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# Meal Support in Educational Settings

Policy and Procedure

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# 1 Purpose

This Policy applies to all Department for Education, Children and Young People (DECYP) staff who work with students who have meal support needs. Many of these students have increased health and safety risks, including choking, malnutrition and constipation. These all have the potential to be serious or life-threatening.

This Policy aims to ensure that families and educational settings have sufficient information about dysphagia (swallowing difficulties), meal support needs and the associated risks and how to access appropriate services for students who experience it. It is also essential that school communities have the capacity to support students who have dysphagia and meal support needs and to provide a safe environment for these students.

## 2 Policy Statement

DECYP is committed to ensuring children and young people are known, safe, well and learning. This includes promoting safety at mealtimes for both students and the team that supports them in educational settings. Under the [Duty of Care for Students on Departmental Educational Sites Procedure](#) requirements, it is a collaborative responsibility to provide meal supports that respect students' dignity, comfort and safety, while minimising risk.

Speech and Language Pathologists (SLPs) are the primary consultants in assessing and supporting students with dysphagia in collaboration with other professionals and families. Consistent, ongoing and statewide information sessions will be provided for meal support and choking to ensure that educational staff have the appropriate level of skill and knowledge required to safely fulfil the requirements of their positions.

## 3 Roles and Responsibilities

### 3.1 Secretary and Deputy Secretaries

- Ensure the relevant Acts and Standards are adhered to, including but not limited to, [Disability Discrimination Act 1992](#), [Disability Standards for Education, 2005](#) and the [Personal Information Protection Act 2004](#).
- Ensure processes for the regular review and evaluation of this Policy/Procedure to ensure relevance.

### 3.2 Director Student Support, Student Support Leaders and Manager Professional Support Staff

- Ensure staff in all educational settings are familiar with and implement this Policy.
- Ensure that professional support staff are thoroughly familiar with this Policy and equipped to actively assist principals and educational staff in implementation and compliance.

### 3.3 Principals

- Ensure this Policy and Procedure are implemented and adhered to by all relevant staff at the educational setting.

- Follow the [Work Health and Safety Act \(2012\)](#) to maximise the safety of all staff involved in supporting the student in the educational setting follow the [Duty of Care for Students on Departmental Educational Sites Procedure](#) to manage individual student risk factors in the educational environment.
- Ensure that all staff who support the student have attended a Meal Support and Choking Information Session and are familiar with the student's Meal Support Plan. At least 2 staff members should regularly assist the student with their meal to maintain their skill level and reduce dependence on a single person.
- Ensure that at least 2 staff members in the educational setting are trained in Cardiopulmonary Resuscitation (CPR) by a Registered Training Authority (RTA).
- Ensure the educational setting has local emergency procedures in place for the student and that these are communicated to all staff.
- Ensure that a senior member of the teaching staff or the Support Teacher (in addition to the student's classroom teacher) is trained in meal support.
- Before commencing work with students who have a Meal Support Plan, staff must attend (as soon as practical) a meal support and choking information session facilitated by DECYP SLPs and school nurses.
- Ensure Meal Support Plans are readily available to relevant educational personnel for reference. Provide opportunities for classroom staff to review student Meal Support Plans and this Policy.
- Ensure teacher assistants who support students with their eating and drinking can access the [Meal Management Plan Allowance Form](#) (internal staff only).

### **3.4 Senior Staff and Support Teachers**

- Liaise with the student's SLP or Senior SLP to ensure Meal Support Plans are completed for individual students within the educational setting, when due for review.
- Facilitate collaboration between all key stakeholders (including parents/carers).
- Provide staff with opportunities to access required information sessions.
- Coordinate the sourcing of equipment (eg cutlery, bowls, seating) as required, in conjunction with the SLP and specialist staff (eg occupational therapist, medical specialist).
- Maintain a record of the speech and language pathology service provider for individual students with meal support needs (eg DECYP's SLP and/or external service provider).
- Support the educational team in reading and confirming their understanding of the Meal Support Plan. Gain the relevant signatures as stated on the Meal Support Plan to show they have read and understood the plan.
- If a plan is provided by an external SLP, follow the process for external Meal Support Plans (see section 7 Attachment 1).
- Maintain a list of Meal Support Plan renewal dates.

