

Faithful Foundation

NDIS Policies & Procedures Manual

MEALTIME MANAGEMENT T

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MEALTIME MANAGEMENT

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1. PURPOSE

The purpose of this policy & procedure is to ensure that each participant requiring mealtime management receives meals that are nutritious, and of a texture that is appropriate to their individual needs, and appropriately planned, and prepared in an environment and manner that meets their individual needs and preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.

2. SCOPE

This document applies to:

- All Faithful Foundation staff and workers, whether permanent or casual, contractors, volunteers or business partners.
- All participants receiving services and support.

3. DEFINITIONS

N/A

4. RELEVANT DOCUMENTS, LEGISLATION, REGULATIONS AND STANDARDS

- National Disability Insurance Scheme (Quality Indicators) Guidelines
- National Disability Insurance Scheme Act 2013
- National Disability Strategy 2010-2020
- United Nations Convention on the Rights of Persons with Disabilities
- United Nations Universal Declaration of Human Rights
- Australian Meals and Wheels Association (2016). National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians
- Beyondblue (2014). What works to promote emotional well-being in older people: A guide for aged care staff working in community or participant settings
- New South Wales Government, Eating Well – A nutrition resource for older people and their carers
- Victorian Government, Department of Health, well for life
- Tasmanian Government, Department of Health, Malnutrition in older people online training

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- Well for Life Improving emotional wellbeing for older people in participants aged care (State of Victoria)

5. POLICY & PROCEDURES

5.1 OUR COMMITMENT

- Meals and the dining experience are a very significant part of day-to-day life. They play an important role in connecting participant socially and supporting a sense of belonging.
- Food can be a powerful social symbol for connecting participant with moods, emotions and rituals related to their identity. Mealtimes built over time can inspire feelings of comfort and familiarity for participant. Therefore it's important for an organisation to take into account a participant's preferences, religious and cultural backgrounds when providing food and drinks or hosting meals.
- We are committed to identify each participant requiring mealtime management.
- We are committed to make sure that participant have enough nutrition and hydration to maintain life and good health and reduce the risks of malnutrition and dehydration.
- We are committed to make sure that participant have enough to eat and drink to meet their nutrition and hydration needs and to provide participant with the support they need to eat and drink.
- We are committed to make sure that each participant requiring mealtime management has their individual mealtime management needs assessed by appropriately qualified health practitioners, including by practitioners:
 - undertaking comprehensive assessments of their nutrition and swallowing; and
 - assessing their seating and positioning requirements for eating and drinking; and
 - providing mealtime management plans which outline their mealtime management needs, including for swallowing, eating and drinking; and
 - reviewing assessments and plans annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.
 - Faithful Foundation assesses needs of all participant and address:
 - what is needed to sustain life and support ongoing good health
 - any dietary intolerances, allergies or medication contraindications
 - the level of support or help the participant needs
 - participant's preferences, and religious and cultural considerations
 - timing of meals.

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Faithful Foundation monitors nutritional and hydration intake to prevent dehydration, weight loss or weight gain.

We are committed to make sure that participant can choose from suitable and healthy meals, snacks and drinks. They can also take part in planning their menu.

We are committed to make sure that with their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.

We are committed to make sure that each worker responsible for providing mealtime management to participants understands the mealtime management needs of those participants and the steps to take if safety incidents occur during meals, such as coughing or choking on food or fluids.

We are committed to making sure that Faithful Foundation consistently provides participant's meal and drink preferences and menu selections. They say the menu also meets their medical, cultural, religious or other needs.

We are committed to make sure that participants feel their dining experience is comfortable and not rushed. They also feel that any help they need to eat, and drink is readily available and provided in a dignified way.

We are committed to make sure that each worker responsible for providing mealtime management to participants is trained in preparing and providing safe meals with participants that would reasonably be expected to be enjoyable and proactively managing emerging and chronic health risks related to mealtime difficulties, including how to seek help to manage such risks.

We are committed to make sure that mealtime management plans for participants are available where mealtime management is provided to them and are easily accessible to workers providing mealtime management to them.

We are committed to make sure that participants are satisfied that they receive, or are helped to prepare, a variety of well proportioned, quality meals. They say the dining experience supports their quality of life.

