



American Association of  
Directors of Nursing Services

# Dining Safety

## Dining Safety

### Learning Objectives

This learning activity should enable you to:

- List three reasons that dining is an important activity
- Describe at least three factors that make residents high risk for aspiration
- Describe first aid measures for choking and burns
- Discuss at least five ways to promote dining safety

### Content Outline

- Dining is an important activity:
  - » Ensures adequate nutrition is consumed
  - » Maintains and improves eating independence
  - » Is a time when safety risks are heightened and caution needed
- Choking:
  - » Risk increased by certain diseases that affect nervous system, medications, poor positioning, poor judgment
  - » Aspiration: food or other foreign material goes down trachea into lungs
  - » First aid for choking
- Burns:
  - » Risks: pulling hot liquids onto self, bumping into hot cart
  - » First aid
- Infection:
  - » Importance of handwashing and glove changes
- Tips for dining safety:
  - » Know residents
  - » Safeguard environment
  - » Ensure residents are eating prescribed diets
  - » Make sure residents eat in upright position
  - » Don't hurry feeding process
  - » Report changes in ability to chew or swallow, and report choking
  - » Know first aid for choking and burns

### Related Learning Activities

To reinforce the theory presented in this learning activity, instruct the learners to:

- Identify residents on their units who have conditions or behaviors that make them high risk for incidents during mealtime. Review the care plans of these residents to learn whether the risks have been identified and addressed.
- Review first aid for choking.

## Dining Safety

Assisting with dining is a critical part of your job. There are many reasons why this activity is important, including:

- **Ensuring residents receive adequate nutrition.** Good nutrition is essential to good health. By taking in the proper diet, people help their bodies to function normally, promote healing, ensure they have enough energy to meet their daily demands, and avoid complications.
- **Maintaining and improving residents' eating independence.** Some residents have had strokes and other conditions that change their ability to feed themselves. By having staff guide, teach, and encourage them to use special utensils or follow special techniques, residents can learn skills to increase their ability to feed themselves.
- **Promoting dining safety and preventing complications.** Many residents have mental and physical disabilities that increase their risk for accidents and incidents during mealtime. By having staff supervise, guide, and assist them, residents can have reduced risk of mealtime incidents and accidents.

### Mealtime Risks

Mealtime in a long-term care facility can be hectic. Dozens of trays are being delivered, residents are walking about, and caregiving activities are taking place. In the midst of all this, staff need to:

- Make sure all residents receive the diet that they are supposed to have
- Set up trays and prepare food so that those residents who are able to feed themselves can do so
- Ensure that the presence of food carts, foods, and liquids does not cause incidents and accidents

Regardless of how routine mealtimes seem to you, you need to be alert to risks during this activity. Let's look at some mealtime risks that you may encounter.

### Choking

Choking can occur for a variety of reasons, many of which are quite common among residents of long-term care facilities. Diseases that affect the nervous system, such as strokes, multiple sclerosis, Parkinson's disease, and late-stage dementia can interfere with the normal swallowing of food. Rather than travel through the throat and into the

esophagus, food can stick in the throat or go down the trachea (windpipe) into the lungs. Many of the medications residents take can weaken their muscles or cause drowsiness. This can increase the risk of choking.

Poor feeding technique can cause choking, also. If a caregiver feeds so quickly that a resident doesn't have the chance to swallow one mouthful of food before another is placed in his mouth, he can choke. Poor positioning can increase the risk for choking. Even for a healthy person, trying to swallow when lying down is difficult. Be sure residents are sitting as upright as possible during meals. Keep in mind that a resident who is slumped over in a chair is in a poor position for swallowing.

### *Be on the lookout for changes in a resident's ability to chew or swallow.*

In addition to having swallowing difficulties, people with Alzheimer's disease and other dementias can choke because of a lack of good judgment. They may put too much food in their mouth at one time or try to eat nonfood items such as paper.

