



LOCATION : SCHOOL HANDBOOK, SECTION 3, DOCUMENT 4

DYSPHAGIA POLICY

“This policy should be read as part of a collection of policies that together form the overall Safeguarding Policy and procedure for Abbey Court School.”

Dysphagia (Eating and Drinking Policy)

1. Introduction

These guidelines are to be adhered to by all staff at Abbey Court to ensure the health and safety of all pupils whilst providing a positive and productive learning environment. High risk pupils have a dysphagia risk assessment whilst all other pupils have an eating plan. Pupils that have an individual dysphagia risk assessment are not supported with their eating by other pupils, work experience students, volunteers or supply staff.

2. Definition

The term ‘dysphagia’ describes eating and drinking disorders which include problems with positioning food in the mouth, sucking, chewing and the process of swallowing.

3. Objectives

- To ensure that all pupils are safe when eating and drinking at Abbey Court School
- To ensure that each pupil receives the support they need to develop their individual eating and drinking skills
- To ensure that pupils are able to access swimming in a safe and secure manner

4. Planning

- To recognise and risk assess (through a Dysphagia Risk Assessment) the risk of aspiration as pertinent
- Ensure all assessment and input is documented in a pupil’s health care plan, on their IEP’s and on their dysphagia risk assessment as relevant.
- Share key information with staff and other external professionals as needed (All feeding clinics are attended by a member of Abbey Court staff; either a Key Stage leader or the Speech and Language therapist).
- Review pupils in line with their Pupil Progress Meeting.
- Information is shared with parents/carers at parent’s evenings
- Staff induction includes dysphagia training and updated training is delivered to the wider staff team regularly through briefings, staff development meetings and INSET days

5. Health and Safety

To ensure Health and Safety of pupils this policy requires adherence to written medical advice around the implications for eating and drinking in order to safeguard pupils.

Feeding clinics for pupils will be attended by the Abbey Court Specialist SALT (Dysphagia Trained Speech and language therapist) or a Key Stage Leader in their absence.

5.1 RISKS

Some pupils who attend Abbey Court School have eating, drinking and/or swallowing difficulties that are the outcome of a range of special needs. This may affect their ability to eat, drink or take medication orally.

The risks associated with Dysphagia include:

- Aspiration, where food and drink is misdirected and enters the airway
- Choking
- Inadequate intake of food and/or fluid which may result in poor nutrition or dehydration
- Difficulties in taking oral medication resulting in ineffective management of medical conditions
- Distress or discomfort when eating, drinking and swallowing

The appendices contain advice and protocols to follow in order to minimise risk.

5.2 Aspiration risks

Aspiration is possible in all healthy people without a swallowing disorder, therefore there is never an absence of risk of aspiration. Some pupils will have a risks where swallowing is variable or unpredictable. They may be able to swallow normally at the beginning of the meal but may deteriorate as the meal progresses due to factors such as fatigue. This would be a low risk and these pupils would need some additional support to ensure their risk level remains low. These pupils will be identified to the whole staff team as pupils who need generic lunchtime monitoring in line with the lunchtime policy and along with their eating plan. (Class teacher's overseen by Key Stage leader will produce these eating plans with advice from the Dysphagia trained SALT as relevant).

For some pupils there can be a significant impairment where every swallow is a risk. These pupils will have their needs identified in their health care plan, dysphasia risk assessment and IEP that will detail specific advice on how these needs should be met, including how the pupil should be fed or assisted to eat and drink. The Dysphagia Risk Assessments for these pupils will be written by the Dysphagia trained Speech and Language Therapist (Specialist SALT) and adhering to written medical advice.

Dysphagia Risk Assessments for these high risk pupils will be monitored and reviewed at the pupil progress meeting each term.

Information in the appendices provides guidance for staff on who to take concerns to about pupils with Dysphagia.

5.3 Guidelines for Individual Eating Programmes

As part of their individual education plan all pupils have an Eating Plan (or a dysphagia risk assessment). This plan is carefully planned and monitored in order to help each child move towards as much independence as possible. For some pupils the emphasis will be on the skill of eating which also links with speech and language therapy programmes. For others the emphasis is on social and health education.

The following headings should be used for compiling the individual eating plan

Eating plans for individual pupils are stored in the dining areas with copies in classroom files and in their Health Care Plan.