We are committed to make sure that if participants are hungry or thirsty a member of the workforce will get them something to eat or drink.

We are committed to make sure that Observations that food and drink are put within the reach of participants and given in a way that the participant can eat and drink. This may include finger food, cut up or modified meals or thickened drinks, where appropriate.

We are committed to make sure that effective planning is in place to develop menus with each participant requiring mealtime management to support them to:

- be provided with nutritious meals that would reasonably be expected to be enjoyable, reflecting their preferences, their informed choice and any recommendations by an appropriately qualified health practitioner that are reflected in their mealtime management plan; and
- if they have chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—proactively manage those risks.
- We are committed to make sure that procedures are in place for workers to prepare and provide texture-modified foods and fluids in accordance with mealtime management plans for participants and to check that meals for participants are of the correct texture, as identified in the plans.
- Faithful Foundation is committed to make sure that Meals that may be provided to participants requiring mealtime management are stored safely and in accordance with health standards, can be easily identified as meals to be provided to particular participants and can be differentiated from meals not to be provided to particular participants.

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5.2 NUTRITIOUS FOOD SUPPORTS

Nutritious food supports healthy ageing and is essential for optimal participant treatment and recovery. Food also provides a sense of wellbeing and emotional comfort and is an important expression of cultural identity. Poor nutrition is common and significantly contributes to the burden of disease. The Better, Safer Care report identified nutrition standards as important to minimise harm and prevent complications, such as malnutrition and dehydration.

Food is more than a vital component to supporting health. Providing food that meets preferences for taste and variety is particularly important for aged care participants. Sourcing of local and Victorian grown and produced food, where possible, will contribute to the provision of healthy and high-quality food and support local economies.

The result of the annual review is expected to inform new standards to ensure procurement arrangements treat produce favourably, and that general hospital and aged care menus are nutritious, varied and culturally diverse.

5.3 MEALS MANAGEMENT

When a new participant joins, Faithful Foundation gather information about their food and drink likes and dislikes and their dietary and hydration needs using Mealtime Management Plan Form and Nutrition Assessment. This includes any assistance they may require eating or drinking, food allergies and intolerances, medical or clinical requirements relating to food or drink, preferences in terms of when participant would like their meals served and any religious or cultural needs.

Assessments and plans for mealtime management for each participant must be reviewed annually or in accordance with the professional advice of the participant's practitioner, or more frequently if needs change or difficulty is observed.

Faithful Foundation will not disclose any Confidential Information to any persons who are not employed by Faithful Foundation or Participant unless consent has been obtained.

With their consent, each participant requiring mealtime management is involved in the assessment and development of their mealtime management plans.

Staff collaborate with participant and/or their representative/s to deliver great-tasting, great-quality meals.

Participants' food and drink preferences are recorded and given or made easily accessible to staff and other relevant parties.

Systems ensure that any alterations to a participant's dietary choices or needs are recorded and quickly passed on to staff.

Mealtime Management Plan Form is updated whenever there is any change in a participant's dietary requirements or requests. When a change arises, the staff member on shift will update the participant's care plan.

Participants are invited to participate in planning lunch and dinner menus and Faithful Foundation is flexible about the food Faithful Foundation provides. For example, Faithful Foundation can provide snacks and drinks in between mealtimes for participants with dementia or other challenges.

If required and with the participant's consent, an assessment will be conducted for each participant to develop a Mealtime Management Plan Form by a qualified health practitioner.

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A qualified health practitioner will assess the participants if they require meal management.

A Mealtime Management Plan using Mealtime Management Plan will be developed by the health practitioner in consultation with the participant to guide and utilise the support provision by the Faithful Foundation.

Before healthcare professionals examine, treat or care for any participant, Faithful Foundation must obtain their valid consent using Participant Information Consent Form through the Participant Information Consent section of Information Management Policy & Procedure.

An individualised Mealtime Management Plan for each participant enables Faithful Foundation to manage the specific meal management.

The participants will be provided with the support of required meal management by one of Faithful Foundation's workers. In the Mealtime Management Plan, the requirements of a meal management will be documented and checked with a qualified health practitioner.

