

DYSPHAGIA SUPPORT (MEALTIME SUPPORT) COMPETENCY ASSESSMENT

Worker's Name:	Assessor's Name:	Date of Assessment:
Worker's Position:	Assessor's Position:	Date Worker Commenced:
Worker's Signature:	Assessor's Signature:	
Clinical Procedure being Assessed:		Assessed as Competent: Yes / No / YWI

Code (YWI) - Yes, With Instructions indicates that although all components of the assessment may not have been achieved, the worker can demonstrate an understanding of the deficits identified and justify those deficits. This can also apply if the worker did not compromise the participant's safety or breach WHS and or Infection control guidelines. Competencies for YWI should be reviewed and reassessed within 3 months to demonstrate and attain full competency.

Note: *If there are any areas that are assessed as Not Competent, the worker must not perform these procedures until additional training has been undertaken and competency re-assessed.*

“Competency” is a measurable pattern of knowledge, skills, abilities, behaviours, and other characteristics that an individual needs to perform work roles or occupational functions successfully. Many factors must be considered when determining whether the worker has the specific competencies and skill sets necessary to care for a participant, as identified through assessment, participant-specific assessments, and as described in their *Support Plan*. All workers must also meet the specific competency requirements as part of their registration, license or certification requirements defined under federal and state law or regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A worker's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by a health professional already determined to be competent in these skill areas.

Examples for evaluating competencies may include, but are not limited to:

- Training followed by observation e.g., handwashing, donning a gown, etc.
- A pre and post-test for documentation issues
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for participants
- Reviewing adverse events that occurred as an indication of gaps in competency or
- Demonstrated ability to perform activities that is within the worker's scope of practice, or what the individual is registered, licensed, or certified to perform.

