

Mealtime Management policy

Policy statement

This policy covers Above and Beyond Disability Solutions Pty Ltd (AABDS) position on assisting participants with their mealtime management, ensuring the participant has choice and control, while enjoying safe and enjoyable meals.

Scope

This policy applies to all AABDS employees, participants, families, advocates, contractors and volunteers. This policy is owned by the Governing Body.

Principles

- All participants who require mealtime management are identified as part of AABDS's referral and intake process as a way of screening participants for difficulties related to nutrition and swallowing.
- All participants who identify as needing mealtime management assistance, must have a Mealtime Management Plan that has been developed and signed by a health professional (usually a Speech Pathology).
- The Mealtime Management Plan should be kept on file with MYP and referenced by the appropriate people/supports as necessary.
- A hard copy of the plan will be made available to worker to use during support shift.
- 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.
- NDS Commission training (Supporting Safe and Enjoyable Meals) is mandatory for all AABDS support staff before they commence employment with the organization.
- Support workers should be aware of the general risks associated with swallowing, when supporting participants at mealtimes, and report any concerns to AABDS Management.
- All AABDS employees should know and understand this Mealtime Management Policy and Procedure.

Practice requirements

As a Support Worker, there's a lot you can do to help a person who has swallowing difficulties to have safe and enjoyable meals. This includes:

1. Use the person's Mealtime Support Plan.
2. Know the signs of choking and swallowing difficulties.
3. Know the person.

4. Prepare safe food and fluids.
5. Use other mealtime strategies.

Use the person's Mealtime Support Plan

Most importantly, know and use the person's Mealtime Support Plan. All AABDS participants who require mealtime management will have a Mealtime Management plan on file. All support staff will also be given a hard copy of the plan to use during their shifts with the participant.

Know the signs of choking and swallowing difficulties

It is important to know when the person is choking or has swallowing difficulties, so you can act quickly. Read and understand the participant's Care and Support Plan and Mealtime Management plan to ensure you know this.

Know the person

The person's unique abilities, behaviours and health affect their ability to have safe and enjoyable meals. You can help by knowing the person, their needs, abilities, likes and dislikes. This information can be found in the participant's Care and Support Plan.

If the person has complex communication needs, share information about the person's needs and preferences with their support team.

Prepare safe food and fluids

Two key strategies for people with swallowing difficulties are modifying the texture of their food and thickening their fluids.

For a person with swallowing difficulties, changing food texture helps the person chew, prepare and have more control when moving the food in their mouth and when swallowing.

Thickened fluids hold together in the mouth, so the fluid moves more slowly through the mouth and throat. This gives the person more time to protect their airway while swallowing.

For a person with fine motor difficulties, ensuring they can access and use appropriate cutlery, or presenting food for them in bite size pieces, will help them avoid putting too big a portion in their mouth

Use other mealtime strategies

You can use many strategies to support safe and enjoyable mealtimes. These strategies include:

- following recommendations about the person's body position at mealtimes
- checking the person is alert during mealtimes
- reducing environmental distractions
- when supporting the person to eat, always explaining what you are about to do
- providing a comfortable and relaxed mealtime environment
- helping participants to eat slowly (
- staying at the table during mealtimes
- knowing about the person's medication

- helping the person learn to eat and drink independently
- supporting the person’s general health and oral health

Related policies

- Code of Conduct policy
- Choice and Control policy
- Restrictive Practices policy
- Safeguarding policy

Related links

- [National Standards for Disability Services](#)
- [Human Services Quality Framework V7.0](#)
- [United Nations Universal Declaration of Human Rights](#)
- [National Disability Insurance Act \(2013\)](#)
- [Queensland Workplace Health and Safety Act](#)
- [Disability Services Act 2006](#)
- [Disability Services and Inclusion Act 2023](#)
- [Work, Health & Safety Act \(Qld\) 2011](#)

Acknowledgements

AABDS adheres to the [NDIS Code of Conduct](#) and [NDIS Practice Standards](#) for providers and workers. Our Quality Services and Supports promote the [National Standards for Disability Services – evidence Guide](#).

