



Nutrition Standards Policy

1. Purpose

The WACHS Nutrition Standards Policy provides a framework for all sites to develop menus that meet the baseline food and nutrition needs of most paediatric and adult inpatients and residents during their admissions to WACHS. WA Health has endorsed the [NSW Health Nutrition Standards](#) (referred to as the Nutrition Standards in this document) as the best practice guideline for supporting menu design based on meeting nutrient goals and patient choice.

The Nutrition Standards Policy provides recommendations that need to be used in conjunction with the [International Dysphagia Diet Standardisation Initiative \(IDDSI\)](#) to ensure safe and appropriate menu options are available for patients and residents on modified texture diets. Standardised definitions for modified texture foods have been outlined by IDDSI, and these have been endorsed by Speech Pathology Australia and Dietitians Australia as listed in this policy in [Appendix E](#).

This Policy supports compliance with national nutrition and hydration standards, [National Safety and Quality Health Service Comprehensive Care Standard](#) and [Aged Care Quality Standards](#). It establishes governance requirements for the planning, provision and monitoring of nutritionally adequate menus across applicable services.

The Policy requires regular menu planning and review, including at least annual review led by a dietitian. It also addresses mealtime practices and the dining environment to support safe, appropriate and person-centred care for residents in residential aged care settings.

Residential care homes and Multipurpose Service (MPS) sites providing residential aged care must comply with the [Aged Care Act 2024](#) and associated [Aged Care Rules 2025](#), including requirements under “Meals and refreshments” to meet residents’ nutritional and hydration needs. Adherence to this Policy supports services to meet these legislative and quality standard requirements.

2. Policy

This policy outlines the implementation of the Nutrition Standards and IDDSI to all facilities in WACHS that provide meals for inpatients and residents. A food service system that complies with the Nutrition Standards allows patients to select meals that¹:

- help them recover
- are safe, nutritious, appetising and high-quality with sufficient variety
- meet their nutrient requirements
- are appropriate for their stage of development (for paediatric patients)
- make their time in hospital better by providing food that meets their expectations.

This policy outlines:

- implementation of the Nutrition Standards
- implementation of IDDSI
- compliance and audit requirements
- role of Food Service networks and governance committees.

**ATTENTION**

Sites must follow requirements outlined in this policy as not all components outlined in the full NSW Health Nutrition Standards will be implemented across WACHS.

2.1 In Scope

This policy is designed to be appropriate for most paediatric and adult inpatients and residents, including the nutritionally well and the nutritionally at risk. The standards within this policy apply to providing appropriate modified texture diets (refer to [Appendix E](#)) that includes meeting minimum menu choice and serve sizes ([Appendix C](#)) across menus for modified texture diets.

2.2 Out of Scope

The Nutrition Standards may be used as guidance in the following situations, however compliance is not mandatory as these areas fall outside the scope of this Policy:

- Therapeutic dietary menus: patients with certain health conditions may have different nutrient goals and require different food choices to those available on the standard menu. Standard menus can be modified accordingly to meet the nutritional needs for these patients, which may result in different menu choices and serving sizes.
- In-home meals: food provided for in-home aged care meal services must comply with [Guidance for in-home meal requirements](#). WACHS sites that prepare and provide in-home meals that follow the standard site menu, and this policy, will meet the legislative requirements under *Aged Care Act 2024*. Refer to [WACHS Quality Assurance Framework - meal requirements for in-home aged care](#) for more information.
- Admitted day stay units e.g. renal dialysis, chemotherapy and day surgery patients may receive a modified meal service with less choice
- Renal hostel menus that are provided by a WACHS site will include different choices and a modified menu design that are clinically appropriate for patients living with renal disease based on current best practice guidelines
- Any hospital kiosks (canteens or cafes), vending machines or ward trolleys must be compliant with [Healthy Options WA Food and Nutrition Policy](#)
- Meals provided to staff or catering for functions (catering must be compliant with [Healthy Options WA Food and Nutrition Policy](#)).

2.3 Guiding Principles

The following principles provide overarching governance to developing appropriate meal services across WACHS¹:

1. WACHS has a duty of care to ensure all patients and residents have access to safe, appropriate and adequate food and fluids. This includes patients at risk of malnutrition, with food allergies and those requiring texture modified and therapeutic diets
2. Consumers will be involved in menu design through local food service committees
3. Food offered will be visually appealing, enjoyable and age appropriate
4. The menu design process will apply best-practice principles, considering the length of stay, physiological and clinical needs, cultural and religious preferences and stage of life or development

