H&H Care SA Pty Ltd	Form23. Nutrition Hydration and Swallowing Australian Government Support at Home Program	
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Policy and procedure 23
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA supports adequate nutrition and hydration, safe and enjoyable meals and the recognition of swallowing concerns. It defines assessment, individual instructions, food/fluid preparation, monitoring, choking response and clinical escalation.

Document control	Details
Policy number	HH SAH MEAL 023
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Prepared	24 October 2026
Policy owner	Director and Clinical Lead RN
Approved by	Director: Huy Le RN: Thi Ngoc Bich Tran
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Nurses, workers, coordinators and approved contractors preparing meals, supporting intake or monitoring mealtime and swallowing risks

1 Purpose and scope

Support each person to enjoy food and drinks that meet their needs, preferences, culture and goals while managing risks. Promote independence, choice, oral health and social connection. Difficulty eating or drinking requires assessment and support, not pressure, blame or routine restriction.

This policy applies to Support at Home delivery on behalf of The Fig Trees and other approved registered providers. It covers meal preparation, shopping-related choices, oral intake assistance, hydration and observation within approved scope. Enteral feeding, tube medicines, specialised nutrition treatment and complex dysphagia procedures require separate clinical plans, authority and competence before service. This document does not prescribe diets, fluid limits or swallowing treatment.

2 Responsibilities

The Coordinator confirms authorised tasks, supplies, time, trained staff and provider arrangements. The Clinical Lead RN assesses or coordinates health and nutrition risks, referrals and clinical monitoring. Speech pathologists assess swallowing and recommend individual strategies; dietitians assess nutritional requirements and nutrition interventions. Prescribers and pharmacists advise on relevant medicines and formulations within authority.

Workers follow current meal and swallowing instructions, seek consent, prepare suitable meals within competence, document actual intake when required and report concerns. The Director ensures resources, training and safe scope under Policy 21. Agree The Fig Trees' assessment, dietetic/speech pathology referral, product supply, authorisation and continuity responsibilities in writing.

3 Rights and clinical boundaries

Respect informed choices and supported decisions. Do not force-feed, rush, punish refusal or hide medicines in food. Consent, clinical recommendations, worker competence and funding authorisation are separate requirements. Some nutrition duties are described in residential Standard 6; do not assume that the whole

residential standard applies directly to H&H Care's home service. Apply relevant clinical and person-centred requirements and agreed responsibilities.

Assessment individual plans and consent

4 Assess needs and obtain current instructions

At intake and on change, identify usual intake, meal pattern, preferences, allergies, oral/dental issues, ability to shop/prepare/eat, support needs, weight concerns, appetite, illness, cognition, mobility, fatigue and access to food/drinks. Identify barriers such as finances, isolation, pain or lack of assistance without assuming family support. Obtain consent and communication support under Policies 2 and 3.

Arrange competent nutrition/hydration screening where indicated, using a suitable validated tool with clinical judgement. Concern about poor intake, unintended weight change, dehydration or malnutrition requires RN/medical and dietetic review as appropriate. Workers must not diagnose or prescribe from a screening score. Weigh or measure only under an agreed method, safe equipment and assessed purpose.

For known or suspected dysphagia, obtain the current speech pathology and related clinical plan. Record food texture and fluid thickness separately, assistance level, position, equipment, pacing, supervision, oral care, stop signs and escalation. Resolve conflicting discharge, family or older instructions before affected intake; seek prompt clinical advice and a safe interim plan rather than simply withholding all food and fluid indefinitely.

5 Minimum individual mealtime plan

- Client goals, preferred meals, cultural needs, consent and decision-support arrangements; allergies distinguished from dislikes or intolerances.
- Usual diet and any clinician-prescribed restriction, fortification, supplement, fluid target or fluid restriction, including source/date and review.
- Exact IDDSI food level and fluid level when prescribed, applicable testing/preparation instructions, exceptions and specialist plan reference.
- Seating/position, aids, assistance, supervision, bite/sip pacing and any specific strategies recommended for that person.
- Monitoring purpose, intake/weight method, frequency and clinician-set escalation triggers; no generic universal daily fluid target.
- Choking/emergency arrangements, contact and backup, between-visit/overnight support, supply and review triggers.

