



Meal Management in Schools

Policy



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Policy Statement

This policy should read within the context of the *Student Learner Policy, Universal Hygiene Policy, Infection Control Guidelines and Manual Handling Policy and Guidelines*.

The legislative framework that relates to this area includes the *Disability Discrimination Act, Work Health and Safety Act (2012)* and *Disability Standards for Education*.

Background and Rationale

There is a small group of students with disabilities who have difficulties with eating and drinking (dysphagia). Many of these students have increased health and safety risks including choking, aspiration, malnutrition, dehydration, constipation and bowel impaction. These all have the potential to be serious or even life threatening conditions if not treated.

Speech Pathologists are responsible for the assessment and management of children who have dysphagia. This may be done in conjunction with other professionals such as medical practitioners, occupational therapists, physiotherapists, dieticians and nurses where appropriate. In Tasmania, speech pathology services for children who have dysphagia may be accessed via the Department of Education, Department of Health and Human Services, Non-Government organisations (such as St Giles) and Private Practitioners, depending on the service criteria within the different regions of the State.

It is essential that families and schools have sufficient information about dysphagia and associated risks and how to access appropriate services for children who have dysphagia. It is also essential that school communities have the capacity to care for children who have dysphagia and meal management issues and to provide a safe environment for these children.

This policy relates to students with dysphagia.

Goals

It is intended that

1. The Department of Education will have a clear, well communicated policy within a risk management framework, which will result in an improved capacity to provide a safe environment in relation to meal management for both students and employees.
2. A consistent, ongoing and state wide meal management skills training program will be implemented to ensure that school personnel have the appropriate level of skill and knowledge required to safely fulfil the requirements of their positions.
3. Employees have a duty to students to ensure that meal management issues are undertaken with regard to their dignity, comfort and safety.

Goal 1

The Department of Education will have a clear, well communicated policy within a risk management framework, which will result in an improved capacity to care for students who have dysphagia and provide a safe environment in relation to meal management for both students and relevant employees.

In order to achieve goal 1 the following strategies will be required:

- 1.1 The Department's Meal Management in Schools Policy will be well communicated across Department of Education employees and other stakeholders.
- 1.2 General information regarding dysphagia and meal management will be available to school communities via the DOE website (see appendix A at the end of this document).
- 1.3 Risk factors associated with dysphagia will be identified.
- 1.4 Responsibilities regarding managing students who have dysphagia and meal management issues will be defined.
- 1.5 A process for referral for specialist assessment and treatment will be identified including when and how to access services.

Goal 2

A consistent, ongoing and state-wide meal management skills training program will be implemented, to ensure that relevant school personnel have the appropriate level of skill and knowledge required to safely fulfil the requirements of their positions.

In order to achieve Goal 2 the following strategies will be required:

- 2.1 The Department of Education will adopt a state wide systematic approach to meal management training for relevant school staff.
- 2.2 Physical impairment coordinators will be responsible for facilitating the organisation of training annually. Training will be provided by speech pathologists.
- 2.3 Department of Education speech pathologists will be identified within each Learning Service to provide meal management training.
- 2.4 A meal management training package is available to ensure consistency of training across the state.
- 2.5 Regular skills training will be provided by speech pathologists to relevant school staff in order to facilitate safe meal management practices.
- 2.6 Where individualised risk management strategies are identified for students, appropriate training in the use of these strategies will be provided.

Goal 3

Employees have a duty to ensure that student's meal management issues are undertaken with regard to their dignity, comfort and safety.

In order to achieve goal 3 the following strategies will be required:

- 3.1 The *Learner Health Care and Safety Policy* will be used to provide the context for caring for students who have dysphagia and meal management issues.
- 3.2 All students who have dysphagia and meal management risks and issues will have a current meal management plan completed by a speech pathologist (together with other professionals if appropriate), to be reviewed as required.
- 3.3 Where meal management strategies are necessary to reduce the student's risk while eating and drinking they will be utilised to maximise the comfort, safety and dignity of the student together with the safety of staff.
- 3.4 All students who have dysphagia and meal management risks will have an alert placed on the Student Support System (SSS).

