



LOCATION: SCHOOL HANDBOOK, SECTION 3, DOCUMENT 4

## **DYSPHAGIA (EATING AND DRINKING) POLICY**

*“This policy should be read as part of a collection of policies that together form the overall Safeguarding Policy and procedure for Abbey Court School.”*

**Date policy first adopted:** July 2015

**Date reviewed:** January 2024

**Reviewed By:** Zoe Silvester

**Date ratified by Governing Body:** n/a

**Date of next review:** Autumn 2026

### **1. Introduction**

These guidelines are to be adhered to by all staff at Abbey Court to ensure the health and safety of all pupils whilst providing a positive and productive learning environment. High-risk pupils have a dysphagia risk assessment whilst all other pupils have an eating plan. Pupils that have an individual dysphagia risk assessment are not supported with their eating by other pupils, work experience students, volunteers or supply staff.

### **2. Definition**

The term ‘dysphagia’ describes eating and drinking disorders which include problems with positioning food in the mouth, sucking, chewing and the process of swallowing.

### **3. Objectives**

- To ensure that all pupils are safe when eating and drinking at Abbey Court School
- To ensure that each pupil receives the support they need to develop their individual eating and drinking skills
- To ensure that pupils are able to access swimming in a safe and secure manner

### **4. Planning**

- To recognise and risk assess (through a Dysphagia Risk Assessment) the risk of aspiration as pertinent
- Ensure all assessment and input is documented in a pupil’s health care plan, on their IEP’s and on their dysphagia risk assessment as relevant.
- Share key information with staff and other external professionals as needed (All feeding clinics are attended by a member of Abbey Court staff; either a Key Stage leader or the Speech and Language therapist).
- Review pupils in line with their Pupil Progress Meeting.

- Information is shared with parents/carers at parent's evenings
- Staff induction includes dysphagia training and updated training is delivered to the wider staff team regularly through briefings, staff development meetings and INSET days

## **5. Health and Safety**

To ensure the Health and Safety of pupils this policy requires adherence to written medical advice around the implications of eating and drinking in order to safeguard pupils.

Feeding clinics for pupils will be attended by the Abbey Court Specialist SALT (Dysphagia Trained Speech and language therapist) or a Key Stage Leader in their absence, who will feedback to the specialist SALT.

### **5.1 RISKS**

Some pupils who attend Abbey Court School have eating, drinking and/or swallowing difficulties that are the outcome of a range of special needs. This may affect their ability to eat, drink or take medication orally.

The risks associated with Dysphagia include:

- Aspiration, where food and drink is misdirected and enters the airway
- Choking
- Inadequate intake of food and/or fluid which may result in poor nutrition or dehydration
- Difficulties in taking oral medication resulting in ineffective management of medical conditions
- Distress or discomfort when eating, drinking and swallowing

**The appendices contain advice and protocols to follow in order to minimise risk.**

### **5.2 Aspiration risks**

Aspiration is possible in all healthy people without a swallowing disorder, therefore there is never an absence of risk of aspiration. Some pupils will have a risks where swallowing is variable or unpredictable. They may be able to swallow normally at the beginning of the meal but may deteriorate as the meal progresses due to factors such as fatigue. This would be a low risk and these pupils would need some additional support to ensure their risk level remains low. These pupils will be identified to the whole staff team as pupils who need generic lunchtime monitoring in line with the lunchtime policy and along with their eating plan. (Class teacher's overseen by Key Stage leader will produce these eating plans with advice from the Dysphagia trained SALT as relevant).

For some pupils there can be a significant impairment where every swallow is a risk. These pupils will have their needs identified in their health care plan, dysphasia risk assessment and IEP that will detail specific advice on how these needs should be met, including how the pupil should be fed or assisted to eat and drink. The Dysphagia Risk Assessments for these pupils will be written by the Dysphagia trained Speech and Language Therapist (Specialist SALT) and adhering to written medical advice.

Dysphagia Risk Assessments for these high risk pupils will be monitored and reviewed at the pupil progress meeting each term.

Information in the appendices provides guidance for staff on who to take concerns about pupils with Dysphagia to.

### **5.3 Guidelines for Individual Eating Programmes**

As part of their individual education plan, all pupils have an Eating Plan (or a dysphagia risk assessment). This plan is carefully planned and monitored in order to help each child move towards as much independence as possible. For some pupils, the emphasis will be on the skill of eating which also links with speech and language therapy programmes. For others, the emphasis is on social and health education.

The following headings should be used for compiling the individual eating plan

Eating plans for individual pupils are stored in the dining areas with copies in classroom files and in their Health Care Plan.

#### **1. Seating**

*Examples: In his chair with straps fastened. Support his head in the crook of your left arm (aim to keep his head level). You sit alongside facing the same direction as him.*

*or*

*Part of the cafeteria system. He should now be seating himself without assistance.*

#### **2. Utensils**

*Examples: Spoon with black rubber handle. Ordinary bowl. Blue plastic 2-handle beaker (possibly introducing matching fork).*

*or*

*Collecting his own how but may need prompts to think about what he needs and why, if he returns with 3 spoons. (Congratulate for counting 3).*

#### **3. Food**

*Examples: Needs to be liquidised until smooth but retaining separate food/flavours. No allergies.*

*or*

*May need help in cutting difficult food but only if he requests it and even then with his participation (your hands on his). NB is allergic to peanuts. (Kitchen staff are aware).*

#### **4. Eating**

*Examples: Give half a spoon at a time and wait for him to swallow before the next one. Do not: 1. scrape spilt food across his mouth, do dab it off with tissue. 2. Tilt the head back. 3. Yank out the spoon if bitten on – wait and encourage him to relax.*

*or*

*Allow him to eat at his own pace even if he is always last. He may have to help put the table away! Make sure he does not eat others' leftovers and explain why. Get him to repeat the reasons.*

## 5. Communication

*Examples: He will open his mouth and push his tongue forward to show he is ready. Talk to him. Tell him what he is eating and do not talk over him. Allow time for him to anticipate what is going to happen next and describe what you are doing, "I'm pouring out your water now. Can you hear it?"*

*or*

*Encourage him to talk to you or his peers between mouthfuls. Emphasis on asking for things and using common courtesy. "Please, pass the salt. Thank you." Try not to direct him. Wait for him to carry out tasks or indicate his needs. If necessary hint to him, "Do you want something?"*

## 6. Summary of the Aims

*Examples: Consolidate communication system; open mouth and tongue forward = next mouthful, please. Encourage this also at the start (first mouthful please) and for drinks and second course (so that he is developing anticipation). He should be willing to help himself by putting your hands over his and offering manual guidance with the spoon. If he is eating well consistently, and accepting this physical prompt, introduce using a fork.*

*or*

*Develop his self-advocacy skills so that he will indicate his needs. (Wait for him to ask for things). Develop table manners – asking for things and saying "please" and "thank you". Target hygiene rules – especially not eating off others' plates and learning why (simple: Dirty, might make you poorly. Manners, it doesn't look very nice. Fairness, they are hungry as well).*

## 7. Evaluation of targets

A space should be allocated for making amendments as the term progresses and making final assessment prior to updating the programme for the next term

**5.4 Dysphagia risk assessments (in the form of Placemats) for pupils with dysphagia are created by the dysphagia-trained speech and language therapist.** (Other eating plans are the responsibility of class teachers overseen by Key Stage Leaders). The information under each heading should be directive so that any person carrying out the programme knows what is expected of them and what the aims are. In order to cater for the needs of pupils a photograph or illustration on the plan will indicate seating and eating arrangements.

## **6. Evaluation and Review**

The dysphagia policy will be reviewed biennially in light of:

The evaluation of its implementation and comments from staff consultation

Self-monitoring of the policy by staff

Feedback from Headteacher, Governors, Medical professionals and other staff

Any changes to legislation, specialist advice or Health and Safety concerns.

## **Appendices**

Appendix 1: The role of the Specialist SALT

Appendix 2: Example Dysphagia Risk Assessment

Appendix 2a: Personal Independence & Social Communication Individual Targets Nil By Mouth (to be completed by teachers alongside the Dysphagia Risk Assessment)

Appendix 2b: Personal Independence & Social Communication Individual Targets Safety Information (to be completed by teachers alongside the Dysphagia Risk Assessment)

Appendix 3: Example Dysphagia Coaster

Appendix 4: Eating Plans

Appendix 5: Assessing risk: Minimising risk at mealtimes

Appendix 6: IDDSI Framework

Appendix 7: High Risk Foods

Appendix 8: Overview Poster - to be displayed in dining halls

## **Appendix I**

The Role of the Specialist SALT (Dysphagia trained Speech and Language Therapist) with regard to this policy.

- Attendance at feeding clinics
- Inform the Key Stage leaders and Class Teachers of any preliminary outcomes promptly following feeding clinics
- To provide the Head Teacher (for subsequent dissemination) any written advice/correspondence regarding specific pupils
- To write dysphagia risk assessments for all high-risk pupils in line with this policy
- To provide advice to class teachers in the writing of Eating Plans for other pupils on request
- To attend annual pupil progress meetings
- To liaise with NHS professionals on behalf of the pupils, to raise any deterioration in eating skills that pose a risk

# DYSPHAGIA RISK ASSESSMENT

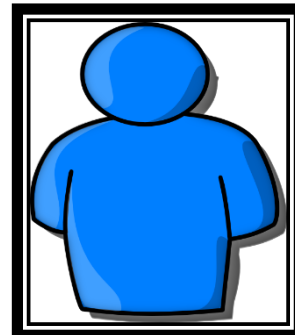
NAME:

ALLERGIES:

## Signs of Aspiration:

👉 watery eyes 👉 eye startles 👉 nasal flaring 👉 facial grimacing 👉  
flushing of the skin 👉 clamminess 👉 colour changes around the lips  
👉 breathing changes 👉 coughing or gagging 👉 wet/gurgly voice  
👉 increase in extensor patterns

**If you see any of these STOP FEEDING ME!**



I have problems with my eating and/or drinking. I have oral stage dysphagia – this means I have poor oral control of my food and drink. I also have a delayed swallow, which means it takes me longer to trigger a swallow. I need the following in place to help me eat as safely as I can:

**FOOD: I need my food in school to be IDDSI Level 4 (pureed)**

This means:

- ✓ Usually eaten with a spoon (fork is possible)
- ✓ Cannot be drunk from a cup or sucked from a straw
- ✓ Can be moulded into shape ✓ Liquid must not separate from solid
- ✓ No lumps ✓ NOT sticky ✓ Requires no chewing
- ✓ Shows very slow movement under gravity but cannot be poured
- ✓ Falls off spoon in single spoonful when tilted and continues to hold shape on plate

## CUTLERY AND PLATES:

I use a small soft spoon to eat my lunch.

## DRINKING:

I have **normal fluids** to drink. Ensure 1 sip per swallow and remove bottle and let me have time to swallow. I will indicate when I want more by opening my mouth and sticking my tongue out.

