

EatSafe SG FAQs

Topics

1.	Education and Training	5
1.1	How to I check if my institution/care setting needs to attend the EatSafe SG Training?.....	5
1.2	What if my institution/care setting does not serve food?.....	5
1.3	What if my institution/care setting does not have any clients with dysphagia, is training still mandated?	5
1.4	Do nurses from all settings need to undergo training if my care setting provides various services such as inpatient, day care and home care services??	6
1.5	What is the EatSafe SG Training Framework? How do I know the level of training which I have to attend/arrange for my staff to attend?	6
1.6	Training materials.....	6
1.6.1	Are the same training materials/resources used for the EatSafe SG Training Framework used across all care settings?.....	6
1.6.2	Will I receive the materials to train staff in my institution?	6
1.7	How do I obtain copies of the visual collaterals?.....	7
1.8	Who should attend the Theory (E-Learning)?.....	7
1.9	Who should attend the Basic Hands-on workshop?.....	7
1.10	Who should attend the Advanced Hands-on workshop?	7
1.11	What should I do if I/my kitchen staff need more hands-on skills?.....	7
1.12	I need to attend both Theory (E-Learning) and Hands-On Training. Is there an order to complete the necessary training?.....	7
1.13	What if I fail the three attempts of Theory (E-learning)?.....	8
1.14	When do I start the EatSafe SG Training programme?	8
1.15	When do I need to complete the EatSafe SG Training programme?	8
1.16	How do I enrol for Theory (E-Learning)? How is the course fees like?	8
1.17	How do I enrol for Basic and Advanced Hands-On workshops? How is the course fees like?	8
1.17.1	For Public Health Care Institutions (PHIs)	8
1.17.2	For Community Care Organisations (CCOs)	8
1.17.3	Others.....	9
1.18	How do I enrol for the Food Preparation Skills Class? How is the course fees like?	9
1.19	How many languages are available for Theory (E-Learning)?.....	10
1.20	What are the options if staff are unable to pass the training due to language proficiency?	10

1.21	Are Speech Therapists required to attend the Theory (E-Learning) and Hands-On training?	11
2.	Implementations Processes	11
2.1	Institutional Champions (ICs)	11
2.1.1	Who are the Institutional Champions (ICs)?	11
2.1.2	How many Institutional Champion (ICs) are needed for each institution?	11
2.1.3	How often will the Institutional Champions (ICs) need to liaise and send updates to MOH with regards to training?	11
2.1.4	What if my Day Care/Rehab Centres does not serve diet? Is it necessary to nominate Institutional Champions (ICs) still or can I send the Speech Therapist to attend the trainings?	12
2.1.5	My care setting has multiple centres (e.g., nursing home with multiple locations) and/or multiple services (e.g, inpatient care, day care, home care).	12
2.1.5.1	How many Institutional Champions (ICs) should I nominate?	12
2.1.5.2	What if I am not able to nominate 3 Institutional Champions (ICs) per site as I have a smaller ratio of professional staff capable of fulfilling the stipulated roles?	12
2.1.6	My PHI provides Speech Therapy services to Nursing Homes (NHs). Would it be recommended for external Speech Therapist to be one of the nominated Institutional Champions (ICs) due to the heavy involvement in the clinical service and training of NH staff?	12
2.1.7	Can I nominate my Centre Manager or an operational/administrative personnel as an Institutional Champions (ICs)?	12
2.2	EatSafe SG Trainers	13
2.2.1	Who are the EatSafe SG Trainers?	13
2.2.2	For Institutions without their own Speech Therapists and Dietitians, who will take on the roles and responsibilities of the EatSafe SG Trainers?	13
2.2.3	Can Speech Therapists and Dietitians in private practice be EatSafe SG Trainers?	13
2.3	How do I contact MOH and/or AIC for any clarification on EatSafe SG implementation?	13
2.4	Are there hospitals/institutions who have implemented EatSafe SG standards?	13
2.5	My institution has already implemented dysphagia diets that follow the IDDSI framework before the launch of EatSafe SG. What should I do now?	14
2.6	What should my institution do if our in-house kitchen will require assistance after completing all available training such as Theory (E-Learning), Basic Hands-On, Advanced Hands-On and Food Preparation Skills class?	14

