

Oral eating and drinking procedure

This is a mandated procedure under the operational policy framework. Any edits to this procedure must follow the process outlined on the [creating, updating and deleting operational policies](#) page.

Overview

This procedure is a practical direction for all staff working in education and care to plan and manage children and young people who require oral eating and drinking support including oral sensitivities or fixation, pica, swallowing disorders, feeding, food phobia and choking.

This procedure must be read along with the Department for Education [health support planning processes](#).

Scope

This procedure applies to educators, early childhood development specialists, principals, directors and education support staff working in education and care.

It also applies to all individuals and entities (“other parties”) engaged or contracted by the department to perform work and/or to provide support/services, which involve interactions with children and young people or require close proximity to or access to children and young people (ie volunteers, contractors, employees from external agencies, third party service providers, etc).

This document describes:

- how education and care staff manage the health support needs both proactively and reactively in education and care for children and young people who require oral eating and drinking support, including:
 - oral sensitivities or fixation (chewing, sucking, mouthing)
 - pica (non-food items); swallowing disorders (dysphagia)
 - feeding (oral issues and gastrostomy tubes)
 - food phobias/sensory aversion
 - choking
- signs and symptoms of swallowing and feeding disorders including choking and dysphagia
- the emergency response for any person experiencing a choking incident while at an education or care service
- education and training for managing oral eating and drinking
- risk



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Detail

Treatment and management for oral eating and drinking

Managing oral eating and drinking difficulties and disorders in education and care services makes sure children and young people are:

- safe while eating, including strategies to minimise the risks of choking and aspiration
- adequately nourished and hydrated to enable attendance and full accessibility of the curriculum
- healthy (free from aspiration, pneumonia and other illnesses related to malnutrition or dehydration) to maximise attendance.

Most children and young people in education and care services manage their own eating and drinking. However, some may require supervision, coaching, guidance and support for their safety and wellbeing.

Where a child or young person has a risk of choking or aspiration, requires their food or fluid consistency to be modified (u)-tio

- making a whistling or crowing sound, or no sound at all
- being unable to talk, cry or make noise
- turning blue –

developed to support staff and give first aid strategies for children and young people with a gastrostomy device or nasogastric tube.

Care plans and support agreements

Adequate nutrition is essential to support children and young people’s growth and development and to allow them to participate in and benefit from their educational experiences.

A child or young person may have difficulties with eating and drinking for a variety of reasons and the nature of support will be dependent on the individual needs and requirements. Parent/guardians should be encouraged to consult a health or allied health professional (specifically a speech pathologist) where oral eating and drinking difficulties are identified.

Where a child or young person has a risk of choking or aspiration, requires their food or fluid consistency to be modified or they need to be fed, an [oral eating and drinking care plan \(DOC 254KB\)](#) is needed to make sure the child or young person is supported and safe during mealtimes. Children and young people generally do not require a care plan for food phobias, eating disorders or oral sensitivities.

The matrix below can be used as a guide for the requirement for a care and support plans. It is a guide only. It does not include every scenario for health care plan or support agreement requirements.

	OE&D Care Plan	Non-specific Health Care Plan	Health Support Agreement	Medication Agreement
Food or fluid selectivity by type, texture, brand, shape or colour			✓	
Food or fluid consistency is modified	✓		✓	
Food or fluids are fed to the child or young person	✓		✓	
Behaviour management (where related to food intake)			✓	
Modified equipment			✓	
Medication management				✓
Exclusively tube fed				
Tube fed, with oral intake of food and/or drink				
Aspiration; Choking				
Where there is a known risk	✓		✓	
Where there is a known risk with an underlying medical condition				
Oral sensitivities are diagnosed and sensory activities required at education				✓
Statement involves medication or supplements only		✓		✓
Medical or allied health have prescribed treatment or activities			✓	
There is an underlying medical/health condition			✓	✓

Oral eating and drinking care plan

An [oral eating and drinking care plan \(DOC 254KB\)](#) is completed and regularly reviewed by the speech pathologist or treating health professional, in consultation with the parent/guardian, where the child or young person requires feeding or modification to their food or drink.

The oral eating and drinking care plan should outline (where relevant) the:

- level of support needed (degree of supervision or help)
- type of support needed:
 - equipment
 - environment
 - positioning
 - mealtime processes and after mealtime care

- more time needed to eat/drink



Oral eating and drinking observation log

An [oral eating and drinking observation log](#)

equipment

- parent/guardian –

After the meal

- finish the meal with a signal to clearly indicate mealtime is over, particularly for children and young people who have difficulty understanding or those with visual, hearing or sensory impairments
- encourage hand washing
- remove uneaten food and packaging from mealtime area and ensure it is appropriately disposed of.

Food and drink preparation

When preparing food or drink for children and young people with oral eating and drinking difficulties, education and care staff must make sure any specific requirements documented in the [oral eating and drinking care plan \(DOC 254KB\)](#) or [health support agreement \(DOC 131KB\)](#) are strictly adhered to.

The [IDDSI Framework](#) gives descriptors of food and fluid on a continuum of 8 levels (0-8) and the [IDDSI Flow Test](#) instructs how to test for the correct liquid consistency.

Safe food handling principles and standard infection prevention precautions must be adhered to (including not preparing food or drink if you are ill (diarrhoea or vomiting), wash and dry hands thoroughly, make sure clothes and equipment are clean).

When heating food and drinks, microwave in 10 – 20 second bursts, stir and test temperature after each burst. Test the temperature of food or drink by touching the spoon on the back of the hand.

