

Mealtime Management Policy and Procedure

1.0 Purpose

The purpose of this policy is to ensure that participants who require mealtime management are supported in a safe, respectful, and person-centred manner. Mealtimes should be enjoyable and inclusive experiences, tailored to each participant's preferences, dietary requirements, cultural background, and health needs.

This policy supports the provision of meals that are appropriate in texture and nutritional value, delivered in a way that reduces the risk of harm and promotes dignity, autonomy, and comfort. It also ensures that staff understand and follow safe practices to minimise the risk of choking, aspiration, or other mealtime-related incidents.

2.0 Scope

The policy applies to all staff supporting participants who require mealtime management.

3.0 Policy

SilaCa Tasmania Pty Ltd is committed to supporting participants requiring mealtime management in a way that promotes dignity, safety, and choice. All support provided must align with the NDIS Practice Standards, the NDIS Code of Conduct, and relevant clinical advice.

Each participant requiring mealtime management will have a Mealtime Support Plan, developed in consultation with the participant and their representative where appropriate. Plans are created collaboratively with qualified professionals such as speech pathologists, dietitians, occupational therapists, or general practitioners. These plans will include:

- an assessment of nutrition and swallowing ability.
- guidance on food texture and fluid consistency.
- details on safe eating and drinking positions.
- behavioural, cultural, or communication considerations.
- training needs for staff.

Staff must follow the Mealtime Support Plan exactly as written and complete relevant training in safe mealtime practices and choking prevention. Plans must be reviewed annually or earlier if there is a change in the participant's condition or if an incident occurs.

Any choking, aspiration, or mealtime-related incidents must be responded to in line with first aid procedures and reported through the Incident Management System, in accordance with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Participants will be encouraged to participate in planning their meals and mealtime routines where possible. Their choices and cultural preferences will be respected, and any concerns about safety or wellbeing must be reported and addressed promptly by the Manager in collaboration with the participant's healthcare team.

4.0 Procedure

A mealtime management plan is recommended when a person has trouble swallowing. A mealtime management plan will incorporate the following information, details and practices.

All staff involved in mealtime support must complete:

- Mealtime management and dysphagia training (informed by Speech Pathology best practices).
- Annual refresher training on mealtime risks and participant-specific plans.
- Training on supporting participant choice, cultural considerations, and dignity in mealtime management. Staff competency will be assessed annually and documented in training records.

4.1 Staff training

- staff 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
- Mealtime management plans are accessible to staff providing these services

4.2 Planning mealtime management plans

- Mealtime management plans planning include:
 - 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
- Mealtime Support Plans must include:
 - Consent from the participant or their guardian (documented)
 - Speech Pathologist assessment and recommendations
 - Consideration of cultural, religious, and personal food preferences
 - Identification of choking, aspiration, or other mealtime risks, and risk mitigation strategies
 - Seating and positioning guidance from an Occupational Therapist where relevant
 - Clear escalation and emergency instructions, including when to call an ambulance
 - Regular review and update triggers, including any change in health, medications (especially psychotropics), or weight
 - Clear communication to participants about their rights to make informed decisions regarding their mealtime plan and the consequences of not following recommendations

4.3 Mealtime provision

Staff are required to ensure the following:

- consider who the participant wants to share their meal with (sitting with them)
- establish a positive environment during mealtimes, for example, avoiding a noisy environment which can be distracting
- seek the participant's input in exploring ways to enjoy their mealtime
- support the participant in understanding how to prepare or request preferred meals and learning basic food safety
- store meals safely and as per health standards
- label each meal to allow differentiation between participants
- match the meals to the individual's plan
- who to report any signs of complications or difficulties
- Respond as per the Mealtime Support Plan if you are having problems eating and swallowing

Staff must also ensure:

- Mealtime environments are calm, supportive, and respectful of participant preferences.
- Continuous observation of participants during meals for signs of distress (e.g., coughing, choking, fatigue).
- Immediate response to choking incidents per First Aid/ CPR training.
- Clear labelling of food and fluid texture modifications per participant plans.
- Collaboration with participants to promote choice and enjoyment in meals.
- Prompt reporting of any difficulties or adverse events to the Manager.

