

Script for Dangerous Mealtime Practices

Prior to the class the trainer/facilitator should set up the room. It is helpful if you have 1-2 people helping as this takes some time:

- Ensure there are enough chairs for each participant who is registered. Try to have an even number of participants seated at each table.
- At each table put a large water pitcher filled with ice and water
- Prepare one for each participant:
 - Medicine cups/soufflé cups with about a tablespoon of peanut butter
 - Medicine cups/soufflé cups with ~1 bite of sliced peach (~ $\frac{1}{3}$ to $\frac{1}{2}$ of a slice)
 - Medicine cups/soufflé cups with $\frac{1}{2}$ a saltine cracker, and
 - Medicine cups/soufflé cups with applesauce that has been thinned with apple juice
- Put one of each medicine cup/soufflé cup at the place settings (i.e. a table seating 6 would have 6 cups with peanut butter, 6 with sliced peach, 6 with cracker and 6 with runny applesauce)
- Put napkins, spoons and cups on each table
- Have indelible markers available for participants to write their names on their cups and pudding
- At each seat, put out a pen, workbook, sign-in sheet, and handouts (**but not the test!**) *
 - Tip: If you know who is going to be present, write the name of each participant on their individual workbook. This is a way to arrange seating if you plan to do so.

I. Introduction to the participants

A. Introduction

1. Introduce self and other trainers/facilitators (if there are any). Ask participants to introduce themselves.
2. Review page 2 of the Participant Workbook. This establishes the goal of the training and helps participants know what to expect.
3. This class lasts 3-4 hours, depending on number of participants. Please set expectation about break (one break about midway through) and starting on time.

4. Participants should be reminded to put their phone on silent and keep phones off the table during training. No texting or non-emergency calls during this training.
5. Ask about food allergies or intolerances.
 - a. As people raise their hands, ask them their food allergy/intolerance. Tell them if that is a potential problem today or not. (e.g., if someone says beef then you say, "Okay, no problem;" if they say oranges, then you say, "no problem," etc.)
 - b. **The following allergies or intolerances will keep someone from participating in part or all of the eating activities (depending upon his/her allergy/intolerance): milk, wheat, gluten, soy, nuts, apples, peaches.** They might be willing to participate using the applesauce but rightly could be concerned about the potential for cross contamination. These individuals should not be expected to eat ***but*** should go through the motions of the activities to get the feel for the activities.

B. Participant Workbook

1. Everyone should have a participant workbook at their place. Encourage note-taking in addition to working on the feedback exercises throughout the workbook.
1. This training is competency-based; there will be a written post-test given at the end of class. **You will not have access to your notes for this test**, so please take notes and actively participate in this class to best retain what you learn. You must pass with an 80% or better or you will have to re-take the test.



PAUSE FOR QUESTIONS

Training Begins

II. Preparation for Mealtime

- A. Effective hygiene practices are used at mealtime
 1. Staff washes hands
 2. Staff washes the individual's hands



3. Ideally a staff would assist only one person during the meal, but if staff is assisting more than one individual need to avoid cross contamination
4. If assisting more than one individual, staff should use hand sanitizer between individuals if staff is not able to leave the table to wash hands
5. Staff should be aware of cross contamination
 - a. Scratching nose, coughing, touching face or hair, etc.
 - b. touching table, saliva, food, spoon, etc.
 - c. touching another individual and/or another individual's food, utensils, saliva, etc.
 - d. Cross contamination in meal preparation is when juices from raw meats or germs from unclean objects touch cooked or ready-to-eat foods (such as cutting up uncooked meat on cutting board that you then cut lettuce on).
6. Eating surface is sanitized or washed (especially if people are eating on trays attached to their wheelchairs). This should occur at home & the day center.



PAUSE FOR QUESTIONS

7. Food is covered, protected, and maintained at proper temperature
 - a. hot foods stay hot until you are ready to serve
 - b. cold foods are kept cold until you are ready to serve
 - c. liquids stay hot or cold until ready to serve
 - d. Remind attendees about food preparation practices to avoid food borne illness that result from not having food in the proper temperature range. Examples include:
 - Never defrost food at room temperature. Food must be kept at a safe temperature during thawing. There are three safe ways to defrost food: in the refrigerator, in cold water, and in the microwave. Food thawed in cold water or in the microwave should be cooked immediately.

