

50. HIGH INTENSITY DAILY ACTIVITIES: Dysphagia Support Policy and Procedure

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Purpose

The aim of this policy and procedure is to detail specific Dysphagia (impaired swallowing) management procedures, according to established standards and guidelines to reduce risk and ensure appropriate support, relevant and proportionate to the participant's individual needs and preferences for safe, nutritious, and enjoyable meals including medications where needed.

Implementing appropriate *Dysphagia Support Plans* and supporting participants assessed as having swallowing, biting, or chewing difficulties is critical to:

- ensure adequate nutrition and hydration, and
- prevent and minimise risks of adverse health outcomes, including choking, aspiration, malnutrition, dehydration, and weight loss.

Scope

The procedures in this document apply to all support workers, and all health professionals, and meet relevant legislation, regulations, NDIS Practice Standards, High Intensity Support Skills Descriptors, and the NDIS Code of Conduct.

Health professionals and workers who are skilled, experienced and suitably trained by a speech pathologist or other relevant health practitioner on the specialist skills of recognising and actioning complexities associated with dysphagia can support participants with dysphagia and safely implementing their *Dysphagia Support Plans*.

Participants with swallowing, biting, or chewing difficulties typically require extra time for mealtime assistance.

Applicable NDIS Practice Standards and NDIS High Intensity Support Skills Descriptors

Outcome

Each participant requiring dysphagia support receives appropriate support that is relevant and proportionate to their individual needs and preferences, including participants who rely on enteral feeding and also need dysphagia support.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific dysphagia support, including participants on enteral feeds also requiring dysphagia support. With their consent the participants health status is subject to regular and timely review by a qualified health

practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing, and includes the following:

- Participants individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment),
 - Enteral feeding requirements.
- Appropriate policies and procedures are in place including timely supervision, support, resources and equipment that relate to each participant requiring dysphagia and / or enteral feeding support, and training plan for workers supporting them.
 - All workers have completed training, relating specifically to each participants needs for managing any dysphagia related incidents and high intensity support skills descriptor for dysphagia support and or enteral feeding support delivered by an appropriately qualified health practitioner or person that meets the high intensity supports descriptor for dysphagia and / or enteral feeding support.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Definitions

Dysphagia - a medical term for any difficulty associated with swallowing. It is associated with a wide range of medical and health conditions, disabilities, and ageing. It can be partial or complete and may require a feeding tube to provide nutrients without the need to swallow.

3 Phases of Dysphagia

1. Oral preparatory phase – chewing of food to a size, shape and consistency that can be swallowed.
2. Pharyngeal phase – muscles in the pharynx contract in sequence.
3. Oesophageal phase – muscles in oesophagus contract in sequence to move the bolus food toward stomach.

2 Types of Dysphagia

1. Oropharyngeal Dysphagia (weakening of the throat muscles resulting in difficulty to move food from the mouth into the throat and oesophagus). Symptoms include choking, coughing, gagging when swallowing or the sensation of foods, fluids going down the trachea or up the nose which can lead to pneumonia. Causes include neurological disorders such as multiple sclerosis, muscular dystrophy, Parkinson's disease, sudden neurological damages such as stroke, brain and/or spinal cord injury, and cancer.
2. Oesophageal Dysphagia – the sensation of food being caught in the base of the throat or

in the chest after swallowing.

Signs and Symptoms of Dysphagia

- difficult, painful chewing or swallowing
- feeling food and/or drink stuck in the throat or going down the wrong way
- coughing, choking, frequent throat clearing during or after swallowing
- long mealtimes over 30 minutes
- avoiding some foods because they are hard to swallow
- regurgitation undigested food
- hoarse, gurgly voice, drooling
- dry mouth, poor oral hygiene
- frequent heart burn
- unexpected weight loss and
- frequent respiratory infection.

Enteral Feeding – any method of feeding that uses the gastro-intestinal (GI) tract to deliver nutrition and calories into the body. A person on enteral feeding usually has a condition or injury that prevents eating a regular diet by mouth, but their GI tract is still able to function. Enteral feeding may take up a person's entire calorie intake or used as a supplement.

