



rehabilitation
support services

Mealtime Management & Food Safety Policy and Procedure

Purpose and scope

Rehabilitation Support Services is committed to providing a safe environment in which supports are provided to Participants and ensuring that all Participants can enjoy their meals in a safe way. This policy and procedure aligns with the NDIS Practice Standards and Quality Indicators, Provision of Supports, 4.4 Mealtimes Management standard. This policy and procedure applies to all employees, Participants, their families, key supporters, and contractors who engage with Rehabilitation Support Services (RSS).

1.0 Definitions

Mealtimes management plan: A Mealtimes Management Plan (MMP) is a plan which prescribes specific support recommendations for the person to eat and drink in a safe and nutritious way.

Speech pathologist: Speech pathologists are university educated allied health professionals with expertise in the assessment and treatment of communication and/or swallowing difficulties.

2.0 Policy and procedure

If a Participant requires a mealtimes management plan it will be identified during the intake and onboarding process for new Participants or after an incident and review by a Speech Pathologist or by their Coordinator after an incident. A mealtimes management plan is recommended when a person has trouble swallowing. Any identified Participant will have a Mealtimes Support Plan to suit their circumstances. RSS collaborates with the Participant's speech pathologist and other relevant practitioners to implement a mealtimes management plan that includes:

- a) undertaking comprehensive assessments of their nutrition and swallowing; and
- b) assessing their seating and positioning requirements for eating and drinking; and
- c) providing mealtimes management plans which outline their mealtimes management needs, including swallowing, eating, and drinking; and
- d) reviewing assessments and plans annually or following the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.

Mealtimes management plans are incorporated into the Participant's Support Plan and all Support Workers are trained in the requirements of the individual plan.

A mealtimes management plan will incorporate the following information, details, and practices.

All Participants have the right to Dignity of Risk and to refuse to comply with their Mealtimes Management Plan requirements. If this occurs please call through to the office so we can assist you with supporting the Participant.

2.1 Support worker training

- Support Worker training of mealtime management needs of the participant to ensure:
 - their capabilities to deliver support and
 - stay alert to ensure safe eating and drinking
 - steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.
 - preparing and providing safe meals with participants that would reasonably be expected to be enjoyable
 - proactively managing emerging and chronic health risks related to mealtime difficulties, including seeking help to manage such risks.
- Provide Access to online NDS / Etrainu – Supporting Safe & Enjoyable meals module.
- Mealtime management plans are incorporated into the Participant’s Support Plan along with being a stand-alone document for the Support Worker’s to read.

4.2 Planning mealtime management plans

- Mealtime management plan planning includes:
 - nutritious meals provision that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by a Speech Therapist that are reflected in their mealtime management plan; and
 - proactively risks management if the participant has chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)
- providing the participant with information about the mealtime management plan and the consequences of not following this plan
- when the person should be assessed, monitored and reviewed by a speech pathologist for mealtime and swallowing safety and support needs
- whether the person should be supervised or assisted during mealtimes
- communication with the participant about supports during the plan implementation
- changing the foods offered to the person, such as foods and drinks that are easy to chew and swallow, or other food and drink modifications as recommended by a speech pathologist
- how the person is positioned during and after mealtimes
- the amount of food and pace of each mouthful during mealtimes

4.3 Mealtime provision

Staff are required to ensure the following:

- consider where the Participant wants to eat their meal
- establish a positive environment during mealtimes, for example, avoiding too much noise which can be distracting
- seek the Participant's input in exploring ways to enjoy their mealtime
- support the Participant to understand how to prepare or request preferred meals and to learn basic food safety
- store meals safely and as per health standards
- match the meals to the individual's plan
- follow the NRG Incident Management Policy and Procedure to report any signs of mealtime complications or difficulties.
- respond as per the Participant's Support Plan if there are any having problems eating and swallowing

4.4 Documentation

- complete documentation on implementation strategies and how they are functioning through identifying:
 - barriers and challenges
 - when supports are no longer required
 - strategies that are working
- regularly reviewing mealtime management plans, especially if there are ongoing issues with aspiration.