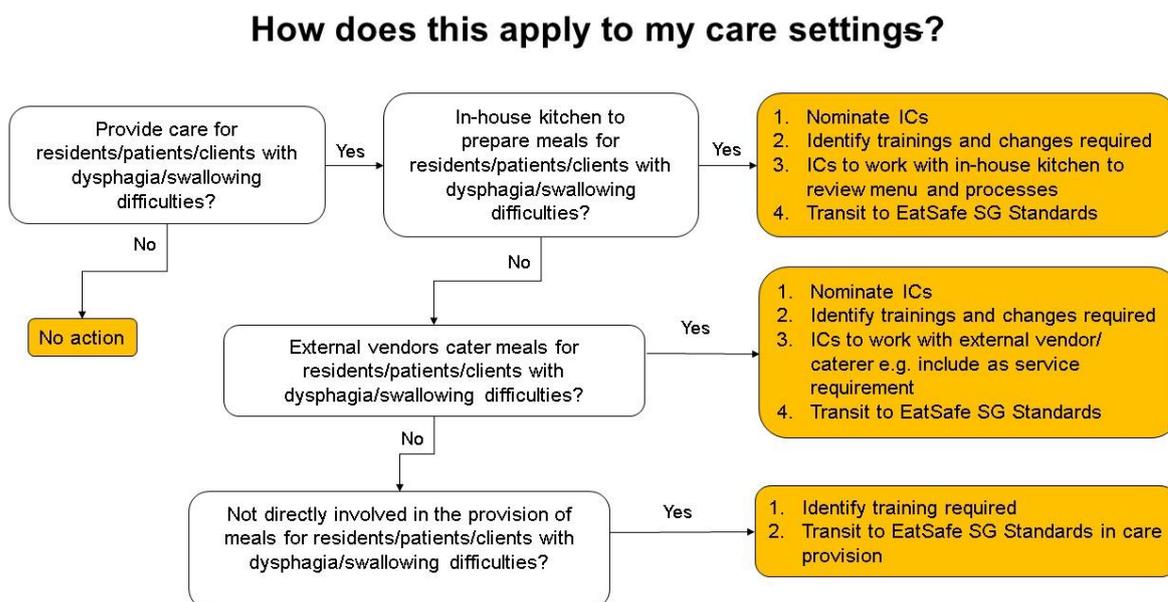
2.7	How should my institution implement EatSafe SG if we do not have an in-house kitchen?.	14
2.8	I am a food service provider/vendor (e.g., Meals on Wheel, Food Caterer). How should I implement EatSafe SG?	15
2.9	What is the deadline for my institution to implement EatSafe SG fully?	15
3.	Consultation Services for Nursing Homes	16
3.1	What is the consultation service about?.....	16
3.2	What is the scope of the consultation service?	16
3.3	When should I access the consultation service?.....	16
3.4	How do I access the consultation service?.....	17
3.5	What should I do if I do not have in-house kitchen and need help with food preparation?.	17
4.	Diet Preparation	17
4.1	What is the recommended dimension for Level 5 Minced & Moist food particles?	17
4.2	What is the recommended dimensions for Level 6 Soft & Bite-sized food particles?.....	17
4.3	Is there a maximum amount of liquid allowed for Level 5 Minced & Moist and Level 6 Soft & Bite-sized diets?	17
5.	Fluid Preparation	17
5.1	Are there any resources to help guide preparation of thickened Oral Nutrition Supplements (ONS)?	17
6.	Testing Methods	17
6.1	Equipment	17
6.1.1	Is there a specific syringe to use for the flow test?	17
6.1.2	Is there a recommended fork type to use for the fork drip and fork pressure tests?	18
6.1.3	Is there a recommended spoon type to use for the spoon tilt test?	18
6.2	Fork Drip Test	18
6.2.1	Is there a preferred way to execute the fork drip test?.....	18
6.3	Spoon Tilt Test.....	18
6.3.1	What should we observe for when carrying out the spoon tilt test?	18
6.4	Fork Pressure test.....	18
6.4.1	Is a fork pressure test necessary for food particles which meet the size requirements for Level 5 Minced & Moist (e.g., sesame seeds served with minced chicken)?.....	18
6.4.2	Is it acceptable to wedge the leafy portions of vegetables during the fork pressure tests for Level 6 Soft & Bite-sized?.....	19
6.5	Fork Separation Test	19
6.5.1	How much pressure should we use for the fork separation test?	19

7.	Others	19
7.1	Is there any MOH audit for implementing the EatSafe SG standards?.....	19

1. Education and Training

1.1 How to I check if my institution/care setting needs to attend the EatSafe SG Training?

You may refer to the flow chart below.



1.2 What if my institution/care setting does not serve food?

If your institution/care setting currently has clients/participants with dysphagia/swallowing problems, or if you anticipate that you will be receiving client/participants with dysphagia/swallowing problems, EatSafe SG will apply.

Do nominate Institutional Champions (ICs) for your care setting and also arrange for your staff to attend the e-learning programme to equip them with basic knowledge about dysphagia and the IDDSI framework.

1.3 What if my institution/care setting does not have any clients with dysphagia, is training still mandated?

EatSafe SG does not apply to institution/care setting that do not support clients with dysphagia and does not anticipate supporting clients with dysphagia in the future.

Institutions/care settings are encouraged to anticipate the likelihood of supporting clients with dysphagia in the future. If clients with dysphagia are anticipated in the future, institution/care setting should nominate ICs and also arrange for staff to attend the training.