Responsibilities

Parents are responsible for:

- Communicating with the student's teacher or principal and/or speech pathologist about any concerns they have in relation to the student's eating and drinking and/or meal management
- Contributing to meal management plan for their child.
- Provision of food and equipment in accordance with the meal management plan and ongoing consultation with the school about this.
- Communicating any changes in medications, weight, dehydration, constipation, presence of chest infections/pneumonia.
- Signing the meal management plan to indicate that the plan has been agreed to.

Principals in the school/college setting to be responsible for:

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

- Adherence to the *Work Health and Safety Act (2012)*.
- Ensuring this policy and associated guidelines are implemented and adhered to by all relevant employees at the school.
- Ensuring that all students who have dysphagia and meal management risks will have an alert placed on the Student Support System (SSS).
- Ensuring that relevant school personnel have current First Aid and choking management training (Workplace Level 1 training from a Registered Training Authority).
- A facilitator to practise these skills on a regular basis (e.g. refreshers at staff meetings)
- Ensuring the school has local emergency procedures in place for the school that is communicated to ALL staff
- Ensuring that more than one staff member is trained in First Aid (Workplace Level 1) and meal management and is familiar with the content in the meal management plan for a particular student. The additional staff member should then assist the student on a regular (weekly) basis in order to maintain their skill level. This will ensure that the student responds to support from different staff and increase flexibility within the school in the event of excursions and teacher aide/support staff absence.
- Ensuring that a senior member of teaching staff or nominated teacher (in addition to the student's classroom teacher) is trained in meal management and is familiar with the content of the meal management plan in relation to students attending the school. This senior staff person to assist students on a regular basis (monthly) in order to adequately supervise relief staff and satisfy 'duty of care' responsibility.
- Ensuring relief personnel assisting students with meals are directly supervised by a trained staff member and have read and are familiar with the meal management plan for the student.
- Care should be taken to ensure that all new employees (as relevant) be provided with the appropriate training in meal management and First Aid before commencing work with children who have dysphagia.
- Providing relevant personnel access to documentation on agreed meal management procedures for individual students and ensuring that they have read and understood the applicable meal management plans.
- Being aware of who the speech pathology service provider for dysphagia is for individual students (e.g. Education, St Giles) so the school is aware of who to contact.

Teachers and teacher assistants are responsible for:

- Complying with the implementation of this policy and associated guidelines.
- Adhering to a student's individual meal management plan, developed by their designated speech pathologist (sometimes with other professionals such as occupational therapist, physiotherapist, dietician, nurse) to address the student's meal management needs in the school context.
- Ensuring the plan is readily accessible in the classroom to relevant personnel (including for relief staff)
- The use and maintenance of equipment as outlined in the meal management plan.
- Attending instruction/training as required in order to perform meal management duties.
- Up to date competency in meal management strategies (equivalent to basic meal management training) and current First Aid skills (training at Workplace Level 1 by a Registered Training Authority -including choking management).
- Ensuring up to date knowledge of the school's emergency procedures.
- Identifying any changes/problems with a student's dysphagia/meal management and inform the designated speech pathologist in a timely manner.
- Pass on any communication from the parent regarding changes in skills or needs e.g. change in medications, constipation, weight gain or loss, chest infections etc.

Senior speech pathologists are responsible for:

- Ensuring this policy and associated guidelines are implemented and adhered to by all speech pathology staff.
- Ensuring that all speech pathology staff are supported in this highly specialised area.
- Providing access to resources, training, supervision and mentoring to enable speech pathologists to perform assessment and intervention for students with dysphagia.
- Ensuring that school principals are cognizant with this policy and associated guidelines and support its application in schools.
- Ensuring that meal management training occurs annually within their Learning Service.

Speech pathologists are responsible for:

- Assessment of students who have been referred with suspected dysphagia (eating and drinking difficulties).
- Development of a meal management plan that identifies the risks of dysphagia for the student and makes recommendations to manage the risk.
- Clearly documenting all decisions and communicating recommendations to parents, and relevant staff.
- Providing training for the recommendations to all relevant people who work with the student. The training should include the parents' presence and input as much as possible.
- Responding to any requests to review the meal management plan in a timely manner.
- Ensuring familiarity with Education Department's Meal Management Policy and facilitating its application in schools as far as possible.

