Meal Service Procedure

Effective: 3 September 2018

1. Guiding Principles

The Albany Psychiatric Inpatient Unit (APU) is committed to providing a therapeutic environment that promotes recovery and optimises patient independence with activities of daily living. The principles are also to be balanced with a concern for the safety of staff and patients.

2. Procedure

Staff to be aware that meal times can be an increased risk of incidents and that additional care is taken when preparing for and observing meal times.

Self-service - Open ward

- 1. Review dining area and pantry for any risks and potential weapons.
- 2. Unlock trolley and move into dining area.
- 3. Patients to self-serve meals with nursing staff observation to ensure correct meal allocated (e.g. additional care taken for patients with dietary requirements for medical conditions).
- 4. Check of cutlery and trays to be performed by nursing staff prior to PSA taking trolley away.

Secure ward

- Assess whether patients need plastic cutlery or paper plates based on risks to self or others
- · Meals are to be stored in the open ward trolley until meal times.
- Ward staff are to deliver meals to the secure unit. The number and mix of staff is to be determined by the risk assessed each meal time.

3. Definitions

Activities of daily living	Daily self-care activities such as feeding, bathing,
	dressing and grooming.

4. Roles and Responsibilities

The **Inpatient Unit Manager** is responsible for ensuring that staff undertake a risk assessment prior to meal times for both the secure and open ward area.

The Inpatient Unit Manager is also responsible for ensuring that appropriate strategies are implemented to manage the risks identified i.e. removal of items that can be used as a weapon, allocating sufficient staff to supervise meal times, use of plastic plates and plastic cutlery with high risk patients.

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5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the <u>Employment Policy Framework</u> issued pursuant to section 26 of the <u>Health Services Act 2016</u> (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

This procedure is to be reviewed by the Manager Mental Health Services every three (3) years.

7. Standards

National Safety and Quality Health Care Standards - 9.1.2, 9.2.4, 9.4.1, 9.4.3 <u>EQuIPNational Standards</u> - 12.8.2 <u>National Standards for Mental Health Services</u> - 10.2.3, 10.3.1, 10.3.3, 10.3.7, 10.4.5, 10.5.5, 10.5.9

8. Policy Framework

Mental Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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