Any incident or emergency related to the meal including required actions for participant e.g., during meals, such as coughing or choking on food or fluids, is addressed in the Mealtime Management Plan. In addition, the escalation of any incident or emergency in a timely manner will be identified in the Mealtime Management Plan.

The Mealtime Management Plan will include the identification of risks including actions and escalations. This will include both Faithful Foundation internal reporting and identified reporting requirements within the service users' treating team.

Health status of participants will be checked and reviewed regularly by a qualified health practitioner.

All incidents will be recorded and reported as per Incident Management Policy & Procedure.

All complaint will be recorded and reported as per Feedback and Complaints Management Policy & Procedure.

It is Faithful Foundation's commitment to provide the required equipment as well as an appropriate training to the relevant staff to know how to use it.

Faithful Foundation works to increase the appetite of participant by providing food that is attractively presented and smells and tastes great.

Older adults are at an increased risk of malnutrition if they also live with one of the following:

- Inflammation – associated with disease, injury or illness.
- Eating dependency – requiring assistance with eating, such as those with cognitive impairment.
- Eating restrictions – a person is unable to consume sufficient amounts of food.
- Food intake – food intake is limited for various reasons, such as a person has difficulty in obtaining ingredients and preparing meals.

The following three methods are advised for preventing and treating malnutrition

- Dietary approaches:
 - Ensure that sufficient energy and nutrient quality is met through meals and food between meals.
- Food fortification:
 - Improves the nutritional density in meals.
- Can be used as a vehicle for nutrients, for example adding Vitamin D to foods.
- Oral nutritional supplements (protein supplements):
 - Found to be particularly effective in hospital settings.

Foods to Avoid

Limit consumption of salt-rich foods such as cured meats, snack foods, and sauces such as soy sauce.

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Avoid or limit intake of foods containing saturated or trans fats, including pastries, chips, and chocolate.

Limit foods and drinks high in sugar, such as confectionary, sugar-sweetened soft drinks, cordials and fruit drinks.

Limit consumption of alcohol to no more than two standard drinks per day.

Keep 'extras' such as lollies, cakes, biscuits, fried foods and pizza to a minimum, they should not feature regularly and are not part of a healthy diet.

To achieve this, Faithful Foundation determines the participant's dietary needs and their preferences as soon as they join us. This information is then shared among staff and with relevant others to ensure the participant receives the appropriate food and drink.

If necessary, the participant's hydration and dietary needs are discussed with other practitioners in a manner that always maintains the participant's privacy

All information received from speech pathologists, dietitians, healthcare workers and others are promptly recorded and acted upon by staff.

System can accommodate all participant's meal requirements.

Participants are encouraged to take their lunch and dinner in dining rooms. However, this choice remains with the participant, and it is understood that they may wish to dine elsewhere.

Faithful Foundation believes that the dining experience is important to participants and their appetites, which is why dining rooms are designed to enrich a participant's dining experience socially and otherwise. Dining rooms are thus free from clutter and televisions are turned off during mealtimes.

The medical indications, food allergies and dietary intolerances of each participant are recorded on Mealtime Management Plan Form and Nutrition Assessment and considered in the planning of all meals.

Wherever necessary, Faithful Foundation speedily refer participants to specialists for nutritional advice.

Staff receive training about participant' food and drink needs when they begin with organisation and throughout their time with us.

Finger food, thickened drinks and modified meals are all available should this type of meal be more suitable for a participant's needs.

Food storage, preparation and ordering systems all operate in full compliance of food safety legislation.

Menus are reviewed to ensure they offer meals of high nutritional value.

When Faithful Foundation first welcomes a participant, Faithful Foundation weighs them. Faithful Foundation then weigh them once a month thereafter. Should a participant gain or lose 2% of their initial weight, a senior member of staff or registered nurse will take the necessary steps based on the participant's condition and requirements.

Staff apply strategies to prevent malnutrition and dehydration and participants are continuously tested for these conditions.

Staff always endeavour to provide participants with a meal that is as close to their preferences as possible and work alongside participants to find a suitable solution wherever cultural or religious needs cannot be fully satisfied.

