
P057 – MEALTIME MANAGEMENT POLICY & PROCEDURES (INC. DYSPHAGIA) AND MEALTIME PREFERENCE GUIDE

1. Purpose

The purpose of this document is to define District 360's policy and procedures when supporting a person with disability at mealtimes.

- The Document makes specific reference to participants who require a Mealtime management plan that is developed by a suitably qualified health practitioner because a swallowing and or choking hazard (Dysphasia) has been identified.
- The Document outlines a process of Identification of future and present participants who may require mealtime management support.
- The Document outlines support staff training requirements and system alerts.
- The Document outlines a (non-Clinical) process of gathering information, that may inform the need for a new or review of a formal meal- time management plan.
- The Document outlines the responsibilities of the people who are tasked to support the participant who has or may need a Mealtime management plan, or some other lower lever mealtime support (meal prep support).
- The Document contains information on Choking and Dysphasia and where to obtain further information.

2. Policy

This policy and the following procedures apply to all participants during mealtimes whilst receiving supports form District 360.

- D360 have procedures in place to understanding the needs of the participant's mealtime management requirements to ensure it is conducted in a safe environment.
- Support the participant by respecting their choices by encouraging active participation in meal planning.
- Ensure that staff are trained to be aware of risks, such as dysphagia and choking, and know how to prevent them or intervene if such risks occur.
- If a mealtime management plan is required, D360 will work collaboratively and proactively with the participant's appointed health professional (usually a Speech Pathologist or dietician) and service providers. If the participant has a copy of their

Mealtime Management Plan, this should be kept on file and form part of their individual support plan and shared with support staff.

- The Mealtime Management Plan will outline the risks, incidents, and emergencies to be managed, including required actions and escalation, to ensure the participant's wellbeing.
- D360 support staff must refer to the Procedures below for detailed advice relating to supporting participants during mealtimes.
- District 360 **do not develop Mealtime management plans**. District 360 will facilitate and support the development of MMP for the participant and with the support of the appropriate health professionals with implementing the mealtime management plan and ensure that we support the participant with appropriately trained staff.

3. Scope

This Policy applies to all participants, employees, or volunteers of District 360 Supports. It also extends to all personnel officially acting on behalf of District 360 Supports.

4. GOVERNANCE AND ACCOUNTABILITIES

Supported Independent Living (SIL) – Sole Provider

Where District 360 has the sole responsibility for a participant's care, the organisation will take responsibility to facilitate the comprehensive health assessment processes.

Supported Independent Living (SIL) – Shared Provider

Where District 360 shares the responsibility for a participant's care with another NDIS provider, a discussion must take place to agree which organisation will take the lead. The outcome of the conversation must be recorded in the participant's progress notes.

Care in the Community or Private Home

Where District 360 is supporting a participant in any situation where meals (fluid or food) is given or consumed, the agency must follow the mealtime plan developed by the healthcare professional. For this reason, a participant's support worker must have access to a mealtime plan and any associated risk management strategies.

[Note: The agreement as to who the lead agency will be, must be discussed with and consented to by the participant or their substitute decision maker.](#)

5. Definition

- **Aspiration** is when food or drink enters a person's airways and remains in the lungs, which can lead to pneumonia.
- **Carer** is a person that provides supports to the participant at no cost (generally family or friend).

- **Choking** occurs when airflow is blocked in the throat. So, for example, Joseph may choke if his food got stuck in his throat, as it may have been too large for him to swallow.

When a person chokes, they may become anxious, distressed, and may cough or be unable to speak. Signs of choking include:

- Clutching the throat
 - Coughing, wheezing, or gagging
 - Inability to breathe, speak or swallow
 - Blue lips, face, earlobes, fingernails
 - Unconsciousness or a loss of consciousness
 - It's important to be able to recognise these signs and symptoms so you can help your participant immediately if they choke.
- **Competent Support Worker** means having been trained and assessed by a registered nurse, a speech pathologist, or a general practitioner, and demonstrating a level of competency to perform a specified task.
 - **Dietician** refers to a degree qualified allied health professional who can support people who experience difficulties with chewing and swallowing (dysphagia) and those placed on a texture modified diet. They ensure modified diets have the right amount of nutrients to keep the person healthy, which is enjoyable and safe for the person.
 - **Dysphagia** is a medical term for any difficulty with swallowing.
 - **Individual support plan (ISP)** A document that is developed by district 360 with the permission and input of the participant (and their support network if appropriate) that outlines the participants care needs. It contains relevant information that details how District 360 should deliver support to the participant. It can also contain information that has been developed by a health professional that relates to Mealtime management.
 - **Mealtime Management Plan (MMP)** is a plan which prescribes specific support recommendations for the person to eat and drink in a safe and nutritious way. Developed by a health professional, its purpose is to minimise risk to the participant.
 - **Mealtime Management Support (MMS)** is a guide developed by the service provider where mealtime preparation support is provided - this is not a health professional derived document.
 - **Nutrition and Swallowing Risk Checklist** – a tool to screen people for difficulties related to nutrition and swallowing.
 - **Plan meaning a Care or Service or Individual Plan** (however titled – the plan), and is a document developed in response to a request for service.
 - **Support Worker** is an individual who assists or supervises a participant to perform tasks of daily living to support and maintain general wellbeing and enable meaningful involvement in social, family and community activities in the person's home and community. The Support Worker is a paid person who has access to education, support and advice from the Service Provider line manager or team leader. Support

Worker has been commonly known as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

- **Service Providers** are an organisation or a person who are funded for the delivery of supports and services to participants.
- **Registered Nurse** means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a registered nurse.
- **Speech Pathologist/Therapist** means speech pathologists are experts in communication, and specialise in the assessment and management of speech, swallowing, voice, and communication difficulties.

Please refer to [Appendix 1 - Pharyngeal Anatomy](#)

Oesophageal dysphagia

Refers to the sensation of food sticking or getting caught in the base of your throat or in your chest after you've started to swallow.

Oropharyngeal dysphagia

Certain conditions can weaken the throat muscles, making it difficult to move food from your mouth into your throat and oesophagus when you start to swallow. You might choke, gag or cough when you try to swallow or have the sensation of food or fluids going down your windpipe (trachea) or up your nose. This can lead to pneumonia.

Participants with dysphagia are at higher risk of developing life-threatening conditions, including aspiration and aspiration pneumonia, obstruction, pneumonitis, and abscess.