Speech pathologists should recognise and acknowledge their limitations and not work beyond the scope of their competence (Speech Pathology Australia 2000-Code of Ethics, Section 5:3 Speech Pathology 2001 CBOS)

Physical impairment coordinators are responsible for:

Organisation of meal management training on a state-wide basis in collaboration with speech pathologists.

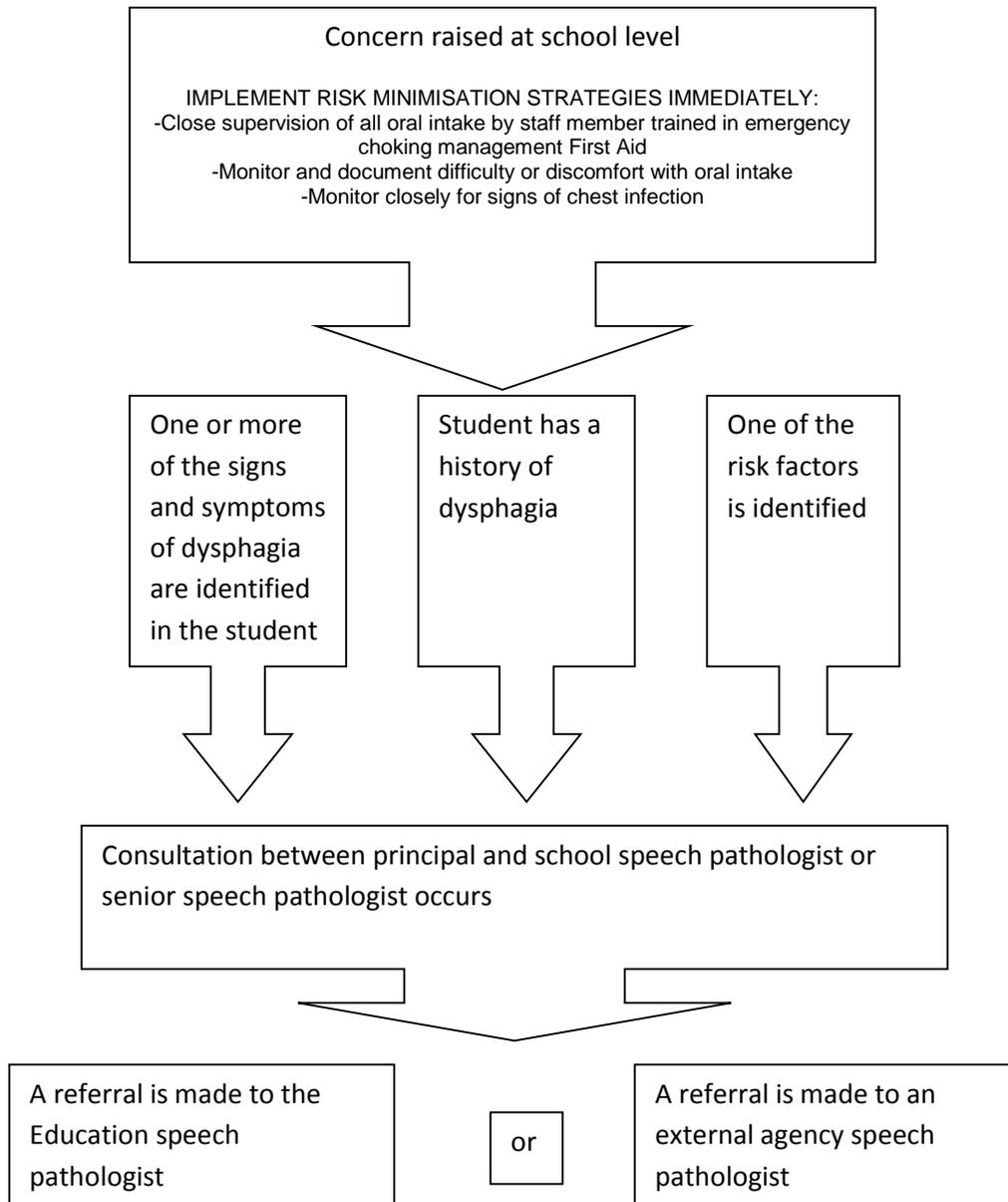
When and How to Access Specialist Assessment and Treatment

Speech pathologists are the primary consultants in assessing and managing students with dysphagia with secondary support provided by other professionals.