5.0 Food Preparation – practice guidelines

Food hygiene refers to the conditions and measures necessary to ensure food safety from production to consumption. Food hygiene measures are intended to prevent the hazards caused by cross contamination, biological contamination, and allergens.

Cross-contamination

Cross-contamination is when bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effects. Cross-contamination between raw and cooked food is the cause of most infections.

Biological hazards

Microbial hazards in food include bacteria such as salmonella, viruses such as Norovirus, and parasites such as trematodes (flukes) and prions (e.g. mad cow disease). Diarrhoeal diseases are the most

common illnesses resulting from consuming contaminated food, causing 550 million people to fall ill and 230,000 deaths globally every year (WHO).

Allergens

A food allergy is when the immune system reacts to a food substance (allergen), producing allergy antibodies (proteins in the immune system) that identify and react with foreign substances. An allergic reaction happens when a participant develops symptoms following exposure to an allergen. Symptoms may include hives, swelling of the lips, eyes or face, vomiting or a wheeze. The most common triggers are egg, cow's milk, peanut, tree nuts, sesame, soy, fish, shellfish, and wheat. Some food allergies can be severe, causing life-threatening reactions known as anaphylaxis. About two per cent of adults have food allergies.

Principles

The key elements of food hygiene are:

- Personal hygiene: This includes handwashing, protective clothing, illness procedures, and other duties (e.g. avoiding smoking).
- Cross-contamination: includes preventing bacterial, physical, chemical, and allergenic contamination, particularly by having appropriate equipment (such as separate cutting boards).
- Cleaning procedures: Thoroughly clean the kitchen, equipment, and kitchenware (including plates and cutlery).
- Allergen control: All providers must clearly explain which foods contain allergenic products and prevent allergens from cross-contaminating other food.
- Safe food storage: This includes storage locations and containers, using a first in, first out system, appropriate labelling and temperature control.
- Cooking temperatures: Providers must ensure they cook and hold food at appropriate temperatures to prevent bacterial risks

Mealtime support plan

Dietary requirements, including allergies, will be documented in the Participant's Mealtime Support plan. Ensure you check the support plan for any known allergies.

Participants with food allergies

Check the Participant's Support Plan for any known food allergies. It can be valuable to check again with the Participant and their family. Foods that may cause an allergic reaction are called allergens, and even a tiny amount of an allergen can cause a reaction. If the Participant lives alone, it can be possible to eliminate all food allergens from home by carefully reading labels on packaging and taking necessary precautions during cooking. If the Participant does not choose to eliminate all food allergens from home, or you are preparing food in an environment away from home (where there is a

potential for allergens to come into contact with the allergic participant's food), the following steps should be taken:

- Read all labels on cans, jars and packaging.
- Label foods as "safe" or "not safe" (perhaps using red/green stickers).
- Designate particular shelves for 'safe' foods rather than putting similar foods next to each other.
- Avoid contamination by:
 - washing hands
 - not allowing allergen-covered utensils to touch "safe" foods or confine all eating to limited areas, e.g. kitchen or dining areas
 - use different utensils to prepare non-allergenic and allergenic dishes or wash foods or place in sink/dishwasher immediately after use
 - clean grills; use foil to protect the surface when cooking or clean all surfaces after preparing food
 - clean countertops before preparing food

General food preparation

- Minimise the time that potentially hazardous food is kept within the temperature danger zone of between 5 degrees and 60 degrees (maximum two hours).
- Clean, sanitise and dry all food contact surfaces, utensils, chopping boards and equipment after preparing food.
- Store raw and cooked food separately.
- Wash all fruits and vegetables to remove contamination.
- Use single-use or disposable cloths where possible.
- If multi-use cloths are used, they will be cleaned and sanitised after each task.

Cleaning and sanitation

- Clean all food preparation areas with an anti-bacterial solution and paper towel.
- Thoroughly wash glasses, cutlery, crockery and utensils with hot water and detergent.

Utensils

- Saucepans, bowls, plates, etc., must be clean
- Utensils should be durable, washable, unchipped and uncracked.
- Use microwave-safe containers in microwaves.