Domain	Principles	Requirements / Procedures	Competent
1. Roles and Responsibilities (NDIS Code of Conduct)	Can describe role, responsibilities and expectations when delivering Dysphagia Supports (Mealtime Supports).	1. Able to describe and understand how to undertake the required support in a safe and competent manner with care, skill, and compassion (checks and confirms <i>Support Plan</i> is correct and current).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Demonstrates respect and participant-centred care as per requirements of the <i>Support Plan</i> (involves participant in the delivery of supports to the extent they choose).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Demonstrates effective communication (speaks clearly, explains the supports in words the participant can understand, re-assuring, allows time for a response, provides positive feedback, includes use of assistive technologies and alternative communication devices as required).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Aware of scope of responsibilities including supervision and any delegation arrangements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Prepares for procedure and assembles required equipment and any consumables.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Provides support that fits into participant's daily routines and preferences, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Ensures support provided meets with required timing, frequency, and types of support, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Knows when and how to seek advice from a health practitioner and when to escalate to emergency services to maintain participant safety and well-being.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Aware of reporting responsibilities, including handover, recording observations, and incident reporting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		10. Ensures the participant's privacy and dignity, as well as a safe environment, prior to commencing support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
2. Hygiene and Infection Control Measures	Can describe hygiene and infection prevention and control strategies.	1. Able to describe principles and requirements of infection control (handwashing, disinfecting, use of appropriate PPE – gloves, gown, masks, when to use and disposal).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Handwashing (to be observed).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Disinfecting (to be observed or worker to describe).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Able to describe personal hygiene requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
3. Potential Risks/Complications and Risk Management	Can describe potential risks or complications.	1. Able to describe signs and symptoms of dysphagia, e.g., coughing, choking, aspiration, and required actions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can describe how to prevent and manage risks.	2. Able to describe understanding of dysphagia-related factors e.g., mouth and dental problems, reflux, breathing difficulties, some types of PRN medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Able to describe first aid measure to clear airways of food.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Able to describe when an ambulance needs to be called for hospital transfer (when first aid interventions are unsuccessful for breathing or swallowing difficulties).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		5. Able to describe the importance of food and fluid texture and consistency for dysphagia support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Able to describe why correct and appropriate positioning is required for safe eating and drinking (to prevent aspiration and choking).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Able to describe the importance of safe feeding equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Able to describe why medications need to be of an appropriate consistency, and effect of PRN medications and other medications e.g., medications for epilepsy or mental health, and effect on swallowing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
4. Equipment Required	Can describe what equipment is required (including PPE) to perform procedures. Can describe how to: - set-up - maintain and - troubleshoot.	1. Able to describe various assistive devices for safe eating and drinking as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Able to describe when and if gloves are to be used for feeding.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Able to describe equipment to be used for relevant tube feeding for profound difficulty in swallowing, where required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Is aware of and able to describe communication channels within the organisation to obtain required equipment for safe eating and drinking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
5. Precautions / Considerations	Can describe any precautions or considerations when performing the procedure.	1. Checks <i>Dysphagia Support Plan</i> is current, prior to proceeding with mealtime assistance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Able to describe supports for safe eating and drinking e.g., participant reminders for safe eating rate, safe amount of food in each mouthful (if fed), ensuring one mouthful is finished before giving another (if fed), sitting participant upright for at least 20 minutes after food or fluid consumption.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Checks oral cavity is empty on completion of feeding / eating.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Undertakes the required oral hygiene specific to participant as per their <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
6. Demonstrate Procedures	Can describe how to perform each step of the procedure correctly.	1. Checks the <i>Support Plan</i> is correct and current for food and fluid needs, preparation techniques, safe feeding techniques, feeding equipment needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
	Can demonstrate each step of the procedure.	2. Provides mealtime support that fits into the participant's daily routines and preferences.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Discusses menu and meal planning with participant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Undertakes appropriate positioning in readiness for participant's meal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Domain	Principles	Requirements / Procedures	Competent
		5. Able to describe supports for participant to enjoy their meal safely by providing the required feeding equipment, and assistive technology for eating, as per <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Prepares and provides fluids and food of the required texture and tests the prepared fluid and food's texture.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Able to describe when a health practitioner needs to be advised immediately of risk indicators, e.g., breathing or swallowing difficulties.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Records information required by the <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Able to describe first aid and emergency procedures for swallowing difficulties (e.g., removing food from mouth, hospital transfer).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		10. Encourages participant's involvement to the extent they choose.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		11. Demonstrates teamwork for continuity and effective delivery and support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		12. Supports participant's oral hygiene consistent with the <i>Support Plan</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
7. Emergency Escalation / Seeking Help	Can explain when to seek further help and from who (including general observations).	1. Able to describe first aid knowledge and techniques for suspected choking, e.g., clearing airways of food.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Able to describe emergency actions associated with aspiration, respiratory distress, and shortness of breath e.g., hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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	Can explain when the situation is an emergency and what to do.	transfer when interventions are not successful to ensure participant health, safety and wellbeing.	
		3. Knows the procedures (actions) to follow to place participant in a recovery position if unconscious.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. [Enter additional requirements here]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
8. Documentation	Can describe documentation that must be completed, including case notes.	1. Able to describe appropriate information and documentation in case notes, e.g., meal provided, what participant ate, change in meal intake, and any changes to health condition as a result.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Fulfills food and fluid chart requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		3. Fulfills weight chart requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Undertakes temperature monitoring (to check for aspiration, pneumonia, or infection).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Able to describe documentation and reporting pathways where the <i>Support Plan</i> is not meeting participant's needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
9. Participant-focused needs	Can describe any specific requirements unique to the person receiving supports.	1. Describes positioning requirements (for participants with complex physical disability to avoid choking risk).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		2. Checks with participant to discuss any changes needed to their dysphagia support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

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		3. Checks the participant enjoyed their meal.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		4. Understands participant's dietary preferences (special dietary needs).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		5. Understands participant's food preferences (likes and dislikes).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		6. Understands participant's food allergies.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		7. Understands medications prescribed to participant.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		8. Understands and can undertake manual handling requirements associated with participant's support.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI
		9. Supports participant to provide feedback and support changes to their <i>Support Plan</i> as required.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> YWI

Assessor's Recommendations / Comments

Additional Training Action Plan

Domain Area	Requirement / Procedure	Person Responsible	Due Date	Status/Comments	Additional Training Completed Date

Document Control

Version No.	Issue Date	Document Owner
1	09/01/2025	Elizabeth Bradshaw
Version History		
Version No.	Review Date	Revision Description