1.4 Do nurses from all settings need to undergo training if my care setting provides various services such as inpatient, day care and home care services??

Yes, training would be relevant for nurses across all 3 settings as they are likely to encounter patients with dysphagia.

The Theory (E-Learning) is mandatory for all nurses. The Basic Hands-On course is optional but recommended and may be beneficial for nurses who care for a larger proportion of patients with dysphagia (e.g., inpatient service vs day care).

1.5 What is the EatSafe SG Training Framework? How do I know the level of training which I have to attend/arrange for my staff to attend?

The goal of the EatSafe SG Training Framework is to ensure all stakeholders are equipped with skills and knowledge aligned with EatSafe SG standards. It outlines the depth of training required by stakeholders and is aligned to the amount of knowledge required by various stakeholders in their roles pertaining to dysphagia management.

You can refer to the chart below on the level of training for the various group of stakeholders.

EatSafe SG Training Framework

Levels of training	Target population	Training modality				
		1. Visual Collaterals	2. Theory (E-learning)	3. Hands-on		
				Basic	Advanced	
CG	<ul style="list-style-type: none"> Details customised for family / patient education by trained staff 	<ul style="list-style-type: none"> Patients and caregivers 	Y			
0	<ul style="list-style-type: none"> Know of new diet and fluid labels 	<ul style="list-style-type: none"> All other healthcare worker Provider of raw food materials End-product providers e.g. thickener vendors 	Y			
1	<ul style="list-style-type: none"> Know the new diet and fluid labels Understand what the descriptors are for each level Able to order an appropriate diet and fluid consistency using a protocolised flow chart 	<ul style="list-style-type: none"> Doctors 	Y	Mandatory for HOs/MOs and highly recommended for Doctors who are involved in Dysphagia Care (e.g. Geriatrician, General Physician)		
2	<ul style="list-style-type: none"> Know the new diet and fluid labels Understand what the descriptors are for each level Test diet and fluids to assess which IDDSI levels they fit into Know which types of food go into which diet levels Able to order an appropriate diet and fluid consistency using a protocolised flow chart (Nurses only) 	<ul style="list-style-type: none"> Nurses and care assistants Kitchen staff and chef Dietitians Speech Therapists 	Y	Y	Optional but recommended. *Kitchen staff and chef may sign up for "Food Prep Skills Class"	
3	<ul style="list-style-type: none"> Know the new diet and fluid labels Understand what the descriptors are for each level Know how to conduct audits and training for basic hands-on skills for thickening, syringe tests and diet texture mapping Able to order an appropriate diet and fluid consistency using a protocolised flow chart (Nurses only) 	<ul style="list-style-type: none"> Institutional Champions 	Y	Y	Y	Y

1.6 Training materials

1.6.1 Are the same training materials/resources used for the EatSafe SG Training Framework used across all care settings?

Yes, the same material is used regardless of care setting.

1.6.2 Will I receive the materials to train staff in my institution?

Yes, the e-learning modules are fully funded and will be disseminated via Institutional Champions (ICs) for use in your institutions. We will also include a list of commonly asked questions with regards to EatSafe SG to help you address anticipated questions from the ground.

AIC will assist for outreach to ICs from the community care partners.

1.7 How do I obtain copies of the visual collaterals?

MOH will work with AIC and ICs to share and disseminate resources to institutions.

1.8 Who should attend the Theory (E-Learning)?

Theory via E-learning is compulsory for Nurses and Care Assistants, Kitchen Staff (including Chefs), Dietitians and Speech Therapists.

House Officers (HOs) and Medical Officers (MOs) are only required to complete the first module on the rationale and importance of IDDSI. For Doctors who are involved in the care of persons with dysphagia (e.g., Geriatrician, General Practitioner) are also highly recommended to complete the first module.

1.9 Who should attend the Basic Hands-on workshop?

Basic Hands-On workshop is one of the 2 hands on component of the EatSafe SG training framework.

Basic Hands-On workshop is compulsory for Institution Champions (ICs). It is optional but highly recommended for Nurses and care Assistants, Kitchen Staff (including Chefs), Dietitians and Speech Therapists.

1.10 Who should attend the Advanced Hands-on workshop?

Advanced Hands-On workshop is one of the 2 hands on component of the EatSafe SG training framework. It builds on the knowledge from Basic Hands-On workshop.

Advanced Hands-On workshop is compulsory for Institution Champions (ICs).

1.11 What should I do if I/my kitchen staff need more hands-on skills?

There will be a Food Preparation Skills Class conducted by AIC appointed Learning Institute – St. Luke’s Hospital (SLH) and NTUC Foodfare.

The aim of the workshop is to equip kitchen staff with food preparation methods to meet IDDSI audit test requirements. It is conducted by Chefs and is targeted at attendees with basic culinary experience.

