

Title	ACIA 030 – Supporting Persons with Dysphagia at Mealtimes in the Community
Purpose	This guideline aims to assist Service Providers (organisations and individuals), Service Users, stakeholders, and funders to identify and manage swallowing and mealtimes effectively and in a safe manner, using best practice and minimising risk for persons who have Dysphagia in the community setting.
Background	<p>In 2019, an Australia-wide research project and scoping review on the prevalence of and factors contributing to the deaths of people with disability was conducted by the National Disability Insurance Commission.¹ Respiratory disease was the major underlying cause of death for people with disability across the reviewed reports. Aspiration pneumonia was the most common underlying cause of respiratory death, accounting for just under half of all respiratory deaths.</p> <p>The following factors were reported as contributors to these outcomes: safe mealtime guidelines were not consistently being adhered to due to lack of staff knowledge and/or understaffing of dysphagia; high rates of psychotropic prescriptions and polypharmacy; increasing risk of impaired swallowing function; sedation and hypersalivation; delays in diagnosis and treatment of respiratory related illness; lack of timely access to influenza and pneumococcal vaccines, and lack of comprehensive nutrition and swallowing assessments for at risk groups.</p> <p>Across the reports, accidental choking was highlighted as the leading external cause of death for people with disabilities.</p> <p>People with lifelong health conditions or disability have a higher incidence of dysphagia.² The impacts of dysphagia are widely reported and can be serious, long-lasting and substantial (Bryant & Hemsley 2018). Dysphagia and mealtime interventions can impact a person’s quality of life, wellbeing, and participation across the lifespan.</p>
Scope	This guideline applies to the management of dysphagia at mealtimes of all Service Users, including the administration of oral medication, in the community in Australia, or Australians visiting overseas with their Australian Support Worker/s.
Disclaimer	This guideline is provided to help guide best practice in the community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

<p>Desired Outcome</p>	<ul style="list-style-type: none"> • To maintain a quality and safe standard of service delivery support • To proactively reduce the number of deaths attributed to choking and respiratory infections in persons with a disability, due to the lack of understanding by Service Providers and their staff in the identification and prevention of such incidents, by identifying a person at risk and implementing strategies to prevent their harm.
<p>Definitions and Supporting Information</p>	<p>Aspiration is when food, fluid or saliva enters the airway and/or lungs before, during or after swallowing. This can occur with obvious signs and symptoms or silently.</p> <p>Carer is a person that provides supports to the Service User at no cost (generally family or friend).</p> <p>Community Supports and/or Services are defined as the provision of paid supports and services in a Service User's home or community.</p> <p>Dysphagia a medical term for any difficulty in the swallowing process of food or fluids. It may include: weakened muscles or lack of muscle coordination which makes managing food or fluid in the mouth difficult; poor initiation of the swallow; slowed or absent reflexes such as cough; reduced or no sensation in the airway; incoordination of the swallow structures in the pharynx or larynx. A person may have dysphagia due to poor posture, varied levels of alertness, cognitive impairment, or ageing.</p> <p>Dysphagia can be caused by neurological conditions such as Stroke, Traumatic Brain Injury, Cerebral Palsy, Parkinson's Disease, Motor Neurone Disease and other degenerative diseases. People with intellectual disabilities can also have dysphagia.</p> <p><u>Early signs of dysphagia</u> may be coughing, throat clearing, gagging, or choking while eating and drinking. This could mean the person is aspirating (see definition), which can cause pneumonia.</p> <p>Other signs of dysphagia are repeated or unexplained chest infections and/or raised temperature; unexplained weight loss; dehydration, weak or absent cough or swallow, or drooling.</p> <p><u>Further signs and symptoms of potential dysphagia are:</u> eating takes a longer time than normal; the need to cough or clear the throat during or after eating and drinking; frequent complaints of heartburn; shortness of breath when eating and drinking; avoiding some foods because they are hard to swallow. Babies that have difficulty sucking during breast or bottle feeding could have dysphagia.</p>

Instrumental swallowing assessment: While the above signs and symptoms of dysphagia are important and should be reported immediately, they are not always reliable indicators of aspiration. The gold standard for the detection of aspiration is instrumental swallowing assessment, such as a video fluoroscopic swallow study (a moving x ray of swallow function). Persons with disability should be referred for instrumental swallowing assessment by a treating medical practitioner where appropriate. The instrumental swallowing assessment should be conducted by a speech pathologist and radiologist.

Dysphagia Treatment

The most appropriate treatment for dysphagia will depend on its cause and presentation. Treatment and management plans should be tailored to individual service users by a specialist in dysphagia management who can assist with:

- modifying textures of foods or drinks
- swallowing techniques or strategies focusing on positioning or placement of food
- exercises or stimulation
- medication to reduce stomach acid reflux or relax the oesophagus

In some cases, enteral feeding may be indicated to augment or replace an oral diet.

Mealtime Management Plan (MMP)- a document that outlines for Service Users:

- food and drink that is safe to swallow (e.g. texture modified diet or thickened fluids)
- timing of meals and feeding (e.g. allowing suitable time for the Service User to complete their meal)
- best environment for meals (e.g. may need a quiet environment with minimal distraction)
- level of assistance or supervision (e.g. promote and support independence)
- positioning and posture during eating and drinking (e.g. to reduce coughing, swallowing issues)
- equipment and aids (e.g. modified cutlery and cups)
- Service Users' preferences for foods, tastes and flavours

Service Providers are organisations or a person, who are funded for the delivery of supports and services to Service Users.