Policy

Australian Quality Care is committed to ensuring its participants with Dysphagia and who also may require enteral feeding are identified and referred to appropriate specialists and other health professionals, to provide the required safe supports relevant and proportionate to their individual needs for safe meals, fluids, and medication administration.

Risk Analysis

Identified Risks

Risks associated with Dysphagia include:

- weight loss
- dehydration
- respiratory problems e.g., aspiration pneumonia
- choking
- malnutrition
- swallowing problems where food and fluids get into the lungs rather than the stomach and
- staff not strictly adhering to prescribed *Dysphagia Support Plan* requirements.

Risks associated with enteral feeding include:

- gastro-oesophageal reflux and aspiration
- contamination of enteral feeds causing serious infection
- oral issues such as dry mouth, oral infection, or general oral discomfort
- feed tube dislodgment or incorrect tube positioning
- stoma care issues and
- staff not strictly adhering to prescribed *Enteral Feeding Support Plan* requirements.

Risk Management Strategies

Strategies to reduce risks for Dysphagia include:

- staff to be suitably trained by a speech pathologist to recognise early signs of dysphagia and symptoms and associated risks, including timely reporting to the Health Practitioner and speech pathologist to assess their swallowing and mealtime assistance needs, especially participants with complex disabilities including a review of general health
- staff to meet the training requirements specified in 'Roles and Responsibilities', below
- staff to undertake annual competency assessments, and have competency reviewed when they have not delivered the required support for over three months or if participant needs have changed
- early assessment of participants' possible swallowing difficulties if signs and symptoms of swallowing difficulty is observed. e.g., coughing / choking
- *Dysphagia Support Plan* in place and readily available and accessible to staff for participants with Dysphagia
- *Dysphagia Support Plans* to be written by a health professional
- staff to strictly follow expert advice and *Dysphagia Support Plans* from specialists to avoid hazards, risks and adverse events, and take action if emergencies occur
- trained staff to be available to monitor and support participants with Dysphagia to eat and drink safely during mealtimes
- regular review of *Dysphagia Support Plans* and
- regular medication reviews.

Strategies to reduce risks for Enteral Feeding include:

- staff to be suitably trained by a health professional in specific participant enteral feeding support needs, and behaviour management issues whereby feed tubes may be dislodged
- staff to meet the training requirements specified in 'Roles and Responsibilities', below
- staff to undertake annual competency assessments, and have competency reviewed when they have not delivered the required support for over three months or if participant needs have changed
- *Enteral Feeding Support Plan* in place and readily available and accessible to staff for participants requiring enteral feeding
- *Enteral Feeding Support Plans* to be written by a health professional
- staff to strictly follow expert advice and *Enteral Feeding Support Plans* from specialists to avoid hazards, risks and adverse events, and take action if emergencies occur
- regular oral hygiene care provided
- regular review of feeding regime to monitor weight gain or loss
- safe storage, handling, and dispensing of enteral feed formula and
- management of PEG site / stoma infections.

Roles and Responsibilities

Australian Quality Care recognises the complexity in the management of participants with Dysphagia and will support workers and others involved in providing supports to ensure:

1. A *Dysphagia Support Plan* has been developed for each participant and is overseen by a relevant health practitioner, and each participant is involved in the assessment and development of their *Dysphagia Support Plan*.
2. *Dysphagia Support Plans* are up-to-date, readily available, clear, and concise, and clearly identify and describe the support needs and preferences of participants (such as for food, fluids, preparation techniques, and feeding equipment). They also include how risks, incidents, and emergencies will be managed to ensure participant wellbeing and safety, including setting out any required actions and plans for escalation.
3. Participants are supported to seek regular and timely reviews of their health status by an appropriately qualified health practitioner.