There is a hands on component in the course with on-time feedback by the trainers. It is optional but highly recommended for Food Service Staff and Chefs to attend.

1.12 I need to attend both Theory (E-Learning) and Hands-On Training. Is there an order to complete the necessary training?

The components in the EatSafe SG Training Framework i.e. Theory (E-learning), Basic Hands-On workshop and Advanced Hands-On workshop are stacked.

You will need to pass Theory (E-Learning) before attending Basic Hands-On workshop. You will only be allowed 3 attempts on the Theory (E-Learning) assessment.

You will need to complete Basic Hands-On workshop before attending Advanced Hands-On workshop. Pre-requisite knowledge needed for Advanced Hands-On workshop is covered in Basic Hands-On workshop.

1.13 What if I fail the three attempts of Theory (E-learning)?

You will need to contact your Institutional Champion (IC) to re-enrol you in the training module.

1.14 When do I start the EatSafe SG Training programme?

Theory (E-learning) is projected to be ready by September 2022. With progressive roll out of Basic Hands-On workshop in October 2022 and Advanced Hands-On workshop in November 2022.

For community care partners, you may check in at CCMLS Marketplace for updates.

1.15 When do I need to complete the EatSafe SG Training programme?

We strongly encourage all affected institutions/care settings to complete necessary training as early as possible in order to meet the deadline for mandatory implementation in Q2CY 2024.

1.16 How do I enrol for Theory (E-Learning)? How is the course fees like?

Theory (E-Learning) is fully funded and available via appropriate e-learning platforms which you/your institution can access.

Your Institutional Champion (IC) will inform you when the resource is ready for access.

For community partners under the purview of AIC, the Theory (E-Learning) will be uploaded on CCLMS and open to registration for Community Care Organisation (CCO) staff with appropriate access.

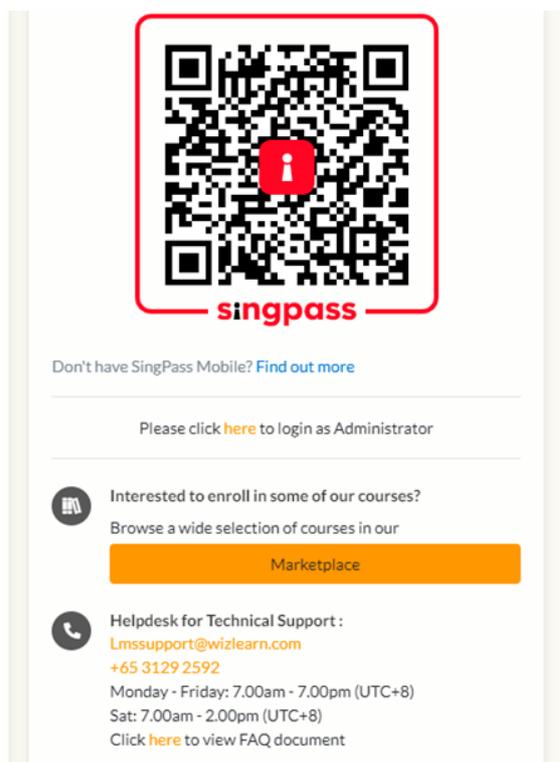
1.17 How do I enrol for Basic and Advanced Hands-On workshops? How is the course fees like?

1.17.1 For Public Health Care Institutions (PHIs)

For Public Healthcare Institutions (PHIs), the Basic and Advanced Hands-On workshops will be conducted by your appointed EatSafe SG trainers. This can run as a new in-house training programme or incorporated into current training programme for care of people with dysphagia.

1.17.2 For Community Care Organisations (CCOs)

For in-service staff working in the Community Care Organisations (CCOs), they may register for AIC training via the Community Care Learning Management System (CCLMS) (<https://lms.wizlearn.com/aic>). Staff are required to have CCLMS user account for course registration. For user account creation, you may contact your CCO's LMS Administrator. Staff may browse the available LI offerings via CCLMS Marketplace and register for the course via Marketplace's Express Interest Form upon logging in. With reference to the picture below, users may download the FAQ to find out more on CCLMS.



The prevailing course fee subsidy (90% for Singaporeans/PRs and 45% for Work Permit Holders working in eligible COOs) will apply. For more details on the course fees, refer to the Annex D of the Advisory titled 'Launch of EatSafe Singapore'.