From: <https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health#impacts-of-dysphagia>

More information:

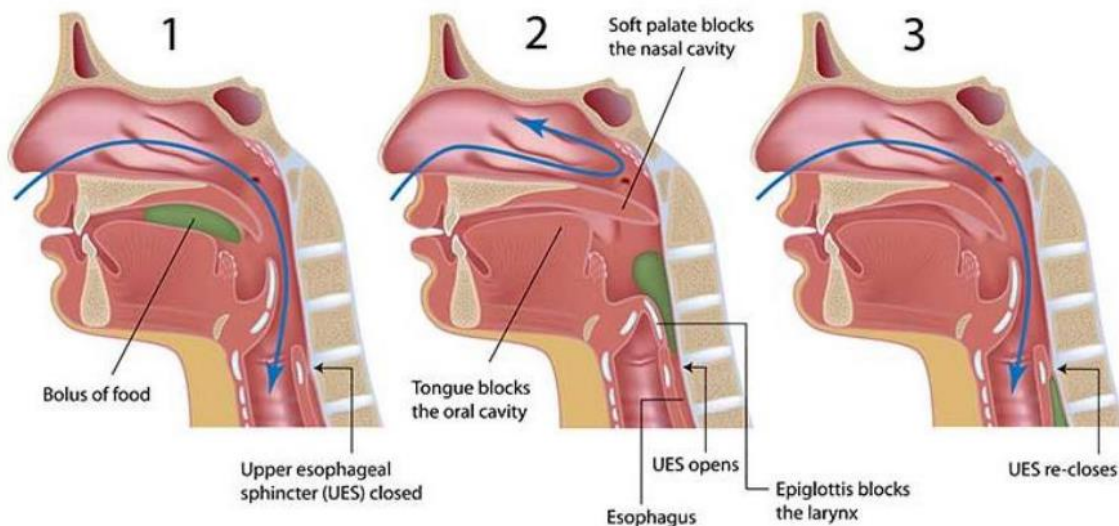
https://www.hopkinsmedicine.org/gastroenterology_hepatology/pdfs/esophagus_stomach/swallowing_disorders.pdf

The 4 phases of swallowing:

- **Oral Preparatory Phase** – also known as the pre-oral stage, involves the cognitive response to food and fluid and the ability of the person to think about eating. This is the initial phase, which starts with the mouth closing and chewing the food.
- **Oral Transit Phase** – is where the tongue works to move the food back towards the throat. Food and liquid are chewed and mixed with saliva, which is then pushed into the pharynx by the tongue.
- **Pharyngeal Phase** – is where the soft palate elevates and creates pressure within, so food doesn't go back into the nose. The food or fluid reaches the pharynx and triggers the swallow reflex. This acts to protect the airway so that food or fluid pass into the oesophagus and not into the lungs.

- **Oesophageal Phase** – is the final stage and involves the passage of the food and fluids down the food pipe (the oesophagus) into the stomach. From: <https://www.health.vic.gov.au/patient-care/swallowing-process-and-its-impact-on-health#the-swallowingprocess>

Swallow function



From: <https://www.ausmed.com.au/cpd/articles/dysphagia>

Signs and Symptoms of Dysphagia

A person may have dysphagia if they show signs and symptoms such as:

- Difficult, painful chewing or swallowing
- A feeling that food or drink gets stuck in their throat or goes down the wrong way
- Coughing, choking, or frequent throat clearing during or after swallowing
- Having long meals e.g. finishing a meal takes more than 30 minutes
- Becoming short of breath when eating and drinking
- Avoiding some foods because they are hard to swallow
- Regurgitation of undigested food
- Difficulty controlling food or liquid in their mouth
- Drooling
- Having a hoarse or gurgly voice
- Having a dry mouth
- Poor oral hygiene
- Frequent heartburn
- Unexpected weight loss
- Frequent respiratory infections.

Difficulty swallowing can lead to:

- Malnutrition, weight loss and dehydration. Dysphagia can make it difficult to take in enough nourishment and fluids.
- Aspiration pneumonia. Food or liquid entering the airway during attempts to swallow can cause aspiration pneumonia as a result of the food introducing bacteria into the lungs.
- Choking. Food stuck in the throat can cause choking. If food completely blocks the airway and no one intervenes, death can occur

PROCEDURES

Worker training

All district 360 staff who are required to deliver support to a participant who has a health professional developed mealtime management (MMP) plan will be required to have undertaken.

- First Aid / CPR
- NDIS Quality and safeguards website - Supporting Safe and Enjoyable Meals <https://training.ndiscommission.gov.au/> or the NDS eTrainU - Food safety for Disability support workers
- NDS eTrainU - Hand hygiene
- NDS eTrainU - Personal Protective Equipment (PPE)
- Where necessary, specific, and dedicated training by a suitably qualified health professional in the delivery of the mealtime management plan (MMP) related to the participant.

IDENTIFYING THOSE AT RISK AND THE RESPONSE

Mealtime Management Planning

<p>NEW Participants</p>	<p>It is imperative that any participant with severe dysphagia is:</p> <ol style="list-style-type: none"> 1. Identified at intake. When completing a comprehensive assessment on admission, if any swallowing issues are identified using form F070 – F070 – MEALTIME MANAGEMENT SUPPORT (Section 2) must be completed. 2. Each Participant who has a mealtime management plan in place at the time of intake will be identified via this process (or directly via the participant or their support networks). It is a requirement the following is in place before services commence. <ul style="list-style-type: none"> • Staff are appropriately guided in the delivery of the individuals Mealtime management plan (MMP) by a suitability qualified
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	<p>practitioner</p> <ul style="list-style-type: none"> • The MMP is current and the review date (as specified by the plan developer) has not expired. • The MMP follows the guidelines as stated by the NDIS practice standards • The MMP was developed by appropriate qualified practitioner, including practitioners; SEE Mealtime Management Planning – Formal Assessment in this policy <p>New NDIS Practice Standards and Quality Indicators NDIS Quality and Safeguards Commission (ndiscommission.gov.au)</p> <p><u>If there is no current mealtime management plan accompanying the person who has severe dysphagia person, a referral must be made to their GP or to a speech pathologist.</u></p> <p>Form F070 – MEALTIME MANAGEMENT SUPPORT should be provided to the GP or speech pathologist who will further assess the participant and develop a care plan and/or mealtime plan for District 360 staff to adhere to.</p>
<p>Current Participants</p>	<p>For existing participants who display signs or symptoms of poor nutrition or swallowing difficulties, Support Workers / Team leaders / Service facilitators familiar with the participant can assess the risks to see if further assessment and action is needed, use form F070 – MEALTIME MANAGEMENT SUPPORT (Section 2) The Risk Checklist will identify if further assessment is needed by the participant's:</p> <ul style="list-style-type: none"> • Treating GP • Speech pathologist • An occupational therapist <p>The treating professional will determine whether a referral is required to a health practitioner for a specialist mealtime management assessment.</p>

Interim dysphagia plan

An interim plan can be instigated when there is no timely access to a GP or relevant health professional.

Note: **District 360 does not develop any type of formal Mealtime management (dysphasia) plans (interim or otherwise).** An interim plan must be developed by an appropriate health care professional.