4. Each participant's *Dysphagia Support Plan* is communicated, where appropriate and with their consent, to their support network, other providers, and relevant government agencies.
5. Workers understand the support needs outlined in *Dysphagia Support Plans* such as:
 - required characteristics of textured food and drink
 - specific mealtime assistance techniques
 - what risks to look for and
 - action required to respond to risks, incidents, and emergencies.
6. Participants who require enteral feeding support and who also have dysphagia, have an *Enteral Feeding Support Plan* developed by a relevant health practitioner. The *Enteral Feeding Support Plan* sets out enteral tube feeding supports, types of feeds, feeding delivery mechanisms, specific mealtime assistance techniques, stoma care, what risks to look for and actions required to respond to risks, incidents, and emergencies.
7. Participants with Dysphagia are further supported and assessed by a multi-disciplinary team of qualified health professionals including:
 - Speech Pathologist to:
 - undertake a comprehensive and accurate assessment of the participants' swallowing
 - undertake comprehensive dysphagia assessments, which may include invasive assessment to determine severity and cause of Dysphagia
 - outline a plan for safe food, fluid, and medication intake and
 - determine food and fluid texture and required modification (refer IDDSI descriptors – **Appendix 1**).
 - Dietician to:
 - check and ensure there are enough nutrition and hydration in the recommended modified meals, and they meet participant individual needs and preferences and
 - recommend required food and fluid preparation procedures and feeding equipment needed.
 - Medical Practitioner to:
 - undertake regular and timely *Dysphagia Support Plan* and *Enteral Feeding Support Plan* reviews when needs change or when swallowing difficulty is reported/observed
 - investigate any underlying cause of Dysphagia and advise on treatment options of care and
 - work with the participant and Australian Quality Care to explore non-oral feeding options such as PEG (Enteral) Feeding.
 - Pharmacist to:
 - carry out medication reviews to assess whether any medications the participant is on may affect the participant's swallowing e.g., medications for epilepsy and / or mental health conditions and
 - recommend alternative routes/textures for medication administration, including through an enteral tube.
 - Physiotherapist to:
 - work with the speech pathologist to advise on appropriate and safe positioning to facilitate swallowing and safe delivery of enteral feeds.
 - Occupational Therapist to:
 - provide advice on environmental modifications to facilitate safe food and fluid intake.

In all cases the Registered Nurse will continually involve the participant and obtain consent in the initial and on-going decision making relating to meals and fluids.

8. Policies, procedures, and plans are in place and easily accessible to workers, including a training plan for workers in the specific complexities of managing each participant with Dysphagia to have safe and enjoyable meals.
9. Skilled, trained, and experienced workers are allocated to manage participants with Dysphagia and participants with Dysphagia who rely on enteral feeding, as support provided is high risk and complex and can be life threatening if not effectively managed.
10. Where supports are delivered by a competent worker who is not a qualified or allied health practitioner, the Registered Nurse ensures:
 - the worker is suitably trained and equipped with the skills and knowledge required for safe service delivery and maintains currency of skills and knowledge
 - competency of workers' skills and knowledge is assessed annually
 - refreshers are completed when participants' needs change, best practice requirements change, or when the worker has not provided the required support in the last three (3) months
 - supports are not provided until workers have successfully completed competency assessments and refresher training and
 - competency assessments are documented and regularly audited, with audit records and a *Training and Development Register* maintained.
11. The *Dysphagia Support Plan* and / or *Enteral Feeding Support Plan* is signed by the participant, speech pathologist or health practitioner, agreeing and confirming the need and consent for support.
12. Support Workers who are deployed to care for participants with Dysphagia and participants with Dysphagia who rely on enteral feeding, have completed training and education by an appropriately qualified health professional who has expertise in Dysphagia and related enteral feeding, and receive regular supervision, support, equipment, and consumables required to provide dysphagia supports.

Dysphagia training is to include:

- basic anatomy of swallowing and the respiratory system
- the relationship between swallowing, the digestive system, nutrition, and dysphagia support
- basic understanding of dysphagia and related factors that can make eating difficult, such as mouth and dental problems, reflux, breathing difficulties, poor appetite, food intolerance, tiredness, poor health, and some types of PRN medication
- risks of poor oral health and how this can affect those with dysphagia, such as aspiration and pneumonia
- basic understanding of risks associated with taking medications and the importance of ensuring medication is delivered at an appropriate consistency
- how to identify risks and take necessary action when changes to eating and drinking needs occur, or swallowing or mealtime difficulties are observed e.g., coughing, choking and aspiration
- prompt reporting of swallowing and mealtime difficulties (e.g., coughing, choking) and referral pathways to follow including emergency First Aid and hospital transfer
- how to monitor, recognize and promptly report signs of dehydration, poor chest health, aspiration, respiratory infection, or weight loss to the Registered Nurse.
- how to deal with any behavioral and communication challenges
- how to read, interpret, understand, and implement the participant's prescribed *Dysphagia Support Plan* and to be aware of and avoid the adverse risks, hazards and events associated with not following the plan
- monitoring the participant during and after eating or tube feeding (enteral feeding) to identify and immediately respond to risks, incidents, and emergencies
- understanding common terminology relating to meal and fluid preparation and modified meals (list of terms to be provide by the speech pathologist)
- food and fluid preparation procedures and techniques for modification to the correct texture (refer to IDDSI Level 0-7 Descriptors - **Appendix 1**) as recommended in the *Dysphagia Support Plan* for ease of swallowing, including appropriate labelling and storage of prepared food and fluids

- on-going communication with the participant about their mealtime food/fluid preferences
- supporting and encouraging participant independence in the enjoyment of their meals
- specific mealtime assistance e.g., safe rate of eating, safe amount of food in each mouthful
- seating and mealtime positioning requirements during meals as per physiotherapist and occupational therapist recommendations
- the purpose and methods of positioning for assisting swallowing
- manual handling training when dealing with participants with complex physical disability to avoid choking risks
- use of mealtime equipment and feeding utensils for safe eating and drinking
- if a meal is pre-prepared, checking the label matches the requirements of the *Dysphagia Support Plan*
- maintaining Food and Fluid Charts
- regular weight monitoring (weekly or as clinically indicated)
- maintaining accurate daily records and documentation
- awareness of procedures and methods of including medications in food and understanding of crushable and non-crushable medications
- principles for infection control and hygiene, e.g., hand washing, use of gloves, and disinfecting the environment and
- reporting responsibilities including handover, recording observations, and incident reporting.

Enteral Feeding training is to include:

- basic anatomy of the digestive system
- the purpose and methods for correct participant positioning
- the impact of associated health conditions and complications that interact with enteral feeding, for example, reflux, constipation, breathing difficulties, dysphagia, diarrhoea, vomiting, and bloating
- identifying common alarms and action required to deactivate alarms, and addressing issues such as a kinked or blocked feed in the tube and dislodged tubes
- high risk indicators include coughing, vomiting, and changes in bowel habits
- health-related indicators such as unexpected weight gain or loss, dehydration, allergic reaction, a wet cough, diarrhoea, and constipation
- when and how to involve or get advice from a health practitioner
- risks of poor oral health and how these can affect people who rely on enteral feeding
- what to look for to confirm tube integrity and cleaning and
- reporting responsibilities including handover, recording observations, and incident reporting.

Training for workers who support participants with a gastrostomy is to include:

- basic procedures to maintain stomas, according to stoma type, such as cleaning and protecting skin around the stoma, and checking and refilling the balloon
- signs of a healthy stoma and how these can change over time
- indicators and action required to respond to common health problems at the stoma site, such as changes in appearance of the skin, wetness, or signs of infection or inflammation and
- reporting responsibilities, including handover, recording observations, and incident reporting.

Training for workers who support participants to administer medication through an enteral tube is to include:

- basic understanding of the purpose of the medication and related storage requirements
- factors that affect medication delivery through a feeding tube
- common signs and symptoms of medication adverse reactions, including reaction to medication and dosage errors and
- reporting responsibilities including handover, recording observations, and incident reporting.

13. In addition to the above, workers must also complete all relevant eLearning modules available on the NDIS Commission's website, keep their first aid knowledge and CPR training up-to-date, and be trained on the specific needs of each participant, including the appropriate use equipment.

14. Australian Quality Care accesses appropriate equipment for participants who are tube fed (enteral fed) and provides staff with the required training on equipment use and maintenance.
15. Workers communicate with participants using their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
16. Referrals are facilitated as required by the Registered Nurse to other health providers, in collaboration and with consent from the participant.
17. The Registered monitors compliance with the NDIS Practice Standards and High Intensity Support Skills Descriptors via an audit process and stakeholder feedback surveys, to ensure service provision is appropriate and effective.
18. The Registered Nurse:
 - ensures all support workers undertake the necessary training
 - maintains training records and appropriate registrations and
 - monitors staff compliance.
19. Australian Quality Care undertakes regular satisfaction surveys to gauge the quality and safety of food being delivered and ensure meals are meeting participants' needs. Results of the surveys are used to improve Australian Quality Care's subsequent meal planning and meal delivery services.
20. All health professionals and consulting Health Practitioners are accountable for their own practice and are aware of their own legal and professional responsibilities within the Code of Practice of their professional body.