A student should be referred to a speech pathologist if:

- One or more of the signs and symptoms of dysphagia (see page 9) are identified in the student
- The student has a history of dysphagia
- A student is identified as having one of the risk factors that may be a consequence of dysphagia (choking, aspiration/chest infections, malnutrition, dehydration)

Referral Flow Chart



Appendix A Information and Terms - Dysphagia and Meal Management

Dysphagia

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

1. central nervous system abnormalities or injuries (e.g. genetic syndromes, cerebral palsy, traumatic brain injury)
2. intellectual disability
3. neuromuscular disorders (e.g. muscular dystrophy)
4. anatomic defects (e.g. cleft palate)
5. sensitivity issues , e.g. oral and upper digestive tract and/or food texture hypersensitivity (as seen in some children with autism; and secondary to use of nasogastric tube in some children)

Normal Swallowing

Swallowing is the process that moves food or drink from the mouth to the stomach. There are four stages of swallowing.

Stage 1- Oral Preparatory stage: Preparation of food/drink in the mouth, chewing, food mixing with saliva, formation of a cohesive bolus

Stage 2- Oral transit Stage: Food is propelled to the back of the mouth prior to the swallow (e.g.by a rolling motion of the tongue).

Stage 3- Pharyngeal Stage: Protection of the airway, trachea, by closure of the vocal cords and associated movements. Movement of the food and/or drink through the pharynx towards the final stage.

Stage 4- Oesophageal stage: Transfer of food and/or drink through the oesophagus into the stomach.

Stages one and two are voluntary, stages three and four are involuntary. This means that the individual has a degree of control over stages one and two but not over stages three and four.

Swallowing involves the co-ordination of 25 muscles and 5 nerves. We all swallow approximately 3000 times per day. Consequently there are many opportunities for risk factors to impact on an individual's safety and wellbeing.

Signs and symptoms of dysphagia

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

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

Risk factors: Secondary conditions/consequences that may occur in the presence of dysphagia

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

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

These all have the potential to be life threatening conditions if not treated.

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

Meal Management Strategies

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

They ensure plans are put in place to support the child at mealtimes and help manage the child's ability to eat and drink. Assessments and recommendations are made specifically for each child, according to the presentation of their dysphagia (and will be monitored and reviewed as appropriate pending the child's abilities).

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

- Ensuring appropriate levels of supervision at mealtimes by support personnel who have current First Aid training
- Procedures for dealing with an emergency situation
- Setting up an appropriate environment for mealtimes

- Positioning, posture and seating for the child and support person
- Equipment (such as specialised cups and utensils, tray tables, grab rails, arm splints, foot rests)
- Texture modification of food & fluid (see Speech Pathology Australia Website for Australian Standardised Terminology and Definitions for Texture Modified Foods and Fluids and Novita Children’s website for some fact sheets on texture modification for foods and fluids)
 - <http://www.speechpathologyaustralia.org.au/practice-workplacea-government-pwg/terminology-for-modified-foods-and-fluids>
 - <http://www.novita.org.au/FileDownload/Factsheet.aspx?p=417&k=&c=10filter>

Meal Management Plans

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

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

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

A meal management plan should contain:

- Information on a student’s abilities in eating and drinking.
- Level of supervision and assistance required for eating and drinking
- Strategies to develop eating and/or drinking skills
- Positioning of student and equipment
- Environmental considerations
- Sensory considerations
- Communication during mealtimes and meal preparation
- Equipment required
- Strategies for pre-meal and post-meal preparation

- Oral hygiene
- Diet texture and/or fluid consistencies/portion size/rate & order of intake
- Risk management strategies
- Medical issues
- Signatures indicating that the plan has been agreed to by school staff and parent/guardian
- Date for review of meal management plan as necessary
- Contact details of primary care giver
- Name of author

Authorised by:	Lynne McDougall
Date authorised:	27 th Feb 2013
Developed by:	Speech Pathology Team
Date of last review:	May 2015
Date for next review:	May 2017
Position of authorising person:	Director Disability Programs