If an interim plan is needed, support staff are to raise this with District 360 supervisors to help facilitate.

Mealtime Management Planning – Formal Assessment

If a District 360 participant requires an assessment or the development of the MMP District 360 will facilitate the process by informing the appropriate support coordinator or plan nominee to initiate the referral for an assessment by an appropriate health practitioner following discussion with the participant and or their family or key decision maker (where appropriate).

- A general Practitioner (if involved) should be provided any reports that relate to the mealtime management plan (if they are not involved in the referral process originally)
- A dietician (if involved) is responsible for assessing nutritional status and providing individually adapted nutritional advice.
- A speech pathologist (if involved) is responsible for assessing individuals with feeding, eating, drinking and swallowing difficulties.
- An occupational therapist (if involved) is responsible for assessing individuals who have difficulty with eating due to a physical, cognitive or psychological disability. The OT can suggest adaptations, techniques, positioning and/or aids and equipment to facilitate and maintain independence.

District 360 will ensure the health practitioner(s) completes the following processes for participants:

- Contains the participants:
 - Correct name
- It outlines:
 - Who developed the plan, their qualifications and contact their details
- Who participated in the development of the plan:
 - The date it was developed, the date it expires (if not annually) or when it should be reviewed (including any triggers for review) as per any professional advice.
- For participants who have unique communication needs / styles.
 - These are highlighted so a process and or an understanding of how to interpret their needs and preferences can be made including any emerging health needs.
- It includes:
 - Any allergies (and the required emergency response)
 - Any other risks are outlined, and the required emergency response(s) is included
- It assesses:
 - Their seating and positioning requirements (before and after) for eating and drinking.

- Outlines the participant's mealtime management needs,
 - Including the type of assistance, dietary modifications around the texture of food, thickness of fluids, nutritional requirements, food and drink preferences, support for swallowing, eating and drinking, special diet needs, equipment, utensils, location, place and setting.
- It contains information about any medication:
 - How that should be taken / administered and also if there are impacts of that medication.
- The Plan makes references to oral hygiene (if necessary)
- Plan contains photos (if necessary)

Participants will be involved in the assessment process and development of their Mealtime Management Plans, where they consent to this. They will be developed using the following guidelines

- nutritious.
- enjoyable.
- reflective of their preferences.
- reflective of their informed choice; and
- reflective of any recommendations made by an appropriately qualified health practitioner that are included in their mealtime management plan.

Any deviations from the plan, even at the request of the participant, can increase risk to the participant and must be discussed with the Mealtime Management Plan prescriber should be contacted, and the requested change discussed.

Ongoing Identification

It is an obligation under the NDIS Code of Conduct that all staff working with participants monitor any signs or symptoms suggesting that the is having difficulty with swallowing.

If any changes are identified, staff are required to refer to **F070 – MEALTIME MANAGEMENT SUPPORT (Section two)** checklist as a guide.

Support workers must alert their supervisor/manager immediately. Manager's must act immediately by:

- Arranging an urgent appointment with a participant's treating GP or any available GP; and/or
- Arranging a consultation with a speech pathologist promptly.

Mealtime management plan is in place

If notifiable changes are identified, staff must notify their immediate supervisor/manager to arrange for a qualified professional to reassess the participant and developed a new MMP, implementation must be immediate and involve the manager, relevant support workers and any family members as per the participant request.

Dysphagia Responsibilities (Support Staff)

<p>Under the NDIS Code of Conduct support staff need to:</p>
<p>Be observant of any participants who need management for severe dysphagia – read a person’s support plan and be familiar with the signs and symptoms of dysphagia.</p>
<p>Be alert so you can detect changes with participants who start to develop difficulties with swallowing or eating, when previously they had no difficulty.</p>
<p>Be confident about alerting a manager or supervisor when concerned or in doubt.</p>
<p>Know your limitations, if you feel you are not equipped to deal with a situation request that your manager or supervisor provide you with training in dysphasia.</p>
<p>Always, and routinely, read, interpret, understand and implement an individual’s prescribed mealtime management plan.</p>
<p>People with dysphagia may require an oral health plan; If there is an oral health plan in place please follow.</p>
<p>Support staff are required to prepare and provide food and fluid of the correct texture as recommended in the mealtime plan and to communicate with the person about their mealtimes and food/fluid preferences.</p>
<p>At all times, support workers must follow recommended procedures for food and fluid preparation techniques.</p>
<p>A mealtime plan must also contain recommendations for the most appropriate positioning for the person at mealtimes – any variation could be dangerous. (If the plan you are working from does not contain positioning information, please check with the manager or supervisor).</p>
<p>If the plan recommends equipment, it is required that a support worker follow this instruction.</p>
<p>Make every effort to support the person’s independence, participation in, and enjoyment of the meal.</p>
<p>It is important to observe a participant with dysphagia, for a short period of time after their meal has been consumed. Look for any signs of distress or any unusual responses.</p>
<p>Remember, mealtimes should be enjoyable, and a person’s quality of life is dependent on you.</p>

Support staff access to Mealtime management plan (MMP)

- The Mealtime Management Plan will be uploaded to District 360 CMS under Support Plans and staff are provided with access.
- The individual Support (ISP) plan for the participant (also located on District 360 CMS under support plan and staff are allow access) will have clear mention that there is a

Mealtime management plan or Mealtime management support plan in place. The Mealtime management plan (MMP) will be copied directly into the ISP so it then forms part of the entire ISP. District 360 will **not** convert the MMP onto another Template – it will remain on the template in which it was developed by the health professional.

- For participants living in their own home or in District supported independent living accommodation. The mealtime management plan will also be provided in hard copy.

System alerts

- District 360 will place the following alerts on CMS **“Mealtime management plan in place – only specifically trained staff can support.**

It is a requirement that all support workers and managers are familiar with this Mealtime management policy dysphagia policy and are aware of the organisations process to support participants with dysphagia and/or mealtime plans.

Training plans are stored in a staff members personnel file.

Review of MMP/MMS

Reviews can be triggered by.

- Support workers can record changes and concerns via D360 incident management process, this will trigger supervisor/managers to review.
- Annual review of participants Individual Support Plans (ISP) will trigger review of the MMT plan if it has not occurred previously
- The relevant service facilitator should access the internal calendar and place the review date of the MMP in a meeting event (and a reminder 4 weeks prior). They should include the following people in the meeting reminder.
 - Themselves
 - Team leader
 - The service lead and
 - The Service manager
- MMP/MMS.
- CMS will be developed to incorporate a system alert and once this has been completed the calendar reminder will be redundant

6. MANAGEMENT OF RISKS

A range of disabilities and medical conditions are associated with dysphagia, such as congenital syndromes, neuromuscular dysfunctions such as cerebral palsy, neurological disorders such as stroke, cancer, and chronic lung disease.