5. The menu will provide a variety of foods with respect to colour, texture, taste, smell, and how it looks. This variety will be in each meal, throughout the day, and across the entire menu cycle
6. Menu design and options allow patients and residents to choose at least the minimum number of serves from each of the core food groups recommended in [Australian Dietary Guidelines](#)
7. [Nutrient Reference Values](#) ² will guide the development of menus that allow patients and residents to meet their recommended daily intakes (RDI)
8. Patients will have access to safe and appropriate food and fluids outside of usual meal delivery hours
9. Sites will provide additional food options for patients and residents with food allergies and a range of therapeutic dietary needs
10. Where possible, a patient's nutritional requirements will be provided from food and fluids. If needed, fortified and nutritionally dense foods should be made available. Oral supplements can be prescribed by a dietitian following nutritional assessment as clinically indicated
11. Modified texture diets and thickened fluids are to comply with IDDSI
12. All sites participate in local food service committees and safety and quality committees to support implementation of the Nutrition Standards and compliance with this policy.

2.4 Procedure

All WACHS sites that provide meals for admitted patients and residents are to provide menus that meet the following criteria as outlined in this policy for standard menus and all levels of textured modified menus:

- meet the nutrient goals ([Appendix A](#))
- classify menu items based on band definitions ([Appendix B](#))
- meet the minimum menu choice and provide options ([Appendix C](#))
- have standard recipes for all meal components
- provide nutritional analysis of all recipes
- have been reviewed by local dietitian annually
- have undergone regular auditing based on this policy.

Resources to support the implementation of this policy are available on the [WACHS Food Service Information Space](#).

2.5 Menu planning and design at small hospitals and MPS sites

All WACHS facilities are to make every effort to be compliant with the Nutrition Standards.

WACHS acknowledges small hospitals and MPS sites may have challenges in meeting components of the Nutrition Standards, in particular the menu planning and design around patient choice ([Appendix C](#)). Sites can work with local dietitians and food service committees to develop short order menu items for main meals and utilise frozen meals or preprepared food tender menu items. Modified menus must still meet the guiding principles and nutrient goals as per this policy.

2.6 Texture Modified Diets

Patients and residents requiring texture modified diets, including those with dysphagia, must be provided with safe, nutritionally adequate and appealing meals that support optimal intake and reduce the risk of malnutrition.

All texture modified diets must comply with the [IDDSI](#) framework and meet the Nutrition Standards outlined in this Policy, including requirements for nutrient provision, standard serve sizes and minimum menu choice. Modified texture menus must offer a variety of appetising and visually appealing main meals and snacks, consistent with the guiding principles of this Policy.

Sites must ensure that menu planning and review for texture modified diets is undertaken in collaboration with dietitians, speech pathologists and relevant food service governance structures. Where required, sites may incorporate short-order menu items or utilise pre-prepared menu options, provided these meet Policy requirements.

Food presentation must be considered to support intake. The use of food moulding techniques for IDDSI Levels 4 and 5 is recommended to improve visual appeal, patient/resident experience and nutritional intake. An example for sites to consider includes [Shape It \(Moulding for Texture-Modified Food\)](#)

Where clinically indicated and following assessment by an appropriate healthcare professional, patients and residents may be provided with small serves of texture modified meals. Small serves are defined as 50% of a standard serve (refer to Band Definitions [Appendix B](#)). In these cases:

- The protein component should remain at a standard serve size
- Vegetable and carbohydrate components may be reduced

All patients and residents receiving small serves must be provided with fortified food options in accordance with the WACHS [High Protein High Energy \(HPHE\) Menu Standard](#).

Patients and residents who are unable to meet their nutritional requirements through food alone, or who are identified as nutritionally at risk, must be referred to a dietitian for assessment. This may include consideration of oral nutritional supplementation and development of an individualised nutrition care plan.

2.7 Food First Approach for Malnutrition

Menus compliant with the Nutrition Standards are designed to meet the nutritional requirements for most patients. Patients and residents who have increased nutrition needs or are at risk of malnutrition, may require fortified menu options, nutritionally dense foods or additional menu choices. WACHS promotes a food first approach to managing malnutrition. This includes

- larger portions and/or additional choices of nourishing food items at mealtimes.
- menu items fortified, for example with a commercial fortifying agent, full cream dairy products, cream, butter, margarine or oil
- high protein/high energy snacks and fluids provided at all mid meals
- access to food outside of usual meal delivery times
- following [HPHE Menu](#) standard.

Patients and residents who are unable to meet their nutritional requirements through food alone, or who are identified as nutritionally at risk, must be referred to a dietitian for assessment. This may include consideration of oral nutritional supplementation and development of an individualised nutrition care plan.

For more information, please refer to [WACHS Nutrition and Hydration Procedure](#).

2.8 Meeting the Nutritional Needs for Residents

Food and nutrition are fundamental to meeting the physical, functional and psychosocial needs of residents and are essential to supporting health, wellbeing and quality of life. WACHS is responsible for ensuring that menus provided in residential aged care settings maximise food enjoyment, prevent nutritional deficiencies and meet the requirements of the [Aged Care Quality Standards](#).