	<p>Service User is the person, client or consumer receiving community service or support.</p> <p>Speech Pathologist/ Speech Therapist/Speech Language Therapist is a health professional trained to assess, diagnose, and treat communication, swallowing, speech, language or voice disorders.</p> <p>Support Worker is an individual who assists or supervises a Service User to perform tasks of daily living to support and maintain general wellbeing and enable meaningful involvement in social, family and community activities in the person’s home and community. The Support Worker is a paid person who has access to education, support and advice from the Service Provider line manager or team leader. Support Worker is commonly known as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.</p> <p>Support Worker Competency means a support worker who has been trained and assessed as competent by a skilled registered nurse, or allied health professional or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.</p>
<p>Guideline/ Policy</p>	<p>ACIA recommends that all Service Providers address the issue of persons with a disability who are at risk of choking and/or dysphagia through their risk management program, whilst also acknowledging Service User-directed care and dignity of risk.</p> <p>Identifying Service Users at risk</p> <p>New Service Users</p> <p>People with a disability can have an increased risk of swallowing difficulties. It is recommended that Service Providers screen for swallowing and choking risks when a new Service User joins their service, using service specific processes or a Nutrition & Swallow Risk Checklist.³</p> <p>Existing Service Users</p> <p>It is recommended that all service users have an annual health review, where swallowing, choking, respiratory risks and issues can be identified and assessed. A review of medications and their impact/side effects should also be completed annually.</p> <p>It is recommended that all Service Users with dysphagia have a current and accessible mealtime management plan (MMP).</p>

Mealtime Management Reviews

If there are any concerns about Service Users' ability to swallow or meet their nutritional needs, it is recommended the Service User be assessed by their Medical/General Practitioner or directly referred to specialised services. They may then refer the Service User to one or all of the following specialists for support:

- a **speech pathologist** who can assess swallowing and develop a treatment plan and mealtime management plan.
- a **dietitian** who can assess the nutritional requirements and support
- an **occupational therapist** who can assess the environment for mealtimes, positioning, feeding and recommend equipment, and aids, if needed.

Oral Hygiene: there is a clear link between dysphagia, poor oral health and increased risk of aspiration pneumonia. It is recommended that Service Users are supported to maintain good oral hygiene and regular dental checks.

Medication Management: there is an increased risk of choking of Service Users medicated with sedatives, antidepressants and antipsychotics, due to their impact of level of alertness and saliva production. It is recommended that side effects and interactions of all medications are monitored, with respect to their impact on swallowing and choking. This should be part of the annual health review.

Training and Education: Regular training and education of all support workers, carers and family are essential to the safe management of dysphagia and mealtimes. It has been shown that a bystander's awareness and knowledge of swallowing difficulties and choking can impact the outcome of an incident⁴. Training should include:

- dysphagia
- general mealtime management
- individual education on each service user's MMP, risks of choking and/or aspiration and oral hygiene care
- preparation of modified food and drinks (if applicable)
- responding to choking, including cardiopulmonary resuscitation, emergency procedures
- how to report incidents through a reporting system, to reduce future risks
- how to refer to specialised services

	<p>The Service User should be involved in all training and education if they are able to participate.</p>
<p>Resource Documents</p>	<p>¹ https://www.ndiscommission.gov.au/causes-and-contributors-deaths-people-disability</p> <p>² Robertson, J., Chadwick, D., Baines, S., Emerson, E., & Hatton, C. (2017). Prevalence of dysphagia in people with intellectual disability: a systematic review. <i>Intellectual and Developmental Disabilities</i>.</p> <p>³ https://www.facs.nsw.gov.au/_data/assets/pdf_file/0004/590701/108-Nutrition-and-Swallowing-accessible.pdf</p> <p>⁴ Hemsley, B., Steel, J., Sheppard, J., Malandraki, G.A., Bryant, L., & Balandin, S. (2019). Dying for a Meal: An Integrative Review of Characteristics of Choking Incidents and Recommendations to Prevent Fatal and Nonfatal Choking Across Populations. <i>American Journal of Speech-Language Pathology</i> 28:1283-1297</p> <p>https://hemsleyhealthresearch.files.wordpress.com/2018/07/bryant-and-hemsley-2018-evidence-summary-dysphagia-mealtimes-participation-uts-2018.pdf</p> <p>ACIA 002 Provision of Paid Support Services and Nursing in the Community ACIA 028 Provision of Enteral Feeding and Management by Support Workers in the Community</p> <p>https://www.healthdirect.gov.au/dysphagia</p> <p>https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/nutrition-swallowing/swallowing/swallowing-responding</p> <p>https://www.mndassociation.org/support-and-information/living-with-mnd/eating-and-drinking/</p> <p>https://www.mndassociation.org/professionals/management-of-mnd/management-by-symptoms/dysphagia/</p> <p>http://www.dmd-guide.org/gastrointestinal-management/swallowing-management/</p> <p>https://www.speechpathologyaustralia.org.au/SPAweb/Members/Clinical_Guidelines/SPAweb/Members/Clinical_Guidelines/Clinical_Guidelines.aspx?hkey=0fc81470-2d6c-4b17-90c0-ced8b0ff2a5d</p> <p>ACIA would like to thank Kate Makin, Professional Leader, and colleagues at the Royal Rehab. Speech Pathology Department for their contribution in consulting on this guideline.</p>