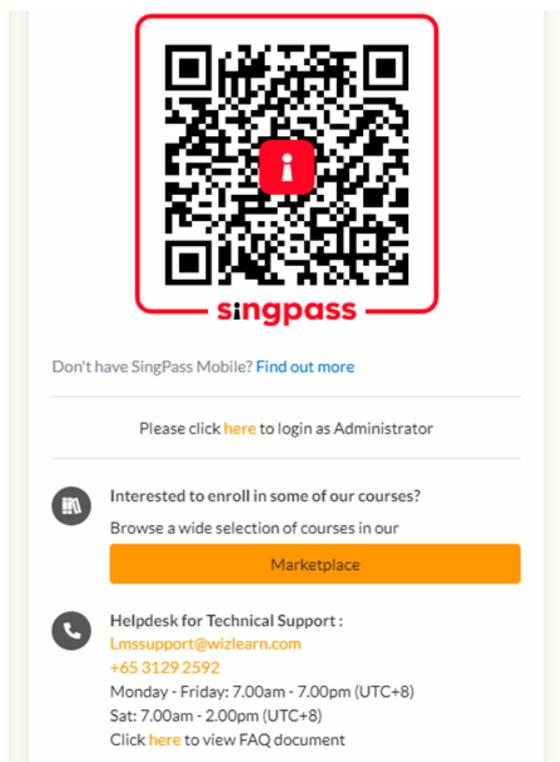
1.17.3 Others

For other care services (non-ILTC organisation or self-paying individual), please refer to St. Luke's Academy (<https://www.slh.org.sg/st-lukes-academy/>) for more details, or register directly with St Luke's Hospital (AIC-appointed LI). Contact details as follow:

LI	Name	Tel	Email
SLH	Ms Revathi	6895 2782	slcwcadmin@stluke.org.sg
SLH	Ms Joan Pang	6895 2786	sla_admin@stluke.org.sg

1.18 How do I enrol for the Food Preparation Skills Class? How is the course fees like?

For in-service staff working in the Community Care Organisations (CCOs), they may register for AIC training via the Community Care Learning Management System (CCLMS) (<https://lms.wizlearn.com/aic>). Staff is required to have CCLMS user account for course registration. For user account creation, you may contact your CCO's LMS Administrator. Staff may browse the available LI offerings via CCLMS Marketplace and register for the course via Marketplace's Express Interest Form upon logging in. With reference to the picture below, users may download the FAQ to find out more on CCLMS.



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LI	Name	Tel	Email
SLH	Ms Revathi	6895 2782	slcwcadmin@stluke.org.sg
SLH	Ms Joan Pang	6895 2786	sla_admin@stluke.org.sg

1.19 How many languages are available for Theory (E-Learning)?

Theory (E-Learning) will only be available in English.

1.20 What are the options if staff are unable to pass the training due to language proficiency?

MOH has obtained feedback from Nursing Home personnel regarding the level of English used in the training materials and we have revised materials to keep it as simple as possible. Pictures and graphics have also been included to aid the learner’s understanding.

The assessment is not a memory test. The questions will contain helping pictures and/or tables for reference.

If language proficiency is a concern, your ICs will be able to help water down the information for staff who require additional support. If the learner is unable to achieve 100% after 3 attempts, he/she will need to re-enrol to complete the module again. This can be done through your institution's administrator or the ICs.

1.21 Are Speech Therapists required to attend the Theory (E-Learning) and Hands-On training?

All Speech Therapists will need to attend at least the E-learning module. This would allow Speech Therapists to be aware of the knowledge that healthcare staff are learning and to have a common language when caring for our patients with dysphagia.

Speech Therapists may choose to attend the hands-on workshops, depending on their institution's needs.

2. Implementations Processes

2.1 Institutional Champions (ICs)

2.1.1 Who are the Institutional Champions (ICs)?

Institutional Champions (ICs) are personnel appointed by their respective PHIs, CHs and Community Organizations.

The role of ICs include:

- Maintain accuracy of diet and fluid preparation by carrying out regular audits within the specific scope. Audit frequency is to be determined within the institution
- Continue on-the-ground reminders and education for relevant staff
- Liaise with in-house or locum Speech Therapists and Dietitians for any challenges faced
- Conduct Basic Hands-On training for identified staff

2.1.2 How many Institutional Champion (ICs) are needed for each institution?

Each institution is required to appoint at least 3 Institutional Champions (ICs) to drive and support implementation of EatSafe SG standards.

It is suggested for registered nurses, speech therapists and/or dietitians to be appointed as ICs, taking into consideration of staff's current role and scope of influence to facilitate change within their institution (e.g., within the ward, department, or institution).

2.1.3 How often will the Institutional Champions (ICs) need to liaise and send updates to MOH with regards to training?

MOH may contact ICs from time to time to enquire on updates with regards to progress on implementation of EatSafe SG in their institution. There is no fixed regularity stipulated at present.

2.1.4 What if my Day Care/Rehab Centres does not serve diet? Is it necessary to nominate Institutional Champions (ICs) still or can I send the Speech Therapist to attend the trainings?

The target population of Day Care/Rehab Centre is diverse and are likely to include clients with dysphagia/swallow impairment.

You will need to nominate at least 3 ICs and it will be at your discretion to include your Speech Therapist. These ICs will need to attend the training and disseminate information as indicated. This would be helpful in the event that clients with dysphagia bring their own modified diet/fluid into the centres.