As well as involving the individual participant in the development of their care plan, the plan must incorporate all cultural preferences if the participant is from a diverse background and/or has differing requirements/preferences to other participant, e.g., due to his/her cultural background, a participant may wish to be given a diet that is not on the standard menu: this should be recorded in the care plan and the staff and workers should be informed. It should then be checked that the participant receives his/her preferred diet at mealtimes.

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5.4 MANAGING HYDRATION AND NUTRITION

This is important for a participant's quality of life. It helps to minimise the risk of infections, pressure injuries, anaemia, hypotension, confusion and impaired cognition, decreased wound healing and fractures.

5.5 HOW TO DETECT UNDER-NUTRITION?

The onset of nutritional problems is often gradual and therefore hard to detect. However, features found in the history and examination may help identify those at risk. People can present with a variety of problems that may be vague or non-specific.

A malnourished state is defined as any of the following:

- BMI < 18.5 kg/m²
- Unintentional weight loss > 10% within the last three to six months
- BMI < 20 kg/m² and unintentional weight loss > 5% within the last three to six months
- Implications of poor nutrition
 - Weight loss
 - Deficiency of vitamins and nutrients
 - Poor wound healing and increased likelihood of pressure sores
 - Lethargy and sluggishness
 - Poor recovery from illness
 - Muscle weakness and wastage
 - Increased hospital admissions

5.6 HYDRATION

Adults need an average of 6 to 8 cups (1.5 to 2.0 litres) of fluid per day.

Implications of poor hydration

- Constipation
- Urinary tract infections
- Low BP
- Increased falls
- Worsened cognitive impairment
- Increased likelihood of pressure sores
- Frail, dry skin

Faithful Foundation can ensure the health and nourishment of their participant:

- Urge participant to eat regularly and in the right quantities
- Do not give them too much food, so they are not overwhelmed.
- Make sure your meals are pleasing to the eye as much as they are to the throat. Garnish your food, put some chilled ice in their glass of water, and a lemon slice on top.
- Use menus that are easy for anyone. Dementia participants may need pictures in their menus to help them make a choice.
- There should be no shortage of the accessories required, such as plate guards, cutlery, and two-handed cups. Make sure participant have these available at all times.
- Help participant with their posture so they can eat and drink with comfort.

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- Dental health should be a priority. Ensure their dentures fit well and that they have good oral health, so they don't have difficulty eating.
- Track their eating habits and call their dietician if you notice any inconsistencies in their food intake.
- Pay attention to urinary problems. Participant might stop drinking enough water if they are having problems in the bathroom.
- Ensure that participants have fluids always on hand, especially for people who have lost their ability to feel thirsty.
- For participants who are growing lean due to low intake, feed them with food that is rich in nutrients, especially fats and oils.
- Make mealtimes fun for them. Create an environment where they feel good and want to socialise.
- For better health, older people need to eat food containing nutrients from the five food groups, especially fats and oils. Research shows that a low-fat diet is not ideal for older people - for people over the age of 70 with a BMI around 30, a diet rich in fat will significantly improve their health.
- Healthy nutrition and hydration are taken very seriously to prevent negative conditions like anaemia, hypotension, infections, fractures, etc.
- Some diet options for healthy weight are the following:
 - Highly nutritious food fortified with protein and high calories - especially in the early part of the evening.
 - If a participant has lost appetite, maintain an appropriate calorie level by giving small regular meals.
 - Add supplements like protein shakes and desserts like custard to their meals.
 - Urge participants to step outside, maybe walk around in the garden or have an afternoon drink to get the right amount of Vitamin D every day.
 - 25 micrograms or 1000 international units every day is the endorsed amount of Vitamin D needed by older participants.
 - In any case, where a participant has a nutrition-related health risk, a qualified nutrition consultant will perform a short form Mini Nutritional Assessment (MNA SF) and a Malnutrition Screening Tool (MST). The Malnutrition Screening Tool and the Mini Nutritional Assessment are the best ways to detect malnourishment among older people. The MST is known to give more accurate results.