Many people with disability are also prescribed medications on a long-term basis, which can increase risk of swallowing problems.

- Aging. Due to natural aging and normal wear and tear on the oesophagus as well as a greater risk of certain conditions, such as stroke or Parkinson's disease, older adults are at higher risk of swallowing difficulties. But dysphagia isn't considered a normal sign of aging.
- Certain health conditions. People with certain neurological or nervous system disorders are more likely to have difficulty swallowing.

Both the training plan and the management support plan will include the identification of risks including actions and escalations. This will include both District 360 internal reporting and identified reporting requirements within the service users' treating team. Records of completed training are kept within our Compliance Register system.

Training and management support plans will detail how to manage a related incident, including the development of an emergency management plan covering emergencies such as:

- Malnutrition, weight loss and dehydration. Dysphagia can make it difficult to take in enough nourishment and fluids.
- Aspiration pneumonia. Food or liquid entering the airway during attempts to swallow can cause aspiration pneumonia as a result of the food introducing bacteria into the lungs.
- Choking.
- Lack of alertness: A further risk to be managed, is the possibility that medication prescribed to a participant could have the effect of reducing their ability to be 'alert' during mealtime. For this reason, a care plan must consider when medications are taken, and if a psychotropic medication is taken near mealtimes additional supervision must be provide by support staff.

All incidents will be recorded and reported as per District 360 Incident and Accident Policy.

The manager will follow the incident policy and follow up by conducting a reflective process /root cause analysis. Remediations will be noted in the quality improvement register and followed up as per the quality improvement methodology outline in the continuous quality improvement policy and procedure.

Medication Side Effects

Medication side effects can affect swallowing and appetite. Side effects and strategies to increase safety include:

Reducing the side effects of medication	
Dry mouth	Think about how moist a meal must be for this person to swallow safely. Pay attention to the person's oral health. Seek advice from a speech pathologist and occupational therapist.
Variable alertness	Time meals to coincide with person's periods of high alertness or check the time of medication compared to the timing of meals.
Nausea	Seek medical advice to reduce the person's nausea.
Taste of food affected	Record frequency of side effects of medication and seek medical advice.
Reduced appetite	Record frequency of side effects of medication and seek medical advice.

Difficulty Swallowing Medication

Some people with swallowing difficulties find it challenging to swallow medication. A participant may refuse medication because they can't swallow it safely. A medical practitioner or pharmacist can find solutions with the support of a speech pathologist. Some fibre-based laxatives are a choking risk and should be avoided by anyone with swallowing difficulties.

Support Workers should keep these points in mind when supporting a customer with swallowing difficulties who needs to take medication:

- it may be easier for them to swallow tablets one at a time, rather than many at once;
- eating tablets with yoghurt may assist some people.

Remind the participants doctor about swallowing difficulties whenever a change of medication is discussed or recommended

Food Storage and Labelling

Meals to be provided to participants must be stored safely and in accordance with health standards – refer to

the complete legislation for food standards in Australia can be found at:

<https://www.legislation.gov.au/Series/F2008B00576>

or Specific legislation for STANDARD 3.2.2

FOOD SAFETY PRACTICES AND GENERAL REQUIREMENTS can be found at:

<https://www.legislation.gov.au/Details/F2011C00591>

Information that is directed at consumers / food handlers and business can be found at

<https://www.foodstandards.gov.au/foodsafety/standards/Pages/Food-Safety-Standards-%28Chapter-3%29.aspx>

Meals for participants who require mealtime management **must be clearly labelled as a meal to be provided to a particular customer and differentiated from meals to be provided to other customers. It should also indicate when the meal was prepared.**

Food Safety and Restrictive Practices

Some strategies used to support participants to have safe mealtimes or manage food-related behaviours may be considered restrictive practices. This includes locking the pantry or fridge to prevent inappropriate eating/ snacking or to prevent risks of choking or consuming raw foods. It could also include restrictions on food requested.

Staff members must be familiar with the legislative requirements if restrictive practices are applied, including reporting unauthorised restrictive practices to the NDIS Quality and Safeguards Commission). They must work with the customer's support team to ensure the least restrictive alternatives are applied if necessary.

7. MEAL PREPARATION

The International Dysphagia Diet Standardisation Initiative (IDDSI) provides a framework that carers, support workers, and service providers and others can use when preparing foods of different textures and thickened liquids.

Please refer to [Appendix 2 - IDDSI framework](#)

Food safety is also being aware of food hazards, correct storage and cooking temperatures, and cross-contamination.

The Mealtime Management Plan (MMP) may outline specific dietary plans for the participant.

Dietary plans and food types may include:

- Pureed, minced, chopped or soft foods
- Thickened fluids
- Weight reduction or weight-increasing
- Low fat
- Vegetarian
- Low cholesterol or cholesterol-lowering
- Diabetic

Exclusions or allergy-inducing foods may include specific food groups:

- Bread, cereals, rice, pasta, noodles

- Vegetables, legumes
- Fruit.
- Milk, yogurt, cheese.
- Meat, fish, poultry, eggs, nuts, legumes

a. Food Hazards

- **Physical Hazards** - These happen when food is not stored properly or handled incorrectly, e.g. a person does not wear a hairnet, so hair falls in the food.
- **Microbiological Hazards** - Examples of these include bacteria, fungi, or mould. Foods become contaminated and can lead to food-borne illnesses, e.g. food poisoning
- **Chemical Hazards** - This is when chemicals, such as pesticides or cleaning sprays, are used to sanitise food preparation areas. The food may be accidentally contaminated.

b. Correct Storage and Temperature

Different foods have different storage and cooking temperatures.

To reduce the risk of bacterial contamination, many foods must be stored in the refrigerator and thus kept below 5 degrees Celsius. These foods are often classified as 'high-risk foods' and include – meat, poultry, dairy, seafood, eggs, smallgoods and cooked rice and pasta. This also refers to ready-to-eat foods that have high-risk foods as ingredients and include – casseroles, quiche, pasta salad, pizza, sandwiches and many cakes.

Food should be kept frozen at -18 degrees Celsius; when thawing, it should be stored in a refrigerator that reaches no more than 5 degrees Celsius until it is ready to be prepared

Cooking and reheating food

High-risk food must be heated to at least 75 degrees Celsius in order to reduce the number of bacteria to a safe level of consumption.

After the food has been cooked to this temperature it should be eaten or refrigerated within two hours. Food which has been kept in the Temperature Danger Zone (between 5 – 60 degrees Celsius) for between two and four hours cannot be put back in the refrigerator and must be consumed.

For more information, please go to [Food Safety: Storage and Temperature](#)

c. Cross contamination

Cross-contamination is the main reason for many food-borne illness outbreaks. Even if meat has been cooked correctly, meals can still become contaminated with pathogens if cross-contamination isn't avoided in the preparation process.

