

## Clients with Mealtime Management Plans

Client's Details	
Name:	Date:

Australian Quality Care is committed to providing safe and competent supports to clients with dysphagia, or difficulty swallowing, to try to avoid the risks of choking or aspiration pneumonia, which could lead to the participant's death or serious health complications.

If a client shows any sign or symptom of swallowing difficulty, Australian Quality Care will support them to consult a GP and work with their Support Coordinator to engage a speech pathologist, so they can assess their swallowing and mealtime assistance needs as well as review their general health.

This agreement outlines your consent, or otherwise, to receiving assistance with your mealtime management, in line with the recommendations in your Mealtime Management Plan written by a health professional. It also outlines your understanding and acceptance of the risks involved in Risk Feeding, if you choose not to follow the recommendations in your Mealtime Management Plan.

***\*Assistance with mealtime management is a National Disability Insurance Scheme (NDIS) funded support; it is covered by the funds in a participant's NDIS Plan.***

***\*\*The costs of this support is not provided for in a resident's rooming agreement.***

Should you have any questions or concerns, please don't hesitate to contact us.

Please select **one** of the following check box options, and sign below:

**OPTION 1: I DO REQUEST ASSISTANCE WITH MY MEALTIME MANAGEMENT PLAN**

I request management/staff of Australian Quality Care to assist me with my Mealtime Management Plan as prescribed by my Speech Pathologist. **I also understand that:**

- I have provided Australian Quality Care with a copy of my Mealtime Management Plan.
- Australian Quality Care is authorised to prepare my meals and liquids for consumption in the suggested size, texture and consistency as outlined in my Mealtime Management Plan.
- Australian Quality Care will ensure that I am alert and positioned in the appropriate manner for all meals and drinks as outlined in my Plan, if applicable.
- Australian Quality Care may encourage me to make food and drink choices in line with my Plan, including reminders on consuming food and fluid at the appropriate consistency/texture, if applicable.
- Australian Quality Care may contact my Speech Pathologist with any continued problems and organise to have the plan reviewed and/or changed.
- Should I choose not to consume my meals prepared as per my Mealtime Management Plan, I do so at my own risk and Australian Quality Care may contact my Speech Pathologist to discuss a plan review.
- If I experience acute or persistent swallowing problems while Australian Quality Care is assisting me with strategies in my Mealtime Management Plan, Australian Quality Care may contact my GP or health professional for re-assessment.

**OPTION 2: I DO NOT REQUEST THE ASSISTANCE REQUIRED WITH MY MEALTIME MANAGEMENT PLAN**

I choose not to have Australian Quality Care to assist me with the recommendations outlined in my Mealttime Management Plan. I understand that this means that Australian Quality Care will not prepare my meals and liquids in the recommended manner, and I choose to consume un-modified meals at my own risk.

This is known as **Risk Feeding** and I understand and accept that **this is unsafe**. I have been made aware of the associated health complications of Risk Feeding by a medical professional and **I agree that:**

- I have discussed what Risk Feeding is with my Speech Therapist and/or treating medical professional.
- I understand the level of risk that Risk Feeding may have to my health, safety and life.
- I understand that by not following a modified diet as recommended to me by my Speech Therapist or treating medical professional that there is an increased risk of me **choking** or **aspirating** which could result in me being **injured**, becoming **ill**, being **hospitalised**, or **dying**.
- I understand that if I choose to Risk Feed, Australian Quality Care will document these incidents as part of their risk management system and report the incidents to my speech therapist and/or treating medical professional.

This agreement is made in accordance with the *National Disability Insurance Scheme (NDIS) Dysphagia, Safe Swallowing and Mealttime Management Provider Obligations*.

**Signature of Participant:**

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Signature of Guardian or Informal Decision Maker:**

\*signature of person acting on authority under Guardianship Administration Act 2000 or Powers of Attorney Act 1998 for the person named above, OR an Informal Decision Maker (must have an Informal Decision Maker Details Form-0071 signed) for the person named above.

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Signature of Australian Quality Care Representative:**

Print Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>