The organisation promotes the Human Rights principles of the Convention on the Rights of Persons with Disabilities.

POLICY HISTORY

Policy name	Mealtime Management	Policy owners	Governing Body
Policy created	July 2022	Approved by Board	July 2022
Policy reviewed	Feb 2024	Approved by Board	Feb 2024
Current version no.	1.2	Due for review	Feb 2026

Mealtime Management procedure

The purpose of this Mealtime Management procedure is to provide all Above and Beyond Disability Solutions Pty Ltd (AABDS) employees with the procedures and related work instructions to safely assist participants during mealtimes, so as to support best practice and positive outcomes. AABDS employees are expected to be familiar with and to comply with this procedure.

Planning and support

AABDS's Mealtime Management procedure is based on the premise that every participant has the opportunity to participate as fully as possible in making decisions about the events and activities of their daily lives. This procedure is underpinned by a risk management approach to determine the way AABDS employees undertake the task of assisting participants during mealtimes.

To ensure mealtime management is always undertaken in a safe and risk-reduced environment, all AABDS participants who require mealtime management are identified and have a Mealtime Management plan on file for support staff to use and follow.

Procedure

Information in the AABDS Referral form and Care and Support plan will prompt AABDS Management to recommend to parents/carers or the participant that they pursue a Mealtime Management Plan to be developed and signed by the participant's speech pathologist or other relevant health professional.

Support workers supporting participants who require mealtime assistance must follow written meal preparation and delivery instructions. Training will be provided for workers assisting with meals. The support worker is also required to have basic first aid skills and knowledge to administer CPR and place a person in a recovery position. NDIS Commission Mealtime Management training (Supporting Safe and Enjoyable Meals) training units and is mandatory for all support workers.

What is Dysphagia?

Dysphagia is a medical term for any difficulty with swallowing. It is associated with a wide range of disabilities and health conditions. People with disability who have dysphagia are more likely to die from choking or respiratory illnesses or have serious health complications because of poor management of dysphagia. Dysphagia occurs when one or more of the four phases of swallowing is disrupted.

There are two main types of dysphagia:

Oropharyngeal dysphagia – trouble with moving food around the mouth and forming a bolus, as well as 'initiating a swallow'. Patients are often medically unwell, and the most

common links are neurological disorders, such as stroke, Parkinson's disease and dementia.

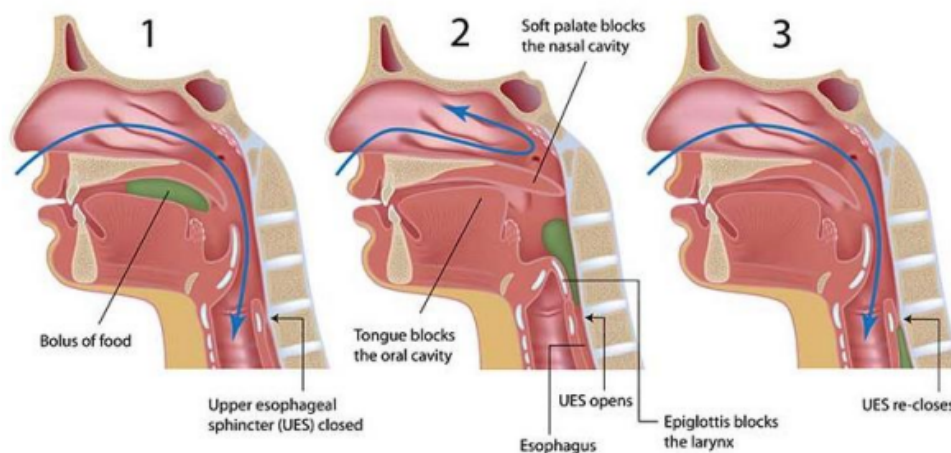
Oesophageal dysphagia – the sensation of having food stuck in the throat or chest when swallowing and patients may complain of chest pain. Participants with dysphagia are at higher risk of developing life-threatening conditions, including aspiration and aspiration pneumonia, obstruction, pneumonitis and abscess.