4.4 Documentation

- complete documentation on implementation strategies and how they are functioning by identifying the following:
 - barriers and challenges
 - when supports are no longer required
 - strategies that are working
- Staff must document:
 - All supports provided during mealtime. Any adverse events or difficulties (e.g., coughing, choking).
 - Changes in participant health or swallowing ability.
 - Outcomes of mealtime reviews and interdisciplinary meetings.
 - All choking incidents must be reported as incidents under NDIS Reportable Incident Rules if they result in serious injury or medical intervention.
 - Mealtime plans must be reviewed promptly following any incident, change in participant health, or new clinical recommendations.
- regularly reviewing mealtime management plans, especially if there are ongoing issues with aspiration.

5.0 Related Documents

- Support Plan
- Easy Read - Planning With You
- Mealtime Support Plan
- Practice Guidelines – Choking
- Practice Guidelines – Food Preparation
- Practice Guidelines – Textured Food Preparation
- Reportable Incident, Accident and Emergency Policy and Procedure
- Violence, Harm, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure
- Participant Safeguarding Policy
- Consent Policy and Procedure
- Independence and Informed Choice Decision-Making Policy and Procedure
- NDIS Worker Screening and Risk Assessed Roles Policy and Procedure

6.0 References

- NDIS Code of Conduct Rules 2018
- NDIS Practice Standards and Quality Indicators 2021
- NDIS Workforce Capability Framework
- United Nations Convention on the Rights of Persons with Disabilities
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Speech Pathology Australia – Dysphagia and Mealtime Management Best Practice Guidelines
- Dietitians Australia: Nutrition and Mealtime Management in Disability
- Safe Work Australia: Guide to Preventing Choking in Disability Services

Practice Guidelines - Food Preparation

Food hygiene must comply with the Australia New Zealand Food Standards Code, NDIS Practice Standards, and relevant local/state health legislation. All food prepared for participants must align with individual mealtime management and allergy risk management plans.

Definition

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.

All participant allergies must be documented in the participant's Mealtime Support Plan. Staff must follow documented Anaphylaxis Action Plans and notify supervisors immediately if there are concerns about exposure to allergens or signs of allergic reactions.

Principles

These food hygiene principles are part of our safeguarding framework to protect participants' health and well-being, aligned with NDIS Practice Standards. All staff preparing or serving food must hold current food safety training and participate in annual refresher training on infection control and allergen management.

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.

All meals must be prepared in accordance with each participant's Mealtime Support Plan, including texture modifications, choking prevention guidelines, and allergy management. Participants' choices, preferences, and cultural/religious dietary needs must be respected. Any observed changes in a participant's ability to eat or swallow must be immediately reported as a potential incident.

Participants with food allergies

Check the participant's 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 at 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
 - confine all eating to limited areas, e.g. kitchen or dining areas
 - use different utensils to prepare non-allergenic and allergenic dishes
 - wash foods or place in sink/dishwasher immediately after use
 - clean grills; use foil to protect the surface when cooking
 - clean all surfaces after preparing food
 - clean countertops before preparing food

Staff must ensure they are familiar with each participant's allergy action plan. In cases of suspected exposure to allergens or symptoms of allergic reaction (e.g., swelling, difficulty breathing), staff must immediately:

1. Call 000 (emergency services).
2. Administer an EpiPen (if required and trained to do so).
3. Follow the participant's Anaphylaxis or Emergency Plan.
4. Report as an incident under the Incident Management Policy and NDIS (Incident Management and Reportable Incidents) Rules 2018.
5. All foods stored in shared environments must be clearly labelled to prevent cross-contamination, including allergen risk signage.