When residents choke they can *aspirate*. This means that food, liquids, or other foreign material goes down the trachea (windpipe) and into the lungs. This is a serious problem that can lead to pneumonia and death. Often, a resident's risk for aspiration is noted on the care plan. Along with this are actions that should be taken to reduce the risk. Reviewing the care plan can help you to identify those residents who are at high risk for aspiration and guide you in the care and special precautions you need to take.

If a resident has a feeding tube, be careful how you handle the tubing and how you move the resident. A tube that moves out of place can cause the liquid supplement to go into the lungs rather than the stomach. If you suspect that the tube has been dislodged, alert the nurse immediately. Also, when residents are fed continuously through the tube with the use of a machine, do not change the machine's rate setting. Increasing the rate can cause too much liquid to enter the stomach. This excess liquid can "back up" the esophagus and travel into the lungs. It is important that you closely observe residents as they eat for signs of trouble chewing or swallowing food. Even if residents have had no difficulty with this in the past, changes can cause them to be

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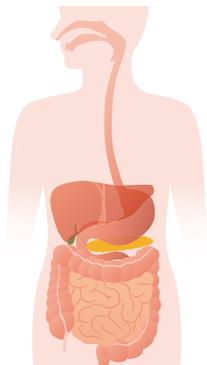
at higher risk for choking and aspiration. Be sure to report to the nurse any new or worsening problems with chewing and swallowing.

### First Aid for Choking

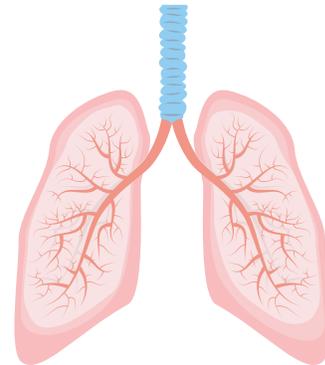
If you notice that a resident is choking, call for help immediately. The universal sign for choking is grabbing the throat with one or both hands. Choking can occur when the airway is partially or totally obstructed. Even if the resident appears fine after the choking, there may still be a need for an examination to be sure no foreign material has entered the lungs. It is useful for you to know how to administer first aid for choking—not only at work but also in your personal life. Your prompt actions can save a life. Remember, when something is completely lodged in someone’s airway, the person cannot breathe. A first step is to send someone to call 911. Confirm that the person is choking by asking if he is choking and can speak. A conscious person who is choking can no longer cough, speak, or breathe. If the person is coughing, encourage continued coughing. If he is not able to cough, speak, or breathe, the next step is to lean him forward and provide five back blows with the heel of your hand. If this doesn’t work, give five abdominal thrusts by placing the thumb side of your fist against the middle of his abdomen, just above the navel. Grab your fist with the other hand press hard into the abdomen with a quick, upward thrust—as if trying to lift the person up. If the material isn’t dislodged and breathing restored, CPR may be needed. This procedure should help to expel whatever is lodged in the airway. Be sure to call for help as soon as possible and to report the incident.

### Aspiration

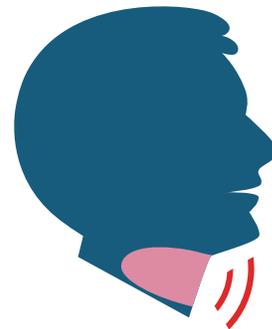
When a resident aspirates, food, liquid, or other foreign material goes into the lungs. Normally, when we eat, food passes through the throat and moves down the esophagus to the stomach.



When a person aspirates, food goes down the trachea (windpipe) into the lungs.



Signs that a person has aspirated include choking, coughing, faster breathing rate, and a change in voice.



### Burns

Mealtime can be a time of high risk for burns, due to the presence of hot beverages and soups and heating pots and trays. The frail elderly may not be able to hold a cup securely. They may reach for a hot liquid and spill it on themselves. Residents with poor vision may reach for an item and accidentally knock a hot liquid onto their laps.