Sites must ensure the provision of safe, adequate, nutritious and enjoyable food and fluid in accordance with the Aged Care Quality Standards. Residents must be supported to participate in the planning and delivery of meals, be provided with appropriate food and drink to maintain their health and wellbeing and assist in the management of medical conditions. Unnecessary dietary restrictions must be avoided, as these may contribute to reduced intake and increased risk of malnutrition.

Recognising that older adults may have reduced appetite and consume smaller meals, residents may be offered smaller serves of main meal items where clinically indicated and following assessment by an appropriate healthcare professional. Small serves are defined as 50% of a standard serve (refer to Band Definitions [Appendix B](#)).

Where small serves are provided:

- The protein component should remain at a standard serve size
- Vegetable and carbohydrate components may be reduced to half serves

All residents receiving small serves must also be provided with fortified food options in accordance with the [HPHE Menu](#) to ensure nutritional requirements are met.

Residents who are unable to meet their nutritional requirements through food alone, or who are identified as nutritionally at risk, must be referred to a dietitian for assessment. This may include consideration of oral nutritional supplementation and development of an individualised nutrition care plan

2.9 Food Service Monitoring and Compliance Audits

Compliance monitoring of this policy will be governed by local food service committees. Regular food service audits will be completed by appropriately trained food service staff, dietitians and speech pathologists. Sites that provide frozen meals or preprepared items must still be compliant with food service audits.

Refer to [Appendix F](#) for more information on audit tools, frequency of auditing and reporting processes.

2.10 Food Service Committees

All sites should have access to and oversight by a food service committee. With agreement by the relevant District Directors, this function may be provided by a single committee across multiple districts.

Membership should include support service supervisors and representatives from food service, dietetics, speech pathology, nursing, safety and quality, local Aboriginal Advisory committee and consumers.

The role of this committee includes the monitoring and governance of:

- general operational issues related to food service and food safety
- compliance with Nutrition Standards and IDDSI
- completion of food service audits and review of audit results
- risk management and compliance monitoring.

Food service committees should meet quarterly at a minimum. They should be chaired by a member of the District management team as a delegate of the District Director, escalate issues, risks or concerns to the local District Management Committee via the Chair.

3. Roles and Responsibilities

The **district director** is responsible for:

- ensuring compliance with Nutrition Standards and IDDSI at their site

The **dietitian** is responsible for:

- supporting food services with menu development
- reviewing all menus on an annual basis against this policy and Aged Care standards
- analysing all recipes using Food Works
- coordinating food service audits with food service staff
- participating in food service committees
- supporting food service and nursing staff training.

The **site food service teams** are responsible for:

- menu development
- coordinating menu reviews with dietitian
- coordinating food service audits with dietitian and speech pathologist
- ensuring compliance with Nutrition Standards and IDDSI
- participating in food service committees.

The **speech pathologist** is responsible for:

- reviewing of modified texture recipes to ensure compliance with IDDSI
- supporting food services to meet IDDSI standards
- ensure completion of IDDSI audits and central reporting
- participating in food service committees
- supporting training to catering and nursing staff on modified texture diets and fluids.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

The WACHS Food Service Team and Dietetic Professional Lead is to undertake review of this policy as per the WACHS policy review schedule.

This will include an assessment of the occurrence and efficacy of the District Food Services meetings with feedback to District Directors if any issues identified.

5. References

1. NSW Health, [Nutrition Standards | Agency for Clinical Innovation](#) ACI, 2024.
2. Nutrient Reference Values for Australia and New Zealand, National Health and Medical Research Council; Canberra 2006 <https://www.eatforhealth.gov.au/nutrient-reference-values>.

6. Definitions

Term	Definition
Dysphagia	Difficulty in swallowing. Swallowing is defined as the movement of a bolus of food, fluid or saliva from the mouth to the stomach.
International Dysphagia Diet Standardisation Initiative	The International Dysphagia Diet Standardisation Initiative (IDDSI) framework provides a common terminology to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures.
Fortified Food	Foods to which additional nutrients (such as protein, energy, vitamins, or minerals) have been added to enhance their nutritional value. From a dietetic perspective, they are often used to help individuals meet increased nutritional requirements or address inadequate intake, particularly in those at risk of malnutrition.
Nutrition Standards	A guide for food producers and providers to assist menu design, planning and assessment to ensure WA Health public hospital patients can meet their nutritional requirements during their inpatient admission.
Nutrient Goal	A nutrient goal is the amount of the specified nutrient that a patient should receive when choosing a selection of food from the standard menu. Not all nutrients have goals listed in the Nutrient Goal Standards.
Texture Modified Diets	Diets in which the texture of food and/or thickness of fluids is altered to support safe chewing and swallowing. From a dietetic perspective, they are used to manage dysphagia while ensuring nutritional and hydration needs are met.