General food preparation

All food preparation areas must comply with infection control guidelines, including COVID-19 risk minimisation strategies as per national standards.

- Minimise the cumulative time that potentially hazardous food is kept within the temperature danger zone (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 cleaned and sanitised.
- 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 Preparation

- 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, and a hairnet used.
- 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 aprons.
- Do not eat, spit, smoke, sneeze, blow or cough over food or surfaces that touch food.
- Inform the supervisor if sick or unwell or if 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.

When to wear gloves

Gloves are not a substitute for handwashing.

- Wear neatly fitting disposable gloves at all times.
- Wear fresh gloves when alternating between handling raw foods and cooked foods.
- Discard gloves after each use.
- Wear gloves during cleaning up to protect hands from food contamination.
- Staff must always wash hands thoroughly before and after glove use.

Freezing, defrosting and reheating food

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

- 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 solids and 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 defrosts.
- 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 pre-cooked product more than once.
- Boil eggs for 10 minutes and then place in cold water for five minutes.

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

Staff must monitor and record the temperature of food during transport to ensure it remains within safe limits (e.g., cold foods $\leq 5^{\circ}\text{C}$, hot foods $\geq 60^{\circ}\text{C}$). Records must be retained for audit purposes. Thermal bags or eskies must be used, and staff must ensure meals are not left unattended. Delivered meals must be checked for damage and contamination, and participants should be informed of storage and reheating requirements.

- no animals or chemicals are to be carried in the 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 them in eskies at the participant's home

Storage

All stored food must be clearly labelled with the participant's name, contents, preparation date, and expiry date. A First-In, First-Out (FIFO) system must be used for all food items to prevent expired food use. Storage areas must be monitored and recorded to ensure appropriate temperatures and hygiene are maintained.

Pest control

Staff must report any pest control issues, including flies, cockroaches, or rodents, immediately to management to safeguard the participant's environment. Smoking is prohibited in all food preparation and participant areas in line with Work Health and Safety standards and out of respect for participant dignity and safety.

Report to the supervisor any evidence of the need for:

- pest control
- fly screens
- airtight garbage bins

Smoking

Smoking is not permitted in any food preparation area or the participant's home while workers are present.

Staff Training and Competency

All staff involved in food preparation, preparation, and delivery must:

- Hold Food Safety Training Certificate
- Complete annual refresher training in food safety, allergen management, and choking prevention
- Be trained in infection control measures, including hand hygiene and PPE use, aligned with post-COVID-19 standards
- Participate in competency checks and observations during mealtime support to ensure ongoing adherence to mealtime management plans

References

- NDIS Practice Standards and Quality Indicators (2021)
- Food Standards Australia New Zealand (FSANZ) – Food Standards Code
- NSW Food Authority Guidelines – Food Safety Supervisors and Safe Food Handling
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- Speech Pathology Australia – Mealtime Management Guidelines
- NDIS Code of Conduct Rules 2018

Practice Guidelines - Choking

Choking risk management must align with the NDIS Practice Standards and NDIS Code of Conduct, ensuring participants are supported safely and competently. These guidelines apply to all staff providing mealtime or daily living supports.

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 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

All identified risks of choking must be documented in the participant's Mealtime Support Plan, which must be developed with input from speech pathologists or other relevant health professionals, and regularly reviewed. Staff must follow these plans to ensure individual needs are met.

Common food choking hazards

Foods that are choking hazards must not be provided to participants unless they are included in their approved Mealtime Support Plan. The plan must specify if these foods are to be modified (e.g., minced, pureed, or thickened fluids), and all staff must strictly follow these directions.