Cutting boards

- Allocate and label separate plastic boards for preparing cooked or raw foods.
- After use, scrape boards and wash in hot, soapy water; use a sanitiser.
- If using a wooden board, wash in hot soapy water, smear with salt and then wash again before using.

Food handling

- Tongs, spoons, and forks should be used for handling food, in preference to gloved hands
- Separate tongs should be used for serving raw foods and cooked foods.
- Use gloves to handle food if no tongs are available.
- Wash and dry hands thoroughly.
- Hair must be tied back
- Stop clothes, jewellery or a phone from touching food or surfaces (e.g. tie hair back, remove loose jewellery and rings, cover open sores).
- Wear clean clothing and apron if possible.
- Do not eat, spit, smoke, sneeze, blow or cough over food or surfaces that touch food
- Inform your Allocations Coordinator if sick or unwell, or food has been contaminated.

Washing hands properly

- Use the sink provided just for handwashing.
- Wet hands under warm, running water.
- Lather hands with soap.
- Thoroughly scrub fingers, palms, wrists, back of hands, and under nails for approximately 20 seconds.
- Rinse hands under warm, running water.
- Turn off taps using a paper towel or elbow.
- Thoroughly dry hands with a single-use towel.

When to wash hands

- Before handling food, or if returning to handle food after completing other tasks.
- Before working with ready-to-eat food.
- After handling raw food.
- After using the toilet.
- After smoking, coughing, sneezing, using a handkerchief or tissue.
- After eating or drinking.
- After touching the face, hair, scalp, nose, etc.

- After doing anything else that could dirty their hands, e.g. handling garbage, touching animals or children, or completing cleaning duties.

Freezing, defrosting, and reheating food

Frozen foods must be maintained below -17°C . To maintain the integrity of frozen food, the freezer requires:

- regular defrosting
- never to be overloaded
- cabinet doors to be shut when not in use
- regular checking of temperature.

Our workers observe the following rules:

- store delivered frozen foods immediately in the freezer
- rotate older goods to the top/front of the freezer
- expel air and reseal bulk frozen foods, review the use-by date and return promptly to the freezer if still within the use-by date
- store frozen solid any potentially hazardous foods, and never partially thaw.
- inspect potentially hazardous food daily to ensure it remains frozen
- wrap or cover food, store in food-grade containers which allow for proper air circulation
- keep the storage area in a clean condition
- check daily to ensure food is protected from contamination, stored in food-grade containers, and has free air circulation.

Defrosting

- Defrost all foods in a refrigerator at or below 5° , or rapidly defrost them in a microwave oven using the defrost setting.
- When using microwaves, thaw food at medium/low defrost.
- Use correct microwave procedures, such as:
 - alter the position of food pieces during thawing
 - ensure potentially hazardous food is properly thawed
 - only use microwave-approved materials
 - cook all meat immediately after thawing.
- Never refreeze food after thawing or keep and reheat hot foods left from the day before.

Reheating

- Reheat food immediately before use, where possible.
- Heat food from a refrigerator to above 60°C as quickly as possible.
- Use a meat probe thermometer, if available, to check internal temperatures
- Slow cooking, as in a crockpot, can be dangerous and is not recommended
- Never reheat a precooked product more than once.
- Boil eggs for 10 minutes and then place in cold water for five minutes.

6.0 Food storage

General storage requirements

- Check packaging and labels are in good condition and "use by" dates are current.
- Check labels for special storage instructions.
- Unpack frozen or cool-type foods and place them in the fridge immediately.
- Store food in a cool, dry area in food-grade containers with tight-fitting lids and date-mark.
- Store chemicals in a separate area so as not to contaminate food.
- Store food off the floor (e.g. at a minimum height of 15 centimetres) to allow easy cleaning.

Dry goods storage

Dry good storage areas must:

- Be fly proof and vermin proof
- Be adequately ventilated
- Have properly fitting doors which seal completely
- Have the lowest shelf at least 30 centimetres from the floor
- Have containers made from food-grade materials with tight-fitting lids that are emptied and washed before refilling.