A thickener recipe, food label or general training sheet does not replace an individual swallowing assessment. Do not change textures, fluid thickness, posture or strategies independently because coughing occurs or a different product is available. Obtain qualified review and record the agreed directions.

Meal preparation hydration and everyday support

6 Food safety and suitable meals

Use safe hand hygiene, clean preparation areas and equipment, appropriate storage, cooking and reheating under applicable food safety guidance and product instructions. Separate raw from ready-to-eat food, manage use-by dates and allergens, and avoid unsafe leftovers or cross-contamination. Identify special food service obligations if H&H prepares or supplies food beyond domestic assistance; do not assume a home-care policy alone establishes food business compliance.

Prepare meals that match the individual plan, preferences and required texture. Check delivery labels and actual consistency rather than assuming a supplier's standard meal is suitable. Have an agreed alternative if food is unavailable or unsuitable and notify the Coordinator of persistent shortages. Do not replace a prescribed meal/supplement with an improvised product without appropriate advice.

7 Hydration support

Offer preferred safe drinks regularly within the agreed plan, with accessible cups/aids and assistance where needed. Consider weather, illness and dependence, while respecting heart/kidney or other prescribed fluid limits. Do not restrict drinks to reduce continence care or impose a generic litres-per-day rule. Refer uncertainty about a target or restriction to the RN/treating clinician.

Record actual intake when required, using consistent units and method and noting estimates as estimates. Do not record a full cup as consumed merely because it was offered or left nearby. The plan should state which fluids count toward a prescribed restriction and how staff coordinate with family or other providers; workers must not invent those rules.

8 Support eating and drinking

- Check the current plan, client identity, consent, alertness and ability to participate; ask about pain, nausea, fatigue and preferences. Pause and seek advice when current condition makes intake unsafe.
- Set up the prescribed safe position and aids, protect privacy and offer a calm environment with adequate time. Follow the individual supervision requirements; do not leave someone needing assistance unattended with food.
- Encourage independent participation and offer only the assessed level of help. Follow specified portions, pace and utensils; allow time for the person to finish a mouthful.
- Observe breathing, voice, comfort, swallowing and fatigue. Do not keep feeding while the person is distressed, excessively drowsy or showing unsafe swallowing signs.
- Provide oral/denture care under the plan and report pain, sores, poorly fitting dentures or other barriers. Follow any instruction about remaining upright after meals rather than inventing a universal duration.

Straws, spouted cups, chin-tuck manoeuvres, alternating food/drink and other strategies are not universally safe. Use only the strategies prescribed or assessed for the person, with competence and consent.

Dysphagia texture modification and risk choices

9 Recognise swallowing difficulty

Dysphagia means difficulty swallowing; aspiration means material enters the airway/lungs, while choking is airway obstruction. Warning signs can include coughing or throat clearing with meals, wet/gurgly voice, drooling, food remaining in the mouth, repeated swallows, prolonged meals, pain, food refusal or recurrent respiratory concerns. Silent aspiration may occur without coughing; absence of cough does not establish safety.

Stop the affected intake if signs suggest immediate swallowing risk, keep the person safely supervised and obtain prompt RN/speech pathology or medical advice according to urgency. Do not trial water, thinner fluids or a different posture to test safety. Call 000 for airway/breathing emergency or severe deterioration. New or changed swallowing concerns require review even when a previous plan exists.

10 IDDSI food and fluid instructions

Use the exact prescribed IDDSI level names/numbers for food and drinks separately. Terms such as soft, mashed or thick are not sufficiently precise on their own. Do not assume a food level implies the same fluid level. Staff preparing or testing modified textures must be trained in the applicable current IDDSI methods and approved procedure.

Follow validated product preparation and testing instructions at the temperature and conditions served. Thickness and texture can change over time or with temperature, mixing and ingredients. Use the correct testing equipment and criteria; an arbitrary syringe or visual judgement is not a substitute for the specified test. Do not reproduce or simplify the full IDDSI standard into an unverified local recipe.

Check mixed textures, soups, sauces, fruit, supplements, melting foods and other potential exceptions against the individual plan and testing guidance. Never assume ice cream, jelly or ice is safe because it starts firm or thick. Record required tests and unsuitable items and obtain advice for substitutes. Thickened fluids do not guarantee hydration or remove aspiration risk; monitor acceptance and intake.

