



- Only staff trained by an appropriately qualified health professional (AQHP) can assist a person with severe dysphagia in eating or drinking.
- Read this procedure with the person’s Mealtime Management Plan [NDIS LWB 5514 Oral Health Care Plan](#), [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5523 Mealtime Management Procedure](#), and the [NDIS LWB 930 Independence and Informed Choice Policy Guideline](#).

Summary

Dysphagia (dis-fay-juh) is a medical term for difficulty swallowing. It can cause choking, chest infections, weight loss, and dehydration. Dysphagia is a significant cause of death for people with a disability.

Severe dysphagia is assessed and diagnosed by an appropriately qualified health professional (AQHP). This is usually a speech pathologist.

The NDIS Commission lists severe dysphagia as a high-intensity support activity in the NDIS Practice Standards and Quality Indicators.

Staff have an important role in supporting people to eat and drink safely and enjoyably. This procedure is for ALL people supported in LWB Disability services with a diagnosis of severe dysphagia.

Staff **MUST** complete training with an AQHP whenever the person with severe dysphagia support needs have changed and/or a new/updated Mealtime Management Plan.

Disability Support Worker will:

Check





- Successfully complete training and assessment before supporting a person with severe dysphagia to eat or drink.
- Check and follow all areas of the Mealtime Management Plan.

Support



- Supervise and support the person actively participating in a safe and enjoyable mealtime experience.
- Ensure the Mealtime Management Plan is taken with staff on outings away from home or for Lifestyle Services activities outside the activity centre.
- Not change the Mealtime Management Plan in any way.
- Provide immediate emergency response if anyone is choking. Follow any emergency response instructions in the Mealtime Management Plan and [Responding to Choking](#) resource.



	<ul style="list-style-type: none"> • Follow the 7 Rights of Medication Administration as detailed in the NDIS LWB 5400 Administering Medication - Procedure • Follow the NDIS LWB 5507 Let's Talk About PPE for Support Activities to ensure the correct personal protective equipment (PPE) for this procedure and follow hygiene and infection control procedures.
<p>Report</p> 	<ul style="list-style-type: none"> • Report any mealtime assistance difficulties or choking incidents in i-Sight - client event>medical>nutrition & swallowing>choking/aspiration/ Mealtime Management & Nutrition/other. • Talk to the Disability Support Leader¹ or On-Call about choking or aspiration incidents, risks, or changes in how the person eats or drinks. • Talk to the Disability Support Leader about any of the person's choices that differ from their Mealtime Management Plan. • Record observations regarding Mealtime Management in progress notes and include any observations in the handover to the following staff on shift.
<p>Disability Support Leader will:</p>	
<p>Check</p> 	<ul style="list-style-type: none"> • Ensure there is a severe dysphagia ALERT on the person's CIRTS file. • Ensure the Mealtime Management Plan is shared with other support providers. • Ensure the current Mealtime Management Plan is added to the person's CIRTS file • Add Severe Dysphagia to the diagnosis information in CIRTS. Health>Diagnosis • Replace any previous hardcopy Mealtime Management Plans with the current copy.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor

Support



- Organise an AQHP to train and assess disability support staff.
- Ensure all staff complete the HIDPA severe dysphagia training and assessments before they support a person with severe dysphagia to eat or drink.
- Ensure there are qualified staff and adequate time scheduled for staff to actively support everyone while eating or drinking.
- Support the person to have timely assessments and reviews with an AQHP.
- Work with the AQHP and Behaviour Support Practitioner (if required) to ensure strategies in any plans or protocols support a consistent approach with the Mealtime Management Plan.
- If the person is unwell or needs to isolate in their room (e.g. due to COVID):
 - make sure the person has access to all mealtime support requirements and equipment.
 - check if the positioning recommendations in their current Mealtime Management Plan are workable.
 - if the positioning recommendation is not workable, speak with the AQHP to seek advice on correct positioning and mealtime support requirements.
 - communicate any information shared by the AQHP with all staff providing support.
- Record any request for an AQHP review in CIRTS.
- After any incidents of choking or aspiration, support the person to arrange for an AQHP to review their Mealtime Management Plan.
- Ensure information gathered from meeting/s with the medical team is communicated to all staff supporting the person, and a progress note detailing the discussion is uploaded in CIRTS.
- All plans are updated to include any changes and uploaded to CIRTS (open the existing plan from the grid, then ADD NEW REVIEW, attach reviewed plan, and add next review date.
- Support individuals to work with an AQHP to ensure their choices and preferences are included in their Mealtime Management Plan (see [NDIS LWB 930 Independence and Informed Choice Policy Guideline](#))
- Regularly observe staff members preparing food or drink and supporting people to eat and drink.
- Conduct regular team and supervision discussions about eating or drinking concerns, risks or incidents and how to respond to an emergency. Document these discussions as per the Supervision Procedure (see [Supervision SharePoint Page](#)).

<p>Support</p> 	<p>For a person with severe dysphagia admitted to the hospital</p> <ul style="list-style-type: none"> • Ensure the hospital staff have the person’s Mealtime Management Plan. • Before the person returns home from the hospital (discharge), a meeting with the medical team must be held to discuss the following: <ul style="list-style-type: none"> – any changes to the Mealtime Management Plan. – if the person has been given a new diagnosis of severe dysphagia and a Mealtime Management Plan. – training of staff in supporting mealtime management MUST happen before the person returns home.
<p>Report</p> 	<ul style="list-style-type: none"> • Escalate to the ROM and Practice Support Lead within the Centre for Practice Excellence (CPE) any adverse event that occurs or when any immediate risk is identified. The Practice Support Lead will investigate the incident or immediate risk and work with the person and staff to ensure that any immediate actions to keep the person safe are developed and implemented. • Escalate to the Practice Support Lead within the Centre for Practice Excellence (CPE) any issues related to working with AQHPs around the required essentials included in the plan or training.

For Further Advice:

For further advice about supporting the person with their plan, please contact the AQHP that developed their plan.