Refrigerated storage

All foods that require refrigeration must be stored below 5°C. Cooked and uncooked foods must be kept separate to prevent cross-contamination:

- Store raw meats below cooked, where they cannot drip onto cooked foods.
- Store dairy products in their original packaging.
- Reseal opened cheeses or store them in airtight containers.
- Recap and refrigerate after opening products sold in jars (e.g. mayonnaise, pickles, etc.)
- Store food according to the manufacturer's instructions.
- Use food within its date marking and on a stock rotation basis.
- Cover food products with plastic or store them in food-grade containers.
- Keep the storage area clean.
- Use insulated thermal bags when grocery shopping with participants, and there is likely to be a delay in returning foods to a refrigerator.
- Clean and sanitise refrigerators weekly.

Transporting food and delivery of meals

- No animals or chemicals are to be carried in the same area of a vehicle while food is being transported
- Keep food transport containers/eskies in a clean and sanitary condition
- keep food transport vehicles in clean condition
- keep all meals under appropriate temperature control to prevent the growth of food poisoning bacteria and the production of toxins
- delivered food or meals within a minimal period
- do not deliver food or meals damaged during transportation
- store any meals or food damaged during transportation separately from undamaged food or meals in the transport vehicle
- deliver food or meals directly to the client and do not leave unattended
- return or discard all left-over meals and never leave in eskies at the participant's home.

Pest control

Report to Allocations Coordinator if there is any need for:

- pest control
- fly screens
- airtight garbage bins.

7.0 Practice Guidelines – Choking

Definition

Choking occurs when something gets stuck in the back of the throat and blocks the airway. When the airway has been partially blocked, the participant can usually cough and still make noises. When it is blocked, the participant cannot make any sound.

Causes

As Participants disability needs change or through age, their swallowing function can deteriorate, and their teeth can be weak or absent. There is a loss of muscle strength in the mouth and throat; this slows the swallowing process and makes it difficult for some aged persons to swallow hard or dry solid foods. The surfaces in the mouth and throat are also less moist.

The following factors may increase the risk of choking:

- eating or drinking too quickly
- swallowing food before it is properly chewed
- swallowing small bones or small objects
- inhaling small objects.

Common food choking hazards Foods that present a choking hazard include:

- lollies
- raw peas

- meat, including chicken and fish (especially with bones)
- nuts
- raw carrot
- raw apple
- fruit pips and stones
- water and thin fluids - thickening agents can be added to make water more viscous.
- bread
- dairy foods.

Prevention strategies

- Follow any dietary plan as outlined in the Meal Support Plan.
- Please do not rush the participant to eat their meal.
- Keep noise and activities in the environment to a minimum.
- Do not encourage the participant to drink fluids while eating.
- Do not encourage talking while the participant is eating, as the epiglottis (the hinge-like flap at the base of the tongue that keeps food from entering your windpipe) does not know whether to open or close as it cannot register whether food or air is entering.
- Do not let the participant eat lying down.
- Always peel fruit (e.g. apples, pears) before serving to a participant.

If a participant is choking

- Firstly, check if they can cough. Encourage the participant, as people can often clear blockages themselves.
- If they cannot cough, bend them forward, supporting their chest with one hand, and use the flat of your other hand to give a firm back blow between the shoulder blades.
- Check to see if the blockage has cleared before giving another blow.

Observe, record, and report

It is essential that staff:

- are alert to any changes in the participant's condition and signs of issues in swallowing
- act quickly in passing on this information to a supervisor or clinical manager, and in the handover documentation
- call 000 in emergency
- in the event of a serious incident, follow the Reportable Incident, Accident and Emergency Policy and Procedure

8.0 Related Documents

- Participant Support Plan
- Incident Management Policy and Procedure

9.0 References

NDIS Code of Conduct Rules 2018

NDIS Practice Standards and Quality Indicators 2021

NDIS Workforce Capability Framework

National Disability Insurance Scheme Act 2013 (the Act)

Food Act 2008 (WA)

United Nations Convention on the Rights of Persons with Disabilities

Authorised

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