The Swallow function

There are 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 is 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.

Swallow Function



Supporting participants with possible swallowing difficulties

If a participant shows any sign or symptom of swallowing difficulty, you should support them to consult a GP and a speech pathologist promptly, so they can assess their swallowing and mealtime assistance needs, as well as review their general health.

Signs and symptoms of swallowing and feeding difficulties

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 mealtimes 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

Risks associated with eating and swallowing

- Aspiration - Aspiration occurs when material is ingested and ends up in the lungs. This may be food particles, fluids, oropharyngeal secretions containing infectious agents or bacteria, which can cause an inflammatory condition. Patients with dysphagia are at increased risk of developing aspiration, as are patients who are critically ill.

- Silent aspiration - Silent aspiration is aspiration without any key clinical symptoms and signs, making it difficult to identify without imaging and assessment. However, it is common, occurring in more than 50 per cent of patients who aspirate.

- Aspiration pneumonia and pneumonitis - Dysphagia is also a risk factor for aspiration pneumonia – pneumonia caused by inhaling secretions or food that have been colonised by

bacteria. Aspiration pneumonitis is caused by aspirating gastric contents. It is the most common cause of death in patients with dysphagia.

- Choking - Choking is a major cause of preventable deaths for people with disability. These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking. The risk of accidental choking can be reduced by following expert advice from speech pathologists and other specialists. Early identification and management of swallowing problems can minimise risks of health complications.

Risks associated with not following the mealtime plan

A 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.

However, plans can recommend thickened liquids, that participants may find unpalatable, or the exclusion of certain foods from a participant's diet, which they may crave. Participants may refuse certain prescribed foods or drinks, particularly if they are new to them, or they may want to eat something that is not on their plan. Any deviations from the plan, even at the request of the participant, can increase risk to the participant. Where possible, the Mealtime Management Plan prescriber should be contacted, and the requested change discussed.

The 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.

Medications

Certain medicines administered to people with disability can increase the risk of choking by causing swallowing problems (dysphagia) and, to a lesser extent, by causing drowsiness (sedation). As per AABDS Medication Management policy, AABDS staff cannot administer medications and will not be asked to as part of mealtime management.

Mealtime Management Plans (MMP)

A speech pathologist can prescribe and recommend specific actions for a person to eat and drink safely and develop a mealtime management plan for their needs. They will also specify when plans need to be reviewed. A dietitian may contribute to the mealtime management plan by ensuring there is enough nutrition and hydration in the recommended modified meals.

Mealtime management plans may include recommendations to:

- improve the seating and positioning supports for a person's safe positioning during meals
- modify food textures to make the food easier to chew and swallow
- provide specific mealtime assistance techniques, including any reminders about a safe rate of eating, or a safe amount of food in each mouthful
- respond to coughing or choking and make sure risks are monitored while a person is eating or drinking
- use feeding equipment for people who have severe dysphagia, including assistive technology such as spoons, plates, cups and straws; and tube feeding equipment for those with severe or profound difficulty swallowing who require tube feeding.

Assisting with Meals

AABDS Management will ensure that:

- staff receive the necessary training and support to implement a mealtime management plan or other mealtime recommendations for swallowing safely and mealtime management
- meals for participants with dysphagia, are prepared as directed and mealtime supports and assistance are provided as recommended by health professionals.
- trained staff are available to monitor people with dysphagia during mealtimes
- staff know how to respond if a participant starts to choke during mealtimes, including when they should call an ambulance
- mealtime safety issues for people with dysphagia are regularly considered in staff meetings and addressed in day-to-day procedures, participants' documentation, etc.

Part of assisting with meals includes monitoring participants for any issues with coughing, gagging, choking or breathing noisily during or after eating food, drinking, or taking medication.