2.1.5 My care setting has multiple centres (e.g., nursing home with multiple locations) and/or multiple services (e.g, inpatient care, day care, home care).

2.1.5.1 How many Institutional Champions (ICs) should I nominate?

We recommend that each unique centre and service provider nominate their own ICs. This will facilitate implementation in their respective work spaces.

2.1.5.2 What if I am not able to nominate 3 Institutional Champions (ICs) per site as I have a smaller ratio of professional staff capable of fulfilling the stipulated roles?

We agree with you that sending a staff with a healthcare background and knowledge would be helpful in the implementation of EatSafe SG.

In the case of manpower constraints, we would encourage you to speak to your management team to map out a sustainable training and implementation plan (e.g., less than 3 stipulated ICs per site, or having ICs cross sites to train/implement change).

2.1.6 My PHI provides Speech Therapy services to Nursing Homes (NHs). Would it be recommended for external Speech Therapist to be one of the nominated Institutional Champions (ICs) due to the heavy involvement in the clinical service and training of NH staff?

This will be left the NH's discretion to decide based on the operational needs and structure. Speech Therapists providing services to the NH may be one of the nominated ICs for the NH. However, it is also strongly recommended for each institution to have their own ICs as STs may not always be present at the NH.

2.1.7 Can I nominate my Centre Manager or an operational/administrative personnel as an Institutional Champions (ICs)?

Nurses, Dietitians and Speech Therapists would be more suitable for the role of ICs. Having a healthcare background and knowledge would be helpful in helping to understand the content of the training and workshops.

You may want to refer to the earlier question on 'Who are the Institutional Champions (ICs)?' to understand the expected deliverables.

2.2 EatSafe SG Trainers

2.2.1 Who are the EatSafe SG Trainers?

EatSafe SG Trainers are Speech Therapist and Dietitians appointed by their respective HODs from PHIs and AIC's Learning Institute.

The role of EatSafe SG trainers include:

- Run both Basic and Advanced Hands-On workshops
- Work with Institutional Champions (ICs) to facilitate IDDSI implementation
- May represent their institutions as the identified ICs

2.2.2 For Institutions without their own Speech Therapists and Dietitians, who will take on the roles and responsibilities of the EatSafe SG Trainers?

The mandatory theory component will be conducted via E-Learning.

Institutional Champions (ICs) are expected to attend Basic and Advanced Hands-On workshops conducted by AIC's Learning Institute. Upon completion of both hands-on workshops, ICs will be qualified to conduct Basic Hands-On workshop for identified staff in their respective institutions.

2.2.3 Can Speech Therapists and Dietitians in private practice be EatSafe SG Trainers?

At the moment we are not considering Speech Therapists and Dietitians in private practice as EatSafe SG trainers because the program is still relatively new and we would want to ensure the training standards are maintained and to be consistent.

2.3 How do I contact MOH and/or AIC for any clarification on EatSafe SG implementation?

You can also submit any questions/clarification via EatSafe SG Connect form (<https://form.gov.sg/626fe08113f1f700122e8f30>) or email to eatsafesg@moh.gov.sg.

It is important that you submit details of your Institutional Champions (ICs), and nominate someone as Point of Contact (POC) via the EatSafe SG Connect form (<https://form.gov.sg/626fe08113f1f700122e8f30>). We will liaise with the POC for any dissemination of information /clarification on outstanding issues with regards to EatSafe SG.

2.4 Are there hospitals/institutions who have implemented EatSafe SG standards?

Yes, there are hospitals/institutions at various stages of implementing EatSafe SG standards.

If you have any concerns on the allowed dysphagia diet for your patient/resident/client who was transferred/referred from another hospital/institution, we strongly recommend you contact the relevant staff (e.g., Speech Therapist, Dietitian and/or Nurse) for clarification.

2.5 My institution has already implemented dysphagia diets that follow the IDDSI framework before the launch of EatSafe SG. What should I do now?

To ensure national standards and patient safety, your institution is required to

- Ensure all relevant staff attend and pass Theory (E-Learning)
- Nominate Institutional Champions (ICs) to attend the Basic and Advanced Hands-On workshops
- Ensure minimally 3 IDDSI Dysphagia Diet levels are available for patient/clients in your institution
- Appropriate changes in the clinical documentation system and meal ordering system to reflect the IDDSI Dysphagia Diet levels served

2.6 What should my institution do if our in-house kitchen will require assistance after completing all available training such as Theory (E-Learning), Basic Hands-On, Advanced Hands-On and Food Preparation Skills class?

You may use the EatSafe SG connect form to submit queries.

<https://form.gov.sg/626fe08113f1f700122e8f30>

If you are from a long-term care residential setting, please refer to section on Consultation for Nursing Homes.