When the food cart is on the unit, residents who are wandering in the hall may touch or spill hot items on themselves. Wheelchair-bound residents may reach for a coffee pot on the cart and spill the entire pot on themselves. Heavy traffic in the hall can cause residents to be pushed into a hot pot or to knock into someone who is carrying a hot liquid.

**Poor vision, confusion, and weakness increase residents’ risk for spilling hot liquids on themselves.**

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When a resident has spilled a hot liquid on herself:

- Call for help and immediately remove clothing and jewelry that is on the burned area.
- If there is any possibility that other parts of the body have been burned in addition to the most obvious area, remove the resident's clothing and inspect the body.
- Run cool (not cold) water over the area for 10–15 minutes or until pain is relieved. Or apply a cool sterile compress (not ice). Do not apply butter, grease, or powder to the area.
- If there are any blisters on the burned skin, do not break them.

The severity of the burn will determine the treatment. Even a minor, first-degree burn needs medical attention if it covers more than 15% of the body.

### *Know first aid measures for choking and burns.*

#### Types of Burns

Burns are classified according to the layers of skin involved.

##### **First degree**

- Limited to the top layer of skin
- Causes redness, pain, and some swelling, but no blistering

##### **Second degree**

- Involves layers beneath the top layer of skin
- Cause blisters, severe pain, redness; the skin can be blotchy white or bright red

##### **Third degree**

- Involves all layers of skin and underlying tissue
- Skin can look charred, leathery, or waxy
- The resident may not complain of pain because the nerves have also been burned and damaged

#### Infection

Improper handling of food can set the stage for food to be contaminated and for disease-causing bacteria, viruses, and parasites to grow, resulting in foodborne illness, or food poisoning.

If a nursing assistant wears the same gloves to butter a resident's bread and feed the resident as were worn to empty

a bedpan, the resident could ingest bacteria that are present on the gloves. Likewise, if a caregiver does not wash hands before handling a resident's food or feeding the resident, bacteria from other sources can be carried to the resident. This shows the importance of good handwashing and proper changing of gloves.

If food is allowed to sit for an extended time before being eaten, bacteria have the chance to grow on the food. Let the nurse know if a food tray has been sitting for over an hour. Depending on the items on the tray, a new tray may need to be ordered. Likewise, advise the nurse if visitors have brought perishable foods for the resident. Infection-causing bacteria begins to grow in two hours on perishable foods and foods requiring refrigeration that have been left at room temperature.

#### Mealtime Is a Critical Time

Dining is an important experience in the long-term care facility. During mealtime, residents need to receive the nutrients that keep them alive and well, and your actions make a difference to their health and safety. Your attention to ensuring that residents receive the correct diet and that they consume it helps them to meet their nutritional needs.

Dining is also an important time because of the safety risks that are present. Choking, burns, and exposure to infection-causing germs threaten residents' well-being and even their lives. Your attention to ensuring that food is handled properly and that residents do not choke is extremely important. Food and dining safety protects you and the residents you care for.

#### Tips for Dining Safety

- **Know your residents.** Be familiar with the prescribed diets, eating patterns, and aspiration and other safety risks for all residents to whom you are assigned.
- **Safeguard the environment.** Make sure food carts containing hot items are supervised at all times. Discard perishable food that has been sitting at room temperature for two hours or more. Clean spills promptly.
- **Ensure residents are eating their prescribed diets.** If a resident is to have pureed or ground foods only, make sure he doesn't try to eat food that requires chewing.

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- **Make sure residents eat in an upright position.** Don't try to defy gravity.
- **Don't try to hurry the feeding process.** Allow residents to completely chew and swallow one mouthful before you offer another.
- **Report any changes in a resident's ability to chew or swallow, or any choking that occurs during eating.**
- **Know first aid for choking and burns.** Review your facility's procedures for first aid for choking and burns.