Precautions/Considerations

Check and ensure participant consent and *Support Plans* are current for Dysphagia and Enteral Feeding support. These should include:

- feeding techniques
- positioning
- food and fluid texture and consistency and
- other consumables and equipment required to support eating and for enteral feeding.

Other assessment considerations include:

- regularly assessing weight gain or loss (at least weekly or as clinically indicated)
- undertaking blood tests
- referral to a dietitian to review feeding plans
- monitoring for behaviours where feed tubes are frequently dislodged and
- assessing for other factors that are associated with a high risk of aspiration or choking e.g., severe epilepsy, complex physical disability, complex communication, and inability to self-feed.

Equipment Required

- Assistive technology such as spoons, plates, cups and straws and relevant tube (enteral) feeding equipment for those with severe or profound difficulty swallowing who require tube feeding
- Other equipment and consumables as per individual participant *Support Plans*

Procedures

As Dysphagia Support and Enteral Feeding Support is highly personal in nature and high risk, staff need to maintain communication and work closely with participants to understand their specific needs, and when and how to best deliver supports that meet the participant's preferences and daily routines.

Dysphagia Support Procedures

1. Check participant consent for support and *Dysphagia Support Plan* is current.
2. Read and understand *Dysphagia Support Plan*, and check participant-specific requirements for food and fluid needs, preparation techniques, safe feeding strategies and feeding equipment required.
3. Ensure the participant's privacy and dignity, as well as a safe environment, prior to commencing support.
4. Communicate with participant as per their preferred communication method e.g., use of devices, aides, or language resources as needed, e.g., picture cards.
5. Follow handwashing, infection control and personal hygiene procedures before and after attending to and supporting participant.
6. Ensure trained workers are available to monitor participants with Dysphagia during mealtime.
7. Prepare and provide food and fluids of the correct texture and consistency as per recommended procedures and techniques in the *Dysphagia Support Plan*.
8. Position participant – high fowlers position, head tilted slightly forward, ideally hips at 90-degree angle before feeding.
9. If participant can feed themselves, consider their environmental requirements e.g., location, seated with people they like to socialise with. Provide the required mealtime equipment (crocker, cutlery) to support independence, participation, and enjoyment of meal.
10. Ensure participant, if being fed, is alert and awake – stop feeding if they are tiring.
11. Provide specific mealtime assistance e.g., safe rate of eating, safe amount of food in each mouthful and ensure one mouthful is finished before giving another (if participant is fed).
12. Monitor participant while eating or drinking for coughing or choking and respond accordingly by clearing the airways of food, undertake emergency first aid, or call ambulance as needed.
13. Ensure meals / fluids and medications taken orally are prepared as directed to the right texture and consistency to make it easier to swallow.
14. Limit conversation with participant and avoid distractions.
15. Check buccal cavity of participant is empty on completion of eating / feeding.
16. Sit participant upright for at least 20 minutes after food and fluids are consumed.
17. If voice is gurgly during or after feeding, encourage participant to undertake an extra swallow or cough and swallow to clear.