Responding to coughing or choking / emergencies

If someone is choking and cannot breathe, call triple zero (000) and ask for an ambulance, then:

1. Try to keep the person calm. Ask them to cough to try to remove the object.
2. Bend the person forward and give them up to 5 sharp blows on the back between the shoulder blades with the heel of one hand. After each blow, check if the blockage has been cleared.
3. If the blockage still hasn't cleared after 5 blows, place one hand in the middle of the person's back for support. Place the heel of the other hand on the lower half of the breastbone (in the central part of the chest). Press hard into the chest with a quick upward thrust, as if you're trying to lift the person up. After each thrust, check if the blockage has been cleared.
4. If the blockage has not cleared after 5 thrusts, continue alternating 5 back blows with 5 chest thrusts until medical help arrives.
5. If the patient becomes blue, limp or unconscious, start CPR immediately.

The International Dysphagia Diet Standardisation Initiative

This is a list of terms used to describe the various food and drink consistencies used in Mealtime Plans.



Procedure for Assisting with Meals

Helping participants with meals takes time, understanding and patience. Avoid interruptions and don't rush. Some participants take a long time to eat their meals. When assisting with meals:

1. Review the Mealtime Management Plan if one is provided. It's important to read and understand the mealtime recommendations before assisting with meals.
2. Wash / sanitise hands and wear gloves
3. Provide a serviette to protect the participant's clothing, or wipe mouths
4. Sit beside or opposite the participant
5. Let the participant know that you will support them to eat their meal, if required
6. If specified in their plan, position the participant for eating. The plan may specify the angle of the wheelchair, for example. It's important to follow these instructions.
7. Assist with cutting food, as required. The size and texture of the food specified in the plan is important.
8. Tell the participant what is on the plate – eg. if eating a puree diet, as food may not be instantly recognisable.
9. Ask whether the participant wants any seasoning or sauces and has a preferred order in which they wish to eat the food.
10. Ask how the participant would like to receive the food; some may prefer a fork, others a spoon. It is important to maintain the participant's autonomy during the mealtime.
11. When participants have a small appetite, suggest that they try to eat a little of each course for a balanced nutritional intake.
12. Offer sips of fluid after every couple of mouthfuls; this can help eating.
13. When the participant has had enough of the main course, offer dessert in the same way. Make sure the spoon is the correct size, for example, using a teaspoon for a yoghurt.
14. After the meal, ensure the participant is clean and comfortable and has had enough to eat and drink. Participants should be encouraged to eat but should not be pressured when they have indicated that they have had enough.
15. At the end of the meal ensure the participant has a drink to hand but be aware that those who need help with eating may need help with drinking too and regular fluids should be offered.
16. Remove your gloves, wash your hands
17. Document the participant's food intake.

Responsibility

AABDS employees are responsible for:

- adhering to AABDS's policies, procedures and work forms related to assisting people during mealtime management;

- employing practices which meet the reasonable expectations for support and mealtime management by people and their substitute decision makers/Statutory Health Attorneys, satisfying all relevant legislative responsibilities;
- being aware of safe and proper mealtime management;
- understanding the administrative guidelines for correct recording and reporting of mealtime management assistance and incidents.

AABDS managers are responsible for:

- ensuring employees have sufficient skills, knowledge and ability to implement the procedure;
- ensuring this procedure, plans and related work forms are provided to, and implemented by, all AABDS employees with responsibility for mealtime management for participants;
- ensuring any changes to the procedure are clearly communicated to employees.

AABDS Directors are responsible for:

- ensuring employees who are required to assist participants with mealtime management attend the appropriate level of training.

Reporting

All mealtime management incidences must be recorded in the Incident Management register.

Review and evaluation

Mealtime management incidents will be monitored from incident reports to identify recurring incidents and to support improvement of practices in relation to mealtime management and the reduction of incidents

Key contact

Questions about how to implement this procedure should be directed to [Kristy McPherson](#), Director on 0417 069 124.

PROCEDURE HISTORY

Policy name	Mealtime Management	Policy owners	Governing Body
Policy created	July 2022	Approved by Board	July 2022
Policy reviewed	Feb 2024	Approved by Board	Feb 2024
Current version no.	V1.2	Due for review	Feb 2026