The following procedure is to be followed to make sure the Nutritional and Hydration needs of participant are met:

- Within 24 hours of admission, the Admission, Dietary/Nutrition Assessment should be completed. Nutritional and Hydration needs are established and recorded on admission documents using information from medical records, ACCR, hospital discharge documents, and doctor's health directions. All of this is done with input from the participant or representative.
- Dietary/Nutrition Assessment is printed and sent to the Head Chef at the catering department in the space of 24 hours.
- A list is printed by the Manager.
- Faithful Foundation then formulate a Detailed Care Plan about 30 days after admission, which contains information on a participant's nutritional and hydration needs. The care plan should be studied every two months or even a little early on when needed to help staff with a particular participant's needs and preferences.

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- In any case, where changes need to be made to a participant's nutrition, the Dietary Details Assessment is to be updated. A Nutrition and Hydration Changes Form is filled and sent to the Head Chef.
- Participants who need their food in different texture because of some chewing or swallowing difficulty will need an assessment by a qualified health professional like a Speech Therapist.
- If any staff observe unusual behaviour from participants like a persistent cough or inability to ingest food or drink water, an RN will be needed to do a review. The affected participant will have to pause eating or drinking until the review is done.
- At least once a month, participant is to be weighed, and their food intake is reviewed on applicable charts like Food Chart, Fluid Balance Chart, Observation Record.
- During the admission process, the Nutrition Risk Screening Tool is done, concluded, and evaluated later.
- In months where the weather is slightly hotter, participant's nutrition and hydration are closely examined. Participant will need more hydration except for people who have a special constraint.

5.7 POSTURE AND POSITIONING CORRECT

Positioning is one of the simplest yet most effective forms of management for people who have swallowing problems. Correct positioning helps to protect the airway from aspiration and helps improve swallowing and breathing efficiency. An Occupational Therapist or Physiotherapist may be involved in helping a person achieve good positioning. Some general principles include:

- Ensure the person is sitting up as straight as possible with shoulders level.
- The person should be comfortable with their head tilted slightly forward when eating or drinking
- If food feels like it is sticking in the food passage / chest area, for even a short time, getting up and stretching may help the food to slip down into the stomach. Other changes to head position may be recommended as part of an individual management plan. For this reason, it is important to follow any professional guidelines provided.

5.8 MANAGING RISKS OF CHOKING

Swallowing difficulties are common among participants. If a service doesn't manage Swallowing problems, it can lead to death from choking. Normal age-related changes place older people at risk of experiencing swallowing problems. The risk is increased by pathological changes such as dementia, stroke, functional decline and the use of medicines. Choking is a medical emergency and can lead to death. Staff initiating appropriate responses to choking can improve outcomes for participant.

5.9 STANDARDISED CARE PROCESS

Recognition

Establish choking risk for participants who have:

- a swallowing disorder
- a previous history of choking
- impulsive behaviours. Identify participants who present with an acute airway obstruction.

Symptoms in conscious participants include:

- extreme anxiety
- agitation

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- gasping sounds
- coughing
- loss of voice
- clutching the neck.

Assessment

Participants identified with a choking risk are referred for specialist assessment using Nutrition and Swallowing Risk Checklist (for example, a speech pathologist, dietician and dentist).

Assessment findings and recommendations are documented, communicated across the care team and implemented.

When a participant presents with an acute airway obstruction:

- Assess the severity of the airway obstruction. The obstruction may be partial or complete and the participant may be conscious or unconscious.
- Determine if the participant can cough effectively or if the cough is not effective.
- Partial obstruction is indicated if:
 - breathing is laboured
 - breathing is noisy (stridor)
 - air can be felt from the mouth.
- The participant should be continually observed because the airway obstruction may progress to complete obstruction within a few seconds. Complete obstruction is indicated if:
 - the participant is attempting to breathe
 - there is no sound of breathing
 - no air can be felt coming from the mouth or nose
 - there is cyanosis due to lack of oxygen.

