

MANAGEMENT OF EATING AND DRINKING SUPPORT IN ACT PUBLIC SCHOOLS PROCEDURE

This procedure must be read in conjunction with the *Management of Eating and Drinking Support in ACT Public Schools* Policy.

1. Overview
	1. This procedure set outs the requirements of schools in establishing eating and drinking plans for students who need additional support.
2. Rationale
	1. The involvement of parents and, where required, health professionals, in developing and implementing eating and drinking support plans contributes to the safety and wellbeing of students.
3. Procedures
	1. An *Eating and Drinking Plan* is required whenever schools are required to support a student who needs assistance or supervision with the oral intake of food and/or drink.
	2. An *Eating and Drinking Plan*, (see Attachment A) signed by the school principal and the student’s parent, is required where supervision or guidance is required but where there is:
* no physical impediment to safe eating and drinking
* no need to modify food or drink
* no requirement to provide adjustments to the mealtime environment.
	1. This plan will document the type and level of supervision required, environmental considerations, amount of food and drink to be offered, communication support required during mealtimes, the time required for eating and drinking, considerations such as allergies and any potential learning targets.
	2. An *Eating and Drinking Plan* (see Attachment B) provided by a health professional working within the community or hospital health services and signed by the student’s parent is required where:
* there is a need for supervision and assistance or
* the student requires modification to their food or drink and/or
* there is need for adjustments to the mealtime environment, for example use of specialised equipment.
	1. This plan should document recommendations such as food texture, fluid thickness, environment and preparation for meals, positioning, equipment, mealtime process and considerations such as allergies, communication, fatigue, independence or other student specific issues.
	2. *Eating and Drinking Plans* must specify a review date. The review process requires the development of an updated *Eating and Drinking Plan*.
	3. Parents or school staff may initiate a review of the *Eating and Drinking Plan* at any time prior to the review date.
	4. A school must request a review of the plan if there is:
* a change in the student’s ability to chew or swallow food or drink
* concern about gagging, coughing, near choking, or distress in the student during or soon after meals
* unexplained weight change.
	1. *Eating and Drinking Plans* are retained on file at the school and maintained in accordance with the *Information Privacy Act 2014.*
1. Contact
	1. The Director, Student Engagement is responsible for this procedure.
	2. For support contact Student Engagement Branch on (02) 6205 6925.
2. Complaints
	1. Any concerns about the application of this procedure or the procedure itself, should be raised with:
* the school principal in the first instance;
* contact the Directorate’s Liaison Unit on (02) 6205 5429;
* online at <http://www.det.act.gov.au/contact_us>;
* see also the *Complaints Policy* on the Directorate’s website.
1. References
	1. **Definitions**
* *A* **health professional:** may include a speech pathologist, physician, dietician or nurse working within the community or hospital health services.
* A **parent**: is a person having parental responsibility for a child. Parent includes a carer.
	1. **Related Policies and Documents**
* Attachment A – Plan A Eating and Drinking Support Supervision and Guidance only
* Attachment B – Plan B Eating and Drinking Support Supervision and Assistance
* Health and Safety Policy - First Aid
* Students with a Disability – Meeting their Educational Needs Policy
* Administration of Prescribed Medication, Catheters and Injections to Students Policy

**Attachment A**

**(PLAN A) Eating and Drinking Support**

 **Supervision and Guidance only**

###### **This form must be used for students who require supervision and/or guidance with eating or drinking but for whom there is no physical impediment to safe eating and drinking, no requirement to modify food or drink and no need to provide adjustments to the mealtime environment.**

For Use in ACT Public Schools

**CONFIDENTIAL**

Name of student: ………………………………….………… Date of birth: ……………………….………..……..

Date: ………………………………..………..………… Review Date: ………………………………………..…….…..

|  |  |
| --- | --- |
| **Routine mealtime care needs** | **Recommended support** |
| Please tick appropriate boxes | Please describe recommended care |
| **Level of support required for student** |
| **Level of supervision** 🗖 requires close supervision – (small group)🗖 requires some assistance🗖 independent **Time required for mealtime** 🗖 less than 15 minutes🗖 about 15 minutes 🗖 longer (specify) |  |
| **Type of support needed**  |
| **Adjustments to the mealtime environment**🗖 calm, consistent approach🗖 positive reinforcement 🗖 minimal distractions🗖 social settings 🗖 other (specify) |  |
| **Communication**  |
| **Communication to be used by staff member**🗖 offer choice (indicate how many)🗖 simplify instructions / use key words🗖 use visual cues 🗖 other (specify)**Communication used by student** 🗖 spoken language🗖 gesture 🗖 behaviour 🗖 other (specify) |  |
| **Preparation and presentation of food and drink**  |
| **Food portions to be offered**🗖 no restriction on amount taken at a time 🗖 modified (specify)**Drink portions** 🗖 no restriction on amount taken at a time 🗖 modified (specify)**Quantity** 🗖 self directed 🗖 minimum amounts required (specify) **Rate and order of intake** 🗖 self directed 🗖 direction / assistance required (specify)**Allergies or intolerances**🗖 no restriction on foods to be offered🗖 some restriction on foods to be offered (specify)🗖 Only food provided by the parents to be offered |  |
| **Potential learning targets** |
|  **Independence**🗖 increasing independence **Behaviour targets**🗖 (specify) **Food or drink Intake**🗖 (specify) **Other**🗖 (specify)  |  |
| **Emergency Management Plan** |
| * Provide details or attach plan
 |  |
| **Authorisation** |
| The ACT Government Education and Training Directorate (the Directorate) is collecting the information on this form to enable the Directorate to provide a safe environment in which students can eat and drink whilst in the care of a public school. The Directorate does not usually disclose this information to third parties.**I have read, understood and agreed with this plan.** Parent / Guardian ………………………..….…. Signature ………………………..….…. Date …………………Principal…………………………….….…. Signature ………………………..….…. Date…………….….…. |