### It's About More Than Eating: Making Mealtimes Pleasant

Sure, we have to eat to survive, but as you well know, we often eat for reasons that go beyond basic survival needs. Eating is a social experience. Think about it. Most of us want to share Thanksgiving dinner and other special meals with others. Sure, we could consume the same food if we ate in a room alone, but eating with others is a richer, more enjoyable experience.

Many residents of long-term care facilities look forward to mealtimes as special events in their day. Meals break the routine and give residents a chance to interact with other people.

Encourage residents to eat in the dining room, if this is possible. Help them to toilet, freshen themselves, and dress appropriately before meals are served. As much as possible, respect residents' preferences for where they sit.

For residents who must remain in their bedrooms during meals, make sure that the resident is safe to eat without supervision and that the environment is pleasant. Remove bedpans and urinals from view and arrange comfortable lighting. Help the residents to wash their hands, freshen themselves, and get properly positioned. If residents are in the habit of saying blessings before meals, respect this and assist if needed.

Assist residents in opening containers and preparing their food to eat. Engage in pleasant conversation as you do this, to set the tone for an enjoyable mealtime.

As you may know, quickly gulping down your lunch because you are pressed for time creates a different dining experience than sitting in a relaxed manner and leisurely talking with

friends as you take your time to eat. Residents, too, will enjoy their meals more fully if they are not rushed and can have a social experience as they eat.

Allow residents to do as much for themselves as possible during mealtimes. It may take longer for residents to feed themselves or learn to use special utensils, but doing so promotes their independence and shows respect.

Granted, mealtime is about feeding residents so that they can get the nutrients into their bodies that promote physical health. But the meal is also a time when the mind and spirit can be fed. Your patient efforts to make mealtime a pleasant, social experience show your concern for the total person. The food that enters residents' stomachs helps them to survive; the social experience that touches their hearts during mealtimes helps them to thrive!

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### KNOWLEDGE CHECK:

1. When residents choke they can aspirate food. This means that food goes into which of the following?

- a. Throat
- b. Stomach
- c. Lungs
- d. Esophagus

2. True or false? One of the advantages of a feeding tube is that it removes all risk of the resident's aspirating.

- a. True
- b. False

3. Resident Clark pushes her wheelchair next to the food cart and pulls a pot of hot coffee onto her lap. In addition to calling for help, what should you do?

- a. Throw ice on her lap
- b. Remove her clothing
- c. Apply ice over her clothing on the area involved
- d. Do nothing until an ambulance arrives

4. In the above situation, if Mrs. Clark lifts her dress and you see a red area where the skin has been burned, what should you do?

- a. Apply a cool, sterile compress
- b. Apply butter or grease
- c. Blow on the area
- d. Clean the area with alcohol

5. True or false? You are told that Mrs. Clark has first-degree burns. This means her nerves have been damaged.

- a. True
- b. False

6. When performing the abdominal thrust procedure, where are your hands placed on the resident?

- a. Lower abdomen
- b. Area between the ribs
- c. Area on the abdomen just above the navel
- d. On the back, between the shoulder blades

7. Which resident(s) are at risk for aspiration?

- a. Mr. Jones, who is being fed while lying flat in bed
- b. Mrs. Lee, who is receiving liquids through a feeding tube
- c. Mrs. Bono, who eats while slumped over in her chair
- d. All of the above

8. While caring for a resident you notice a piece of cream pie at the bedside. The resident tells you that her daughter brought her lunch today and she saved the pie to eat this evening. It is now 7 pm. Your best action is to:

- a. Advise her that the pie needs to be thrown away, as it may no longer be safe to eat
- b. Advise her it must be eaten before 8 pm to be within a window of safety

Name two conditions that residents could have that increase the risk for choking:

9. \_\_\_\_\_
10. \_\_\_\_\_

9 & 10. Stroke, Parkinson's disease, MS, dementia, blindness, etc.

1. c 2. b 3. b 4. a 5. b 6. c 7. d 8. a

### KNOWLEDGE CHECK ANSWERS