7. Document Summary

Coverage	WACHS-wide
Audience	All staff
Records Management	Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	• Clinical Governance, Safety and Quality Framework • Healthy Options WA Food and Nutrition Policy
Related WACHS Policy Documents	• Nutrition and Hydration Procedure • Adult Dysphagia Screening and Assessment Clinical Practice Standard • Food Allergy Guideline
Other Related Documents	• National Safety and Quality Health Service Comprehensive Care Standard • Aged Care Quality Standards • Guidance for in-home meal requirements
Related Forms	• RC7 Resident Care Plan • RC15 Dietary Preference Form • WACHS Aged Care Resident Meals Survey
Related Training	Available from MyLearning: • Nutrition Standards for Adult Inpatients in Residential Aged Care (NUTWA EL1) • Malnutrition (MALWA EL1) • Thickened Fluids and Modified Diet: Introduction (THFIN EL1) • Thickened Fluids and Modified Diet: Preparation (THFWA EL1)
Aboriginal Health Impact Statement Declaration (ISD)	The completion of an Aboriginal Health Impact Statement and Declaration (ISD) is required for all new and revised policy documents. For further information, please see the ISD Guidelines. ISD Record ID: 5610
National Safety and Quality Health Service (NSQHS) Standards	1.01, 1.03, 1.07, 1.08, 2.01, 5.03, 5.04, 5.21, 5.27, 5.28
Aged Care Quality Standards	1, 6
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	9 October 2026	9 October 2026	Implementation of NSW Health Nutrition Standards as per this document

9. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery Services
Contact	Professional Lead Dietetics
Business Unit	Health Programs, Central Office
EDRMS #	ED-CO-20-48878
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This document can be made available in alternative formats on request.

Appendix A: Nutrient Goal Standard for adult and paediatric patients

For **adults**, the nutrient goals are based on an adult male weighing 76kg as the reference person. For **paediatrics**, the nutrient goals are based as follows:

- 7-12 months: adequate intake for all genders
- 1 year and older: RDI for all genders in the defined age group

Nutrients listed are those that are important for most admitted inpatients and older adults. If menus are designed to meet the listed nutrient goals, it's likely that other essential nutrient requirements, like thiamine, vitamin A, magnesium or potassium, will also be provided¹.

Menus are designed from a range of food and drink options to achieve:

- Energy and protein nutrient goals daily
- Vitamins and minerals (micronutrients) averaged across a seven-day menu cycle.

Patients and residents should be able to select and consume foods to meet the nutrient goals from a standard menu by choosing a variety of foods over the menu cycle.

Table One: Nutrient Goals Standard for patients²

Nutrient	Adults	Paediatrics			
Energy	8000KJ	0-12 months	3500kJ	9-13 years	7400kJ
		1-3 years	4200kJ	14-18 years	9400kJ
		4-8 years	5500kJ		
Protein	90g	0-6 months	10g/day (1.43g/kg)	4-8 years	20g/day (0.91g/kg)
		7-12 months	14g/day (1.60g/kg)	9-13 years	40g/day (0.94g/kg)
		1-3 years	14g/day (1.08g/kg)	14-18 years	65g/day (0.99g/kg)
Fat	Less than 13% energy from trans & saturated fat	0-3 years	no restrictions		
		4-18 years	less than 10% from saturated and trans-fat with an upper limit of 13%		
Fibre	30g/day	0-12 months	no value	9-13 years	24g/d
		1-3 months	14g/day	14-18 years	28g/d
		4-8 years	18g/day		
Fluid	2.1 – 2.6L/day	0-6 months	0.7L/day (from breast milk or infant formula)		
		7-12 months	0.8L/day	9-13 years	1.6L/day
		1-3 years	1.0L/day	14-18 years	1.9L/day
		4-8 years	1.2L/day		
Vitamin C	45mg/day	0-6 months	25mg/day	1-8 years	35mg/day
		7-12 months	30mg/day	9-18 years	40mg/day
Folate	400ug/day	0-6 months	65µg/day	4-8 years	200µg/day
		7-12 months	80µg/day	9-13 years	300µg/day
		1-3 years	150µg/day	14-18 years	400µg/day
Calcium	1000mg/day	0-6 months	210mg/day	4-8 years	700mg/day
		7-12 months	270mg/day	9-18 years	1300mg/day
		1-3 years	500mg/day		
Iron	11mg/day	0-6 months	0.2mg/day	4-8 years	10mg/day
		7-12 months	11mg/day	9-13 years	8mg/day
		1-3 years	9mg/day	14-18 years	15mg/day
Zinc	14mg/day	0-6 months	2mg/day	4-8 years	4mg/day
		7-12 months	3mg/day	9-13 years	6mg/day
		1-3 years	3mg/day	14-18 years	13mg/day
Vitamin B12	No goal	0-6 months	0.4µg/day	4-8 years	1.2µg/day
		7-12 months	0.5µg/day	9-13 years	1.8µg/day
		1-3 years	0.9µg/day	14-18 years	2.4µg/day
Sodium	Upper limit 2300mg	0-6 months	120mg/day	4-8 years	1400mg/day (upper limit)
		7-12 months	170mg/day	9-13 years	2000mg/day (upper limit)
		1-3 years	1000mg/day (upper limit)	14-18 years	2300mg/day (upper limit)