**Attachment B**

 **(PLAN B) Eating and Drinking Support**

**Supervision and Assistance**

###### **This form (or an alternate form provided by a health care professional) must be used where a student requires direct assistance with eating or drinking, modification to their food or drink and/or adjustments to the mealtime environment e.g. the use of specialised equipment.**

**This plan must be completed by a health care professional and signed by the parent.**

For use in ACT Public Schools

CONFIDENTIAL

Name of student: ………………………………….………… Date of birth: ……………………….………..……..

Date: ………………………………..………..………… Review date: ………………………………………..…….…..

|  |  |
| --- | --- |
| **Routine mealtime care needs** | **Recommended support** |
| Please tick appropriate boxes | Please describe recommended care |
| **Level of support required for student** |
| Information about how closely the student needs to be supervised and for how long. **Level of supervision**🗖 requires constant supervision e.g. risk of choking or aspiration🗖 requires close supervision – (small group)🗖 requires some supervision**Level of assistance**🗖 requires full assistance🗖 requires some assistance (specify)🗖 independent **Time required for mealtime** 🗖 less than 15 minutes🗖 about 15 minutes 🗖 longer (specify) |  |
| **Type of support needed**  |
| **Preparation** 🗖 additional hygiene / safety measures🗖 positioning for comfort and safety 🗖 facilitation techniques (e.g. jaw support)🗖 stimulation (e.g. facial tapping/stroking)🗖 other (specify)**Equipment** 🗖 modified utensils (eg. spoon)🗖 modified cup / plate etc 🗖 mirror🗖 positioning equipment 🗖 other (specify)**Adjustments to the mealtime environment**🗖 calm, consistent approach🗖 positive reinforcement 🗖 minimal distractions🗖 social settings 🗖 other (specify)**Positioning and care after mealtimes** 🗖 need to remain upright for ………. minutes🗖 need to check no food is left in the mouth 🗖 teeth brushing🗖 other (specify) |  |
| **Communication**  |
| **Communication used by staff member**🗖 offer choice (indicate how many)🗖 simplify instructions / use key words🗖 use visual cues 🗖 other (specify)**Communication used by student** 🗖 spoken language🗖 gesture 🗖 behaviour 🗖 other (specify) |  |
| **Preparation and presentation of food and drink**  |
| The following information is provided as a safety check for staff. Food and drink should routinely be brought to school already prepared. If some preparation is requested of staff, this should be documented and negotiated with staff.**Food consistency**🗖 no restriction or consistency🗖 modified (specify)**Drink consistency**🗖 no restriction or consistency🗖 modified (specify)**Food portions**🗖 no restriction on amount taken at a time🗖 modified (specify)**Drink portions**🗖 no restriction on amount taken at a time🗖 modified (specify)**Quantity**🗖 self directed🗖 minimum amounts required (specify)**Rate and order of intake**🗖 self directed🗖 direction / assistance required (specify)**Specific strategies required**🗖 spoon fed🗖 finger fed🗖 drinking🗖 general (including behaviour management)🗖 other (specify)**Allergies or Intolerances**🗖 no restriction on foods to be offered🗖 some restriction on foods to be offered (specify)🗖 Only food provided by the parents to be offered |  |
| **Potential learning targets** |
| **Independence**🗖 increasing independence**Behaviour targets**🗖 (specify)**Intake**🗖 (specify)**Other**🗖 (specify) |  |
| **Emergency Management Plan**  |
| * Provide details or attach plan
 |  |

|  |
| --- |
| Health Professional ……………………………………. Professional Role ……………………….Name / address of agency …………………………………………………………………………….………………………………………………………………Phone ……………………………………Signature ………………………………………………. Date ……………………………………...The ACT Government Education and Training Directorate (the Directorate) is collecting the information on this form to enable the Directorate to provide a safe environment in which students can eat and drink whilst in the care of a public school. The Directorate does not usually disclose this information to third parties.**I have read, understood and agreed with this plan.** Parent / Carer………………………..….…. Signature ………………………..….…. Date …………………Principal…………………………….….…. Signature ………………………..….…. Date…………….….…. |