If raw foods come into contact with ready-to-eat foods, cross-contamination can occur. While this may seem difficult to stop, avoiding cross-contamination is quite simple if you follow these steps.

Checkout to counter

Cross-contamination can also occur when products are simply sitting in the shopping trolley. It is important to remember to:

- Separate raw meat, poultry, seafood, eggs and dairy from other foods in your trolley.
- At the checkout, place raw meat, poultry and seafood in separate plastic bags to keep their juices away from other foods.

Store Food in the Right Place

Where you store food plays a major role in preventing cross-contamination. When placing foods in the refrigerator, where and how foods are stored is incredibly important.

- Raw meats should always be stored on the bottom shelf. This eliminates the risk of juices dripping onto other foods and contaminating them.
- Raw meat, poultry and seafood should be stored in covered containers or sealed plastic bags to prevent their juices from dripping or leaking onto other foods.
- If you're not planning on using meat within a few days of purchase, it should be placed in the freezer for defrosting at a later date.
- Meats and ready-to-eat foods should never be placed next to each other or on the same shelves.

Chopping Boards

Chopping boards can be an easy place for cross-contamination to occur. Placing ready-to-eat foods such as fresh produce on a surface that held raw meat, poultry, seafood or eggs can spread harmful bacteria. Avoiding cross-contamination across cutting surfaces is avoidable.

- Plastic or glass surfaces should be used for cutting raw meats.
- Use one chopping board for raw meat, poultry and seafood.
- Use a separate chopping board for ready-to-eat foods.
- Use separate plates and utensils for cooked and raw foods.
- Before reusing them, thoroughly clean and sanitise plates, utensils and cutting boards that have come into contact with raw meat, poultry, seafood or eggs.
- Chopping boards should be replaced if they are excessively scratched or damaged. Damaged chopping boards develop grooves that are hard to clean, making bacteria difficult to eliminate.

Washing Hands and Counters

While you are cooking, you need to ensure that you wash your hands properly. This should include after you handle any raw meats and after cooking. Additionally, all counters and surfaces should be thoroughly cleaned and sanitised after raw meats have been anywhere near them.

Cross-contamination can be easily avoided if the right precautions are taken. To eliminate the spread of harmful bacteria in your kitchen, proper cleaning and sanitising practices are required

8. SAFETY

District 360 staff must be aware of some possible hazards when it comes to eating. As part of our intake process, D360 will identify all participants who have mealtime management

requirements, including dietary intolerances, food allergies, medication contra-indications and any difficulty with swallowing (i.e. dysphagia) or support to prepare meals. The results will be recorded in their Individual Support Plan (ISP) and any difficulties identified with swallowing must be discussed with the participant's treating Doctor (or other suitably qualified health professional) and a MMP plan must be provided by a health professional.

As a support worker, you have a duty of care to ensure the participant is safe while eating, which means you have to be able to identify any risks.

Service by a health professional (Speech Pathologist)

A health professional is required to:

- Assess a participant's condition and develop a plan to ensure safety and quality of life for the participant.
- Complete all forms as required.
- Provide training to managers and support staff where a question of competency arises.

Support Workers may NOT:

- Perform any duties that must be attended to by a registered nurse or a speech pathologist.
- Change the mealtime management plan
- Leave a participant diagnosed with severe dysphagia unattended at mealtime.

Support workers may:

- Perform any task on the plan, apart from those that must be performed by a registered nurse, GP or speech pathologist.
- Provide care and support once an appropriately qualified person has delivered training or instruction.

Examples include:

- Preparation of meals
- Positioning of a participant at mealtime according to the dysphagia plan (MMP)
- Observation and supervision of a person as per the dysphagia plan (MMP)
- Monitoring and recording of a persons' nutritional intake
- Escalating matters when any complications or risk are apparent.
- Completing swallowing review checks (after training is provided by manager or health professional). Note: this is not a clinical assessment but a general review form.

Support workers must:

- Follow the plan as provided by the service provider
- Report to their supervisor of any changes or variations for advice
- Not change the plan
- Identify, and report to their supervisor, any gaps in their ability to deliver

9. Nutrition

Meals need to be nutritious and enjoyable while also being mindful of any allergies or swallowing difficulties the person may have.

D360 staff will support and/or prepare the participant to make/access healthy and nutritious meals in line with their dietary requirements, preferences and recommendations made by professionals engaged in the care of the participant.

D360 staff will endeavour to Incorporate five food groups (where appropriate)

- Vegetables (plenty, and in different types and colours)
- Fruit
- Grains and cereals
- Proteins, such as lean meats and poultry, fish, eggs, tofu, nuts, seeds and beans
- Dairy, such as milk, yoghurt, or cheese

Persons participating in providing mealtime support must be trained. This might include being trained in preparing and providing safe and nutritious meals.

10. Managing Waste

Staff are to follow standard clinical infection control procedures and maintain good hand hygiene practices.

Staff are to follow D360S_P051 Waste Management Policy and Procedures.

11. Other relevant policies and forms

Staff, especially managers and supervisors, are encouraged to read this policy in conjunction with other relevant District 360 Supports policies, including.

- P051 Waste Management Plan
- P014 Risk Management Policy
- P059 Food Safety & Handling Policy & Procedures
- D360S_F070 Mealtime Management Support

12. Relevant Legislations and Standards;

- NDIS: [New NDIS Practice Standards and Quality Indicators | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndis.gov.au/quality)
- NDIS: [Practice Alerts | NDIS Quality and Safeguards Commission \(ndiscommission.gov.au\)](https://www.ndis.gov.au/alerts)
- International Dysphagia Diet Standardisation Initiative: [Complete IDDSI Framework](https://www.iddsi.org/)
- Queensland Government, Department of Communities, Disability Services and Seniors: <https://www.publications.qld.gov.au/dataset/mealtime-support-resources/resource/48187bfd-d0f6-4723-95dc-6807b2ef783f>
- New South Wales Government, Family and Community Services: [Assisted boarding house policies and guidelines | Family & Community Services \(nsw.gov.au\)](https://www.familyandcommunity.nsw.gov.au/assisted-boarding-house-policies-and-guidelines)
- Australian food safety legislation <https://www.legislation.gov.au/series/F2008B00576>

13. More information

If you have a query about this policy or need more information, please contact the management team at info@district360.com.au