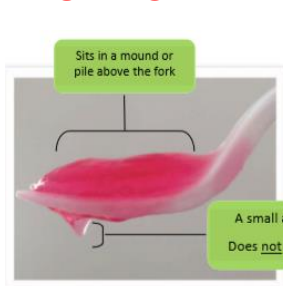
**STRATEGIES TO HELP ME: I need 1:1 supervision while eating.**

Make sure I am in my supportive seating.

Make sure my head is supported to help me keep a neutral head position.

Follow my lead with eating give me a spoonful and wait for me to swallow and indicate I want more.

## TESTING METHOD:



4 PUREED  
4 EXTREMELY

A small amount may flow through and form a tail below the fork  
Does not dollop, flow or drip continuously through the fork prongs



Spoon Tilt Test: Holds shape on spoon; not firm and sticky; little food left on spoon

Date written:

Review Date:

Updated:

Initials:



## Abbey Court School

### Lunchtime - Personal Independence and Social Communication Individual Targets

**This pupil is Nil by Mouth and must not be given oral food or drink.**

**Please refer to their IEP/Health Care Plan.**

**\*The Lunchtime - Personal Independence and Social Communication Individual Targets are secondary to the pupil's health and safety and medical needs, and should only be worked on when appropriate/safe for the child to do so.**

Name:

Class:

Date:

Date to be reviewed:

My targets for lunchtimes - linked to Personal Independence and Social Communication:

- 1.
- 2.

Evaluation of targets:





## Abbey Court School

### Lunchtime - Personal Independence and Social Communication Individual Targets

**This pupil has a Dysphagia Risk Assessment that must be referred to for Health and Safety information on how to support this pupil safely with their eating and drinking.**

\*Please note that the priority for these pupils is always to focus on their eating/drinking and H&S aspects; the Lunchtime - Personal Independence and Social Communication Individual Targets are secondary to this, and should only be worked on when appropriate/safe for the child to do so. For example, this may be before or after eating and drinking (not during), or at snack time instead of lunchtime.

Name:

Class:


Date:

Date to be reviewed:

My targets for lunchtimes - linked to Personal Independence and Social Communication:

- 1.
- 2.

Evaluation of targets:



**JOHN  
DOE**

**STOP**

IS THIS DRINK THICKENED TO **IDDSI Level 3 (Moderately Thick)**?

If you are unsure turn over to check!

If you think anything has changed please talk to either one of the nurses or the Speech Therapist so they can check that I am still safe.

Risk of Aspiration  
**MILD**

I have my drinks thickened to **IDDSI Level 3 (Moderately Thick)** using **RESOURCE THICKENUP CLEAR**

The powder must be added **BEFORE** The liquid and mixed well.  
It must stand for **1 min** before adding more thickener. It is 4 scoops per 200ml.

To Test:



**IDDSI Fork Drip Test**  
Drips slowly in dollops through the prongs of a fork

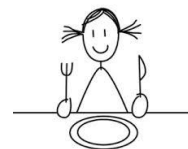
Date written: March 2015 (LC)  
Updated: 08.03.19

Review Date: July 2019  
Initials: LC (SALT)

Construction instructions – cut around coaster, fold along the dotted line and then laminate!



Abbey Court School  
Individual Pupil Eating Plan



Pupil Name:

Positioning for lunchtimes:

Class:



Date:

Review date:

I sit on an adult sized chair with my bottom to the back of the chair. My feet should be placed flat on the floor - I may need to be reminded to do this. I have an ordinary plate and use my fork in my right hand. I drink from a sports bottle.



Risks:

I dislike sweet corn.

I have milk products only in moderation as they can cause my eczema to become uncomfortable.



Utensils used:

I have a non-slip mat under my plate to keep my plate still while I am eating. I use ordinary-sized cutlery and I hold my fork in my right hand to stab and to scoop. I use a dessert spoon for my pudding and I have my sports bottle to drink from.

Support at lunchtimes:

I am very independent at lunchtime. I like to go to the dinner trolley and make my choice; an adult supports me to walk to the trolley and will carry my plate back to the table for me. I need help to cut up my dinner but I will feed myself using my fork to stab and to scoop. Please do not try to help me by loading my fork for me because if you do I will refuse to eat! I need an adult to support me to take my plate to the trolley and scrape away any unwanted food.

How I communicate during lunch:

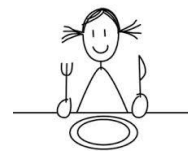
I can make choices through gesturing/reaching for the food that I would like to have when I am offered a choice. An adult will name these foods to me when I have asked for them. I am able to use symbols to make simple choices when I am offered two to choose from.

My targets for lunchtime:

1. To use symbols consistently to make a choice of the main meal and pudding



**Abbey Court School**  
**Individual Pupil Eating Plan**



2. To begin to hold my knife in my left hand during meal times
3. To tolerate hand over hand support in order to cut up my meal

Evaluation of targets:

# How to Minimise Risk At Mealtimes

## General

- Maintain self-feeding for as long as possible
- Assist, rather than feed, when possible
- Read Eating Plans & Placemats (found in file on table)



## Environment

- As quiet as possible.
- Minimal distractions.
- If you are a 1:1 feeder your full attention must be given to the child you are feeding.



## Fatigue

- **DO NOT FEED** children who are over tired. There is a risk they could fall asleep with food in their mouths.
- Offer little and often.



## Posture

- Read OT/Physio recommendations – if none – upright is best.
- Make sure they are seated in the correct equipment and all straps are fastened and tightened.



## Communication

- Encourage slow, relaxed eating.
- Make sure the child can see/smell the food.
- One mouthful at a time and watch for a swallow.
- Try to prevent cramming.
- Tell them what it is.
- **DO NOT** encourage the child to talk.



## Food Preparation

- **DO NOT MIX FOODS TOGETHER.**
- Choose favourite foods where possible.
- Make sure the meal and drink is the correct consistency. Refer to eating plans/placemats if necessary



## Oral Hygiene

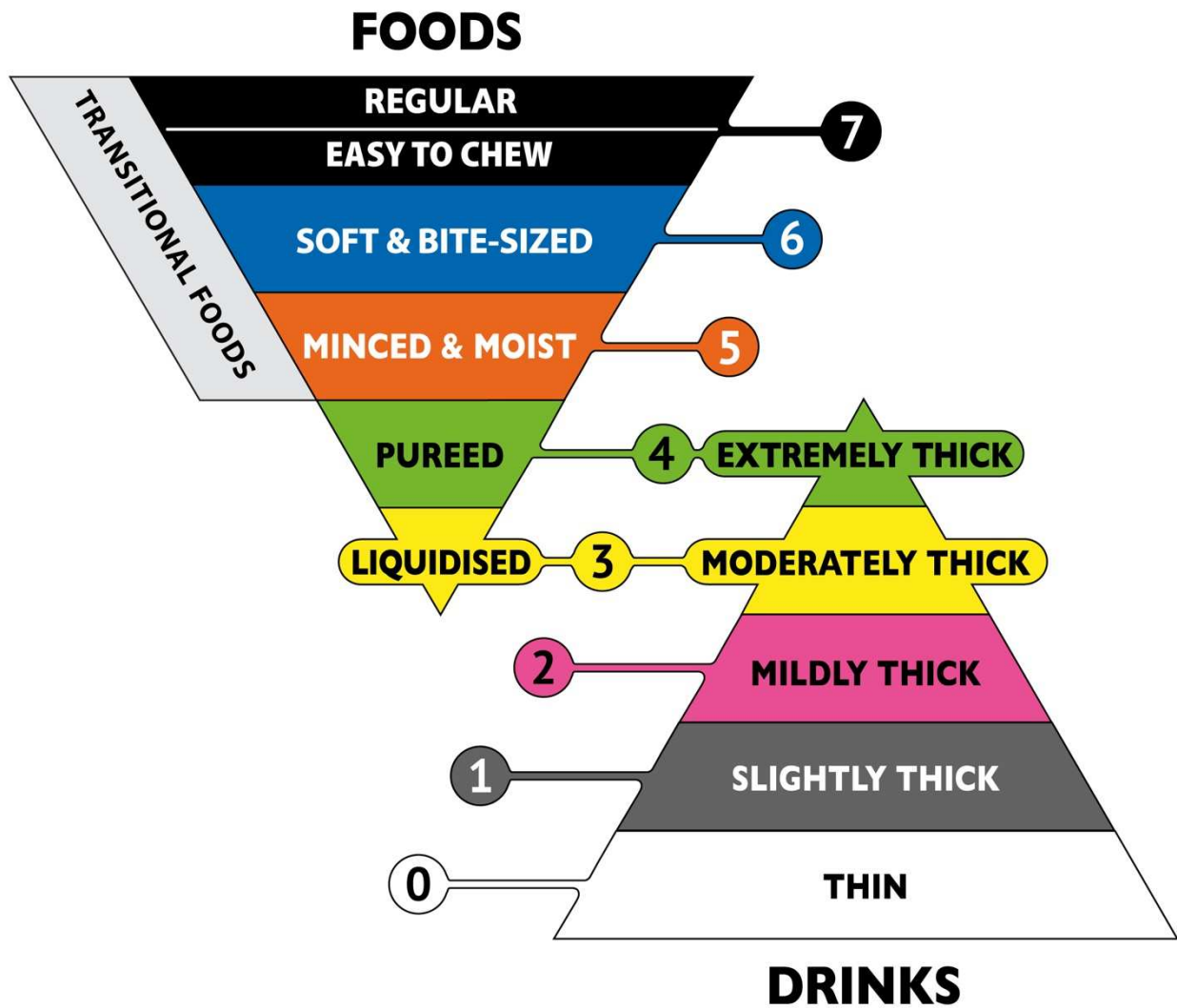
- Maintain a clean mouth after meals.
- Check that there is no residue left in the mouth at the end of the meal. If there is offer a empty spoon to try and trigger another swallow
- Check for clear mouth before offering a drink at the end of a meal as this may dislodge any food remaining and cause the child to choke.



## After Meals

- Encourage the child to stay upright for at least 20 minutes after their meal.





## Complete IDDSI Framework Detailed definitions 2.0 | 2019

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IDDSI 2.0 | July, 2019

## INTRODUCTION

The International Dysphagia Diet Standardisation Initiative (IDDSI) was founded in 2013 with the goal of developing new international standardised terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures.

