Meal Management in Schools Policy
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1. **Purpose**

This policy applies to all Department of Education (DoE) staff who work with the small group of students with disabilities who have difficulties with eating and drinking (dysphagia). Many of these students have increased health and safety risks including choking, aspiration, malnutrition, dehydration, constipation and bowel impaction. These all have the potential to be serious or even life threatening conditions if not treated. It is essential that families and schools have sufficient information about dysphagia and its associated risks and how to access appropriate services for students who experience it. It is also essential that school communities have the capacity to care for students who have dysphagia and meal management issues and to provide a safe environment for these students.

2. **Policy Statement**

The Department of Education (DoE) is committed to ensuring the safety of students who have dysphagia. The DoE plays an important role in ensuring all students are provided with appropriate meal management supports within a risk management framework, which will result in an improved capacity to provide a safe environment at school in relation to meal management for both students and employees. Speech language pathologists are the primary consultants in assessing and managing students with dysphagia with secondary support provided by other professionals. Under Duty of Care requirements employees will ensure that meal management supports for students are undertaken with regard to their dignity, comfort and safety. Consistent, ongoing and state wide training programs will be provided for meal management support and choking management to ensure that school personnel have the appropriate level of skill and knowledge required to safely fulfil the requirements of their positions.

3. **Process**

- The Meal Management in Schools Policy including general information regarding dysphagia and meal management will be available to Department of Education employees and other members of the school community via the DoE website.
- Students with dysphagia will be identified and referred by school staff to the school speech language pathologist to ensure appropriate meal management supports are provided in the school environment.
- The process for referral for specialist assessment and treatment will be via the Referral Form for Speech and Language Pathology.
- All students who have dysphagia and meal management risks must have a current meal management plan completed by a speech language pathologist (together with other professionals if appropriate), to be reviewed as specified.
- Speech language pathologists will write meal management plans in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework and in line with medical advice as applicable.
- Where meal management strategies are necessary to reduce the student’s risk while eating and drinking they will be utilised to maximise the comfort, safety and dignity of the student together with the safety of staff.
- All students who have dysphagia and meal management risks will have an alert placed on the Student Support System (SSS) and a meal management plan uploaded to SSS.
- Where individualised risk management strategies are identified for students in their meal management plan, appropriate training in the use of these strategies will be provided by a Speech Language Pathologist to staff working with these students.
• The Department of Education will adopt a state wide systematic approach to meal management and choking management training programs for relevant school staff.

• Speech pathology teams will be responsible for facilitating the organisation of training annually. Meal management training will be provided by speech language pathologists and choking management training will be provided by support/special school nurses/DoE approved Registered Training Authority (RTA) with support from speech language pathologists.

• In exceptional circumstances (e.g. student moving from interstate) school based meal management and choking training sessions will be provided as required.

• Department of Education speech language pathologists will be identified within each Learning Service to provide meal management training.

• Training packages for meal management and choking management will be available to ensure consistency of training across the state.

• All school staff who support students with a meal management plan are required to attend meal management and choking training programs. In addition a minimum of 2 people in each school must have cardiopulmonary resuscitation (CPR) training from a RTA, according to Work Health and Safety guidelines. Schools must complete a risk assessment to determine needs.

4. Roles and Responsibilities

4.1 Secretary and Deputy Secretaries

The Secretary and Deputy Secretaries are to:

• Ensure the relevant Acts and Standards are adhered to, including but not limited to, Disability Discrimination Act 1992 (Cth), Disability Standards for Education 2005 (Cth), and the Personal Information Protection Act 2004 (Tas).

• Initiate processes for the regular review and evaluation of the Policy to ensure relevance.

4.2 Director Student Support, Student Support Leaders and Manager Professional Support Staff

The Director Student Support, Student Support Leaders and Manager Professional Supports staff are to:

• Ensure all schools and colleges are familiar with, and implement this Policy.

• Ensure professional support staff are familiar with this Policy and can support principals and school staff to comply.

4.3 Principals

Principals are to:

• Ensure this policy and associated guidelines are implemented and adhered to by all relevant employees at the school.

• Adhere to the Work Health and Safety Act (2012) (Tas)

• Ensure meal management plans are completed for individual students within the school environment. This includes taking into consideration individual student risk factors, how to manage these in the school.
environment and duty of care for all staff involved in supporting the student at school.