Interventions

Respond immediately to the choking episode as per the flow chart:

- Immediate response to a choking episode and inform the RN.
- If the participant is coughing (effective cough):
 - encourage the participant to keep coughing to force out the foreign body
 - provide reassurance.
- If the obstruction is not relieved, call triple zero (000) and request an emergency ambulance.
- If the participant is not coughing and is conscious:
 - Call triple zero (000) and request an emergency ambulance.
 - Position the participant in a sitting or standing position.
 - Give up to five blows in the centre of the back, between the shoulder blades, using the heel of the hand.
 - After each blow check whether the obstruction has been relieved.
- If back blows are not effective, identify the CPR cardiac compression point and give up to five chest thrusts. Chest thrusts are like cardiac compressions but sharper and delivered at a slower rate.
- After each chest thrust check whether the obstruction has been relieved.

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- If the obstruction is not relieved and the participant remains conscious, continue to alternate back blows and chest thrusts until the ambulance arrives.
- If chest thrusts cannot be applied, continue with back blows.

Following a choking incident, the relevant Manager or the associated RN will:

- Inform the participant's GP.
- Inform the participant's family.
- Identify the possible cause and maintain a high awareness of the signs and symptoms of dysphagia.
- Refer to a speech pathologist, if available, for a swallowing assessment and recommendations.
- For participant on modified diet and fluids, monitor food and fluid intake to ascertain whether these are adequate (refer to a dietician if intake is not adequate).

Implement an individualised risk reduction and prevention plan.

Referral

- Ambulance services for emergency assistance
- GP for post-episode assessment and recommendations
- Speech pathologist for post-episode swallowing assessment and recommendations
- Physiotherapist for seating modification
- Dietitian
- Consume rial Medication Management Review if indicated
- Oral hygienist or dental review if professional oral care is indicated

Evaluation and reassessment

Monitor the participant's:

- swallowing status
- adequacy of food and fluid intake
- chest for signs of chest infection.
- Evaluate choking risk every six months.

Participant involvement

- Education regarding risk factors
- Discussion regarding modified diets and safe swallowing methods
- Advance care planning

Staff knowledge and education

- Recognition and response to a choking incident
- Identification of participant at risk of choking
- Identification and reporting of swallowing difficulties
- Interventions to reduce the risk of choking once swallowing difficulties have been identified
- Food and fluid texture modification

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- Supervision, safe feeding assistance and positioning techniques at mealtimes

These will also help reduce incidences of choking:

- Don't drink fluids while you're eating. People do this to make the food go down and it can lead to choking.
- Don't talk while you eat.
- Don't eat lying down.
- Don't drink alcohol while eating.
- Do learn to eat more slowly.
- Do put less on your plate so you can't eat too much too fast. Have a second helping afterward instead.
- Do julienne the food.
- Do peel apples before serving or, better yet, serve applesauce

5.10 HOW TO REDUCE RISKS OF CHOKING

Always make sure the Mealtime management intervention plan recommended by a speech pathologist is used to guide older participant so they can eat, drink, and take their medicine without any risk.

If you observe any unusual behaviour like coughing, choking, wet throat, or an inability to swallow, that participant must temporarily stop eating and drinking until a speech pathologist is consulted.

Participant, their families, and all staff should be aware of any risks and interventions involved. Let them know about the type of diet prescribed for a participant and the reason behind it.

Unless there is a medical reason not to give participant water with their food. Staying hydrated will help their recovery and will make it easier to swallow food.

Urge participant to have their diet recommended by the speech pathologist or dietician.

Make sure that every participant gets the right meal for them.

Help participant to:

- Eat their food when it's time for them
- Take food in small portions
- takes in little sips of water to help in swallowing.
- Sit up straight while they eat and continue sitting in that posture 30 minutes after meals
- Minimise external distractions

Work with families and carers and teach them how to assist participant during their meals to reduce complications when swallowing food.

Support participant who doesn't feel like eating to eat frequent small meals and urge them to stay healthy.

Taste is essential to the swallowing reflex. Inquire and find out if participant is enjoying their food and whether they have lost taste in their mouths. If a participant has lost taste, they should still be encouraged to eat their food.

5.11 FOOD SAFETY

Food poisoning is frequently caused by bacteria from foods that have been incorrectly stored, prepared, handled or cooked. Food contaminated with food poisoning bacteria may look, smell and taste normal. If food is not stored properly, the bacteria in it can multiply to dangerous levels.

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Food poisoning bacteria grow and multiply fastest in the temperature danger zone between 5 °C and 60 °C. It is important to keep high-risk food out of this temperature zone.