Three years of work by the International Dysphagia Diet Standardisation Committee culminated in the 2016 release and 2017 publication of the IDDSI Framework consisting of a continuum of 8 levels (0-7). Levels are identified by numbers, text labels and colour codes. [Reference: Cichero JAY, Lam P, Steele CM, Hanson B, Chen J, Dantas RO, Duivesteyn J, Kayashita J, Lecko C, Murray J, Pillay M, Riquelme L, Stanschus S. (2017) Development of international terminology and definitions for texture-modified foods and thickened fluids used in dysphagia management: The IDDSI Framework. *Dysphagia*, 32:293-314. <https://link.springer.com/article/10.1007/s00455-016-9758-y>]

The Complete IDDSI Framework Detailed Definitions 2019 is an update to the 2016 document. The Complete IDDSI Framework Detailed Definitions document provides detailed descriptors for all levels of the IDDSI Framework. Descriptors are supported by simple measurement methods that can be used by people with dysphagia or by caregivers, clinicians, food service professionals or industry to confirm the level a food or drink fits into.

This document is to be read in conjunction with IDDSI Testing Methods 2019, IDDSI Evidence 2016 and IDDSI Frequently Asked Questions (FAQs) documents ( <https://iddsi.org/framework/>).

The IDDSI Framework provides a common terminology to describe food textures and drink thickness. IDDSI tests are intended to confirm the flow or textural characteristics of a particular product at the time of testing. Testing should be done on foods and drinks under the *intended serving conditions* (especially temperature). The clinician has the responsibility to make recommendations for foods or drinks for a particular patient based on their comprehensive clinical assessment.

IDDSI would like to acknowledge the interest and participation of the global community including patients, caregivers, health professionals, industry, professional associations and researchers. We would also like to thank our sponsors for their generous support.

Please visit <https://iddsi.org/> for further information.

### The IDDSI Board:

**The IDDSI Board are a group of volunteers who do not draw a salary from IDDSI. They offer their knowledge, expertise and time for the benefit of the international community.**

Co-Chairs: Peter Lam (CAN) & Julie Cichero (AUS);

Board Members: Jianshe Chen (CHN), Roberto Dantas (BRA), Janice Duivesteyn (CAN), Ben Hanson (UK), Jun Kayashita (JPN), Mershen Pillay (ZAF), Luis Riquelme (USA), Catriona Steele (CAN), Jan Vanderwegen (BE).

Past Board Members: Joseph Murray (USA), Caroline Lecko (UK), Soenke Stanschus (GER)

The International Dysphagia Diet Standardisation Initiative Inc. (IDDSI) is independent and operates as a not-for-profit entity. IDDSI is grateful to a large number of agencies, organizations and industry partners for financial and other support. Sponsors have not been involved with the design or development of the IDDSI framework.

Implementation of the IDDSI framework is in progress. IDDSI is extremely grateful to all sponsors supporting implementation <https://iddsi.org/about-us/sponsors/>

<b>Description/ Characteristics</b>	<ul style="list-style-type: none"> <li>• <b>Flows like water</b></li> <li>• <b>Fast flow</b></li> <li>• <b>Can drink through any type of teat/nipple, cup or straw as appropriate for age and skills</b></li> </ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"> <li>• Functional ability to safely manage liquids of all types</li> </ul>

Although descriptions are provided, use IDDSI Testing methods to decide if the liquid meets IDDSI Level 0.

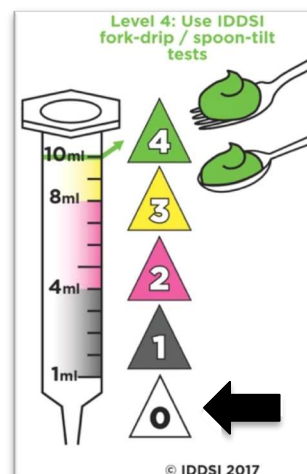
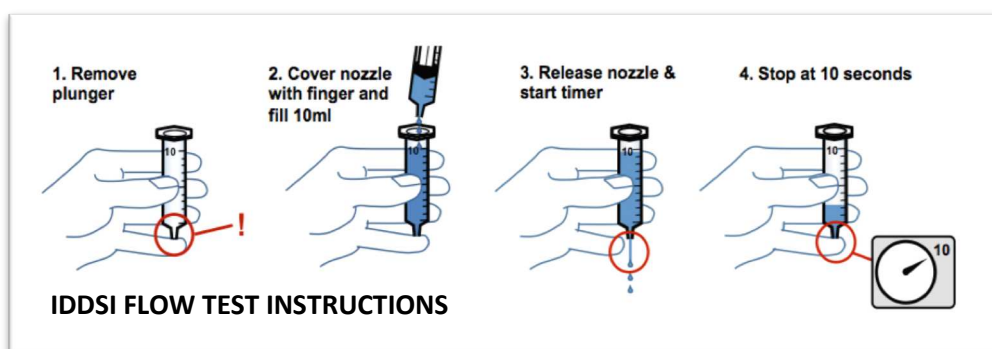
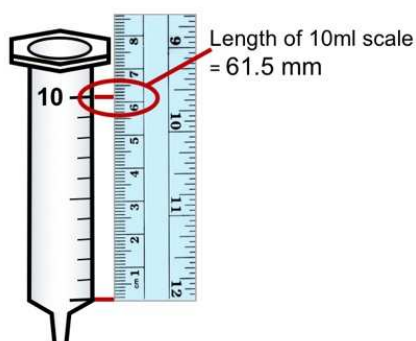
## TESTING METHOD

See also *IDDSI Testing Methods* document or <https://iddsi.org/framework/drink-testing-methods/>

IDDSI Flow Test*	<ul style="list-style-type: none"> <li>• Less than 1 mL remaining in the 10 mL slip tip syringe<sup>#</sup> after 10 seconds of flow (see IDDSI Flow Test instructions*)</li> </ul>
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### #Before you test...

You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this







# SLIGHTLY THICK

<b>Description/ Characteristics</b>	<ul style="list-style-type: none"> <li>• <b>Thicker than water</b></li> <li>• <b>Requires a little more effort to drink than thin liquids</b></li> <li>• <b>Flows through a straw, syringe, teat/nipple</b></li> <li>• <b>Similar to the thickness of most commercially available 'Anti-regurgitation' (AR) infant formulas</b></li> </ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"> <li>• Often used in the paediatric population as a thickened drink that reduces speed of flow yet is still able to flow through an infant teat/nipple. Consideration to flow through a teat/nipple should be determined on a case-by-case basis.</li> <li>• Also used in adult populations where thin drinks flow too fast to be controlled safely. These slightly thick liquids will flow at a slightly slower rate.</li> </ul>

Although descriptions are provided, use IDDSI Testing methods to decide if the liquid meets IDDSI Level 1.

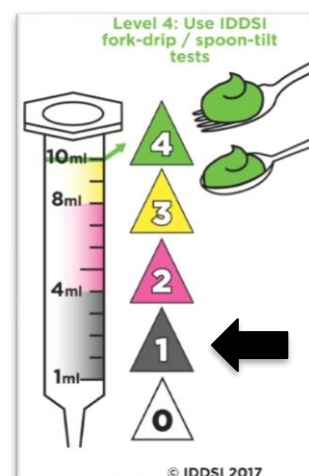
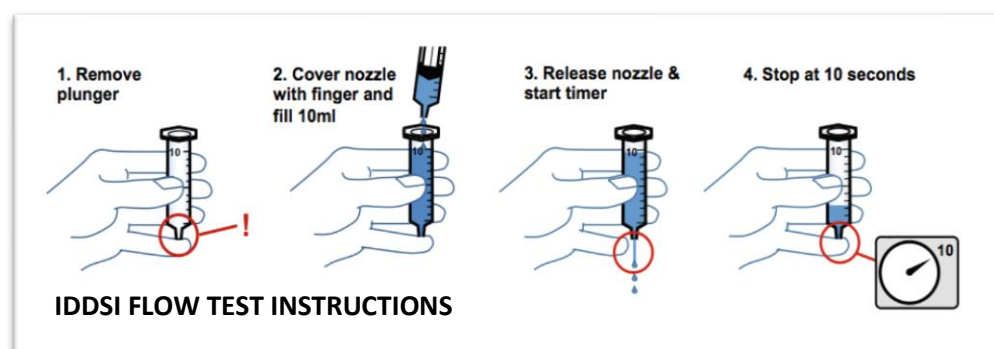
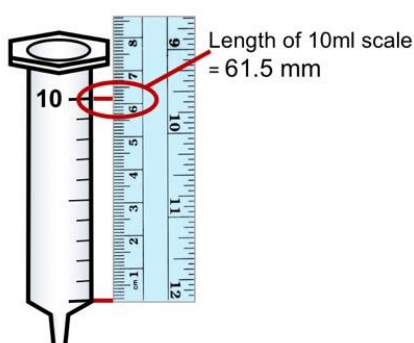
**TESTING METHOD**

See also *IDDSI Testing Methods* document or <https://iddsi.org/framework/drink-testing-methods/>

<b>IDDSI Flow Test*</b>	<ul style="list-style-type: none"> <li>• Test liquid flows through a 10 mL slip tip syringe# leaving 1-4 mL in the syringe after 10 seconds (see IDDSI Flow Test instructions*)</li> </ul>
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## #Before you test...

You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this





# MILDLY THICK

<b>Description/ Characteristics</b>	<ul style="list-style-type: none"> <li>• Flows off a spoon</li> <li>• Sippable, pours quickly from a spoon, but slower than thin drinks</li> <li>• Mild effort is required to drink this thickness through standard bore straw (standard bore straw = 0.209 inch or 5.3 mm diameter)</li> </ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"> <li>• If thin drinks flow too fast to be controlled safely, these Mildly Thick liquids will flow at a slightly slower rate</li> <li>• May be suitable if tongue control is slightly reduced.</li> </ul>

Although descriptions are provided, use IDDSI Testing methods to decide if the liquid meets IDDSI Level 2.