- Support speech language pathologists to ensure paperwork has the relevant signatures of the parent/carer(s), teacher assistant(s) and teacher etc. acknowledging that they are aware of, and have had an opportunity to, discuss the meal management plan.

- Ensure that all students who have dysphagia and meal management risks will have an alert placed on the Student Support System (SSS).

- Ensure that at least 2 school personnel who regularly work with the student have current meal management and choking management training and are familiar with the content in the meal management plan for a particular student. Both staff members should assist the student with their meal on a regular basis in order to maintain their skill level. This will ensure that the student responds to support from different staff and increase flexibility within the school in the event of excursions and staff absences.

- Ensure that a minimum of 2 staff members are trained in Cardiopulmonary Resuscitation (CPR) from a registered training authority. Schools must complete a risk assessment to determine needs.

- Ensure the school has local emergency procedures in place for the school that is communicated to ALL staff.

- Ensure that a senior member of teaching staff or nominated teacher (in addition to the student’s classroom teacher) is trained in meal management and is familiar with the content of the meal management plan in relation to students attending the school. This senior staff person will assist students on a regular basis (monthly) in order to adequately supervise relief staff and satisfy ‘duty of care’ responsibility.

- Ensure relief personnel assisting students with meals are directly supervised by a trained staff member and that they have read and are familiar with the meal management plan for the student.

- Ensure all new employees (whenever possible) are provided with the appropriate training in meal management and choking management before commencing work with students who have dysphagia.

- Provide relevant personnel access to documentation on agreed meal management procedures for individual students (and have documentation readily available in the classroom) and ensure that they have read and understood the applicable meal management plans.

- Be aware of who the speech pathology service provider for dysphagia is for individual students (e.g. DoE and/or external service provider).

- Oversee liaison between DoE speech language pathologists and speech pathologists from other services in relation to meal management considerations for students, particularly where multiple recommendations may be in place from different service providers.

4.4 Senior Staff and Support Teachers

Senior staff and support teachers are to:

- Ensure meal management plans are completed for individual students within the school environment taking into consideration individual student risk factors and how to manage these in the school environment and duty of care for all staff involved in supporting the student at school.

- Facilitate collaboration between all key stakeholders (including parents/carers).

- Provide opportunities for staff to access relevant professional learning as required.

- Coordinate the sourcing of equipment as required in conjunction with the speech language pathologist and specialist staff (e.g., OT, Medical Specialist).
• Ensure ongoing data collection, evaluation and evidence of school/student outcomes within their school.

4.5 Classroom Teachers and Teacher Assistants

Classroom Teachers and Teacher Assistants are to:

• Comply with the implementation of this policy and associated guidelines.
• Adhere to meal management plans, developed by their designated speech language pathologist (sometimes with other professionals such as occupational therapist, physiotherapist, dietician, nurse) that are completed for individual students within the school environment taking into consideration individual student risk factors and how to manage these in the school environment and duty of care for all staff involved in supporting the student at school.
• Ensure the plan is readily accessible in the classroom to relevant personnel (including for relief staff).
• Ensure the use and maintenance of equipment as outlined in the meal management plan.
• Attend training in meal management and choking management as required in order to perform meal management duties.
• Ensure current knowledge in meal management strategies (equivalent to basic meal management and choking training) and CPR training at a registered training organisation as required.
• Conduct point of service food and fluid testing according to the IDDSI Framework as recommended by a DoE speech language pathologist or when uncertain about the compliance of a student’s food/fluid with their recommended diet texture and fluid thickness level.
• Ensure up to date knowledge of the school’s emergency procedures and procedures for individual students.
• Communicate any observed changes with a student’s dysphagia/meal management and inform the designated speech language pathologist in a timely manner.
• Pass on any communication from the parent regarding changes in skills or needs (e.g. change in medications, constipation, weight gain or loss, chest infections etc.).