- Divide large amounts of leftovers into shallow containers for quicker cooling in the refrigerator, especially soup, stew, and chili that are cooked in a Dutch oven, stock pot, or slow cooker.
 - Refrigerate or freeze meat, poultry, eggs and other perishables as soon as you get them home from the store.
 - Never let raw meat, poultry, eggs, cooked food or cut fresh fruits or vegetables sit at room temperature more than two hours before putting them in the refrigerator or freezer (one hour when the temperature is above 90°F).
 - Use or discard refrigerated food on a regular basis (typically don't keep more than 3-4 days after preparing it).
- e. There is a Food Safety Tips Handout in this curriculum packet if the trainer would like to copy and distribute it to attendees
8. Utensils (forks, spoons, knives, straws, chopsticks) are clean, stored, and distributed in a manner to avoid contamination. Anything you **put in your mouth** during mealtime is considered a utensil. Utensils can vary by culture.
- a. Clean utensils in hot soapy water with hot water rinse or dishwasher
 - b. Store utensils in cabinet or drawer
 - c. Throw utensils and other adaptive equipment away when damaged (ex. Coated spoons where the coating has split, divided plate where the plate has a crack in it, etc.) but remember to discuss with home manager as more will need to be ordered
 - d. Distribute utensils in a manner as to avoid cross contamination (demonstrate using the bowl of a spoon, business end of a fork or knife and holding the cup on the rim. Ask participants what they would do if a waiter did that to their utensils in a restaurant?). This affects how you put these in the dishwasher and how you remove them from the dishwasher as well.
 - e. Some individuals eat using their fingers. In this case, their hand is a utensil, and you need to be especially careful about hand hygiene before and after meals.
 - f. Use of **disposable (single use)** plastic utensils for someone with a history of choking is considered unsafe. This is because those types



of utensils can easily break in a person's mouth, posing a choking hazard.

9. Dangerous practices:

- a. staff touching his/her face, coughing, sneezing, etc. without washing hands
- b. staff touching the business end of eating utensils or rims of glasses
- c. staff assisting more than one individual and touching another individual's food, utensils, saliva, etc.
- d. cross contamination in meal preparation

10. Corrections/actions:

- a. Staff should wash his/her hands after touching his/her face, coughing, sneezing, using the restroom, etc.
- b. Staff should not touch the business end of eating utensils or rims of glasses
- c. Staff should use good hand hygiene when working with individuals
- d. Avoiding juices from raw meats or germs from unclean objects & then touching cooked or ready-to-eat foods.



PAUSE FOR QUESTIONS

B. Correct food texture

1. Know the individual's correct diet texture (chopped/diced, ground/minced, pureed, regular, etc.)
2. Definition of texture – based on the size of the piece of food
3. Go over handout – review the texture section on pages 1 & 2
 - Whole/Regular - no modifications
 - Chopped/Diced – ¼ to ½ inch pieces
 - Minced/Ground - ⅛ to ¼ inch pieces
 - Pureed - smooth with no lumps
4. Go over the oral motor patterns required for each texture (see handout)



5. Dangerous practices – incorrect texture
6. Corrections/actions - page 7 of the handout
 - a. Too coarse-chop it or put in a food processor or blender until it is the right size
 - b. Too fine- don't serve it. Get some more food that is the appropriate texture. Individuals have the right to be as independent as possible with their diet! This is also a dignity issue. Would you want to be offered a pureed meal just because it was convenient for someone to offer you that?

C. Correct food consistency

1. Definition of consistency - how it feels in the mouth
2. Handout – review the consistency section on page 3
 - a. Consistencies that are difficult to clear from the mouth due to difficulty moving their tongue around and/or dry mouth (little saliva)
 - Sticky - like peanut butter and starchy foods.
 - Dry - breads, crackers, dry meats
 - b. Consistencies that are difficult to keep in the mouth until swallowing as the food can slip down the throat before the swallow and the airway might not be closed
 - Wet or Slippery - like canned peaches, okra
 - Runny - pureed foods with too much liquid or soups
3. Activity – sample different consistencies:
 - a. Eat sticky – peanut butter
 - b. Eat dry – cracker
 - c. Eat wet – canned sliced peaches (in heavy syrup)
 - d. Eat runny – applesauce thinned with apple juice
4. Dangerous practices – incorrect consistency
 - a. Sticky food can stick to the roof of the mouth or the back of the throat leading to coughing or gagging
 - b. Dry food may wad in the roof of the mouth or move back too quickly leading to coughing or gagging