## TESTING METHOD

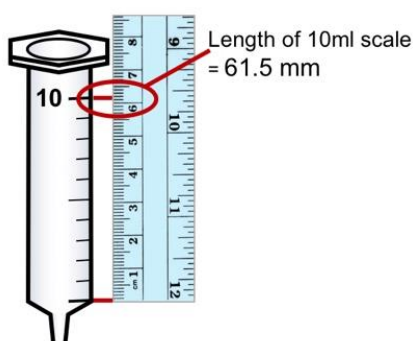
See also *IDDSI Testing Methods* document or <https://iddsi.org/framework/drink-testing-methods/>

### IDDSI Flow Test\*

- Test liquid flows through a 10 mL slip tip syringe leaving 4 to 8 ml in the syringe after 10 seconds (see IDDSI Flow Test instructions\*)

### #Before you test...

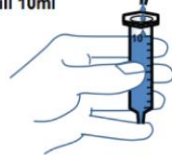
You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this



1. Remove plunger



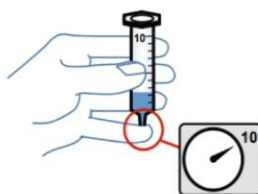
2. Cover nozzle with finger and fill 10ml



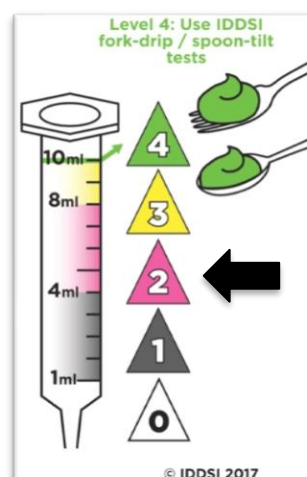
3. Release nozzle & start timer



4. Stop at 10 seconds



### IDDSI FLOW TEST INSTRUCTIONS





# 3 MODERATELY THICK

<b>Description/characteristics</b>	<ul style="list-style-type: none"> <li>• Can be drunk from a cup</li> <li>• Moderate effort is required to suck through a standard bore or wide bore straw (wide bore straw = 0.275 inch or 6.9 mm)</li> <li>• Cannot be piped, layered or molded on a plate because it will not retain its shape</li> <li>• Cannot be eaten with a fork because it drips slowly in dollops through the prongs</li> <li>• Can be eaten with a spoon</li> <li>• No oral processing or chewing required – can be swallowed directly</li> <li>• Smooth texture with no ‘bits’ (lumps, fibers, bits of shell or skin, husk, particles of gristle or bone)</li> </ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"> <li>• If tongue control is insufficient to manage Mildly Thick drinks (Level 2), this Liquidised/Moderately thick level may be suitable</li> <li>• Allows more time for oral control</li> <li>• Needs some tongue propulsion effort</li> <li>• Pain on swallowing</li> </ul>

Although descriptions are provided, use IDDSI Testing methods to decide if the food/liquid meets IDDSI Level 3.

## TESTING METHODS

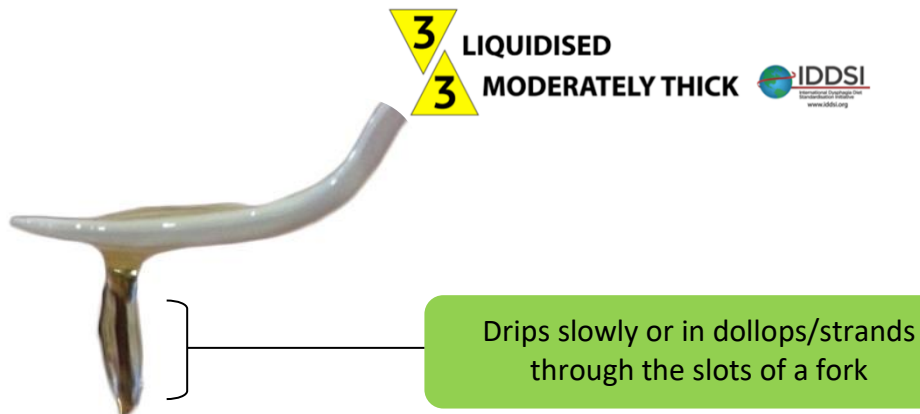
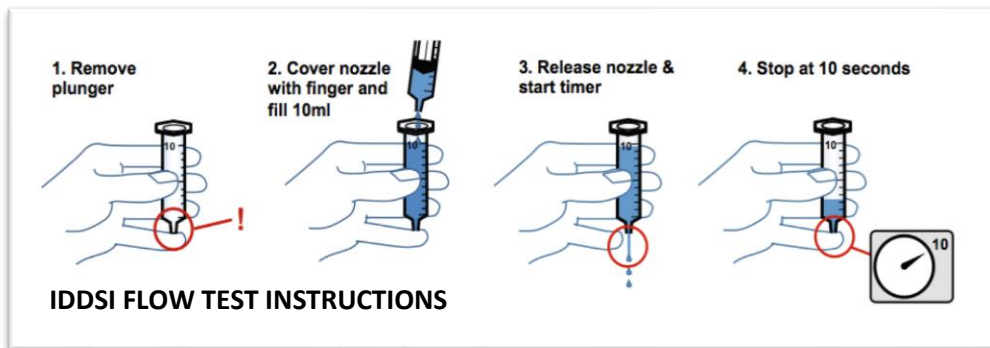
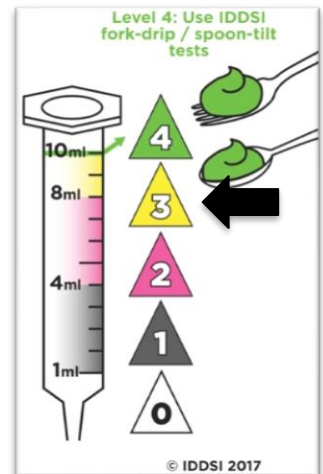
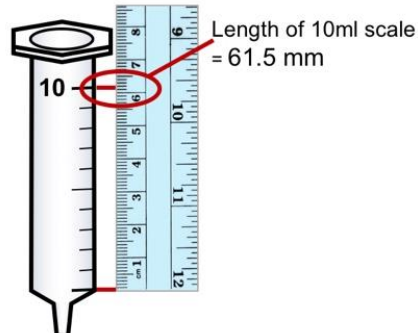
See also *IDDSI Testing Methods* document or <https://iddsi.org/framework/drink-testing-methods/> and <https://iddsi.org/framework/food-testing-methods/>

<b>IDDSI Flow Test*</b>	<ul style="list-style-type: none"> <li>• Test liquid flows through a 10 ml slip tip syringe leaving &gt; 8 ml in the syringe after 10 seconds (see IDDSI Flow Test Guide*)</li> </ul>
<b>Fork Drip Test</b>	<ul style="list-style-type: none"> <li>• Drips slowly in dollops through the prongs of a fork</li> <li>• When a fork is pressed on the surface of Level 3 Moderately Thick Liquid/Liquidised food, the tines/prongs of a fork do not leave a clear pattern on the surface</li> <li>• Spreads out if spilled onto a flat surface</li> </ul>
<b>Spoon Tilt Test</b>	<ul style="list-style-type: none"> <li>• Easily pours from spoon when tilted; does not stick to spoon</li> </ul>
<i>Where forks are not available</i> <b>Chopstick Test</b>	<ul style="list-style-type: none"> <li>• Chopsticks are not suitable for this texture</li> </ul>
<i>Where forks are not available</i> <b>Finger Test</b>	<ul style="list-style-type: none"> <li>• It is not possible to hold a sample of this food texture using fingers, however, this texture slides smoothly and easily between the thumb and fingers, leaving a coating</li> </ul>
<b>Food specific or Other examples (NB. this list is not exhaustive)</b>	<p>The following items may fit into IDDSI Level 3:</p> <ul style="list-style-type: none"> <li>• Infant “first foods” (runny rice cereal or runny pureed fruit)</li> <li>• Some sauces and gravies, as confirmed by IDDSI Flow Test</li> </ul>

- Some syrups, as confirmed by IDDSI Flow Test

**#Before you test...**

You **must check** your syringe length because there are differences in syringe lengths. Your syringe should look like this





# 4 EXTREMELY THICK

Description/characteristics	<ul style="list-style-type: none"> <li>• Usually eaten with a spoon (a fork is possible)</li> <li>• Cannot be drunk from a cup because it does not flow easily</li> <li>• Cannot be sucked through a straw</li> <li>• Does not require chewing</li> <li>• Can be piped, layered or molded because it retains its shape, but should <u>not</u> require chewing if presented in this form</li> <li>• Shows some very slow movement under gravity but cannot be poured</li> <li>• Falls off spoon in a single spoonful when tilted and continues to hold shape on a plate</li> <li>• No lumps</li> <li>• <u>Not</u> sticky</li> <li>• Liquid must not separate from solid</li> </ul>
Physiological rationale for this level of thickness	<ul style="list-style-type: none"> <li>• If tongue control is significantly reduced, this category may be easiest to control</li> <li>• Requires less propulsion effort than Minced &amp; Moist (level 5), Soft &amp; Bite-Sized (Level 6) and Regular and Regular Easy to Chew (Level 7) but more than Liquidised/Moderately thick (Level 3)</li> <li>• No biting or chewing is required</li> <li>• Increased oral and/or pharyngeal residue is a risk if too sticky</li> <li>• Any food that requires chewing, controlled manipulation or bolus formation are <u>not</u> suitable</li> <li>• Pain on chewing or swallowing</li> <li>• Missing teeth, poorly fitting dentures</li> </ul>

Although descriptions are provided, use IDDSI Testing methods to decide if the food/liquid meets IDDSI Level 4.

## TESTING METHODS

See also *IDDSI Testing Methods* document or <https://iddsi.org/framework/food-testing-methods/>

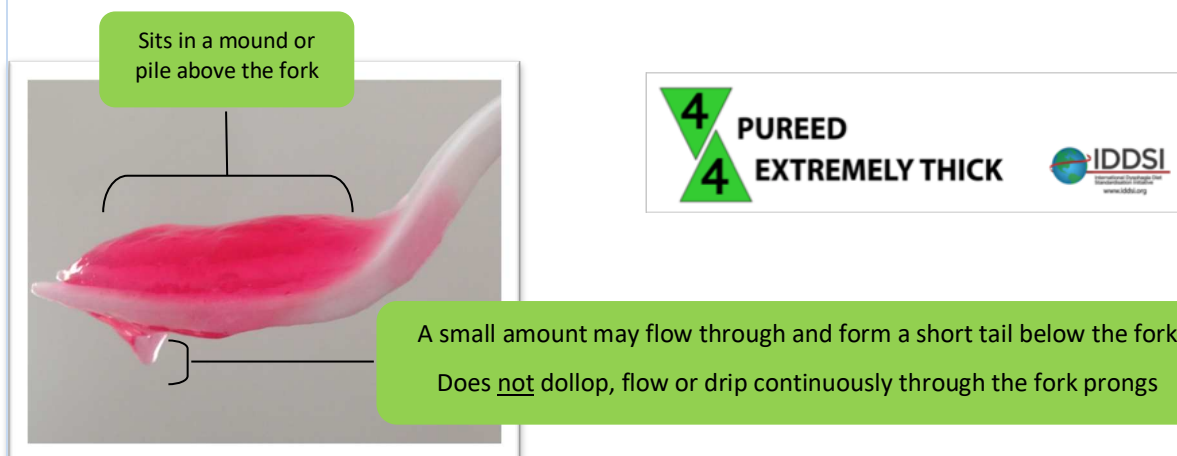
IDDSI Flow test	<ul style="list-style-type: none"> <li>• <b>n/a.</b> The IDDSI Flow test is not applicable, please use the Fork Drip Test and Spoon Tilt Test</li> </ul>
Fork Pressure test	<ul style="list-style-type: none"> <li>• Smooth with no lumps and minimal granulation</li> <li>• When a fork is pressed on the surface of Level 4 Extremely Thick Liquid/Pureed food, the tines/prongs of a fork can make a clear pattern on the surface, and/or the food retains the indentation from the fork</li> </ul>
Fork Drip test Fork Drip test contd.	<ul style="list-style-type: none"> <li>• Sample sits in a mound/pile above the fork; a small amount may flow through and form a short tail below the fork tines/prongs, but it <u>does not</u> flow or drip <u>continuously</u> through the prongs of a fork (see</li> </ul>

	picture below)
Spoon Tilt test	<ul style="list-style-type: none"> <li>• Cohesive enough to hold its shape on the spoon</li> <li>• A full spoonful must plop off the spoon if the spoon is titled or turned sideways; a very gentle flick (using only fingers and wrist) may be necessary to dislodge the sample from the spoon, but the sample should slide off easily with very little food left on the spoon. A thin film remaining on the spoon after the Spoon Tilt Test is acceptable, however, you should still be able to see the spoon through the thin film; i.e. the sample should <u>not</u> be firm and sticky</li> <li>• May spread out slightly or slump very slowly on a flat plate</li> </ul>
Where forks are not available Chopstick test	<ul style="list-style-type: none"> <li>• Chopsticks are not suitable for this texture</li> </ul>
Where forks are not available Finger test	<ul style="list-style-type: none"> <li>• It is just possible to hold a sample of this texture using fingers. The texture slides smoothly and easily between the fingers and leaves noticeable coating</li> </ul>
Indicators that a sample is too thick	<ul style="list-style-type: none"> <li>• Does not fall off the spoon when tilted</li> <li>• Sticks to spoon</li> </ul>