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

Choking prevention strategies must be applied as part of the participant's Mealtime Support Plan, respecting their preferences and dignity, while ensuring safety. Staff must:

- 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

If a participant is choking:

1. Immediately assess if the participant can cough. If they can cough, encourage continuous coughing to try to clear the airway.
2. If they cannot cough or are showing signs of severe distress (silent choking, blue lips, unable to breathe):
 - Call 000 immediately for emergency assistance.
 - If trained in first aid, commence back blows and abdominal thrusts (if safe and appropriate)
1. If the participant becomes unconscious, commence CPR if trained to do so.
2. Stay with the participant until emergency services arrive.
3. Document the incident clearly and report it as per our Reportable Incident, Accident and Emergency Policy and Procedure.

Note: Any choking incident that requires emergency medical attention, including calling an ambulance or hospitalisation, must be reported as a Reportable Incident to the NDIS Commission in line with the NDIS (Incident Management and Reportable Incidents) Rules 2018.

Observe, record, and report

Staff are responsible for:

- Observing and documenting any signs of swallowing difficulties or risks, including coughing, choking, or reluctance to eat.
- Reporting any concerns immediately to their supervisor and documenting in participant records and handovers.
- Following incident management procedures, including completing Incident Reports and notifying managers of serious incidents.
- Reviewing and updating participant Mealtime Support Plans with the clinical team as needed.
- If a choking event occurs, this must be reviewed through our Risk and Incident Management framework to identify any systemic issues and required training.

It is essential that staff:

- are alert to any changes in the participant's condition and signs of issues with 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

Staff Training and Competency

All staff who provide mealtime or daily living supports must be trained and assessed as competent in:

- Choking prevention strategies and mealtime support.
- Basic First Aid and CPR, including responding to choking incidents.
- NDIS Practice Standards requirements for mealtime management and risk management.
- Recognising signs of swallowing difficulties and when to escalate concerns.

Training must be updated annually and recorded in staff files. Any staff member who is unsure or has not completed training must not assist participants with eating or drinking until training is completed.

References

- NDIS Practice Standards and Quality Indicators 2021
- NDIS (Incident Management and Reportable Incidents) Rules 2018
- NDIS Code of Conduct Rules 2018
- Speech Pathology Australia – Mealtime Management and Swallowing Safety
- NSW Health Choking First Aid Guidelines
- Australian Resuscitation Council First Aid Guidelines

Practice Guidelines - Textured Food Preparation

This guideline ensures that texture-modified meals are safely prepared and provided to participants with chewing or swallowing difficulties (dysphagia), consistent with the participant's Mealtime Support Plan. It aligns with the NDIS Practice Standards, FSANZ standards, and International Dysphagia Diet Standardisation Initiative (IDDSI) Framework, to reduce choking risk and uphold the rights and dignity of NDIS participants. It supports providers in meeting obligations under the NDIS Code of Conduct, particularly ensuring safe, person-centred mealtime support.

The IDDSI Framework supports safe swallowing by standardising texture levels from thin liquids to pureed foods, helping reduce choking risk and ensuring consistency in care. All preparation must be documented, risk-assessed, and reviewed as part of the participant's support planning process.

All adverse events during meals (e.g. coughing, choking, refusal to eat) must be recorded and reported immediately to the Manager. All choking incidents must be managed in accordance with the organisation's Incident Management System. Where required, serious incidents must be reported to the NDIS Commission as a Reportable Incident.

Definition

Texture-modified meals are provided for participants with difficulty chewing and swallowing. Texture-modified foods may be thickened, minced or pureed. Due to the extra handling involved with the preparation of texture-modified foods, there is an increased potential for cross-contamination and cases of foodborne illness have been attributed to hygiene failure during this process

Cleaning and sanitising equipment

Our food safety program includes a procedure that outlines equipment dismantling, cleaning and sanitising. Equipment used to homogenise food usually requires complete disassembly to be fully clean. Contamination of blenders and mixers has been identified as a potential problem because they are difficult to clean. All cleaning and sanitising processes must comply with SilaCa Tasmania Pty Ltd's Infection Control Management Policy. This includes disassembling all blenders, processors, or utensils used for preparing texture-modified meals. All surfaces must be sanitised before and after each use.