- c. Wet food may come out of mouth or move back too quickly leading to coughing or gagging
- d. Runny foods may move too fast for the person to control
- 5. Corrections/actions - page 7 of the handout
 - a. Too sticky-add liquids, condiments or fats (i.e. add mayonnaise to pasta salad, add butter or milk to mashed potatoes)
 - b. Too dry – add a binder such as liquids, condiment fats (e.g., tartar sauce for fish). Add appropriate condiment & foods to the food item. Example: Adding peaches to meat? What would you do if this were your food?
 - c. Too wet – If possible, blot food with clean white paper towel (no ink on it) -think about the food as some cannot be blotted; add bread, cookie crumbs, cracker crumbs; drain off the excess liquid
 - d. Too runny – fruits & vegetables that are processed are often too runny. Drain off liquids if possible, add a binder such as cookie crumb, bread, cracker crumbs, or instant potatoes. (runny pureed foods cannot be drained-a binder must be added)

D. Temperature

- 1. Serving temperature vs. holding temperature
 - a. holding temperature is 140° or higher for a hot food or less than 40° for a cold food to prevent food borne illnesses
 - b. serving temperature is lower. You and I don't eat food that is 140° at the point of eating.
- 2. Individuals with developmental disabilities can be extra sensitive to extremes in temperature either too hot OR too cold
 - a. Some individuals cannot spit out food if it is too hot
 - b. Some individuals have sensitive teeth especially to very cold items
- 3. Dangerous practices – Too Hot or Too Cold
- 4. Corrections/actions
 - a. Too hot – stir the food, spread it out, wait for it to cool, add a cooler food, put it in the refrigerator for a few minutes
 - b. Too cool – reheat in the microwave (fats & sugars heat the fastest).



Heating is uneven in a microwave so be sure to stir thoroughly.
Food heated in the microwave is heated the edges of the container first and then to the middle.

E. Positioning of individual

1. Position the individual before the meal to ensure his/her body is in alignment and supported in the therapeutic position for mealtime
 - a. No dangling parts-pelvis, shoulders, arms, feet, head all supported as needed. Nose, navel, knees, toes in alignment
 - b. Activities - Ask participants to do these activities to demonstrate the difference positioning makes for individuals
 - i. Sit in a C position (sitting on the lower part of back and you are curved like a 'C') and (1) Breathe (2) Raise arms (3) turn head side-to-side
 - ii. Sit upright and (1) Breathe (2) Raise arms (3) turn head side-to-side
2. Ensure that an individual's head is maintained in midline with a slight chin tuck especially during a swallow. NO "BIRDFEEDING" – sit at eye range so individual does not have to look up at staff
 - a. Activities - trainer to demonstrate these positions to the class:
 - i. seated with head and neck hyperextended
 - ii. seated with head in midline with chin tuck
3. Effects of positioning on digestion, elimination & GERD
 - a. GERD (gastro-esophageal reflux disease) – stomach contents going up in the esophagus
 - i. Alert the nurse if you notice symptoms of reflux even if the individual does not have a diagnosis of GERD
 - ii. Signs and symptoms include: burping/belching, re-swallowing lot after a meal, chest pain, and terrible taste in the mouth. Sometimes hand-mouthing can be associated with GERD & sometimes "behavioral" instances have been associated with GERD as the individual is communicating pain/irritation, etc.
 - iii. If the individual that you support does not communicate clearly in a verbal manner then you might have to be a detective and tell



the nurse the things that this individual is doing differently

- b. Aspiration- food or fluid in lungs/airway.
Health risks related to aspiration: gagging, coughing, pneumonia, scarring of lungs, decreased lung capacity/expansion. Report any unusual signs to the nurse. Unexplained weight loss has in some cases been associated with aspiration
- c. Improved positioning before, during & after a meal allows the digestive system to work more efficiently
- d. Positioning after the meal is equally important (i.e., upright for the correct amount of time per plan of care or company protocol) and sometimes an individual's head of bed is elevated as well)
- e. The Fatal Five in Georgia, which are the top 5 causes of death among the I/DD population, are: Aspiration, GERD, Constipation/Bowel Obstruction, Dehydration & Seizures.
Eating and drinking can directly affect 4 of these: Aspiration, GERD, Constipation/Bowel Obstruction & Dehydration

4. Dangerous Practices

- a. "Bird feeding" –swallowing with head in extension
- b. Poor head alignment
- c. Poor body alignment
- d. Not repositioning during meal when needed
- e. Providing meal when individual is standing or walking

5. Corrections/actions

- a. staff should be seated in eye range to assist an individual
- b. Good head position
- c. Good body support-no dangling parts
- d. Reposition as needed during a meal
- e. Offer meal when individual is seated

F. Environment

- 1. There is a difference in dining and eating. Eating is something we might do in a hurry such as grab something through a drive through window.
Dining is intended to be relaxing and helps digestion. ***Ask "Would you***



Script & Materials for the Dangerous Mealtime Practices training were prepared as part of the Improving Health Outcomes Initiative for DBHDD. This script was prepared with reference to the State of Tennessee Department of Intellectual Disabilities *Dangerous Mealtime Practices* course, Fight Bac Food Safety website, and the National Dysphagia Diet (American Dietetic Association, 2002).

rather eat or dine?"