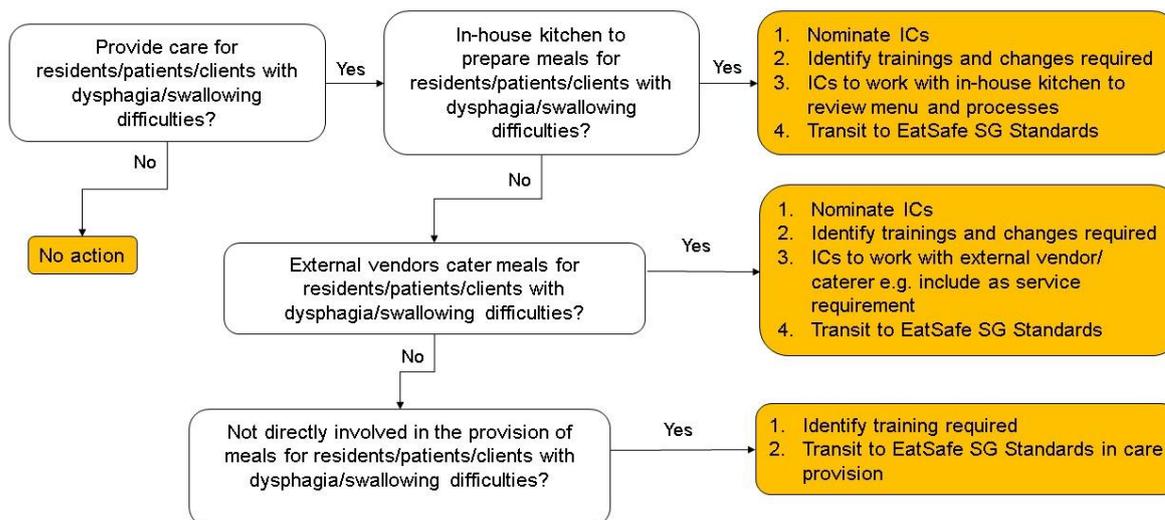
2.7 How should my institution implement EatSafe SG if we do not have an in-house kitchen?

You will need to still nominate Institutional Champions (ICs) to ensure relevant stakeholders are kept up to date with changes in care for patient/resident/client with dysphagia/swallowing problems.

With reference to the chart below, you will need to:

- Nominate ICs
- Identify training and changes required
- ICs to work with external vendor/ caterer, e.g. include as service requirement
- Transit to EatSafe SG Standards

How does this apply to my care settings?



2.8 I am a food service provider/vendor (e.g., Meals on Wheel, Food Caterer). How should I implement EatSafe SG?

As you do not work directly with patients with dysphagia, there is no need to nominate Institutional Champions (ICs) for implementation of EatSafe SG.

We would strongly encourage the food service provider/vendor to attend the Food Preparation Skills Class conducted by AIC appointed Learning Institute – St. Luke’s Hospital (SLH) and NTUC Foodfare.

Please refer to earlier question on ‘What should I do if I/my kitchen staff need more hands-on skills?’

2.9 What is the deadline for my institution to implement EatSafe SG fully?

The deadline for mandatory implementation is Q2CY 2024, with the following criteria fulfilled:

- completion of mandatory and appropriate training
- complete their review of food services/menus offered to patients/clients/residents
- ensure dysphagia diets served use the same terminologies and descriptors detailed in the IDDSI Framework
- provide minimally three IDDSI Dysphagia Diet levels
 - o Regular Diet (Level 7) or Easy to Chew (Level 7)
 - o Soft & Bite-sized (Level 6) or Minced & Moist (Level 5)
 - o Pureed Diet (Level 4) or Liquidised Diet (Level 3)

ICs are encouraged to use the Implementation Guide (can be found on MOH EatSafe SG website) to plan activities within their own institutions.

3. Consultation Services for Nursing Homes

3.1 What is the consultation service about?

This is a fully-funded consultation service by MOH to clarify any food preparation concerns and is only available for long-term care residential settings with in-house kitchen.

This service is provided by EatSafe SG Master Trainers who are MOH appointed Speech Therapists and Dietitians, and is delivered via a mixed model of on-site (compulsory initial and exit visits) and video-conferencing.

3.2 What is the scope of the consultation service?

The goal of the consultation service is to clarify any food preparation concerns with the adoption of EatSafe SG standards in long-term care residential settings with in-house kitchen.

The EatSafe SG Master Trainers will work with the Institutional Champion (ICs) and food preparation staff to identify gaps in implementation of EatSafe SG standards by:

- Reviewing diet preparation processes
- Clarifying queries on adherence of dysphagia diet in accordance to IDDSI audit standards
- Troubleshooting and/or exploring alternative raw ingredients for preparation of dysphagia diet

The duration of the consultation is dependent on the goal(s) set by Nursing Home (NH) and EatSafe SG Master Trainer(s).

It is important to note that NHs will have to take on full ownership to implement appropriate changes.