Procedure for preparing texture-modified foods

Your procedure should include the following steps to ensure that texture-modified foods are produced safely:

- ⌘ Wash hands thoroughly with soap and warm water and dry thoroughly – clean gloves may be used as an additional barrier.
- ⌘ Texture-modified foods should be prepared according to the directions for using the thickening agent or recipe. Sometimes, a blender might be required to achieve a good mix.
- ⌘ Any equipment such as blenders and stab mixers should be dismantled to enable thorough and effective cleaning and sanitising.
- ⌘ To ensure liquids meet the prescribed thickness, staff should be trained to use IDDSI testing methods, such as the IDDSI Flow Test for liquids and the Fork Drip Test or Fork Pressure Test and Spoon Pressure Test for foods.
- ⌘ Check the textured food matches the meal preparation plan requirements.

IDDSI Texture Levels:



- ⌘ Texture-modified diets must follow the IDDSI Framework:
 - Level 7 (Regular / Easy to Chew)
 - Level 6 (Soft & Bite-Sized)
 - Level 5 (Minced & Moist)
 - Level 4 (Pureed)
 - Level 3 (Liquidised)
 - Level 2 (Mildly Thick)
 - Level 1 (Slightly Thick)
 - Level 0 (Thin)
- ⌘ Thickened fluids and pureed foods must be prepared in accordance with the participant's documented Mealtime Support Plan, which is developed by a qualified health practitioner (e.g., a speech pathologist). The plan must be:

- Tailored to the participant's individual swallowing and nutritional needs; Communicated and accessible to all relevant staff involved in mealtime support; and reviewed regularly— at least annually, or sooner if the participant's needs or health status change.
- ✘ Thickened liquids commonly prescribed to individuals with dysphagia:
 - All levels below align with the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework and must be prescribed and documented in the participant's Mealtime Support Plan by a qualified health practitioner.

IDDSI Framework – Thickened Liquids

- ✘ Level 1 – Slightly Thick (formerly “Nectar-thick”)
 - Liquids are thicker than water but still flow easily.
 - Examples: Buttermilk, thin lassi, avocado milkshake (if blended smooth).
- ✘ Level 2 – Mildly Thick (formerly “Honey-thick”)
 - Flows more slowly off a spoon, drips in dollops.
 - Examples: Flavoured yogurt without fruit pieces, thick smoothies, thicker lassi.
- ✘ Level 3 – Moderately Thick / Liquidised
 - Can be drunk from a cup; moderate effort is required to drink through a wide straw. Cannot be eaten with a fork, smooth texture with no lumps.
 - Examples: Smoothies, thick milkshake, thickened soups.
- ✘ Level 4 – Extremely Thick / Pureed (formerly “Pudding-thick”)
 - Usually eaten with a spoon, not drunk from a cup. Holds its shape on a spoon.
 - Examples: Plain thick Greek yogurt, pudding, mousse.

Where food is modified or puréed without cooking:

Before preparing texture-modified foods:

- ✘ Check the participant's current Mealtime Support Plan
- ✘ Confirm dietary requirements and swallowing instructions
- ✘ Document any variations or refusals
- ✘ Notify Manager of any concerns, changes, or incidents
- ✘ Follow emergency response steps (e.g., call 000 in choking situations)

For food that is texture modified and not intended to be cooked (e.g. puréed fruit):

- ✘ Use equipment dedicated to uncooked ready-to-eat foods only
- ✘ Ensure all equipment is clean and sanitised before modifying/puréeing
- ✘ Ensure these foods are processed before other foods that need to be cooked
- ✘ Ensure the equipment is cleaned and sanitised in between uses.