Refer to the





of the strategies in place to manage the child or young person with an emphasis on the ability of the education or care service to provide a safe environment.

Risk minimisation strategies

Individual risk minimisation strategies should be documented in the [safety and risk management plan \(DOCX 140KB\)](#) where a child or young person has feeding difficulties, dysphagia, oral sensitivities, food or choking phobias in consultation with the parent/guardian.

Risk minimisation and prevention strategies should be considered for all in-school and out-of-school settings.

General prevention strategies for education and care services to minimise the risk of:

- a **choking** incident may include:
 - avoiding food that pose a choking risk to small airways (under 3s most vulnerable), any food that is small and firm is a choking hazard. ie popcorn, hotdogs, grapes, stone fruits, raw carrots, sausages, nuts, pieces of apple, corn chips, lollies. Further information available on [International Dysphagia Diet Standardisation Initiative \(IDDSI\) Framework](#) webpage.
 - encouraging children and young people to sit down for meals and snacks and not talking with food in mouths
 - beware of toys and items that may be a choking hazard, ie deflated balloons, beads, small toy parts, batteries, coins, bottle caps, pebbles/stones in gardens
 - making sure safe, age-appropriate toys are available by following manufacturers age recommendations
 - making sure all education and care staff are trained in first aid, including choking first aid and understand the emergency response process for a choking emergency
 - review of [hazard alerts](#) (staff login required) and implementation of any actions
- an adverse event for a child or young person who has feeding difficulties, dysphagia, oral sensitivities, food or choking phobias may include:
 - (all of the above listed under choking)
 - making sure appropriate supervision of children and young people at risk
 - identification and documentation of specific habits or behaviours in the health care or support plan
 - advice received from the child or young people's parents or primary caregivers
 - recommendations made by the speech pathologist or health professional about mealtime management requirements are clearly documented, available, and strictly adhered to,



- difficulty coordinating a swallow
- food or liquid entering into the airway (pulmonary aspiration)
- food or liquid remaining in the throat after swallowing (residue).

Oesophageal

May include:

- food getting stuck as it moves from the throat to the oesophagus
- poor movement of the oesophagus so food doesn't pass easily into the stomach
- food coming back up (reflux); food getting stuck in the oesophagus.

Signs and symptoms

Signs and symptoms of swallowing and feeding disorders vary based on the medical condition and age of the child or young person, but may include:

- back arching
- gagging
- breathing difficulties when feeding (may be signalled by increased respiratory rate)
- skin colour change (turning blue)
- coughing and/or choking during or after swallowing
- dehydration
- difficulty chewing foods or spitting out partially chewed foods
- difficulty initiating swallowing
- difficulty managing secretions (drooling)
- disengagement cues, such as facial grimacing, finger splaying, or head turning away from food source
- congestion, particularly after meals (including noisy or wet vocal quality)
- frequent respiratory illnesses
- food or fluids coming out of the nose
- refusing foods of certain textures or types
- taking only small volumes, over-packing the mouth, and/or pocketing foods
- vomiting
- weight loss or lack of appropriate weight gain.

Oral sensitivities (chewing, sucking, mouthing, pica)

The oral system is responsible for sending signals to our brain, organising information and receiving input. All

Some oral sensory activities can be included in classroom activities ie blowing bubbles or whistles.

Pica

Given the risk of medical complications associated with pica (ie poisoning, tearing of the oesophagus or intestine) close monitoring of the child/young person is required to prevent and monitor for effects of ingestion.

If a potentially poisonous non-food substance has been consumed phone the **Poisons Information Centre 13 11 26** to speak with the, **for life-threatening or urgent medical attention, phone 000 (ambulance)**.

The diagnosis and treatment for each individual will be different. Appropriate interventions and precautions should be included in a [non-specific health care plan \(DOCX 124KB\)](#) and/or [health support agreement \(DOC 131KB\)](#).

Treatment techniques may include:

- behaviour therapy
- discrimination training between edible and inedible items
- self-protection devices that prohibit placement of objects in the mouth
- oral sensory activities
- environmental risk assessments or scans.

Food aversion or choking phobias

Food aversion or choking phobia is known as [cibophobia](#)

- relaxation techniques before eating
- liquid forms of medications (if needed).

Definitions

Access Assistant program (Women's and Children's Health Network)

Supports children and young people with a disability and/or who have complex health support needs, so they can participate in the pre-school or school curriculum.

Provides professional health advice to support departmental health related policies.

allied health professional

Trained professionals (other than doctors, nurses and dental professionals) that can manage physical or mental health through diagnosis, treatment or rehabilitation. Allied health professionals include (but are not limited to) counsellors, dietitians, occupational therapists, physiotherapists, psychologists, social workers, speech pathologists.

aspiration

Also: pulmonary aspiration. Aspiration is the entry of material (food, drink, stomach contents) from the throat into the larynx (voice box) and lower respiratory tract (the portions of the respiratory system from the trachea—ie windpipe—to the lungs).

cibophobia

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Approved by: Director, Disability Policy and Programs

Approved date: 27 October 2021

Review date: 27 October 2024

Amendment(s): Updated hyperlinks.

Version: 1.1

Approved by: Director, Disability Policy and Programs

Approved date: 10 March 2020

Review date: 10 March 2023

Amendment(s): Reviewed and updated in new template.

Version: 1.0

Approved by: Senior Executive Group

Approved date: 10 August 2018

Review date: 10 August 2019

Amendment(s): New procedure developed incorporating information from the former 'Oral eating and drinking in education and children's services' FAQs revised edition December 2015.

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