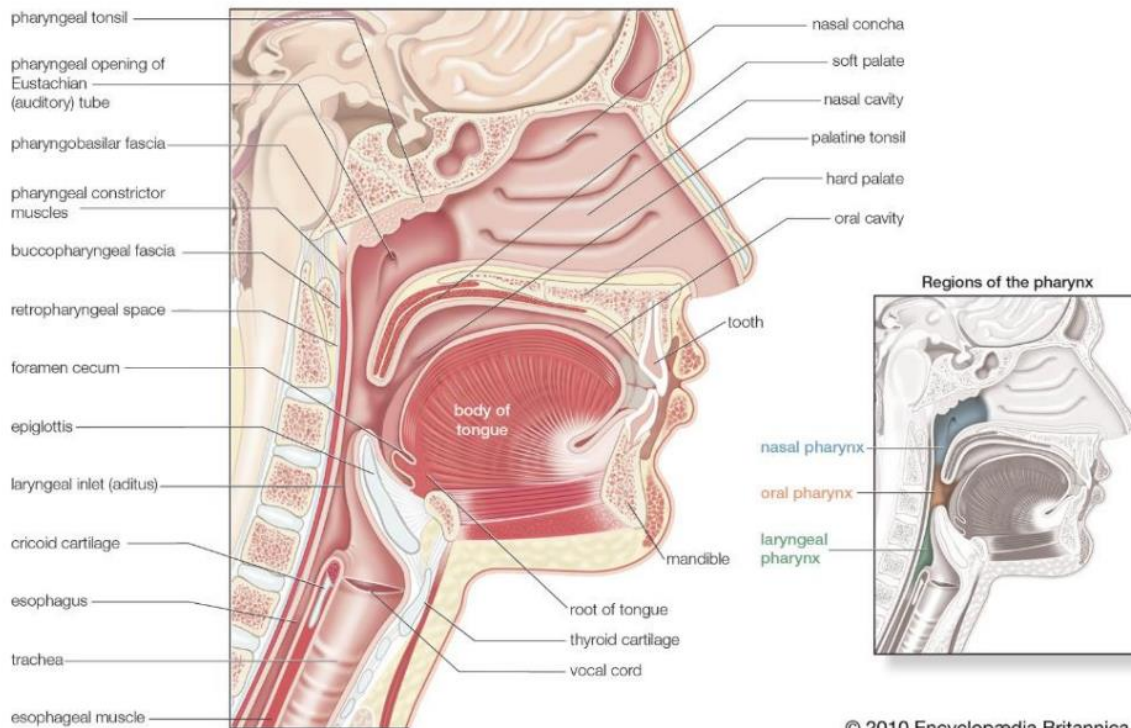
14. Review details

Approval Authority	Tanya Johnston
Responsible Officer	Coco Johnston
Approval Date	1 June 2022
Last updated Date	4 July 2023
Next Review Date*	4 July 2024
Last amended	<ul style="list-style-type: none"> - Updated company logo - Updated links to current

** Unless otherwise indicated, this procedure will still apply beyond the review date.*

Printed versions of this document are not controlled. Please refer to the D360 Policy Library for the latest version.

APPENDIX 1 – Pharyngeal Anatomy



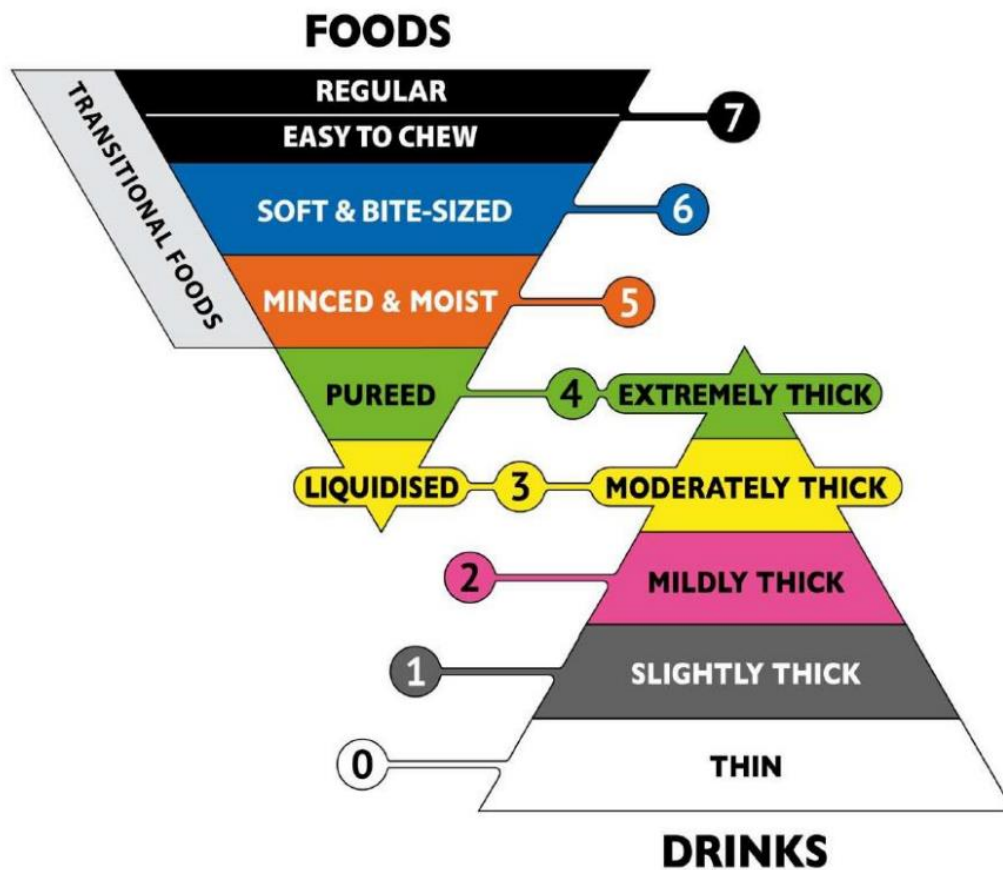
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pharynx, (Greek: “throat”) cone-shaped passageway leading from the oral and nasal cavities in the head to the [esophagus](#) and [larynx](#). The pharynx chamber serves both respiratory and digestive functions. Thick fibres of muscle and connective tissue attach the pharynx to the base of the skull and surrounding structures. Both circular and longitudinal muscles occur in the walls of the pharynx; the circular muscles form constrictions that help push food to the esophagus and prevent air from being swallowed, while the longitudinal fibres lift the walls of the pharynx during swallowing.

From: <https://www.britannica.com/science/pharynx>

APPENDIX 2 - IDDSI framework

Standardisation Initiative



For a full explanation of each term for Drinks: 0. Thin, 1. Slightly thick, 2. Mildly thick, 3. Moderately thick, 4. Extremely thick.

And Foods: 3. Liquidised, 4. Pureed, 5. Minced and moist, 6. Soft and bite sized, 7. Regular easy to chew.