#### FOOD SPECIFIC OR OTHER EXAMPLES

The following item may be suitable for IDDSI Level 4:

- Purees suitable for infants (e.g. pureed meat, thick cereal)



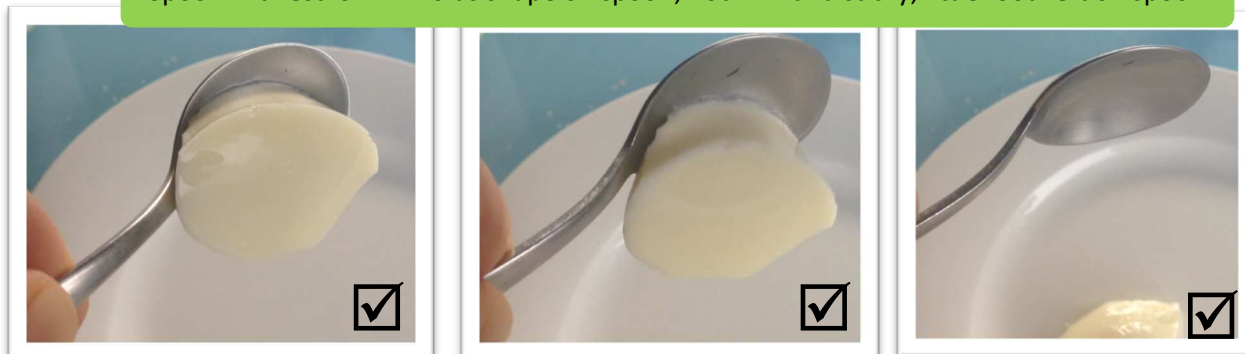
Spoon Tilt Test: Holds shape on spoon; not firm and sticky; little food left on spoon





The following images show examples of foods that would be suitable or unsuitable for Level 4 according to the IDDSI Spoon Tilt Test

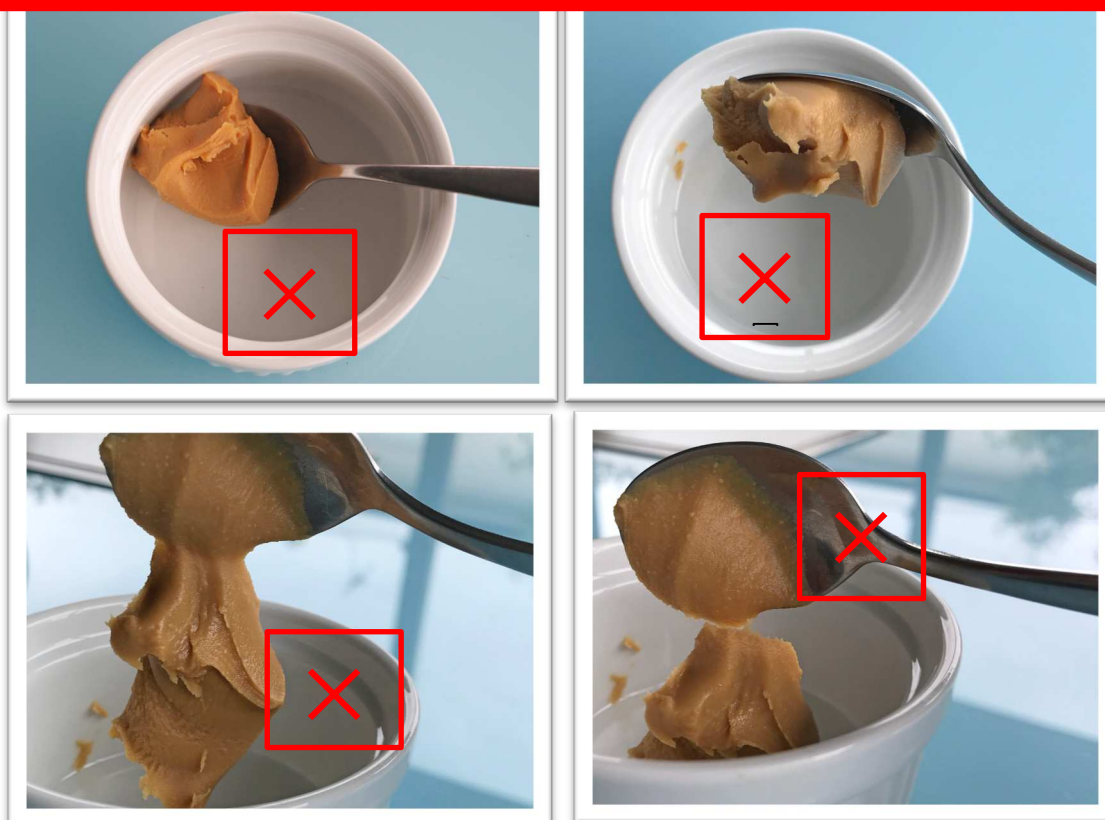
Spoon Tilt Test: SAFE: Holds shape on spoon; not firm and sticky; little food left on spoon



Spoon Tilt Test: SAFE: Holds shape on spoon; not firm and sticky; little food left on spoon



Spoon Tilt Test: UNSAFE: Holds shape on spoon; FIRM AND STICKY; LOTS OF food left on spoon





# MINCED & MOIST



**IDDSI**

International Dysphagia Diet  
Standardisation Initiative  
[www.iddsi.org](http://www.iddsi.org)

Description/characteristics	<ul style="list-style-type: none"><li>• Can be eaten with a fork or spoon</li><li>• Could be eaten with chopsticks in some cases, if the individual has very good hand control</li><li>• Can be scooped and shaped (e.g. into a ball shape) on a plate</li><li>• Soft and moist with no separate thin liquid</li><li>• Small lumps visible within the food<ul style="list-style-type: none"><li>➤ <b>Paediatric, equal to or less than 2 mm width and no longer than 8mm in length</b></li><li>➤ <b>Adult, equal to or less than 4mm width and no longer than 15mm in length</b></li></ul></li><li>• Lumps are easy to squash with tongue</li></ul>
Physiological rationale for this level of thickness	<ul style="list-style-type: none"><li>• Biting is not required</li><li>• Minimal chewing is required</li><li>• Tongue force alone can be used to separate the soft small particles in this texture</li><li>• Tongue force is required to move the bolus</li><li>• Pain or fatigue on chewing</li><li>• Missing teeth, poorly fitting dentures</li></ul>
<b>Although descriptions are provided, use IDDSI Testing methods to decide if the food meets IDDSI Level 5.</b>	
<b>TESTING METHODS</b>	
See also <i>IDDSI Testing Methods</i> document or <a href="https://iddsi.org/framework/food-testing-methods/">https://iddsi.org/framework/food-testing-methods/</a>	
Fork Pressure test	<ul style="list-style-type: none"><li>• When pressed with a fork the particles should easily be separated between and come through the tines/prongs of a fork</li><li>• Can be easily mashed with little pressure from a fork [pressure should <u>not</u> make the thumb nail blanch to white]</li></ul>
Fork Drip test	<ul style="list-style-type: none"><li>• When a sample is scooped with a fork it sits in a pile or can mound on the fork and does not easily or completely flow or fall through the tines/prongs of a fork</li></ul>
Spoon Tilt test	<ul style="list-style-type: none"><li>• Cohesive enough to hold its shape on the spoon</li><li>• A full spoonful must slide/pour off/fall off the spoon if the spoon is tilted or turned sideways or shaken lightly; the sample should slide off easily with very little food left on the spoon; i.e. the sample should <u>not</u> be sticky</li><li>• A scooped mound may spread or slump very slightly on a plate</li></ul>
Where forks are not available Chopstick test	<ul style="list-style-type: none"><li>• Chopsticks can be used to scoop or hold this texture if the sample is moist and cohesive <i>and</i> the person has very good hand control to use chopsticks</li></ul>



Where forks are not available  
Finger test

- It is possible to easily hold a sample of this texture using fingers; small, soft, smooth, rounded particles can be easily separated using fingers. The material will feel moist and leave fingers wet.