3.3 When should I access the consultation service?

The pre-requisites for the consultation services as follows:

- Identified and submitted names for Institutional Champions (ICs) and Point of Contact (POC)
- Identified dysphagia diet levels (minimal 3) which will be served to residents
- ICs and kitchen staff to have completed
 - o Theory (E-Learning) (compulsory for all)
 - o Basic and Advanced Hands-On workshops (compulsory for ICs, optional but recommended for food prep staff)
 - o Food Preparation skills class (optional but recommended for kitchen staff)
- ICs to have worked with kitchen staff to
 - o Calibrate execution and interpretation of IDDSI audit tests and outcomes
 - o Documented attempts to remediate dysphagia diet which do not meet IDDSI audit outcomes

3.4 How do I access the consultation service?

The EatSafe SG team will share more information when the ICs have completed the Advanced Hands-On training.

3.5 What should I do if I do not have in-house kitchen and need help with food preparation?

You could speak to the vendor on the dysphagia diet requirement or explore further food modification before serving residents.

4. Diet Preparation

4.1 What is the recommended dimension for Level 5 Minced & Moist food particles?

Food particles should be less than or equal to 4 x 4 x 15mm (adults) and 2 x 2 x 8mm (paediatric).

4.2 What is the recommended dimensions for Level 6 Soft & Bite-sized food particles?

Food particles should be less than or equal to 15 x 15 x 15mm (adults) and 8 x 8 x 8mm (paediatric).

4.3 Is there a maximum amount of liquid allowed for Level 5 Minced & Moist and Level 6 Soft & Bite-sized diets?

Based on the appearance test for both Level 5 Minced & Moist and Level 6 Soft & Bite-sized diets, there should not be any separate thin liquid from the dish.

The presence of thin liquid would be multiphasic and pose as an aspiration risk for patients who are not able to tolerate a mixed consistency diet.

The diet served needs to be cohesive with no separate thin liquid.

5. Fluid Preparation

5.1 Are there any resources to help guide preparation of thickened Oral Nutrition Supplements (ONS)?

Yes. Guidelines related to the thickening of ONS with information such as preparation ratio and wait/serve time will be available. Please refer to the EatSafe Website for more information.

6. Testing Methods

6.1 Equipment

6.1.1 Is there a specific syringe to use for the flow test?

Yes. You can refer to the IDDSI website for more information (<https://iddsi.org/Testing-Methods>)

6.1.2 Is there a recommended fork type to use for the fork drip and fork pressure tests?

It is recommended to use a standard metal fork with a 15mm overall width and a 4mm width between the prongs.

6.1.3 Is there a recommended spoon type to use for the spoon tilt test?

It is recommended to use a metal spoon.

6.2 Fork Drip Test

6.2.1 Is there a preferred way to execute the fork drip test?

It is recommended to carry out the fork drip test by scooping up the food sample in a swift motion then observe the flow through the prongs.

Other methods listed below are **not** recommended:

- Placing a teaspoon of fork sample on the fork, then observe for flow through the prongs
- Scooping food sample with a fork, cutting the bottom of the fork against the edge of the bowl, then observe for flow through the prongs

6.3 Spoon Tilt Test

6.3.1 What should we observe for when carrying out the spoon tilt test?

From the IDDSI framework, there are 3 observations to note:

- Sufficiently cohesive to hold its shape on the spoon
- Falls off the spoon with ease and little residue
- Spread very slightly on the plate

Only the first 2 observations are critical criteria in the IDDSI audit for Level 3 Liquidised and Level 4 Pureed diets.

6.4 Fork Pressure test

6.4.1 Is a fork pressure test necessary for food particles which meet the size requirements for Level 5 Minced & Moist (e.g., sesame seeds served with minced chicken)?

Yes. The critical IDDSI audit tests for Level 5 Minced & Moist diet include:

- Appearance,
- Fork Pressure test, and
- Spoon tilt test

You will also need to check all accompanying garnish to ensure adherence to the dysphagia diet level. Do note that crushed nuts/seeds do not meet the definition for Level 5 Minced & Moist diet as they do not squash easily.

6.4.2 Is it acceptable to wedge the leafy portions of vegetables during the fork pressure tests for Level 6 Soft & Bite-sized?

No. If you need more than just the blanching of the fingernail, you may need to prepare the dish using alternative methods to further soften the food, or reduce the food particle size or have the stringy fibre removed.

6.5 Fork Separation Test

6.5.1 How much pressure should we use for the fork separation test?

The food sample must break apart easily with side of a fork/spoon with nil blanching of the nail bed.

7. Others

7.1 Is there any MOH audit for implementing the EatSafe SG standards?

All institutions are recommended to adopt EatSafe SG standards for patient/residents' safety and to ramp up operational readiness for future audits.

For licensable services, the implementation of these standards will be mandatory by June 2024.