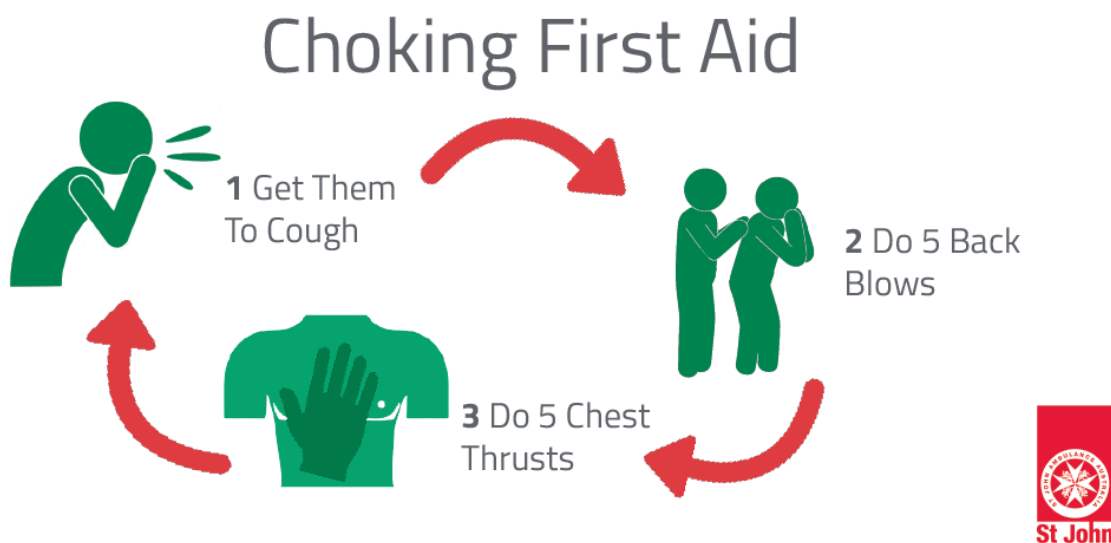
See this PDF:

https://iddsi.org/IDDSI/media/images/Complete_IDDSI_Framework_Final_31July2019.pdf

Appendix 3 -St Johns

1 WHAT TO DO FOR CHOKING FIRST AID ON ADULTS OR CHILDREN OVER 1

1. Encourage the adult or child to cough to remove the object.
2. Call Triple Zero (000) if coughing does not remove the blockage
3. Bend the patient forwards and give up to 5 sharp back blows with the heel of one hand between the shoulder blades, checking if the object is relieved after each back blow.
4. If this is unsuccessful, give up to 5 chest thrusts by placing one hand in the middle of patient's back for support and heel of other hand in the CPR compression position, checking if the object is relieved after each chest thrust.
5. If the blockage does not clear continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.
6. Do CPR if they become unconscious



From: <https://www.stjohnvic.com.au/news/choking-first-aid-top-16-dos-donts/>

F070 – MEALTIME MANAGEMENT SUPPORT

**for new and current participants /formal MMP compliance checklist / current participant review
/Meals support for other than a formal MMP**

Purpose:

- **This form should be used whenever a participant (new or current) requires additional support for meals (use either or all sections 1,2, and 3)**
- **It is also used to ensure a formal Mealtime management Plan is compliant to NDIS practice standards (use section 1),**
- **It is used to Identify if a participant may require a formal mealtime management plan (use section 2)**
- **It is used to Identify if a participant needs support for meal preparation (but does not require a formal Mealtime management plan (use section 3) Section can be used to gather information that will inform a formal MMP**

Section one: (including checklist) If the Participant has a formal mealtime management plan, please complete this section, and gather further information about the plan and then action. Staff must be trained specifically in the delivery of the formal mealtime management plan. Complete the checklist for any Mealtime management plan to ensure it complies to NDIS practice standards and save the customer's file.

Section two: Complete this section if you feel there may be a need for a formal mealtime plan at intake or to assess changes to a current participant's mealtime needs. Save to customer's file. You should also use Section 3 if you need to gather information that could assist a health professional to develop a formal Mealtime management plan.

Section three: This section is for people who may need some support with meals, but do not have dysphasia (or the need for a formal mealtime management plan) It may include People with mobility / movement issues / intellectual disability who require support for prep / Planning or purchasing issues. It could also be used to identify people who have restrictive practices in place for food and / or meals. Save this form to customer's file. This section could also be used (but read in conjunction to the Mealtime management checklist – section 1) to collect basic information to inform a professionally developed Mealtime Management plan that is developed by a relevant health care professional.

SOME THINGS TO KNOW ABOUT ME	
Name	
Date of birth	
Address	
Section One	
I have a formalised mealtime management plan developed by a specialist	Yes No If yes, please provide D360 with a copy to share with support staff: Support cannot take place if we do not have access to the current Mealtime management plan that has been developed by a relevant professional – see checklist to ensure compliance.
Who developed the MMP	
When was it developed? Date:	<input type="checkbox"/> Current <input type="checkbox"/> Expired (consult with your manager)
Staff require compulsory Mealtime Management and Food safety training	Yes No Support cannot take place if the relevant staff have not received the appropriate training that relates to the participants current MMP.
If yes detail the required training	If there are any specific communication needs, this must be featured in the ISP and relevant training provided
<u>STAFF must be provided with access to the formal MMP plan on Brevity and this must form a part of the individual support Plan</u>	
MEALTIME MANAGEMENT PLAN compliance CHECKLIST	
ENSURE THE MEALTIME MANAGEMENT PLAN CONTAINS THE FOLLOW ELEMENTS. SEEK ADVICE FROM YOUR SUPERVISOR IF ANY OF THE FOLLOWING ARE MISSING:	
Name of Participant	_____
Plan created on	_____
Review date	_____
Review date added to calendar	YES <input type="checkbox"/> No <input type="checkbox"/>
4 weeks before due date reminder add to calendar	YES <input type="checkbox"/> No <input type="checkbox"/>
It clearly states who the MMT is for: It must contain a name	YES <input type="checkbox"/> No <input type="checkbox"/>
It outlines:	
• Who developed the plan, their qualifications and contact their details	YES <input type="checkbox"/> No <input type="checkbox"/>
• Who participated in the development of the plan:	YES <input type="checkbox"/> No <input type="checkbox"/>
• The date it was developed, the date it expires (if not annually) or when it should be reviewed (including any triggers for review) as per any professional advice.	YES <input type="checkbox"/> No <input type="checkbox"/>
For participants who have unique communication needs / styles.	
• These are highlighted so a process and or an understanding of how to interpret their needs and preferences can be made including any chronic or emerging health needs.	YES <input type="checkbox"/> No <input type="checkbox"/>
It includes:	

- If allergies are mentioned, it also has the required emergency response N/A YES
No
- Other risks are outlined, the required emergency response(s) is included and how to manage chronic health conditions YES No
- Their seating and positioning requirements (before and after) for eating and drinking. YES No

Outlines the participant’s mealtime management needs,

- Including the type of assistance, dietary modifications around the texture of food, thickness of fluids, nutritional requirements, food and drink preferences, support for swallowing, eating, and drinking, special diet needs (including hydration), equipment, utensils, location, place, and setting. YES No
- It contains information about any medication: YES No
- How that should be taken / administered and if there are impacts of that medication.
- The Plan makes references to oral hygiene (if necessary) YES No
- Plan contains photos (if necessary) YES No