11 Medicines and special feeding routes

Use Policy 20 for medicines. Do not crush, open capsules or mix medicines with food, fluids or thickener without medicine-specific advice, required prescriber authority, consent and a current plan. Swallowing advice and pharmacy advice must be coordinated; an alternative formulation may be needed. A mealtime plan does not authorise tube feeding, tube flushing or enteral medicines.

12 Informed risk choices

Where a client chooses food/drink inconsistent with clinical recommendations, support informed decision-making, clarify the person's goals and capacity/authority for that decision, and arrange qualified multidisciplinary review. Develop a documented eating-and-drinking risk plan with alternatives, worker limits, emergency action and review. A signature alone does not authorise unsafe or out-of-scope care or waive duties. Do not use refusal to justify coercion or abandonment.

Choking deterioration and follow up

13 Choking response

Use current Australian first aid training and ANZCOR guidance. If the person can cough effectively, encourage coughing and closely observe; do not give food/drink or perform blind finger sweeps. If coughing is ineffective or the person cannot breathe or speak effectively, call 000 immediately and follow dispatcher instructions while providing trained first aid.

For a conscious adult with severe obstruction, Australian guidance uses up to five back blows, checking after each, followed if ineffective by up to five chest thrusts, checking after each, and continuing the cycle as indicated. Abdominal thrusts are not the recommended Australian approach. Follow current training for the person's circumstances; this paragraph is not a substitute for practical competency.

If unresponsive and not breathing normally, start CPR and use an AED if available under Policy 12, current first aid and any clearly applicable lawful treatment limitation. Remove only a clearly visible obstruction when appropriate; do not blindly sweep the mouth. Do not delay emergency help to contact family, a manager or obtain funding approval.

After an apparent recovery, obtain appropriate clinical assessment, particularly after thrusts, persistent symptoms or possible aspiration. Do not immediately resume the meal without an appropriate safe plan. Record the event, advice and current condition, notify management/provider, complete incident reporting and arrange swallowing/clinical review. Assess SIRS on actual circumstances under Policy 9 rather than automatically classifying every cough or choking event.

14 Nutrition hydration and clinical escalation

Concern	Response
Emergency signs	Call 000 for airway compromise, severe breathing difficulty, collapse, severe allergic reaction or other emergency deterioration.
New unsafe swallowing or possible aspiration	Pause affected intake, remain safely with the person and obtain prompt clinical advice. Emergency help if breathing or condition is affected; do not independently trial alternative consistencies.
Markedly reduced intake dehydration signs or acute confusion	Prompt RN/medical review; urgent/emergency escalation where severe or worsening. Do not assume reduced urine or confusion proves dehydration alone.
Unintended weight change poor appetite or repeated meal refusal	Arrange RN/dietetic/medical review according to risk, explore barriers and preferences and record actual intake and agreed alternatives.
Missing food unsafe texture or inadequate support	Notify the Coordinator/provider promptly and arrange a safe alternative. Do not leave essential needs unresolved or record a meal as consumed when it was not.

Document onset, actual observations, advice, person/time contacted, accepted follow-up and outcome. Review after illness, discharge, choking, new texture or product, weight/intake changes or client concern and on the clinician-set schedule. Update care and roster instructions and confirm worker acknowledgement before affected services resume.

Individual nutrition hydration and mealtime plan

MEAL F01 | Complete with the client and relevant clinicians. Link current speech pathology/dietetic and medical instructions; this template does not prescribe a diet.

Client identifiers: _____
Assessor/clinical author and plan date/version: _____
Goals preferences culture and communication support: _____
Consent/authority and client involvement: _____
Allergies/intolerances and current clinical source: _____

Plan area	Individual directions and source/date
Diet meals supplements or restrictions	_____ _____
Fluid target/restriction if prescribed	_____ _____
Food IDDSI level and exceptions	_____ _____
Drink IDDSI level and preparation/testing	_____ _____
Position aids utensils pace and supervision	_____ _____
Oral care and medicine/swallowing interface	_____ _____
Intake weight and symptom monitoring	_____ _____
Stop signs response contacts and backup	_____ _____