5.11.1. TAKE SPECIAL CARE WITH HIGH-RISK FOODS

Food poisoning bacteria can grow and multiply on some types of food more easily than others. High-risk foods include:

- raw and cooked meat - such as chicken and minced meat, and foods containing them, such as casseroles, curries and lasagne
- dairy products - such as custard and dairy-based desserts like custard tarts and cheesecake
- eggs and egg products - such as mousse
- smallgoods - such as ham and salami
- seafood - such as seafood salad, patties, fish balls, stews containing seafood and fish stock
- cooked rice and pasta
- prepared salads - such as coleslaws, pasta salads and rice salads
- prepared fruit salads
- ready-to-eat foods - such as sandwiches, rolls, and pizzas that contain any of the food above.
- Food that comes in packages, cans and jars can become high-risk foods once opened, and should be handled and stored correctly.

5.11.2. STORING FOOD IN THE FRIDGE

Your fridge temperature should be at 5 °C or below. The freezer temperature should be below -15 °C. Use a thermometer to check the temperature in your fridge.

5.11.3. FREEZING FOOD SAFELY

When shopping, buy chilled and frozen foods at the end of your trip and take them home to store as quickly as possible. On hot days or for trips longer than 30 minutes, try to take an insulated cooler bag or ice pack to keep frozen foods cold. Keep hot and cold foods separate while you take them home.

5.11.4. STORING COOKED FOOD SAFELY

When you arrive home, put chilled and frozen foods into the fridge or freezer immediately. Make sure foods stored in the freezer are frozen hard.

When you have cooked food and want to cool it:

- Put hot food into shallow dishes or separate into smaller portions to help cool the food as quickly as possible.
- Don't put very hot food into the refrigerator. Wait until steam has stopped rising from the food before putting it in the fridge.

5.11.5. AVOID REFREEZING THAWED FOOD

Food poisoning bacteria can grow in frozen food while it is thawing, so avoid thawing frozen food in the temperature danger zone. Keep defrosted food in the fridge until it is ready to be cooked. If using a microwave oven to defrost food, cook it immediately after defrosting.

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As a general rule, avoid refreezing thawed food. Food that is frozen a second time is likely to have higher levels of food poisoning bacteria. The risk depends on the condition of the food when frozen, and how the food is handled between thawing and refreezing. Raw food should never be refrozen once thawed.

5.11.6. STORE RAW FOOD SEPARATELY FROM COOKED FOOD

Raw food and cooked food should be stored separately in the fridge. Bacteria from raw food can contaminate cold cooked food, and the bacteria can multiply to dangerous levels if the food is not cooked thoroughly again. Always store raw food in sealed or covered containers at the bottom of the fridge. Keep raw foods below cooked foods, to avoid liquid such as meat juices dripping down and contaminating the cooked food.

5.11.7. CHOOSE STRONG, NON-TOXIC FOOD STORAGE CONTAINERS

Make sure your food storage containers are clean and in good condition, and only use them for storing food. Cover them with tight-fitting lids, foil or plastic film to minimise potential contamination. Transfer the contents of opened cans into suitable containers.

5.11.8. IF IN DOUBT, THROW IT OUT!

Throw out high-risk food left in the temperature danger zone for more than 4 hours - don't put it in the fridge and don't keep it for later. Check the use-by dates on food products and discard out-of-date food. If you are uncertain of the use-by date, throw it out.

5.12 FOOD HANDLING

Safe food handling is very important for some participants:

