRACTICES?

INSTRUCTIONAL METHODS





AVOID THE DANGEROUS DOZEN MEALTIME PRACTICES TO ENSURE SAFE MEALTIMES

***SLUMPING* should be corrected.**
Eating meals or snacks when slumped forward or to the side increases the chance the food will not go where it should when you swallow.

ADAPTIVE EQUIPMENT that is missing or wrong poses a danger.
If the person you are helping needs special dishes, cups, or utensils, it is unsafe for them to eat without their equipment.

FURNITURE that is not supporting correct positioning is a no-no.
Should this person be seated in a specific dining chair or wheelchair while eating? If the furniture is wrong, correct positioning cannot be achieved.

EATING LIKE A BABY BIRD can lead to aspiration.
Doing anything that causes an individual to look up when taking a bite or sip is unsafe.

MEALTIME ORDERS that are not followed lead to unsafe eating.
It is dangerous to serve food or beverages not prepared to match the ordered texture and consistency. Food and drink should also match any prescribed diet.

ENVIRONMENT THAT IS CHAOTIC is not suitable for mealtime.
A lot of noise and distraction in the area where meals are served creates unnecessary risk.

AWFUL FOOD STORAGE leads to risk of infection and illness.
Food not stored properly, both before preparation and when there are leftovers, increases the risk of bacteria and food-borne illness.

LACK OF RESPECT is a problem at any time, but is uniquely risky for meals.
Talking over or around the person you are supporting adds to mealtime danger. Besides being rude, it means your attention is not on the mealtime.

TEMPERATURES OF FOOD being too hot or too cold when served is unsafe.
Food served at the wrong temperature can range from unappetizing to unsafe. A person who can't spit out food is at much higher risk of getting burned.

IMPROPER SANITATION during food preparation can cause contamination.
If food is prepared, served, or stored from a surface that has not been properly sanitized (including handwashing), this is risky.

MEALTIME ASSISTANCE ERRORS increases risk of choking or aspiration.
Staff presenting food from a standing position or not following guidelines about where they should be sitting and level of support (e.g., 1:1) is unsafe.

EXCESSIVE PACE OR AMOUNT impairs safe swallowing.
Feeding someone too quickly or with too big a bite or sip greatly increase the risk of choking.

THE END
THANK YOU FOR YOUR PARTICIPATION