### 3.5 Teachers

- If concerns are identified about a student's eating and drinking, make a referral to the SLP, or Senior SLP. If there is no SLP allocation for the educational setting, contact the Senior SLP team, who will organise a Meal Support Plan as appropriate.
- Follow student Meal Support Plans in accordance with this Policy.
- Ensure the Meal Support Plan is readily accessible to relevant staff in the classroom.
- When changes in the student's eating and drinking are observed or signs of aspiration or instances of choking, contact the student's SLP as soon as possible.
- Share any information from the parent/carer regarding changes in skills or needs (eg change in medications, constipation, weight gain or loss, chest infections, choking incidents, etc.) with the SLP.
- Attend a DECYP meal support and choking information session. It is mandatory to attend an information session before supporting students who have a Meal Support Plan. Staff may choose to attend a session again if needed.
- Attend CPR training, if required, through an RTA.
- Conduct food and fluid testing according to the [International Dysphagia Diet Standardisation Initiative \(IDDSI\) Framework](#) when uncertain about the compliance of a student's food/fluid with their recommended diet texture and fluid thickness level.
- Teachers have an overall duty of care for students in their class who have a Meal Support Plan and must ensure that they are supported at meal times by a staff member who has attended an information session on meal support and choking.
- Ensure teacher assistants have read students' Meal Support Plans before directing them to provide mealtime supports.
- Read and sign student's Meal Support Plans.

### 3.6 Teacher Assistants

- Follow student Meal Support Plans in accordance with this Policy.
- Ensure the use and maintenance of equipment as outlined in the Meal Support Plan.
- Attend a DECYP meal support and choking information session.
- Attend CPR training, if required, through an RTA.
- Conduct food and fluid testing according to the [IDDSI Framework](#) 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 educational setting's emergency procedures for individual students.
- When changes in the student's eating and drinking are observed, inform the student's teacher as soon as possible.

### 3.7 Parents/Carers/Guardians

- Contribute to their child's Meal Support Plan when possible.

- Provide any relevant health information from other service providers that relates to or impacts students with meal support needs in educational settings.
- Understand that DECYP has a duty of care for their child while in an educational setting. This includes the need to follow the Meal Support Plans written for their child. Provide food and equipment for the student at the educational setting as described in the Meal Support Plan.
- Share any concerns about the student's eating and drinking and/or meal support with the teacher, principal and/or SLP.
- Communicate any changes in medications, weight, dehydration, constipation, or presence of chest infections/pneumonia.
- Read and sign their child's Meal Support Plan and return to the educational setting.

### **3.8 DECYP Senior Speech and Language Pathologists**

- Ensure that DECYP SLPs are aware of this Policy and associated meal support guidelines.
- Ensure that principals are familiar with this Policy to support its application in educational settings.
- Ensure that DECYP SLPs are supported in this specialised area.
- Provide access to resources, training, supervision and mentoring to enable SLPs to assess and support students with meal support needs.
- Identify teams to deliver meal support and choking information sessions, and facilitate their organisation at least annually within their Learning Service.
- Ensure that SLPs identified to facilitate meal support and choking information sessions receive additional professional learning in these areas.
- In educational settings where there is no SLP allocation, assign a SLP to assess any student referred with eating and drinking concerns and write a Meal Support Plan as appropriate.

### **3.9 DECYP Speech and Language Pathologists**

- Conduct assessments for students who have been referred with suspected meal support needs.
- Make texture recommendations in accordance with the [IDDSI Framework](#).
- Develop Meal Support Plans for individual students in educational settings, taking into account their risk factors and recommending ways to minimise them.
- Be familiar with the different types of Meal Support Plans, including full Meal Support Plans, minimal Meal Support Plans, and nil-by-mouth plans.
- Collaborate with all stakeholders.
- Clearly document all actions and information related to clinical decision-making.
- Write an additional case note and include documentation in the Meal Support Plan that details any clinically reasonable exception that differs from the IDDSI Framework.
- Communicate recommendations to parents and relevant staff via the Meal Support Plan and other means as required.
- Provide individualised training where specific risk support strategies have been identified for a student to all relevant team members, including parents.

- Provide meal support and choking information sessions and provide certificates for attendees to enable teacher assistants to access the meal management plan allowance.
- Respond to any requests to review the Meal Support Plan as soon as practicable.
- Ensure familiarity with DECYP's Meal Support in Educational Settings Policy and Procedure and facilitate its application in educational settings.
- Are mindful of cultural and linguistic diversity and how this may impact meal support.
- Speech and language pathologists should practice professionally within the scope of their level of education, training and expertise [Speech Pathology Australia Code of Ethics 2020](#).