18. Attend to the participant's recommended oral hygiene practice / plan.
19. Liaise and report to the [Position Title] and speech pathologist when a participant's eating and drinking needs change or swallowing or mealtime difficulties are observed.
20. Maintain daily Food and Fluid Chart to monitor intake and output.
21. Ensure medications are regularly reviewed by the [Position Title] and/or pharmacist to assess whether the medications may affect the participant's swallowing, particularly medications for epilepsy and/or mental health conditions.
22. Keep the *Dysphagia Support Plan* updated including any risks identified. These must be recorded and communicated as soon as they occur with all staff involved in the provision of meal services. Meals must not be prepared or delivered for participants who do not have a documented *Dysphagia Support Plan*, or participants who require modified meals or fluids and their *Dysphagia Support Plan* is not based on assessment and advice from appropriate health professionals.
23. Ensure regular and timely review of the *Dysphagia Support Plan* by the medical practitioner and speech pathologist, and when mealtime difficulties are observed / reported e.g., coughing, choking.
24. Monitor weight loss, weight gain and temperature to track weight and signs of respiratory infection from aspiration.
25. Maintain daily records / documentation in participant's notes on all meals provided, what the participant ate, any changes in the participant's meal intake and changes to their health condition as a result, including incident reporting.
26. Actively involve the participant in mealtime support to the extent they choose, check they enjoyed their meal, check any changes to dysphagia support they are receiving and any other areas where the *Dysphagia Support Plan* is not meeting participant needs.
27. Encourage feedback from the participant and request changes from attending health professionals to their *Dysphagia Support Plan* as required.
28. Identify, document and report information where *Dysphagia Support Plans* are not meeting participants' needs.
29. Undertake on-going training and education, maintain up to date First Aid knowledge, (especially relating to techniques for addressing suspected choking), and participate in regular competency assessments to ensure practices are safe and up to date with current best-practice guidelines for supporting participants with Dysphagia.

Enteral Feeding Support Procedures

See the *Enteral Feeding Support Policy and Procedure* for specific information on enteral feeding support procedures.

Pre-prepared Meals / Pre-ordered Meals Procedures

1. Participant assessments of mealtime requirements, including special diets, food allergies, cultural preferences and other participant-specific requirements are provided to the external food supplier, with information kept up to date as changes occur to participant needs.
2. All pre-prepared meals to be safely stored upon delivery in accordance with set guidelines for food storage and preparation.

3. Before delivering or serving pre-prepared meals ensure the label on the participant's meal matches the requirements set out in their *Dysphagia Support Plan* and within the use by date.
4. Check the food texture (refer IDDSI Framework - **Appendix 1**) meets the texture modification as set out in the participants *Dysphagia Support Plan*, before serving the meal to the participant.
5. Should a mealtime incident occur, respond as per Australian Quality Care's participant *Incident Management Policy and Procedure*, ensure the participant's plan is reviewed and updated, and the information is communicated to all staff involved in meal service.
6. All staff involved in mealtime management must be aware of the risks involved for each participant, strategies to prevent risks and interventions to implement if they occur.

Supporting documents

Documents relevant to this policy and procedure include:

- *Enteral Feeding Support Policy and Procedure*
- *Management of Medication Policy and Procedure*
- *Management of Waste Policy and Procedure*
- *Infection Prevention and Control Policy and Procedure*
- *Reportable Incident, Accident and Emergency Policy and Procedure*
- *Appendix 1 - IDDSI (International Dysphagia Diet Standardisation Initiative) Framework 2019 (Summary)*
- *Appendix 2 - Procedure for Suctioning of the Oral (Mouth) Cavity*
- *Dysphagia Support Plans*
- *Staff Training Plans*
- *Staff Training and Development Register*
- *Staff Performance Reviews*
- *Dysphagia Support (Mealtime Support) Competency Assessment*
- *Oral Hygiene Competency Assessment*
- *Incident Forms*
- *Service Agreements*
- *Continuous Improvement Plan*

References

- *NDIS Practice Standards: Quality Indicators: High Intensity Support Skills Descriptors December 2022*, NDIS Quality and Safeguards Commission, December 2022
- *Practice Alert – Dysphagia, Safe Swallowing and Mealtime Management*, NDIS Quality and Safeguards Commission, November 2020
- *Dysphagia (Difficulty Swallowing)*, Health Direct Australia, April 2020

Resources

- *Supporting Safe and Enjoyable Meals*, eLearning module, NDIS Commission

Monitoring and review

This Policy and Procedure will be reviewed by the Board annually, or sooner if changes in legislation occur or new best practice evidence becomes available. Reviews will incorporate staff, participant, and other stakeholder feedback, and identified continuous improvement as relevant.

Review of procedures will assess if the implementation is efficient, effective, and able to be actioned.

Australian Quality Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Australian Quality Care's future service planning and delivery processes.

Document Control

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