FOOD SPECIFIC OR OTHER EXAMPLES <https://iddsi.org/framework/food-testing-methods/>

#### MEAT

- Finely minced\* or chopped\*, soft mince
  - Paediatric, equal to or less than 2mm width and no longer than 8mm in length
  - Adult, equal to or less than 4mm width and no more than 15mm in length
- Serve in mildly, moderately or extremely thick, smooth, sauce or gravy, draining excess
- \*If texture cannot be finely minced it should be pureed



#### MINCED & MOIST



Use slot between fork prongs (4mm) to determine whether minced pieces are the correct or incorrect size

#### FISH

- Finely mashed in mildly, moderately or extremely thick smooth, sauce or gravy, draining excess
  - Paediatric, equal to or less than 2mm width and no longer than 8mm in length
  - Adult, equal to or less than 4mm width and no more than 15mm in length

#### FRUIT

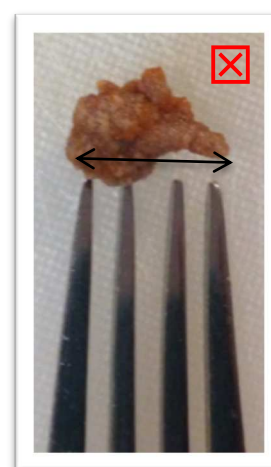
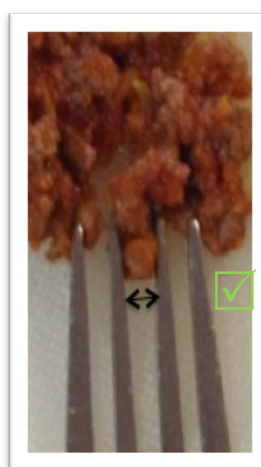
- Serve finely minced or chopped or mashed
- Drain excess juice
- If needed, serve in mildly, moderately or extremely thick smooth sauce or gravy AND drain excess liquid. No thin liquid should separate from food
  - Paediatric, equal to or less than 2mm width and no longer than 8mm in length
  - Adult, equal to or less than 4mm width and no more than 15mm in length

#### VEGETABLES

- Serve finely minced or chopped or mashed
- Drain any liquid
- If needed, serve in mildly, moderately or extremely thick smooth sauce or gravy AND drain excess liquid. No thin liquid should separate from food
  - Paediatric, equal to or less than 2mm width and no longer than 8mm in length
  - Adult, equal to or less than 4mm width and no more than 15mm in length

#### CEREAL

- Thick and smooth with small soft lumps
  - Paediatric, equal to or less than 2mm width and no longer than 8mm in length
  - Adult, equal to or less than 4mm width and no more than 15mm in length
- Texture fully softened
- Any milk/fluid must not separate away from cereal. Drain any excess fluid before serving



**Note - lump size requirements for all foods in Level 5 Minced & Moist:**

- Paediatric, equal to or less than 2mm width and no more than 8mm in length
- Adult, equal to or less than 4mm width and no more than 15mm in length

## BREAD

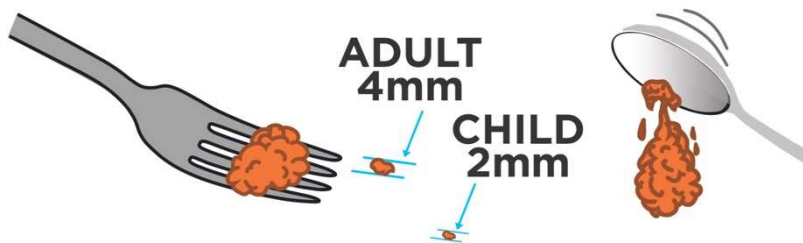
- No regular, dry bread, sandwiches or toast of any kind
- Use IDDSI Level 5 Minced & Moist sandwich recipe video <https://www.youtube.com/watch?v=W7bOufqmz18>
- Pre-gelled 'soaked' breads that are very moist and gelled through the entire thickness



## RICE, COUSCOUS, QUINOA (and similar food textures)

- Not sticky or glutinous
- Should not be particulate or separate into individual grains when cooked and served
- Serve with smooth mildly, moderately or extremely thick sauce AND Sauce must not separate away from rice, couscous, quinoa (and similar food textures). Drain excess fluid before serving

**Minced & Moist food must  
pass all three tests!**



### IDDSI Fork Test

**Paediatric**, equal to or less than 2mm width and no more than 8mm in length

**Adult**, equal to or less than 4mm width and no more than 15mm in length

4mm is about the gap between the prongs of a standard dinner fork



**Soft enough to squash easily with fork or spoon**

**Don't need thumb nail to blanch white**



### IDDSI Spoon Tilt Test

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should **not** be firm or sticky



# SOFT & BITE-SIZED



**IDDSI**  
International Dysphagia Diet  
Standardisation Initiative  
[www.iddsi.org](http://www.iddsi.org)

<b>Description/characteristics</b>	<ul style="list-style-type: none"><li>• Can be eaten with a fork, spoon or chopsticks</li><li>• Can be mashed/broken down with pressure from fork, spoon or chopsticks</li><li>• A knife is not required to cut this food, but may be used to help load a fork or spoon</li><li>• Soft, tender and moist throughout but with no separate thin liquid</li><li>• Chewing is required before swallowing</li><li>• 'Bite-sized' pieces as appropriate for size and oral processing skills<ul style="list-style-type: none"><li>➤ <b>Paediatric, 8mm pieces (no larger than)</b></li><li>➤ <b>Adults, 15 mm = 1.5 cm pieces (no larger than)</b></li></ul></li></ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"><li>• Biting is not required</li><li>• Chewing is required</li><li>• Food piece sizes designed to minimize choking risk</li><li>• Tongue force and control is required to move the food and keep it within the mouth for chewing and oral processing</li><li>• Tongue force is required to move the bolus for swallowing</li><li>• Pain or fatigue on chewing</li><li>• Missing teeth, poorly fitting dentures</li></ul>

Although descriptions are provided, use IDDSI Testing methods to decide if the food meets IDDSI Level 6.

## TESTING METHODS

See also *IDDSI Testing Methods* document or <https://iddsi.org/framework/food-testing-methods/>

Fork Pressure test	<ul style="list-style-type: none"><li>• Pressure from a fork held on its side can be used to 'cut' or break apart or flake this texture into smaller pieces</li><li>• When a sample the size of a thumb nail (1.5x1.5 cm) is pressed with the tines of a fork to a pressure where the thumb nail blanches to white, the sample squashes, breaks apart, changes shape, and does not return to its original shape when the fork is removed.</li></ul>
Spoon Pressure test	<ul style="list-style-type: none"><li>• Pressure from a spoon held on its side can be used to 'cut' or break this texture into smaller pieces.</li><li>• When a sample the size of a thumb nail (1.5 cm x1.5 cm) is pressed with the base of a spoon, the sample squashes, breaks apart, changes shape, and does not return to its original shape when the spoon is removed.</li></ul>
<i>Where forks are not available</i> Chopstick test	<ul style="list-style-type: none"><li>• Chopsticks can be used to break this texture into smaller pieces or puncture food</li></ul>

Where forks are not available  
Finger test

- Use a sample the size of a thumb nail (1.5 cm x 1.5 cm). It is possible to squash a sample of this texture using finger pressure such that the thumb and index finger nails blanch to white. The sample breaks apart and will not return to its initial shape once pressure is released.

## FOOD SPECIFIC OR OTHER EXAMPLES

### MEAT

- Cooked, tender meat no bigger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 x 1.5 cm pieces*
  - If texture cannot be served soft and tender at 1.5 cm x 1.5 cm (as confirmed with fork/ spoon pressure test), serve minced and moist

**Note - food size requirements for all foods in Level 6 Soft & Bite-sized:**

- **Paediatric, 8mm pieces**
- **Adult, 15mm = 1.5cm pieces**

### FISH

- Soft enough cooked fish to break into small pieces with fork, spoon or chopsticks no larger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- No bones or tough skins

### CASSEROLE/STEW/CURRY

- Liquid portion (e.g. sauce) must be thick (as per clinician recommendations)
- Can contain meat, fish or vegetables if final cooked pieces are soft and tender and no larger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- No hard lumps

### FRUIT

- Serve minced or mashed if cannot be cut to soft & bite-sized pieces
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- Fibrous parts of fruit are not suitable
- Drain excess juice
- Assess individual ability to manage fruit with high water content (e.g. watermelon) where juice separates from solid in the mouth during chewing

### VEGETABLES

- Steamed or boiled vegetables with final cooked size of
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- Stir fried vegetables may be too firm and are not soft or tender. Check softness with fork/spoon pressure test

### CEREAL

- Smooth with soft tender lumps no bigger than
  - *Paediatric, 8mm pieces*
  - *Adults, 15 mm = 1.5 cm pieces*
- Texture fully softened
- Any excess milk or liquid must be drained and/or thickened to thickness level recommended by clinician

## BREAD

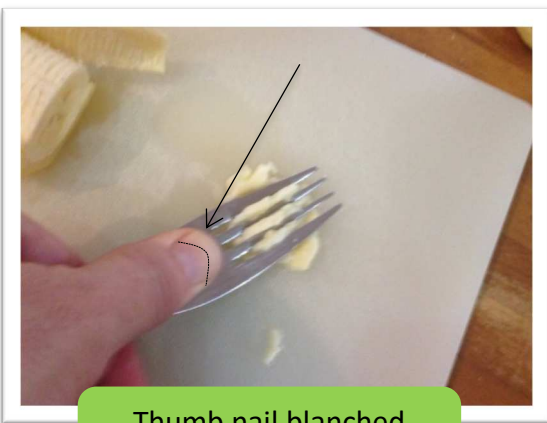
- No regular dry bread, sandwiches or toast of any kind
- Use IDDSI Level 5 Minced & Moist sandwich recipe video to prepare bread and add to filling that meets Level 6 Soft & Bite-sized requirements  
<https://www.youtube.com/watch?v=W7bOufqmz18>
- Pre-gelled 'soaked' breads that are very moist and gelled through the entire thickness



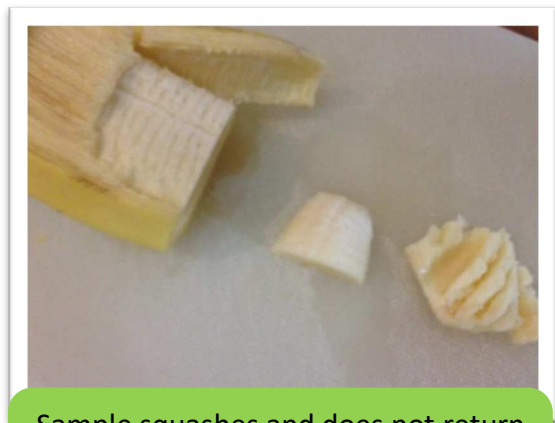
## RICE, COUCOUS, QUINOA (and similar food textures)

- Not particulate/grainy, sticky or glutinous

# 6 SOFT & BITE-SIZED



Thumb nail blanching to white



Sample squashes and does not return to its original shape when pressure is released

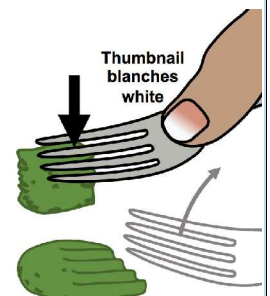
Food pieces no bigger than 8mm x 8mm lump size for children