### 3.10 School Health Nurse Team

- School health nurse managers ensure this Policy and associated guidelines are implemented and adhered to by all educational staff.
- School Health Nurses attend meal support training once, then as needed, to assist in facilitating the choking information session.
- All staff within the School Health Nurse Team should:
  - Maintain knowledge of current choking management practices.
  - Ensure CPR qualification is current.
- Co-deliver the choking information portion of the meal support and choking information session with a SLP, as scheduled throughout the year.

## 4 Process

The Meal Support in Educational Settings Policy and Procedure, including general information regarding dysphagia and meal support, will be available to DECYP staff and other members of the school community via the DECYP website.

When meal support concerns are identified, a referral to a DECYP SLP should be made to ensure appropriate meal supports are provided in the educational environment.

Meal support strategies are used to reduce the student's risk when eating and drinking, while maximising their comfort, safety and dignity.

To make a referral for SLP please use the [Speech and Language Pathology Services Referral Form](#). (Please see 7.2 When to Refer)

All students with meal support needs must have a current Meal Support Plan completed by a SLP, in consultation with parents and other professionals as appropriate. The plan is to be reviewed annually or as specified.

DECYP SLPs must write Meal Support Plans in accordance with the [IDDSI Framework](#) and in line with medical advice as applicable.

There may be instances where a student has a Meal Support Plan written by an external SLP.

Support Teachers are trained by DECYP SLPs to use the [Meal Support Plans in Schools Checklist](#) to determine whether an external Meal Support Plan is appropriate for the educational context.

If this plan is appropriate for the educational context, it may be used to support the student, in consultation with the DECYP Speech Pathology team as per the process outlined below.

Support Teachers are responsible for alerting DECYP SLPs/senior SLPs if a student has a choking incident or chest infections/pneumonia, regardless of whether or not the student is receiving an active SLP service

All students with Meal Support Plans must have an alert placed in the Student Support System (SSS) and a Meal Support Plan uploaded to SSS.

DECYP SLPs facilitate statewide meal support and choking information sessions for relevant staff (including Support Teachers) at least annually in each region.

It is mandatory for staff to complete either an information session or the approved online training (with any required supplementary face-to-face training) before supporting students who have a Meal Support Plan.

If staff cannot attend an information session immediately, SLPs may provide brief, student-specific training as soon as practical; however, staff must complete the full training at the earliest opportunity.

Standardised information sessions for meal support and choking are delivered to ensure consistency of training across the state.

Individualised training will be provided by the SLP where highly specific strategies are required to support a student.

All educational staff who support students with a Meal Support Plan are required to attend one initial meal support and choking information session. In addition, a minimum of 2 people in each educational setting must have CPR training from an RTA, according to Work Health and Safety guidelines.

## 5 Related policies

- [NDIS Providers in Schools Policy and Procedure](#)
- [Conduct and Behaviour Standards for NDIS Providers in Schools](#)

## 6 Related procedures

- [Duty of Care for Students on Departmental Educational Sites Procedure](#)

## 7 Supporting information/tools

### **Dysphagia and Meal Support Needs**

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

- Central nervous system conditions (eg genetic syndromes, cerebral palsy, traumatic brain injury).
- Intellectual developmental disorder.
- Neuromuscular conditions (eg muscular dystrophy).

- Anatomic differences (eg cleft palate).

Meal support needs may include additional sensory processing difficulties (eg food texture hypersensitivity) and unsafe meal behaviours (eg overfilling their mouth during meals).

### **When to Refer**

A student should be referred to a SLP if:

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

### **Signs and Symptoms of Dysphagia**

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

- Changes in eating patterns (eg 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 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 or poor control of the muscles of the face, mouth or tongue (eg low muscle tone) or poor sensation of the face, oral or throat musculature (eg may present as overfilling the mouth with food).
- Becoming drowsy or fatigued during a meal.
- Raised temperature associated with recurrent chest infections.
- Weight loss and/or dehydration/constipation.
- Vomiting.
- 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 the mouth.
- Pocketing food in the cheeks or palate.
- Multiple swallows are required to clear food or drink.