Required staff competence and assistance: _____
Safe alternatives and action if meal/product unavailable: _____
Between-visit support and supply responsibility: _____
Risk-choice discussions/specialist plan reference: _____
RN review and speech/dietitian instructions confirmed: _____
Provider service authorisation/reference: _____
Workers briefed/current copy location: _____
Review date and earlier triggers: _____

Mealtime intake and preparation records

Mealtime and hydration support record

MEAL F02 | Client/date: _____ Worker/role: _____
Current plan/version and consent: _____
Actual mealtime/support times: _____

Food/drink offered and amount	Actual intake and method/units	Assistance response and action
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

Symptoms refusal concerns or unmet needs: _____
_____
Advice/contact/time and accepted follow-up: _____
_____
Client outcome/goals feedback: _____
Author authentication and entry time: _____

Modified food and fluid preparation check

MEAL F03 | Client/item and served date/time: _____
Prescribed food level and separate fluid level/reference: _____
Product recipe/manufacturer instructions: _____
Preparation method/time/temperature conditions: _____
Applicable IDDSI test method and equipment: _____
Actual test result and suitability confirmed by: _____
If unsuitable action/alternative/clinical advice: _____
_____
Worker competence/current procedure reference: _____
Author and any review required: _____

Record only tests performed and intake actually known. Label estimates clearly. Product labels, a full plate offered or a completed checklist do not prove the meal was safe or eaten. Use incident/deterioration forms separately when required.

Implementation quality monitoring and references

15 Readiness and governance

Before approval, confirm service scope, RN/speech pathology/dietetic access, current individual plans, clinical and after-hours contacts, safe food handling and product supply, staffing and practical competency. Train workers in consent, assistance, IDDSI instructions/testing where relevant, recognising concerns, choking first aid and reporting. A generic online module alone does not demonstrate client-specific skill.

As internal controls, the Coordinator checks urgent intake/swallowing alerts and unresolved essential care gaps each service day, sooner for risk. The RN and management review poor intake, choking/aspiration concerns, weight changes, dehydration concerns, missed meals, complaints and referrals monthly. Audit a risk-based sample of plans, records and actual practice quarterly. Reassess competence annually or earlier for changed tasks, products or incidents; clinical review follows individual need and directions.

Review whether meals are enjoyable, culturally appropriate and sufficiently supported, not only whether charts are filled. Seek client feedback, identify barriers and assign improvement actions with owners/dates and verified results. Refer funding or timing gaps to The Fig Trees without altering professional recommendations to fit available hours.

16 Records and related policies

Maintain assessments, consent, mealtime plans, current clinical instructions, required tests/intake/weight records, competence, referrals, incidents and review outcomes under Policy 8. Share clinical information securely and lawfully. Related documents: Policies 1 to 22, especially assessment, care planning, deterioration, IPC, personal care/oral care, medication and clinical governance; food safety and separate enteral procedures where authorised.

17 References

- Aged Care Act 2024 and Aged Care Rules 2025; applicable strengthened Quality Standards, professional and South Australian consent, privacy, food safety and WHS requirements; The Fig Trees agreement and variations.
- Commission — Supporting safe and enjoyable mealtimes for people with swallowing difficulties, worker resource updated July 2026. https://www.agedcarequality.gov.au/resource-library/workers-supporting-safe-and-enjoyable-mealtimes-people-swallowing-difficulties
- Commission — Clinical care guidance. https://www.agedcarequality.gov.au/strengthened-quality-standards/clinical-care
- International Dysphagia Diet Standardisation Initiative — Current framework, definitions and testing methods. https://www.iddsi.org/standards/framework and https://www.iddsi.org/standards/testing-methods
- ANZCOR — Guideline 4 Airway and choking algorithm. https://www.anzcor.org/home/basic-life-support/guideline-4-airway and https://www.anzcor.org/home/algorithms-and-flowcharts/choking-management-of-foreign-body-airway-obstruction
- Australian Commission on Safety and Quality in Health Care — Aged Care Infection Prevention and Control Guide. https://www.safetyandquality.gov.au/resources/aged-care-infection-prevention-and-control-guide

Official guidance checked 24 October 2026. Apply current individual clinical directions and Australian first aid guidance. This policy does not replace swallowing assessment, dietary prescription, full IDDSI methods or practical emergency training.

Director approval: _____ Clinical Lead RN approval: _____
Effective date: _____ Next review: _____
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