Appendix B: Band Definitions (refer to [Bands](#))

Certain meal components are classified into 'Bands' based on their nutritional value. The bands support developing menus that meets patient nutrient goals. All banded menu choices provide a source of nutrition and are categorised by nutritional density. For example, Band 1 is the most nutritionally dense and Band 3 is the least.

Unbanded foods are menu items where the nutritional composition falls outside the bands. They can be included in menus in addition to banded items as these may enhance patient experience, satisfy appetite and reduce menu fatigue¹. The frequency of unbanded items is at the discretion of site dietitian based on patient cohort and facility size, and as approved by the local food service committee.

All WACHS menus can include a range of menu items across all the bands, including unbanded items, with a preference for Band 1 and 2 across the menu cycle.

The serve size specifications are for standard serve sizes required to meet the patient nutrient goals outlined in [Appendix A](#). It is recommended that a range of portion sizes should be offered for all main meals to account for patient's individual appetites, energy and nutrient requirements and to ensure meals are appealing.

For reference:

- **Large serve:** 150% of the standard serve size
 - For sandwiches: one and half sandwiches or made with 3 slices of bread
 - Not all items can be offered as a larger serve such as pre-packaged items.
- **Small serve:** 50% of the standard serve size
 - For sandwiches: half a sandwich or made with 1 slice of bread
 - Not all items can be offered as a smaller serve such as pre-packaged items.

The Nutrition Standards include bands for the following meal components:

- [Hot breakfast dishes](#)
- [Soups](#)
- [Main dishes – meat based](#)
- [Main dishes – vegetarian](#)
- [Pre-packaged complete meals – meat based](#)
- [Pre-packaged complete meals – vegetarian](#)
- [Main salads](#)
- [Sandwiches, wraps and rolls](#)
- [Desserts](#)

Note: Within band menu items, there is a tolerance +/-10% in both nutrient content and portion size.

Appendix C: Menu planning and design

The menu design allows sites to develop a menu and meal service that prioritises patient needs and preferences, meets nutrient goals and can be provided within site food service capacity. Ensuring patients have different options and a variety of tastes, textures, colours and food presentations prevents them from developing menu fatigue in little variation across the menu cycle. Menus must not repeat main meal items at consecutive meals or on consecutive days, except if the items are popular and preferred or listed on short order menu.

The following table includes menu planning and design actions for all standard diet (Level 7) and textured modified diets (Level 4-6) based on:

- minimum number of options of that menu item to be offered at meals and mid meals
- standard serve size for each menu item to be provided at meals and mid meals
- menu design actions supporting a menu that meets patient nutrient goals.

For **texture modified menus**, sites must make every effort to meet the Nutrition Standards as listed in this Policy. Where the site deems it requires a modified menu choice, sites may:

- offer [Texture Modified Short Order Menu Options](#) for second hot main meal option which can include appropriate frozen meals from WA Health Prepared Food Tender or approved suppliers
- offer less variety with main meals and snacks across the menu cycle if sites meet the minimum number of options for each meal and snack occasion per day.

For **small hospitals and MPS**, sites must make every effort to meet the Nutrition Standards as listed in this Policy. Where the site deems it requires a modified menu choice for meeting main meals **second hot option**, it is recommended that sites can offer:

- [Short Order Menu](#) which can include appropriate frozen meals from WA Health Prepared Food Tender or approved suppliers
- Band 1 Main salad or Band 1 Vegetarian (as listed in the menu for that meal).

This needs to be approved by the dietitian and local food service committee and must meet standard serve sizes based on the Bands.

For **paediatric menus**, WACHS sites must offer a variety of food that's suitable for different ages and specific stages of growth and feeding development. Refer to [Appendix D](#) for more details on planning paediatric menus and recommended menu standards.