## **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 mucous enters the airway without total obstruction. Signs of aspiration include coughing, gagging, sneezing, watering eyes, 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 receive sufficient 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:** a condition characterised by infrequent, difficult, or incomplete bowel movements, often involving hard or dry stools. It may progress to bowel impaction, a serious condition in which hardened stool becomes lodged in the rectum or colon and requires medical intervention to resolve.

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 and/or depression.

## **Meal Support Strategies**

Meal support strategies are recommendations made by Speech and Language Pathologists (together with other professionals where appropriate). These strategies reduce the risks associated with dysphagia.

They ensure that plans are in place to support the student at mealtimes and to assist them in eating and drinking. Assessments and recommendations are made specifically for each student, according to the presentation of their dysphagia (and will be monitored and reviewed as appropriate pending the student's abilities).

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

- Ensuring supervision at mealtimes by support personnel who have had appropriate training.
- Procedures for dealing with an emergency.
- Setting up an appropriate environment for mealtimes.
- Positioning, posture and seating for the student and support person.
- Equipment (such as specialised cups and utensils, tray tables, grab rails, arm splints, footrests).
- Texture modification of food & fluid (see [IDDSI website](#) for international standardised terminology and definitions for Texture Modified Foods and Fluids).

## Meal Support Plans

A Meal Support Plan is a document written by a speech language pathologist that outlines assessment findings and describes the presentation of dysphagia and associated difficulties. Meal Support Plans give recommendations about how to best support the student at mealtimes, including risk support strategies.

There are different types of Meal Support Plans, including a full, minimal Meal Support Plan and a nil by mouth plan.

Every child who has dysphagia and/or meal support needs should have a current Meal Support Plan, which should be uploaded to the Student Support System (SSS).

All people supporting the student must have a thorough knowledge of the information contained in the plan. Meal Support Plans must be kept with other information about the student within the educational setting and be easily accessible to all relevant support personnel (eg, as a hard copy in the classroom where staff can readily access it).

## Supporting Tools

- [Meal Management Plan Allowance Form](#)
- [International Dysphagia Diet Standardisation Initiative \(IDDSI\) Framework](#)
- [Speech and Language Pathology Services Referral Form](#)
- [Meal Support Plans in Schools Checklist](#)
- [External-Meal-Support-Plan-Flowchart.pdf](#)

# 8 Definitions

## Cardiopulmonary Resuscitation (CPR)

An emergency lifesaving procedure performed when a person's heart or breathing has stopped. It involves the application of chest compressions, with or without rescue breaths, to maintain circulatory flow and oxygenation until advanced medical support becomes available.

## DECYP

The Department for Education, Children and Young People (DECYP) is a Tasmanian Government department responsible for public education, child and family services, child safety and out-of-home care, youth justice services, libraries, and state archives.

## Dysphagia

Dysphagia refers to difficulty or inability to swallow. Dysphagia can arise from a wide range of neurological, structural, psychological and behavioural causes.

## International Dysphagia Diet Standardisation Initiative (IDDSI)

A global framework that provides standardised terminology and definitions for texture-modified foods and thickened liquids used in the management of dysphagia. The IDDSI framework aims to improve safety, consistency, and communication across healthcare settings by providing internationally agreed-upon levels for food textures and drink thickness.

### **Meal Support Strategies**

Meal support strategies are recommendations made by speech and language pathologists (together with other professionals where appropriate). These strategies reduce the risks associated with dysphagia.

### **Meal Support Plans**

A Meal Support Plan is a document written by a speech and language pathologist that outlines assessment findings and describes the presentation of dysphagia and associated difficulties. Meal Support Plans give recommendations about how to best support the student at mealtimes, including risk support strategies.

### **Registered Training Authority (RTA)**

An accredited education and training provider approved to deliver nationally recognised vocational education and training.

### **Speech and Language Pathologist (SLP)**

A qualified healthcare professional who assesses, diagnoses, and treats communication and swallowing disorders. Their scope of practice includes speech, language, voice, fluency, social communication, and dysphagia management.

### **Student Support System (SSS)**

A reporting and data entry system designed as an electronic file for all student supports. Information is visible to all teachers in the school in which the student is enrolled.

## **9 Legislation**

- [Disability Discrimination Act, 1992 \(DDA\)](#)
- [Disability Standards for Education, 2005 \(DSE\)](#)
- [Work Health and Safety Act 2012](#)
- [Personal Information Protection Act 2004](#)

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