- Tell your supervisor if you are suffering from diarrhoea, vomiting, fever, sore throat with fever or jaundice and seek medical advice.
- Do not return to work until you are free of symptoms for 48 hours.
- Tell your supervisor if you have any infected skin lesions (e.g., an infected skin sore, boil, acne, cut or abrasion, or any discharges from the ears, nose, or eyes) and seek medical advice.
- Tell your supervisor if you know or think any food is unsafe to eat. Perform hand hygiene before handling food or putting on gloves.
- Perform hand hygiene after using the toilet, smoking, coughing, sneezing, blowing nose, touching face, nose, ears or mouth, handling rubbish or after cleaning.
- Avoid unnecessary contact with Ready to Eat meals.
- Cover hair and tie back long hair.
- Secure hair clips, hair pins, buttons on clothes, jewellery, and bandages.
- Make sure bandages or dressings on any exposed parts of the body are covered with a waterproof covering.
- Do not sneeze, blow, or cough over unprotected food or surfaces likely to come into contact with food.
- Do not eat over unprotected food or surfaces likely to come in contact with food. Do not spit, smoke or use tobacco or similar preparations in areas where food is handled.
- Do not touch food after touching earrings, body parts (hair, nose, ear, eye), skin lesions, saliva, mucus, sweat, blood, or money without first performing hand hygiene.
- Do not wear gel, acrylic or false fingernails, or jewellery that will come into contact with food.

MEALTIME MANAGEMENT

- Remember, lanyards may also transmit bacteria.

5.13 MONITORING AND REVIEW

A health practitioner and workers will monitor, review and update and oversee Mealttime Management Plan regularly. The health professional will decide about the regularity of the Mealttime Management Plan revision and Faithful Foundation will support it.

Also, the Mealttime Management Plan will be reviewed if there is any change in the participants' needs like any incidents or emergencies.

Reports will be provided about the Mealttime Management Plan based on a regular monitor by the workers as the following:

- Track any changes in the meal habits of the participants with learning their usual meal habits
- If there are any changes in the participant's habits the workers will discuss them with the participant to address the variations and reasons for the changes for example, new medication, different diet or recent illness.
- Any changes will be reported to the health practitioner and the action plan will be agreed.
- If an ongoing concern is reported the workers will report it to the health practitioner for assessment of the changes.

5.14 TRAINING OF STAFF (HEALTH PRACTITIONER AND WORKERS)

For provision of Mealttime Management Plan services to the participants, stored safely of food, Faithful Foundation will provide all workers with the specific required training.

Training plans will be developed and delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for meal management using Training Matrix and through Human Resource Management Policy & Procedure.

A qualified trainer will train the support workers with all clients specific Mealttime Management Plan management training.

The service users' needs and expectations as well as type of meal management will be addressed in the training to cover any support requirements of the participant.

Training and management support plans will detail how to manage any incidents or emergencies including the development of an emergency management plan covering emergencies such as constipation, rectal bleeding, perforation, infections or autonomic dysreflexia.

Also, the training plan will include the identification of risks including actions and escalations such as coughing or choking on food or fluids or chronic health risks (such as swallowing difficulties, diabetes, anaphylaxis, food allergies, obesity or being underweight)—

Records of induction, Mandatory Checks, training and organisational and professional development provided to all workers will be kept on each worker's record and on the Training tracker or the Worker's file.

The workers will be notified by the Management Team to complete their refresher training in these areas regularly and keep track of the workers training currency through Training tracker form.

Meal management training will be provided in accordance with the Annual Training Schedule, maintained by the Management Team.

An ongoing opportunity for meal management training and development of workers will be provided by Faithful Foundation that enhance and extend their capabilities as well as providing them with the chance of advancement in their organisation.

MEALTIME MANAGEMENT

Every worker and Management Team member would be able to have the opportunity of participation in meal management training and development activities.

On-the-job training, internal or external courses, support for research and fieldworks, conference and seminar attendance, networking and mentoring programs relevant to meal management are available to workers as a part of training and development methods.

Performance Reviews will motivate workers to play an active role in their ongoing improvement by identifying their training and development needs in consultation with their manager. Worker Performance Assessment.

A health practitioner who has been deemed competent, will undertake the competency assessment for all workers.

Training will relate specifically to the service users' needs, type of meal management and cover any specific support requirements the service user may require.

All practitioners will have a working knowledge of relevant current legislation, national guidelines, organisational policies and procedures via using Participant Handbook.

Communication with each participant and the provision of supports which is responsive to their needs is provided in the language, mode of communication and terms that the participant is most likely to understand.

Where necessary, staff members should provide participants with advocates or interpreters. Interpreters would be available as below:

The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs. <https://www.tisnational.gov.au/>



Complete IDDSI Framework Detailed definitions 2.0 | 2019

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