Table Two: Menu planning and design actions

Menu Item	Minimum number of options	Standard serve*	Menu design actions
Fruit	1 option at each main meal 1 option available at each mid meal	150g fresh fruit 120g canned fruit	- A range of fruit is available every day that includes whole fresh pieces, canned options, stewed and/or cut up so patients can choose daily recommended serves of fruit, and meet vitamin C, folate, fibre and carbohydrates requirements. - All canned fruit is in natural fruit juice or water not syrup.
Juice	1 option at each main meal	100mL	- All fruit juice is 100% juice with no added sugar - All fruit juice contain at least 20mg vitamin C per 100mL to meet vitamin C. - No juice is offered for patients aged 0-12 months
Cereal – hot	1 option per breakfast meal	0-12 months 45g 1-8 years 90g Over 9 years 150-180g cooked weight	Porridge can be fortified to meet nutritional needs for people with smaller serves, additional needs and residents.
Cereal – cold	4 options per breakfast meal 0-12 months only 2 options per breakfast meal	0-12 months 10g rice cereal (dry weight) or 1 Weetbix Over 1 year portion control packs or 30g serve	- At least one low glycaemic index food choice is available per meal - All breakfast cereals contain less 30g sugars/ 100g - At least 50% of cold cereals provide over 3g fibre/serve - Consider offering based on patient cohort: folate-fortified breakfast cereals, iron-fortified breakfast cereals and/or Vitamin D fortified cereals - Offering cereal every day supports fibre, zinc, carbohydrates and other B vitamins.
Bread, Toast or Bread roll	2 options at each main meal	1 slice or 1 roll (30g)	- Offer a variety including white and either wholemeal or multigrain bread, - Bread has less than 400mg sodium per 100g. - Offering a variety of bread types supports fibre, zinc, carbohydrates, and other B vitamins.
Breakfast – protein	1 option per breakfast meal providing at least 5g protein per serve	100-150g yoghurt One egg 20g cheese 110g baked beans	- For continental or cooked service - Can offer low -protein options such as spaghetti, tomato and mushrooms as optional additions to breakfast protein - Frequency as per site menu design - Consider for longer stay patients to increase choice and patients requiring extra protein - Supports iron, zinc, calcium and protein.
Margarine and butter	1 option at each main meal 1 portion to be used for 2 slices of bread	Portion control packs where available	Consider vitamin D fortified margarine and butter in residential care homes.
Spreads	3 options per breakfast meal (e.g. jams, honey and vegemite)	Portion control packs where available.	Offer different spreads at other meals during the day.

Menu Item	Minimum number of options	Standard serve*	Menu design actions
	0-12 months offer 1 option per breakfast meal (do not offer honey)		- Offering peanut butter and low joule spreads is optional (appropriate allergen management is required for all nut butters) - Do not offer low joule spreads on standard paediatric menus unless order by health care professional
Cold beverages – milk and other options	Offer at each main and mid meal: - water 2 milk options (full cream and reduced fat) - other drinks optional	150mL (for cold cereal)	- Patients can choose from a selection of beverage options at all meals and mid-meals - Water is available for all patients, either at the bedside or as bottled water, when clinically suitable - Full cream and reduced fat milk is offered with full fat only available to children under 2 years - All non-dairy milks must contain at least 100mg calcium / 100ml - Flavoured milk, cordial and soft drinks optional - Include beverages containing vitamin D (e.g. Milo, Sustagen, vitamin D fortified dairy milk) based on patient cohort
Hot beverages	Offer at 4 meal occasions each day.	150mL 15mL milk for hot beverage.	Offer more than one variety of hot beverage (eg tea, coffee, decaffeinated, Milo and hot chocolate beverages) at all meal occasions
Sugar and sugar substitute	Offer 1 of each option when hot beverages or cereal is served	Portion control packs.	Do not offer to patients 0-12 months
Soup	Offer one Band 1 soup at one main meal per day	1-8 years 90ml Over 9 years 180mL	- Additional soups offered can be of any band. - Small, standard or large serves are available (unless constrained by pre-packaged meal or single serve item) - Fortified options are available for those with smaller appetites and residents. - Soups can be offered on the menu as a good source of vegetables.
Hot main and hot main vegetarian	At least 2 options at each main meal occasions per day (4 options / day) 1 option per main meal must be Band 1 or Band 2 (meat, pork, poultry, fish) The other option per meal can be: - any band (meat, poultry, fish) - Band 1 vegetarian - Band 1 Main salad - based on Short order options - appropriate frozen option	As determined in Bands 0-12 months 45g	- Offer variety in protein options at consecutive meals. 1 hot choice per day is a vegetarian option as per site discretion (this can be second option) unless a vegetarian main salad or sandwich is offered as an alternative. - Unbanded options can be included, but must be in addition to minimum number of band options - Offer red meat daily in at least one hot main dish or main salad. - Small, standard or large serves are available (unless constrained by pre-packaged meal or single serve item) - Portions of gravy/ sauces served as deemed appropriate for the meal 1-8 years: one hot option per meal must be a softer texture and one finger food option. - At least 80% of hot main menu items are less than 15g fat /serve and cooked with unsaturated fat, where appropriate - Less than 10% of hot main menu items have more than 575mg sodium/ serve and any high sodium options included on the menu must have an additional nutritional benefit (e.g. also high protein). - Fortified options are available for those with smaller appetites, for small serves or additional