Food pieces no bigger than 1.5cm x 1.5cm bite size for adults



**Soft & Bite-Sized food must pass both food piece size and softness tests!**



<b>Description/characteristics</b>	<ul style="list-style-type: none"> <li>• Normal, everyday foods of <b>soft/tender textures</b> that are developmentally and age appropriate</li> <li>• Any method may be used to eat these foods</li> <li>• Sample size is not restricted at Level 7, therefore, foods may be of a <b>range of sizes</b> <ul style="list-style-type: none"> <li>➤ Smaller or greater than 8mm pieces (Paediatric)</li> <li>➤ Smaller or greater than 15 mm = 1.5 cm pieces (Adults)</li> </ul> </li> <li>• Does not include: hard, tough, chewy, fibrous, stringy, crunchy, or crumbly bits, pips, seeds, fibrous parts of fruit, husks or bones</li> <li>• May include 'dual consistency' or 'mixed consistency' foods and liquids if also safe for Level 0, and at clinician discretion. If unsafe for Level 0 Thin, liquid portion can be thickened to clinician's recommended thickness level</li> </ul>
<b>Physiological rationale for this level of thickness</b>	<ul style="list-style-type: none"> <li>• Requires the ability to bite soft foods and chew and orally process food for long enough that the person forms a soft cohesive ball/bolus that is 'swallow ready'. Does not necessarily require teeth.</li> <li>• Requires the ability to chew and orally process soft/tender foods without tiring easily</li> <li>• May be suitable for people who find hard and/or chewy foods difficult or painful to chew and swallow</li> <li>• This level could present a choking risk for people with clinically identified increased risk of choking, because food pieces can be of <i>any</i> size. Restricting food piece sizes aims to minimize choking risk (e.g. Level 4 Pureed, Level 5 Minced &amp; Moist, Level 6 Soft &amp; Bite-sized have food piece size restrictions to minimize choking risk)</li> <li>• This level may be used by qualified clinicians for developmental teaching, or progression to foods that need more advanced chewing skills</li> <li>• <b>If the person needs supervision to eat safely, before using this texture level consult a qualified clinician to determine the person's food texture needs, and meal time plan for safety</b> <ul style="list-style-type: none"> <li>• People can be unsafe to eat without supervision due to chewing and swallowing problems and/or unsafe mealtime behaviours. Examples of unsafe mealtime behaviors include: not chewing very well, putting too much food into the mouth, eating too fast or swallowing large mouthfuls of food, inability to self-monitor chewing ability.</li> <li>• Clinicians should be consulted for specific advice for patient needs, requests and requirements for supervision.</li> <li>• <b>Where mealtime supervision is needed, this level should only be used under the strict recommendation and written guidance of a qualified clinician</b></li> </ul> </li> </ul>



Although descriptions are provided, use IDDSI Testing methods to decide if the food meets IDDSI Level 7 Easy to Chew.

#### TESTING METHODS

See also IDDSI Testing Methods document or <https://iddsi.org/framework/food-testing-methods/>

Fork Pressure Test	<ul style="list-style-type: none"> <li>Pressure from a fork held on its side can be used to 'cut' or break apart or flake this texture into smaller pieces</li> <li>When a sample the size of a thumb nail (1.5x1.5cm) is pressed with the tines of a fork to a pressure where the thumb nail blanches to white, the sample squashes, breaks apart, changes shape and does not return to its original shape when the fork is removed.</li> </ul>
Spoon Pressure Test	<ul style="list-style-type: none"> <li>Pressure from a spoon held on its side can be used to 'cut' or break or flake this texture into smaller pieces</li> <li>When a sample the size of a thumb nail (1.5x1.5cm) is pressed with the base of a spoon to a pressure where the thumb nail blanches to white, the sample squashes, breaks apart, changes shape and does not return to its original shape when the spoon is removed.</li> </ul>
<i>Where forks are not available</i> Chopstick Test	<ul style="list-style-type: none"> <li>Chopsticks can be used to puncture this texture</li> </ul>
<i>Where forks are not available</i> Finger test	<ul style="list-style-type: none"> <li>Use a sample the size of a thumb nail (1.5x1.5cm). It is possible to squash a sample of this texture using finger pressure such that the thumb and index finger nails blanch to white. The sample squashes and breaks apart and will not return to its initial shape once pressure is released.</li> </ul>

#### FOOD SPECIFIC OR OTHER EXAMPLES

##### MEAT

- Cooked until tender.
- If texture cannot be served soft and tender, serve minced and moist

##### FISH

- Soft enough cooked fish to break into small pieces with the side fork, spoon or chopsticks

##### CASSEROLE/STEW/CURRY

- Can contain meat, fish, vegetables, or combinations of these if final cooked pieces are soft and tender
- Serve in mildly, moderately or extremely thick sauce AND drain excess liquid
- No hard lumps

##### FRUIT

- Soft enough to be cut broken apart into smaller pieces with the side of a fork or spoon. Do not use the fibrous parts of fruit (e.g. the white part of an orange).

##### VEGETABLES

- Steam or boil vegetables until tender. Stir fried vegetables may be too firm for this level. Check softness with fork/spoon pressure test

##### CEREAL

- Served with texture softened
- Drain excess milk or liquid and/or thicken to thickness level recommended by clinician

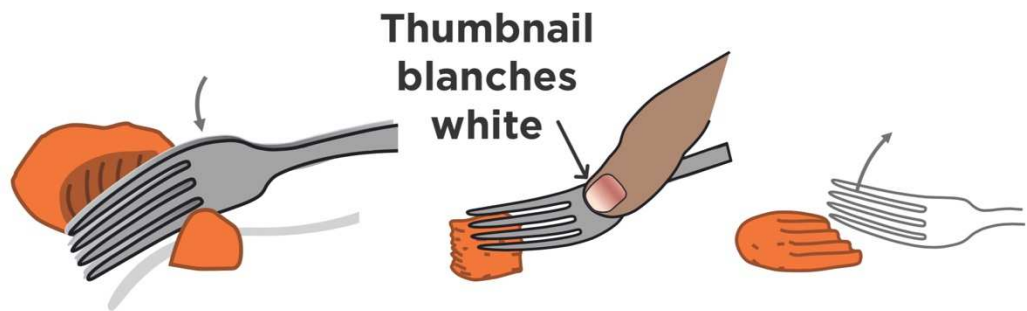
##### BREAD

- Bread, sandwiches and toast that can be cut or broken apart into smaller pieces with the side of a fork or spoon can be provided at clinician discretion

RICE, COUSCOUS, QUINOA (and similar food textures)

- No special instructions

***Easy to Chew foods must break apart easily with the side of a fork or spoon and pass Fork Pressure Test***



***Must be able to break food apart easily with the side of a fork or spoon***

#### **IDDSI Fork Pressure Test**

***To make sure the food is soft enough,*** press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape





<p><b>Description/characteristics</b></p> <p>There are <u>NO</u> texture restrictions at this level</p>	<ul style="list-style-type: none"> <li>• Normal, everyday foods of various textures that are developmentally and age appropriate</li> <li>• Any method may be used to eat these foods</li> <li>• Foods may be hard and crunchy or naturally soft</li> <li>• Sample size is not restricted at Level 7, therefore, foods may be of a <b>range of sizes</b> <ul style="list-style-type: none"> <li>➢ Smaller or greater than 8mm pieces (Paediatric)</li> <li>➢ Smaller or greater than 15 mm = 1.5 cm pieces (Adults)</li> </ul> </li> <li>• Includes hard, tough, chewy, fibrous, stringy, dry, crispy, crunchy, or crumbly bits</li> <li>• Includes food that contains pips, seeds, pith inside skin, husks or bones</li> <li>• Includes 'dual consistency' or 'mixed consistency' foods and liquids</li> </ul>
<p><b>Physiological rationale for this level of thickness</b></p>	<ul style="list-style-type: none"> <li>• Ability to bite hard or soft foods and chew them for long enough that they form a soft cohesive ball/bolus that is 'swallow ready'</li> <li>• An ability to chew all food textures without tiring easily</li> <li>• An ability to remove bone or gristle that cannot be swallowed safely from the mouth</li> </ul>

## TESTING METHOD

- Not Applicable

# TRANSITIONAL FOODS



Description/characteristics	<ul style="list-style-type: none"> <li>Food that starts as one texture (e.g. firm solid) and changes into another texture specifically when moisture (e.g. water or saliva) is applied, or when a change in temperature occurs (e.g. heating)</li> </ul>
Physiological rationale for this level of thickness	<ul style="list-style-type: none"> <li>Biting not required</li> <li>Minimal chewing required</li> <li>Tongue can be used to break these foods once altered by temperature or with addition of moisture/saliva</li> <li>➤ May be used for developmental teaching or rehabilitation of chewing skills (e.g. development of chewing in the paediatric population and developmental disability population; rehabilitation of chewing function post stroke)</li> </ul>
<p><b>Although descriptions are provided, use IDDSI Testing methods to decide if the food meets the requirements for Transitional foods.</b></p> <p><b>TESTING METHOD</b></p> <p>See also <i>IDDSI Testing Methods</i> document or <a href="https://iddsi.org/framework/food-testing-methods/">https://iddsi.org/framework/food-testing-methods/</a></p>	
Fork pressure test	<ul style="list-style-type: none"> <li>After moisture or temperature has been applied, the sample can be easily deformed and does not recover its shape when the force is lifted.</li> <li>Use a sample the size of the thumb nail (1.5 cm x 1.5 cm), place 1 ml of water on the sample and wait one minute. Apply fork pressure using the tines of the fork until the thumbnail blanches to white. The sample is a transitional food texture if after removing the fork pressure: <ul style="list-style-type: none"> <li>The sample has been squashed and disintegrated and no longer looks like its original state</li> <li>Or it has melted significantly and no longer looks like its original state (e.g. ice chips).</li> </ul> </li> </ul>
Spoon pressure test	<ul style="list-style-type: none"> <li>As above, using the base of the spoon in place of the fork</li> </ul>
<i>Where forks are not available</i> Chopstick test	<ul style="list-style-type: none"> <li>Use a sample the size of the thumb nail (1.5 cm x 1.5 cm), place 1 ml of water on the sample and wait one minute. The sample should be easily broken apart using chopsticks with minimal pressure.</li> </ul>

Where forks are not available  
Finger test

- Use a sample the size of the thumb nail (1.5 cm x 1.5 cm), place 1 ml of water on the sample and wait one minute. The sample will break apart completely by rubbing the sample between the thumb and index finger. The sample will not return to its initial shape

## FOOD SPECIFIC OR OTHER EXAMPLES

IDDSI Transitional Foods may include and are not limited to:

- Ice chips
- Ice cream/Sherbet if assessed as suitable by a Dysphagia specialist
- Japanese Dysphagia Training Jelly sliced 1 mm x 15 mm
- Wafers (also includes Religious Communion wafer)
- Waffle cones used to hold ice cream
- Some biscuits/ cookies/ crackers
- Some potato crisps – only ones made or formed from mashed potato (e.g. Pringles)
- Shortbread
- Prawn crisps

### Specific examples used in paediatric or adult disability dysphagia management

Commercially available foods<sup>#</sup> that are transitional foods textures include but are not limited to:

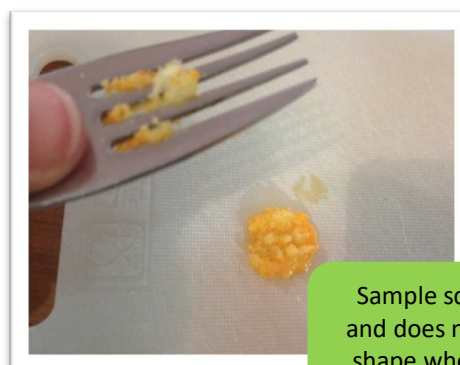
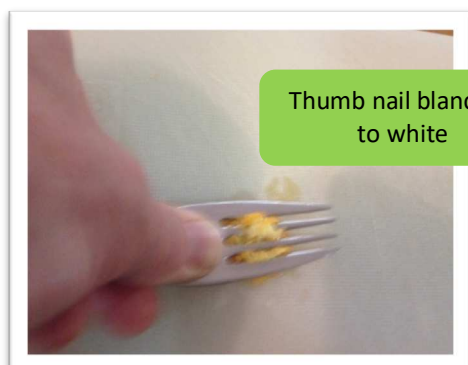
- Veggie Stix™
- Cheeto Puffs™
- Rice Puffs™
- Baby Mum Mums™
- Gerber Graduate Puffs™

<sup>#</sup>The mention of certain manufacturers' products does not imply that they are endorsed or recommended in preference to others of a similar nature that are not mentioned.