4.6 Parents/Carers

Parents and carers are to:

• Be invited to participate in contributing to meal management plan for their child.
• Provide information from other service providers in relation to meal management and medical considerations that may impact on school based care of students with dysphagia.
• Be aware that DOE meal management plans are adhered to at school as they are completed for individual students within the school environment taking into consideration individual student risk factors and how to manage these in the school environment and duty of care for all staff involved in supporting the student at school.
• Ensure the provision of food and equipment in accordance with the meal management plan and ongoing consultation with the school about this.
• Communicate with the student’s teacher or principal and/or speech language pathologist about any concerns they have in relation to the student’s eating and drinking and/or meal management.
• Communicate any changes in medications, weight, dehydration, constipation, presence of chest infections/pneumonia.
• Sign the meal management plan to indicate that the plan has been agreed to.

4.7 DoE Senior Speech and Language Pathologists

DoE Senior Speech and Language Pathologists are to:

• Ensure this policy and associated guidelines are implemented and adhered to by all speech language pathology staff.

• Ensure that all speech language pathology staff are supported in this highly specialised area.

• Provide access to resources, training, supervision and mentoring to enable speech language pathologists to perform assessment and intervention for students with dysphagia.

• Ensure that school principals are cognisant with this policy and associated guidelines and support its application in schools.

• Identify teams to deliver meal management training, support choking management training and facilitate the organisation of these annually within their Learning Service.

• Ensure that speech language pathologists identified to facilitate meal management and choking training are provided with additional professional learning in these areas as needed to stay abreast of current best practice.

4.8 DoE Speech and Language Pathologists

DoE Speech and Language Pathologists are to:

• Ensure meal management plans are completed for individual students within the school environment taking into consideration individual student risk factors and how to manage these in the school environment and duty of care for all staff involved in supporting the student at school.

• Collaborate with all stakeholders.

• Assess students who have been referred with suspected dysphagia (eating and drinking difficulties).

• Develop a meal management plan that identifies the risks of dysphagia for the student and makes recommendations to manage the risk.

• Make texture recommendations in accordance with International Dysphagia Diet Standardisation Initiative (IDDSI).

• Clearly document all decisions and communicate recommendations to parents, and relevant staff.

• Write an additional case note and/or provide documentation in the meal management plan that details any clinically reasonable exception, variation or transition food if it differs to the stipulated IDDSI Framework.

• Provide individualised training where specific risk management strategies have been identified for a student to all relevant team members. The training should include parents as much as possible.

• Provide meal management training and support choking training as required.

• Respond to any requests to review the meal management plan in a timely manner.

• Ensure familiarity with Education Department’s Meal Management Policy and facilitating its application in schools as far as possible.

*Speech language pathologists should practice professionally within the scope of their level of education, training and expertise (Speech Pathology Australia 2000-Code of Ethics 2010)*
4.9 **Support School Nurses and DoE approved Registered Training Authorities (RTA)**

Support School Nurses and DoE approved Registered Training Authorities are to:

- Deliver choking management training in conjunction with a speech language pathologist annually for support/special school and mainstream school staff. A session will be provided in the North, South and North West of the state for mainstream schools.
- In exceptional circumstances (e.g., student moving from interstate) provide school based choking training sessions as required.
- Keep abreast of current choking management practices.
- Ensure CPR qualification is current.
- Attend a meal management training session with refreshers as required.

4.10 **Nurse Managers**

Nurse Managers are to:
- Ensure this policy and associated guidelines are implemented and adhered to by all support school staff.

5. **Supporting information/tools**

5.1 **Dysphagia**

Dysphagia refers to difficulty with swallowing or an inability to swallow. Dysphagia can arise from a wide range of neurological, structural, psychological and behavioural causes. This would include the following conditions, but is not exhaustive:

- Central nervous system abnormalities or injuries (e.g., genetic syndromes, cerebral palsy, traumatic brain injury).
- Intellectual disability.
- Neuromuscular disorders (e.g., muscular dystrophy).
- Anatomic defects (e.g., cleft palate).
- Sensitivity issues (e.g., oral and upper digestive tract and/or food texture hypersensitivity) as seen in some children with autism; and secondary to use of nasogastric tube in some children.

5.2 **When to Refer**

A student should be referred to a speech language pathologist if:

- One or more signs and symptoms of dysphagia are identified in the student (see below).
- The student has a history of dysphagia.
- A student is identified as having one of the risk factors that may be a consequence of dysphagia (see below).