2. Look at the environment. Are TV and/or radio too loud? Is the TV or radio on a station or genre that the staff prefers or the individual likes? Make sure it is the diners' preferences that are honored.
 3. Staff should be interacting with the individuals that they support and not talking to each other about what they themselves have been doing or plan to do.
 4. If needed, use a dining scarf vs. a towel, apron, clothing protector, etc. Homes should work towards using a dining scarf as a more dignified way of protecting the individual's clothing yet not look like an adult bib. Dining scarves are typically made from polyester material that will allow them to be tossed in the washer and dryer and do not require ironing. They are often lightweight and can be packed easily in a back pack to take to day program or for community dining. *Show an example of a dining scarf and demonstrate its use.*
- 5. Never use a disposable pad (chux) or incontinence brief as a clothing protector.**

This is a good place for a break. Announce a 10 minute break but it generally turns into a 15 minute break by the time you get all in and start back.

III. Mealtime

A. Positioning of staff

1. Demonstration of 2 dangerous practices
 - a. Stand to feed throwing head into hyperextension
 - b. Standing behind so that they can't see what you are doing
2. Staff should sit at eye range when providing food, liquid, and medications
3. Face individual so that you can see his/her face and the swallow
4. Watch your own body mechanics-need a chair that gives the staff enough support and the correct height to be in eye range



5. The effects of positioning on social interaction and communication
 - a. eye contact
 - b. pleasant conversation
 - c. reading facial and physical cues to know if the person is ready or not, likes the food, likes the food's temperature, is hungry or full, etc.
6. Dangerous practices
 - a. standing to feed
 - b. not making eye contact
 - c. not watching for swallow
7. Corrections/actions
 - a. sitting at eye range when providing meal, liquids, and medications
 - b. watching for facial cues
 - c. watching for swallow

B. Correct volume and pace

1. Volume

- a. Typical bite size is about a teaspoon but can be less for individuals with swallowing disorders. I can't emphasize enough how important it is to keep bite size small. Please don't think of mealtime as something that you need to get over with as this is the individual's dining experience is not a chore on your daily to-do list.
- b. When the individual is offered too big a bite, he/she is unable to manage it effectively, which puts him/her at risk of aspiration or choking.

2. Pace

- a. When assisting someone with meals, maintain a slow pace when offering bites. Watch the individual for cues that he/she is ready for another bite and has swallowed the first bite before presenting another bite.
- b. When watching an individual feed himself/herself still watch his/her pace. Use verbal and/or physical prompts to slow his/her pace. Use strategies such as putting less on his/her plate, less drink in his/her



glass, etc. to slow the pace of eating or drinking.

- c. Resist the urge to hurry individuals when they are "running late" such as when the van is arriving to take them to day hab, etc.

3. Watching for a swallow

- a. Don't forget to watch for a swallow when assisting an individual
- b. Lifting of the larynx & then the epiglottis covering the larynx is what protects us when we swallow food to keep it from going into our airway

- C. Check and maintain the individual's head alignment throughout the meal. If the individual is feeding himself/herself staff should prompt him/her to sit upright and keep head in proper alignment.

D. Activities relating to consecutive swallows of liquid & watching for a swallow

1. Trainer demonstrate using water:

- a. One sip and swallow
- b. Consecutive swallows (multiple swallows on one breath)
- c. Do a consecutive swallow and have the group count the swallows
- d. Remember that a person with a normal swallow can take a lot more swallows on one breath than someone with an impaired swallow

E. Activities-Presentation of Food & Fluid. Now we will practice some techniques that are considered dangerous practices and these should never be used with clients you support

1. Group should partner up. Put on a clothing protector. Be prepared to be both the "individual" and the "staff" with your partner.
2. Activity using water:
 - a. Watch partner drink ~3 oz water in consecutive swallows and count the number of swallows on one breath
 - b. Switch partners and repeat 2a
3. Activity using water:



- a. Drink ~3 oz of liquid as fast as you can. How fast can you go when you are holding it yourself?
 - b. 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.
 - c. Have the partners tell the class: How does it feel? Could they breathe? Did they feel the need to stop & breathe more when someone else was in control?
 - d. Switch partners and repeat b & c
4. Activity using applesauce or pudding, and partners
- a. Stand to feed giving one small bite
 - b. Sit and give 1 big bite
 - c. Sit and give 2 big bites quickly
 - d. Have the 'individual' wear a blindfold. The individual should keep his/her head down, and 'staff', while seated, should offer one bite while individual's mouth is gaping open (as if they can't get closure on his/her own accord), tongue pumping and using gravity to swallow
 - e. 'Individual' is still blindfolded with head in midline with slight chin tuck, and 'staff', while seated, should offer 2 small bites quickly and staff should not talk to the 'individual'
 - f. 'Individual' is still blindfolded with head in midline with slight chin tuck, and 'staff', while seated, should offer a swallow of fluid followed quickly by 1 big bite
 - g. Switch partners and repeat a-f
- F. Be familiar with an individual's mealtime concerns such as hyperextension, tongue thrust, vocalizations, etc.
- G. Offer food when the individual is ready-Not when choking, coughing, vocalizing, laughing, crying, refusing food
- H. Avoid offering food or fluid when the individual is walking around. This can be a challenge for some individuals. Keep encouraging him/her to come to the table to eat even if it takes longer.
- I. If individual is refusing to eat go through a "checklist":



Dangerous Mealtime Practices

1. temperature- too hot/ too cold
2. texture
3. consistency
4. volume
5. pace
6. fluids at appropriate consistency
7. constipation
8. reflux
9. dental problems
10. staff attitudes
11. environment

J. Dangerous practices (ask participants to name some)

1. large bites
2. rapid serving of meal
3. overstuffing
4. overfilling spoon
5. offering food from behind
6. pinching nose (to make an individual open his/her mouth)
7. presenting food without cues
8. serving meal while individual is coughing/choking, vocalizing, crying, and/or laughing

K. Corrections/actions

1. Build skills
2. Increased independence
3. Eating when individual is ready
4. Exploring why individual is refusing to eat

L. Fluids



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1. Offer fluids every 3 to 4 bites (unless specified differently)
2. Do not hold fluids to the end of the meal unless specified for that individual-person may be thirsty throughout the meal. Think about how hard it would be for you to wait until the end of a meal to drink.
3. Thickening liquids may make fluids easier to control so some individuals are on thickened liquids (usually as a result from a modified barium swallow study)
4. Be aware of the individual's fluid consistency-regular, nectar, honey, or pudding thick - Refer to pages 4-6 of the handout
5. Demonstrate what how to thicken to nectar and honey thick using two tall clear glasses, thickener and a fork
6. Reminder that foods that are liquid at body temperature are considered thin liquids.
 - a. Those on thickened liquids should not be offered Jell-O®/gelatin, ice cream, sherbet, milkshakes, or soups unless appropriately thickened.
 - b. If microwave is available in the training room or very close by, demonstrate how Jell-O®/gelatin will melt with heat (to mimic body temperature of 98.6°): Put the contents of a Jell-O® cup into a small bowl and put the bowl in the microwave for ~30 seconds. This will achieve a thin liquid consistency to show the class.
 - c. If there is no microwave in the room, ask attendees if they know how Jell-O®/gelatin is made. Hopefully someone in class will pipe and tell that you start with boiling water added the Jell-O®/gelatin mix, then mix in cold water and refrigerate. If no one knows then you will have to tell them. This brings home that it is a liquid when hot.
7. Review page 6 of the handout "Things to Remember About Thickeners"
8. Dangerous practices:
 - a. using no physical cues
 - b. rapid drinking
 - c. gulping
 - d. drinking with neck in extension
 - e. offering the wrong liquid consistency
9. Corrections/actions:



Dangerous Mealtimes Practices

- a. provide physical cues
 - b. slow pace of drinking- might have to offer the individual only 1-2 oz of his/her liquid in his/her cup at a time
 - c. offer liquids after every 3-4 bites
 - d. good head alignment
 - e. offer the correct liquid consistency
- M. If we have any home managers in this group, all homes should have at least 2 sets of measuring cups and spoons. They are inexpensive when purchased at the dollar store. The measuring cups and spoons will assist staff in portion control to ensure individuals are getting enough and in some cases not too much.