Menu Item	Minimum number of options	Standard serve*	Menu design actions
			nutrient needs - Large protein serves or extra serves are available for those with higher protein or energy needs or larger appetites - Offer fish at least three times per week (in main meals, salads, or sandwiches). Oily fish such as tuna, salmon, mullet or sardines are preferred.
Potato, rice, pasta, and other grains (excluding bread)	2 options at each meal offering main hot choices 0-12 months one option at each meal offering main hot choices	0-12 months 40g 1-8 years 40-60g Over 9 years 75-120g cooked weight	- Offer an alternative to potato at least once a day. - Offer rice or pasta when it would be a typical accompaniment with a meal - Small, standard or large serves are available (unless constrained by pre-packaged meal or single serve item) - Dishes have less than 2g saturated fat/ serve. - Multiple ingredient potato, rice and pasta dishes have less than 300mg sodium/serve - Single ingredient potato, rice and pasta dishes are cooked without added salt. - Fortified options are available for those with smaller appetites, for small serves or with additional needs
Vegetables including side salad	2 options at each meal offering main hot choices 1 option per day may be a Band 3 side salad Soups containing a significant amount of vegetables per serve can contribute as one of the vegetable options	0-3 years 35g / vegetable Over 4 years 70g per vegetable 90g side salad	- Offer at least one red or orange vegetable per day - Offer at least one green vegetable per day - Small, standard or large serves are available (unless constrained by pre-packaged meal or single serve item) - Vegetable dishes are cooked with unsaturated fat where appropriate and cooked without added salt - Patients can choose a variety of vegetables daily across all meals and snacks to meet nutrient needs
Sandwich, wraps and rolls	Band 1 option is offered at both main meals per day.	1 sandwich (2 slices of bread), 1 wrap or 1 roll (30-45g carbohydrate)	- Offer at least one option with wholemeal/multigrain bread (offer wholemeal for 0-12 months) - Vegetarian options are available - Varied serve size options are available including half, full or large - Sandwiches are prepared with monounsaturated or polyunsaturated margarine - Offer tuna, salmon, mullet or sardines
Main salad	Band 1 or Band 2 main salad is offered at least 1 main meal per day	At least 4 different vegetables with minimum total weight of 90g	- Offer a main salad as an alternative to a hot main at lunch and/or dinner - Offer red meat in at least one main salad per day if there is no red meat in the main meal options - Portion control salad dressings are offered - An option of small, standard or large serve size (unless constrained by pre-packaged meal) - Offer tuna, salmon, mullet or sardines.
Condiments	May offer or be available on request Do not offer to patients 0-12 months	Portion control pack	- Range of condiments to be available (eg salt and pepper sachets, tomato sauce and mayonnaise) - Do not offer salt sachets on any standard paediatric menu

Menu Item	Minimum number of options	Standard serve*	Menu design actions
Desserts	2 options per day at main meals At least 1 option per day must be Band 1 dessert	Refer to bands	• Custard served with desserts to be at least 60ml • Desserts are prepared with unsaturated fat, where appropriate. • Patients can choose from a range of dairy-based desserts such as yoghurt and custard to contribute to dairy intake.
Snacks	2 options at each snack occasion per day. At least 2 different lower-energy nutritious snack options are available each day (less than 400KJ per serve) At least 1 high energy (500KJ) and a high protein (3g) snack are available each day (these can be combined as one snack providing 500KJ + 3g protein)	Standard serve size or portion control pack	• Serving a supper offering at site discretion for sites without residential care beds • Sites with residential care beds must offer 3 snacks (morning tea, afternoon tea and supper) • Include both savoury and sweet options for snacks • 0-12 months: a small finger food option of appropriate texture for age is preferable • For products without portion control packs, use the standard serve size as specified in this Standard • Additional high protein and high energy snacks can be offered for residents, patients with smaller appetites or with additional needs. • Offer variety of dairy products at mid-meal snacks. Fruit can be offered at all mid meal snacks. • Not more than 10% of mid-meal snack options to have more than 300mg sodium per serve.

* -/+ 10% variation for serve sizes

Appendix D: Additional menu planning and design for paediatric menus

Paediatric menu design should include:

- foods preferred by young children, e.g. easy to identify and consume
- variety of portion sizes of all menu items across different ages
- foods that are safe for children to consume and not a choking hazard e.g. not tough or stringy, no skin, gristle or bones, and appropriate texture
- access to food outside of normal meal delivery times.

Textures, serve sizes and food sources by age outlines the appropriate textures for foods, contribution of breast milk and infant formula to nutritional intake, recommended age of introduction of solid foods and appropriate serve sizes for each age group.