## TRANSITIONAL FOODS



- Apply 1 ml of water to sample
- Wait 1 minute



# FOOD TEXTURES THAT POSE A CHOKING RISK

Examples are drawn from international autopsy reports



**Hard or dry textures are a choking risk because** they require good chewing ability to break down *and* mix with saliva to make them moist enough to be safe to swallow.

*Examples of hard or dry textures:* nuts, raw carrots, crackling, hard crusty rolls

**Fibrous or tough textures are a choking risk because** they require good chewing ability, and sustained chewing ability to break down to small enough pieces that are safe to swallow.

*Examples of fibrous or tough textures:* steak, pineapple

**Chewy textures are a choking risk because** they are sticky and can become stuck to the roof of the mouth, the teeth or cheeks and fall into the airway

*Examples of chewy textures:* candies/lollies/sweets, cheese chunks, marshmallows, chewing gum, sticky mashed potato

**Crispy textures are a choking risk because** they require good chewing ability to break down and mix with saliva to make them soft, rounded and moist enough to be safe to swallow.

*Examples of crispy textures:* crackling, crisp bacon, some dry cereals

**Crunchy textures are a choking risk because** they require good chewing ability, and sustained chewing ability to break them into small enough pieces and mix with saliva so that they are safe to swallow.

*Examples of crunchy textures:* raw carrot, raw apple, popcorn

**Sharp or spiky textures are a choking risk because** they require good chewing ability to break them into small enough, soft, rounded pieces and moist enough to be safe to swallow.

*Example of sharp or spiky textures:* dry corn chips

**Crumbly textures are a choking risk because** they need good tongue control to bring crumbly pieces together and mix with enough saliva to hold together to be moist and safe to swallow.

*Examples of crumbly textures:* crumbly dry cakes, dry cookies, dry biscuits or scones

**Pips, seeds, and the white parts of fruit are a choking risk because** they are hard and part of other hard or fibrous textures, making it a complex process to separate and remove them from the mouth

*Examples of pips, seeds and white parts of fruit* include apple or pumpkin seeds, the white part of oranges

**Skins, husks or outer shells are a choking risk because** the pieces are often fibrous, spiky, and dry needing good chewing skills to make the pieces smaller, and enough saliva to make it moist, OR enough skill to remove the pieces from the mouth. These small pieces become stuck to teeth and gums and catch in the throat when swallowed.

*Examples of skins, husks or outer shells* include pea shells, grape skin, bran, psyllium

**Bone or gristle is a choking risk because** these pieces are hard and not usually chewed and swallowed. They require good tongue skills to remove them from the food texture they are attached to, and then remove the bone or gristle from the mouth.

*Examples of bone or gristle* includes chicken bones, fish bones

**Round, or long shaped foods are a choking risk because** if they are not chewed into small pieces and are swallowed whole they are a shape that can completely block the airway causing choking

*Examples of round or long shaped foods* include sausages, grapes

**Sticky or gummy textures are a choking risk because** they are sticky and can become stuck to the roof of the mouth, the teeth or cheeks and fall into the airway. They require sustained and good chewing ability to reduce stickiness by adding saliva to make them safe to swallow.

*Examples of chewy textures:* nut butter, overcooked oatmeal, edible gelatin, Konjac containing jelly, sticky rice cakes, candy

**Stringy textures are a choking risk because** the string can be difficult to break and the flesh can become trapped with part in the mouth and part in the throat tied together by the stringy texture.

*Examples of stringy textures* include: green string beans, rhubarb

**Mixed thin-thick textures are a choking risk because** they require an ability to hold the solid piece in the mouth while the thin liquid portion is swallowed. After the liquid portion is swallowed the solid pieces are chewed and swallowed. This is a very complex oral task.

*Examples of mixed thin-thick textures* include: soup with food pieces, cereal pieces with milk, bubble tea

**Complex food textures are a choking risk because** they require an ability to chew and manipulate a variety of food textures in one mouthful.

*Examples of complex food textures* include: hamburger, hot dog, sandwich, meatballs and spaghetti, pizza

**Floppy textures are a choking risk because** if they are not chewed into small pieces they become thin and wet and can form a covering over the opening of the airway, stopping air from flowing.

*Examples of floppy textures* include: lettuce, thin sliced cucumber, baby spinach leaves

**Juicy food textures where the juice separates from the food when chewing is a choking risk** because it needs the person to be able to swallow the juice while controlling the solid piece in the mouth, Once the juice has been swallowed good chewing skills are needed to break the food into smaller pieces for safe swallowing. It is a complex oral task.

*Example of juicy food textures* include: watermelon

**Hard skins or crusts formed during cooking or heating are a choking risk** because they require good chewing skills to break them down into smaller pieces while mixed with other food textures not affected by the heating process.

## **Foods that pose a choking risk - Autopsy report references:**

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## **\*Accompanying documents <https://iddsi.org/framework/>**

- IDDSI Testing Methods
- IDDSI Evidence
- IDDSI Frequently Asked Questions (FAQs)

# Acknowledgements

## Development of the IDDSI framework (2012-2015)

IDDSI would like to thank and acknowledge the following sponsors for their generous support in the development of the IDDSI framework:

- Nestlé Nutrition Institute (2012-2015)
- Nutricia Advanced Medical Nutrition (2013-2014)
- Hormel Thick & Easy (2014-2015)
- Campbell's Food Service (2013-2015)
- apetito (2013-2015)
- Trisco (2013-2015)
- Food Care Co. Ltd. Japan (2015)
- Flavour Creations (2013-2015)
- Simply Thick (2015)
- Lyons (2015)





Stringy, fibrous texture e.g. pineapple, runner beans, celery, lettuce



Vegetable and fruit skins including beans  
e.g. broad, baked, soya, black-eye, peas, grapes



Mixed consistency foods  
e.g. cereals which do not blend with milk like muesli,  
mince with thin gravy, soup with lumps,  
citrus fruits as they have skin, juice and pulp.



Crunchy foods e.g. toast, flaky pastry, dry biscuits, crisps



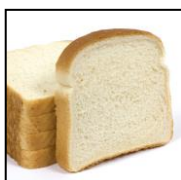
Crumbly items e.g. bread crusts, pie crusts,  
crumble, dry biscuits



Hard-boiled foods e.g. boiled and chewy sweets and toffees,  
nuts and seeds



Husks e.g. sweetcorn and granary bread



'Sticky' items e.g. White Bread, doughnuts etc.  
the food can stick to the roof of the mouth  
and then fall down into the airway.








## Appendix 8

# Abbey Court School Dysphagia policy poster

Every pupil in the school will have:

Abbey Court School Individual Pupil Eating Plan	
<b>Pupil Name:</b> Mickey Reed	<b>Positioning for lunchtimes:</b>  I sit on an adult sized chair with my bottom to the back of the chair. My feet should be placed flat on the floor. I may need to be reminded to do this. I have an ordinary plate and use my fork in my right hand. I drink from a sports bottle.
<b>Class:</b> PE3	
<b>Date:</b> May 2015 <b>Review date:</b> September 2015	
<b>Risks:</b>  I dislike sweet corn. I have milk products only in moderation as they can cause my eczema to become uncomfortable. 	
<b>Utensils used:</b> I have a non-slip mat under my plate to keep my plate still while I am eating. I use ordinary sized cutlery and I hold my fork in my right hand to stab and to scoop. I use a dessert spoon for my pudding and I have my sports bottle to drink from.	
<b>Support at lunchtimes:</b> I am very independent at lunchtimes! I like to go to the dinner trolley and make my choice, an adult supports me to walk to the trolley and will carry my plate back to the table for me. I need help to cut up my dinner but I will feed myself using my fork to stab and to scoop. Please do not try to help me by loading my fork for me because if you do I will refuse to eat! I need an adult to support me to take my plate to the trolley and scrape away my unwanted food.	
<b>How I communicate during lunch:</b> I can make choices through gesturing / reaching for the food that I would like to have when I am offered a choice. An adult will name these foods to me when I have asked for them. I am able to use symbols to make simple choices when I am offered two to choose from.	
<b>My targets for lunchtimes:</b> 1. To use symbols consistently to make a choice of the main meal and pudding.	

or

<b>STOP!</b> If you think that anything about my feeding has changed speak to the nurses or SALT so they can check that I am still safe.	
<b>Risk of Aspiration</b> Mild Moderate Severe Based on Mary Penelope Dysphagia Risk Assessment	<b>DYSPHAGIA RISK ASSESSMENT</b> Samuel Boakes
<b>Feeding Clinic Advice:</b> I have been seen by feeding clinic and they have advised me to have: Fork mashable diet (Texture D). It takes me a long time to swallow so please don't rush me. I also have thickened drinks to Stage 1 (Syrup) consistency (please turn over if you don't know what this look like)	
<b>To help me eat my lunch I need:</b> I use a special fork and spoon to eat my lunch and pudding. It has a foam handle to help me hold it. I can feed myself independently.	<b>To help me drink my drink I need:</b> I use a normal cup to drink my drink. I can also do this myself when it is handed to me.
<b>Positioning:</b> I need to sit in my wheelchair with the tray on. My plate is sat on a non-slip mat. You may need to turn my plate round so I can get to all my dinner.	<b>Communication:</b> I like to know what I am eating please tell me what I have on my plate.
<b>Signs of Aspiration:</b> swallowing issues, eye issues, nasal regurgitation, facial grimacing, feeling of the spit, chestiness, colour changes around the lips, breathing changes, coughing or gagging, watery eyes, increase in extension patterns.	

(Eating Plan)

(Dysphagia Risk Assessment)

Some pupils will have one of these as well:



(Dysphagia risk assessment coaster)

These guidelines are to be adhered to by all staff at Abbey Court to ensure the health and safety of all pupils whilst providing a positive and productive learning environment. High risk pupils have a **dysphagia risk assessment** (top right) whilst all other pupils have an **eating plan** (top left). Pupils that have an individual dysphagia risk assessment are not to be supported with their eating/drinking by other pupils, work experience students, volunteers or supply staff. Please refer only to SMT for any queries. (Please refer to the Abbey Court Dysphagia policy)