5.3 **Signs and Symptoms of Dysphagia**

There are several signs and symptoms that are possible indicators of dysphagia. People may not experience of all these factors when they have a swallowing difficulty.

- Changes in eating patterns (e.g., reluctance or refusal to eat/drink, effortful eating/drinking, lengthy meals or changes in the ability to eat certain foods)
• Wet, gurgly voice after eating or drinking
• Frequent coughing and spluttering or gagging during or after a meal
• Obvious facial/oral musculature paralysis or weakness (including low muscle tone, delayed developmental reflexes, poor gag reflex)
• Weak and or poor control of the muscles of the face, mouth or tongue (e.g. low muscle tone) or poor sensation of the face, oral or throat musculature (e.g. can be reflected in mouth stuffing of food in some children)
• Excessive drooling or dribbling
• Becoming drowsy or fatigued during a meal
• Raised temperature associated with recurrent chest infections
• Weight loss and/or dehydration/constipation
• Vomiting
• Pale or sweaty
• Glassy eyes
• Self-reported distress or other signs of distress
• Unable to cough/stops breathing
• Signs of pain or discomfort
• Poor upper body control or posture
• Difficulties biting, chewing or manipulating food in the mouth frequent spillage of food from mouth
• Pocketing of food at the sides of the mouth
• Multiple swallows required to clear food or drink

5.4 **Risk Factors: Secondary conditions/consequences that may occur in the presence of dysphagia**

Dysphagia is a debilitating and potentially life-threatening condition. There are 5 major secondary conditions that occur as a consequence of dysphagia:

- **Choking**: occurs when the airway becomes completely obstructed or partially obstructed and the person's breathing is compromised.
- **Aspiration**: occurs when food, fluid, saliva or mucus enters the airway without total obstruction. Signs of aspiration include coughing, gagging, sneezing, eyes watering, gurgly sounding voice, wheeziness and shortness of breath. Aspiration can be silent – without any visible signs. Material entering the lungs can result in chest infection or aspiration pneumonia which can be fatal.
- **Malnutrition**: a condition that develops when the body does not get the right amount of nutrients to maintain healthy tissues and organ function.
- **Dehydration**: a condition that is caused by failure to intake sufficient fluids or excessive loss of fluids from the body.
- **Constipation or Bowel Impaction**

These all have the potential to be life-threatening conditions if not treated. The debilitating effects of dysphagia are not just physical. When oral intake is disrupted this can have a seriously detrimental impact on quality of life. This
can include loss of dignity, poor self-esteem, loss of pleasure and enjoyment, social isolation, diminished quality of life or depression.

5.5 Meal Management Strategies

Meal management strategies are recommendations made by speech pathologists (together with other professionals where appropriate). These strategies reduce the risks associated with dysphagia. They ensure plans are put in place to support the child at mealtimes and help manage the child’s ability to eat and drink. Assessments and recommendations are made specifically for each child, according to the presentation of their dysphagia (and will be monitored and reviewed as appropriate pending the child’s abilities).

Common meal management and risk management strategies include (but are not limited to) the following:

• Ensuring appropriate levels of supervision at mealtimes by support personnel who have current First Aid training
• Procedures for dealing with an emergency situation
• Setting up an appropriate environment for mealtimes
• Positioning, posture and seating for the child and support person
• Equipment (such as specialised cups and utensils, tray tables, grab rails, arm splints, foot rests)
• Texture modification of food & fluid (see IDDSI website for international standardised terminology and definitions for Texture Modified Foods and Fluids)

5.6 Meal Management Plans

A meal management plan is a document written by a speech language pathologist which outlines assessment findings and describes the presentation of dysphagia and associated difficulties. Meal management plans give recommendations about how to best support the child at meal times including risk management strategies.

Every child who has dysphagia should have a current meal management plan, which should be uploaded to the Student Support System (SSS).

All people supporting that child must have a thorough knowledge of the information contained in the plan. Meal management plans must be kept with other information about the child within the school and be easily accessible for all relevant support personnel (e.g. with a hard copy in the classroom where staff can readily access).

6. Legislation

• Disability Discrimination Act 1992 (Cth)
• Disability Standards for Education 2005 (Cth)
• Work Health and Safety Act 2012 (Tas)

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