If any ticked no: Please indicate why and refer to your manager:

Name of Staff: _____ Date: _____

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Section two

Mealtime and Swallowing Initial Risk Screening Tool

HOW TO USE THIS SCREENING TOOL

<p>If there are any items that have a 'yes' response:</p>	<ul style="list-style-type: none"> If you are a support worker, contact your manager to discuss how best to respond. The person may need a review by a speech pathologist or medical practitioner, depending on the issue. If the issue is not being managed already by a mealtime or medical plan, take the person to the GP for a check-up and/or appropriate referral. File the checklist in the Participants E folder. 		
<p>If all responses are 'no':</p>	<ul style="list-style-type: none"> If you are a support worker, contact your manager to discuss your responses. File the checklist in the appropriate part of the person's file. 		
<p>Name of person with a disability:</p>		<p>DOB:</p>	
<p>Residential address:</p>			
<p>Person's weight in kgs (e.g. 80kg):</p>	<p>_____</p> <p>kg</p>	<p>Person's height in metres (e.g. 1.75m):</p>	<p>_____</p> <p>m</p>
<p>Body Mass Index (BMI) = Weight ÷ (Height x Height) e.g. 80kg ÷ (1.75m x 1.75m)</p> <p>(NB: Calculate the height squared before dividing the weight.)</p>		<p>BMI = _____</p>	

	QUESTION	YES	NO	COMMENTS
1	Does the person have a BMI of less than 19? If yes, consult a dietician and speech pathologist as required.			
2	Does the person have a BMI of greater than 25? If yes, consult a dietician			
3	Does the person receive tube feeding? If yes, please clarify if it is for all nutrition/hydration or if it is supplemental to oral feeds in the comments			
4	Is the person on a special diet? E.g. Modified texture (food or fluid), weight adjustment diet, diet that restricts food choices (e.g. allergy/intolerance diet)			
5	Does the person require assistance to eat/drink? This includes any prompting.			
6	Does the person have any mouth or teeth problems? E.g. missing and/or broken teeth, ulcers and/or inflamed gums, dry mouth. If yes, consult a dentist.			
7	Is there a history of choking, chest infections, aspiration pneumonia and/or epilepsy/seizures?			
8	Does it take the person longer than 30 minutes to complete a meal? Or do they show signs of fatigue as the meal progresses?			
9	Do they eat quickly, take large mouthfuls or overfill their mouth?			
10	Do they drool or dribble saliva, food or drink?			
11	Do they cough during or after the meal?			

12	Do they have any voice changes during the meal e.g. does the voice get gurgly?			
----	--	--	--	--

	QUESTION	YES	NO	COMMENTS
13	Do they swallow their food without chewing or after minimal chews?			
14	Do they have any food left in their mouth after swallowing?			
15	Do they hold food in their mouth for a long time before swallowing?			
16	Do they take multiple swallows to clear food from mouth?			
17	Do they show signs of pain or distress during mealtimes? E.g. crying, watery eyes, labored breathing			
18	Do they have difficulty taking medication?			
19	Has the person had a recent medication change that is impacting on their swallow (e.g. dry mouth, drowsiness, loss of appetite)?			
20	Does the person have reflux, or vomiting post-meal?			
21	Does the person regularly refuse to eat meals?			
22	Does the person refuse to eat certain types of food (e.g. chewy, hard)			
23	Does the person have posture/positioning issues during the mealtime? e.g.- Slumped forward or to the side, bottom forward in seat, reclining/lying down, feet not on floor/footplates.			

24	Does the person engage in any mealtime behaviors which may impact on the swallow? E.g. distractibility, taking others' food, mood swings, lethargy			
25	Does the person require any physical, mechanical or chemical restraints that			

	QUESTION	YES	NO	COMMENTS
	may affect their ability to participate safely in the mealtime? E.g. sedative medication, postural supports, arm splints.			

NAME OF PERSON COMPLETING FORM:	
RELATIONSHIP TO PERSON WITH A DISABILITY:	
DATE:	
SIGNATURE:	
ADDITIONAL COMMENTS:	



With thanks to Department of Human Services Victoria for providing the original document from which this checklist was deve

Section three for meal preparation support only	
PLEASE NOTE: If there are any indication (referred to in section 2) that the individual needs a formal Mealttime management plan, complete section 2 and speak to your manager. Section 3 (this section) should never replace a formal mealttime management plan developed by a health care professional. This section should be used for meal preparation support or gathering basic information that will inform (But read in conjunction with the mealttime management checklist) that is then developed by a relevant health professional	
Why do I need support with meals (including purchasing / quantity and preparation) Please be specific!	
I have a plan developed by a Dietitian If so, please provide the plan:	
My allergies	Emergency response
Your Medications	Special support for medications
My Chronic health conditions	Please list these. Please indicate hoe these conditions will managed to ensure any risks are mitigated.
I have a diet that is recommended by a health practitioner	List the Details

I have hydration needs that are recommended by a health practitioner	Details	
Foods I like and dislike		
My religious and cultural food preferences		
Special equipment I need (Please tick if needed)	Cutlery Plate/Bowl Cup/glass Clothes protector Other <input type="checkbox"/> Straw	How I use this:
How to help me		
Where do I eat my meals usually		

SOME THINGS TO KNOW ABOUT ME THAT WILL HELP WHEN YOU ARE SUPPORTING ME TO EAT AND DRINK	
I need supervision while eating	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Be specific, why the help is needed:	
I need support to buy food	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes give details:		
I usually eat my meals at these time	Breakfast	
	Lunch	
	Snacks	
	Dinner	

WHAT I ENJOY EATING
Please list the food I enjoy

HOW I COMMUNICATE AND BEHAVE

ACTIVITIES I ENJOY DOING FOR MEALTIMES	
Grocery Shopping	
Preparing for meals	
Cleaning after a meal	

WHAT I LIKE TO DO WHEN EATING OUT OR GETTING TAKEAWAY	
What the atmosphere I like?	
What special equipment I need for eating out or take away	

<p># Who imposes these restrictions on me? If imposed by another person: discuss with manager:</p>	
<p>Does the participant have a Behaviour support plan that contains Restrictive practices that relates to food / meals?</p> <p>If yes discuss with your manager</p> <p>If no, but a person is identified in Q # discuss with manager</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I, confirm that I have worked with D360 staff to complete this form and consent for it to be shared with my support staff.

Signature	
Full Name	
Date:	
Participants or decision makers name	
Participants or decision makers signature	

OFFICE USE ONLY

Date created	
Approving officer	
Date participant signed off	
Next Review Date*	
Last amended	