Where food is modified or puréed before cooking:

For food that is texture modified before being cooked:

- ⌘ Minimise the amount of time between texture modification and cooking (e.g. less than 1 hour)
- ⌘ Thoroughly cook food to temperatures of at least 70°C for 2 minutes (or use an equivalent process). All temperature controls, storage and reheating practices must comply with the Australia New Zealand Food Standards Code (Standard 3.2.2 – Food Safety Practices and General Requirements)
- ⌘ Ensure texture-modified food remains above 60°C before serving

Where food is modified or puréed after cooking:

For food that is intended to be texture modified after cooking:

- ⌘ Thoroughly cook food to temperatures of at least 70°C for 2 minutes (or use an equivalent process).
- ⌘ To limit the risk of contaminating foods that are thickened, puréed or cut up after cooking: – process food in an area away from raw meats and other non-ready-to-eat foods on equipment dedicated to ready-to-eat foods only,
- ⌘ Texture modifies or purée food immediately after cooking
- ⌘ Ensure food is cooled in compliance with Food Standards Code requirements (the '2- hour/4- hour cooling rule') such that the food is cooled: – within two hours—from 60°C to 21°C – within a further four hours— from 21°C to 5°C – then modified once cooled.
- ⌘ Ensure all equipment has been dismantled, cleaned and sanitised before use.
- ⌘ Minimise the time it takes to texture modify the food before chilling (e.g. place it in a cool room as soon as possible).
- ⌘ Minimise the amount of time texture-modified food is stored between cooking and reheating: – Refrigeration should be limited to 48 hours at 5°C or below – Frozen food should be used within 48 hours of being thawed.
- ⌘ Foods should be reheated to 70°C for 2 minutes (or equivalent) before serving. All temperature controls, storage and reheating practices must comply with the Australia New Zealand Food Standards Code (Standard 3.2.2 – Food Safety Practices and General Requirements).
- ⌘ Serve reheated food above 60°C.

Texture modifying left-over food

Left-over food from the plating line may be texture modified, providing it is refrigerated during plating or processed within 2 hours of food temperature entering the danger zone. Reheating should allow for potential *Listeria monocytogenes* contamination (70°C for 2 minutes).

Storage and Reheating Section

- ⌘ Refrigerate modified foods immediately at or below 5°C
- ⌘ Store for a maximum of 48 hours
- ⌘ If frozen, use within 48 hours of thawing
- ⌘ Label with participant name, preparation date, and use-by date
- ⌘ Food must not be reheated more than once, and any uneaten reheated leftovers must be discarded
- ⌘ Reheat to internal temperature of at least 70°C for 2 minutes. All temperature controls, storage and reheating practices must comply with the Australia New Zealand Food Standards Code (Standard 3.2.2 – Food Safety Practices and General Requirements)
- ⌘ Serve hot foods above 60°C
- ⌘ Ensure that reheated and modified leftovers still meet the participant's prescribed IDDSI level using approved tests

Staff Training

Staff must be trained in using IDDSI testing methods, such as the IDDSI Flow Test (for liquids) and Fork Drip or Spoon Tilt Tests (for foods), to accurately assess and confirm that food and fluid textures meet the participant's prescribed IDDSI level. Training must be delivered by a qualified person and include practical demonstrations and assessments using IDDSI testing tools. Refresher training should be provided annually, or earlier if there are changes in participant needs, best practice guidelines, or equipment used.

All staff involved in the preparation, handling, or assistance of texture-modified meals must complete training in:

- Safe food preparation practices (including temperature control, contamination prevention, and reheating standards)
- Dysphagia risk, mealtime choking response, and emergency procedures
- The IDDSI Framework, including practical application of the IDDSI Flow Test, Fork Drip, and Spoon Tilt Tests
- Infection prevention and control in food preparation environments
- Interpretation and implementation of participant-specific Mealtime Management Plans

Training must be delivered by a qualified person, include practical demonstration and assessment, and be reviewed at least annually or when participant needs, equipment, or guidelines change.

All staff must pass a competency assessment before preparing or assisting with texture-modified meals unsupervised. Training and assessment outcomes must be recorded in both the individual's training record and the organisation's Staff Annual Organisational Training Register.