1. Seating

Examples: In his chair with straps fastened. Support his head in crook of your left arm (aim to keep his head level). You sit alongside facing the same direction as him.

or

Part of cafeteria system. He should now be seating himself without assistance.

2. Utensils

Examples: Spoon with black rubber handle. Ordinary bowl. Blue plastic 2 handle beaker (possibly introducing matching fork).

or

Collecting his own how but may need prompts to think about what he needs and why, if he returns with 3 spoons. (Congratulate for counting 3).

3. Food

Examples: Needs to be liquidised until smooth but retaining separate food/flavours. No allergies.

or

May need help in cutting difficult food but only if he requests it and even then with his participation (your hands on his). NB allergic to peanuts. (Kitchen staff are aware).

4. Eating

Examples: Give half a spoon at a time and wait for him to swallow before next one. Do not: 1. scrape spilt food across his mouth, do dab it off with tissue. 2. Tilt head back. 3. Yank out spoon if bitten on – wait and encourage him to relax.

or

Allow him to eat at his own pace even if he is always last. He may have to help put the table away! Make sure he does not eat others' left overs and explain why. Get him to repeat the reasons.

5. Communication

Examples: He will open his mouth and push his tongue forward to show he is ready. Talk to him. Tell him what he is eating and do not talk over him. Allow time for him to anticipate what is going to happen next and describe what you are doing, "I'm pouring out your water now. Can you hear it?"

or

Encourage him to talk to you or his peers between mouthfuls. Emphasis on asking for things and using common courtesies. "Please, pass salt. Thank you." Try not to direct him. Wait for him to carry out tasks or indicate his needs. If necessary hint to him, "Do you want something?"

6. Summary of the Aims

Examples: Consolidate communication system; open mouth and tongue forward = next mouthful please. Encourage this also at start (first mouthful please) and for drinks and second course (so that he is developing anticipation). He should be willing to help himself by putting your hands over his and offering manual guidance with the spoon. If he is eating well consistently, and accepting this physical prompt, introduce using a fork.

or

Develop his self advocacy skills so that he will indicate his needs. (Wait for him to ask for things). Develop table manners – asking for things and saying "please" and "thank you". Target hygiene rules – especially not eating off others plates and learning why (simple: Dirty, might make you poorly. Manners, it doesn't look very nice. Fairness, they are hungry as well).

7. Evaluation of targets

Leave a space for making amendments as the term progresses and to make final assessment prior to updating the programme for next term

5.4 Dysphagia risk assessments (in the form of Placemats) for pupils with dysphagia are created by the dysphagia trained speech and language therapist. (Other eating plans are the responsibility of class teachers overseen by Key Stage Leaders). The information under each heading should be directive so that any person carrying out the programme knows what is expected of them and what the aims are. In order to cater for the needs of pupils with PMLD a photograph or illustration on the plan will indicate seating and eating arrangements.

6. Evaluation and Review

The dysphagia policy will be reviewed annually in light of:

The evaluation of its implementation and comments from staff consultation

Self-monitoring of the policy by staff

Feedback from Headteacher, Governors, Medical professionals and other staff

Any changes to legislation, specialist advice or Health and Safety concerns.

Agreed by SMT July 2015 Updated May 2017, Appendices updated July 2019

Appendices

Appendix 1: The role of the Specialist SALT

Appendix 2: Flow chart protocol for support and advice

Appendix 3: Example Dysphagia Risk Assessment

Appendix 4: Example Dysphagia Coaster

Appendix 5: Eating Plans

Appendix 6: Assessing risk: Minimising risk at mealtimes

Appendix 7: IDDSI Framework

Appendix 8: DYS201 HCP Switching Guide

Appendix 9: High Risk Foods

Appendix 10: Overview Poster - to be displayed in dining halls

Appendix I

The Role of the Specialist SALT (Dysphagia trained Speech and Language Therapist) with regard to this policy.

- Attendance at feeding clinics
- Inform the Key Stage leaders and Class Teachers of any preliminary outcomes from feeding clinics
- To provide the Head Teacher (for subsequent dissemination) any written advice/correspondence regarding specific pupils
- To write dysphagia risk assessments for all high risk pupils in line with this policy
- To provide advice to class teachers in the writing of Eating Plans for other pupils on request
- To attend annual pupil progress meetings

Appendix 2 - Flow chart protocol for support and advice

DRAFT Protocol for feeding concerns in pupils with a known Dysphagia.