Refer to Table 3 below for additional design actions and linked menu standards for paediatric menus. All other standards are listed in Table 2.

Table Three: Menu standards for standard paediatric menu

Paediatric menus – diet code	Additional design actions	Menu standard
Infants - Puree	Full cream dairy only offered Solids offered as single-ingredient pureed foods	Infant puree menu standard
Infants - mashed	Full cream dairy only offered Solids offered as single-ingredient mashed foods	Infant mashed menu standard
Infants – soft cut up	Full cream dairy only offered Mixed textures are offered to support texture progression, including finger foods for feeding development All options are free of bones and gristle and are not tough to chew Multigrain bread is not offered	Infant soft and cut up menu standard
Toddlers (1-3 years)	Full cream dairy only offered for under 2 years Textures progressed to standard textures, and use of finger foods for feeding development	Toddler 1 - 3 years diet (NSW Health)
Child 4-8 years	As per standard menu as outlined by Nutrition Standards A broad range of foods and snacks are needed to meet nutrient requirements	Child 4-8 years diet (NSW Health)
Child 9-13 years	As per standard menu as outlined by Nutrition Standards	Child 9-13 years diet (NSW Health)
Child 14-18 years	As per standard menu as outlined by Nutrition Standards. Large serve sizes available	Adolescent 14-18 years diet (NSW Health)

Appendix E: IDDSI – Modified Texture Diets and Fluids

IDDSI is implemented as a standard for textured modified diets across WACHS, and all menus must be compliant with the following texture definitions:



Level 6 – Soft & Bite-Sized:

- for adults the particle size is no bigger than 1.5cm x 1.5cm, which is the width of a standard dinner fork
- for children and infants, the particle size is no bigger than 8mm x 8mm
- soft, tender and moist, but no separate thin liquid leaking from food
- ability to ‘bite off’ a piece of food is not required
- food should be moist or served with sauce/gravy to increase moisture content (note: sauces/gravies should be served at the required thickness level)
- food can be mashed/broken down with pressure from a fork.

Level 5 – Minced & Moist:

- very soft, small moist lumps of 4mm in size for adults – about the gap between prongs of a standard dinner fork
- for children and infants small moist lumps of 2mm in size
- soft and moist, but with no separate liquid leaking/dripping from food
- minimal chewing is required
- biting is not required
- food should be easily mashed with fork
- individual uses tongue rather than teeth to break the small lumps in this texture.

Level 4 – Pureed:

- smooth, no lumps, not sticky
- moist and cohesive enough to hold its shape on a spoon and plate
- does not require chewing
- when placed side-by-side on a plate, these consistencies maintain their position without ‘bleeding’ into one another
- minced and moist, but with no separate liquid leaking/dripping from food.

Appendix F: Food Service Auditing Requirements

The completion of regular food service audits is required to ensure compliance with this policy. Refer to Table 4 below for recommended auditing requirements.

Table Four: WACHS Food Service Auditing Requirements

Audit Activity	Minimum Frequency	Tool	Responsibility for completion
Meal Audit	Quarterly	WACHS Meal Audit Form - Regular and Modified Texture Meals Level 4 and 5 Level 6 and 7	Site Dietitian Support Service Supervisor Site Cook
Texture Modified Meal Audits	Monthly: sites with more than 50 beds Quarterly: sites with 10-50 beds Annually: sites with less than 10 beds	IDDSI audit tools are to be used for these audits. Level 4 Pureed Audit Tool Level 5 Minced and Moist Audit Tool Level 6 Soft and Bite-Sized Audit Tool	Speech pathologists or trained food service staff.
Customer Satisfaction	Annually	WACHS Catering Department Customer Satisfaction Survey WACHS Aged Care Resident Meals Survey	Support Service Supervisor Site Cook Aboriginal Health Officer
Nutrition Standards compliance audit	Annually	Internal audit sent to sites by Central Office Food Service Program	Site Dietitian Support Service Supervisor
IDDSI Compliance audit	Annually	Summary of all IDDSI audits for each calendar year for every site sent to Central Office Speech Pathology Professional Lead	Site Speech Pathologist

The [WACHS Food Service Audit Summary Tool](#) can be used to summarise audit results for reporting and relevant governance meetings. It is recommended where possible to attach photos of the menu trays and meals audited. If your site is using photos of menu items, it is recommended:

- there is no person or personal information captured in the photo
- photos to include menu items audited only
- photos to be printed in colour where possible when attaching to the audit tool
- A4 is recommended or no smaller than a standard sized photo (6x8).

All paper audit records must be retained for 7 years. Sites can opt for “early disposal” processes if these documents are saved appropriately into WACHS approved record management systems. Refer to [Records Management](#) for compliance and disposal of records information.