



DAWN HOUSE SCHOOL – STAFF HANDBOOK	
Policy Title: Dysphagia (Eating and Drinking Difficulties) Policy	
Section: D	Policy No: D.7
Version Date: Updated March 2024	Review Date July 2025
Name of Originator: H. Bettle Updated by S Throup June 2021 Updated by S Throup June 2022 Updated by S Throup March 2024	Designation: Dysphagia Therapist

Introduction

This policy provides specific information on the input to pupils with dysphagia (eating, drinking and / or swallowing difficulties) who attend Dawn House School. It has been written with reference to current guidelines as outlined within Health Care Professionals Council (HCPC) and Royal College of Speech and Language Therapists (RCSLT) guidance.

Aims

- Set out Speech and Language Therapy service standards in school for responding to concerns about dysphagia needs
- Ensure that a consistent, agreed and evidence-based approach is taken
- Set out the role of the Speech and Language Therapy Team
- Set out the role of other members of school staff

Background Information

Full definition of dysphagia

The term 'dysphagia' describes eating, drinking and swallowing difficulties in infants, children and adults. People with dysphagia often have other health conditions that they are being treated for which affects their eating, drinking and swallowing abilities.

Dysphagia includes eating and drinking disorders which may occur in the oral, pharyngeal and oesophageal stages of eating, drinking and swallowing. This includes problems with positioning food in the mouth, sucking, chewing and the process of swallowing. (RCSLT, 2018)

Pupils who attend Dawn House School may have eating, drinking and/or swallowing difficulties. This may affect their ability to eat, drink or take medication orally. Pupils may present with difficulties in the following areas:

- **Motor dysphagia:** resulting from difficulties with the physical action of eating, drinking and / or swallowing.
- **Sensory dysphagia:** resulting from sensory processing difficulties or adverse early experiences that impact on eating, drinking and / or swallowing, such as severe aversions to types of food/textures/tastes/smells and or the mealtime setting.
- **Respiratory dysphagia:** resulting from difficulties co-ordinating breathing and swallowing due to underlying medical conditions including a history of, or current, cardiac (heart) and / or respiratory (breathing) difficulties

Pupils who avoid certain foods or types of food resulting in restricted intake due to an underlying eating disorder, e.g. Avoidant / Restrictive Food Intake Disorder (ARFID), anorexia nervosa and / or bulimia nervosa, do not fall under the dysphagia service remit, unless there is also evidence of a motor, sensory or respiratory dysphagia. The SLT team may be involved to assess and rule out dysphagia. These pupils may benefit from support from the Education Mental Health Practitioner who would assess and refer accordingly and / or onward referral to an appropriate mental health service team for Eating Needs within CAMHS. This could also be accessed through the child's GP.

The risks associated with Dysphagia include:

- Aspiration (See Appendix 1)
- Choking
- Inadequate intake of food and/or fluid which may result in poor nutrition and / or poor hydration, potentially leading to weight loss and ill health
- Difficulties in taking oral medication resulting in ineffective management of medical conditions.
- Distress or discomfort when eating, drinking and swallowing.

The aims of Speech and Language Therapy input for people with dysphagia are:

- To recover normal eating, drinking and swallowing skills OR
- To minimise and reduce the clinical risk of aspiration as far as possible with compensatory strategies in place (See Appendix 1) AND / OR
- To manage the dysphagia to such a degree that the team around the person agrees that safety, nutrition, and comfort needs are adequately met.

Service Standards

The RCSLT provide the Dysphagia Training & Competency Framework (2014) "to ensure that at the point of delivery patients/ clients are able to receive the best-quality input from appropriately qualified personnel" This document states that "Assessing

and managing patients/clients with dysphagia (eating, drinking and swallowing disorders), resulting from a range of aetiologies, is a core role of the speech and language therapist” (RCSLT Dysphagia Training & Competency Framework, 2014)

Dawn House School will always aim to employ at least one SLT who has achieved competency at Level C – Specialist Level Dysphagia Practitioner – Highly-Specialist Level of the Dysphagia Training & Competency Framework, 2014. If this post is vacant, onward referrals will be made to local Speech and Language Therapy Services to request assessment and advice.

Roles & Responsibilities

The Dysphagia Speech and Language Therapist (Dysphagia SLT) will:

Raise awareness and provide training

- Deliver introductory dysphagia training to the wider staff team, including catering staff, when we have pupils on roll who experience dysphagia
- Deliver bespoke training and coaching to staff supporting specific pupils with dysphagia as needed

Respond to concerns

- ~~Concerns about a pupil experiencing dysphagia may be~~ Raised via the dysphagia screen at initial assessment and / or by school staff / parents / carers for existing pupils
- ~~The Dysphagia SLT will respond to concerns~~ from staff and / or parents for pupils in the school/residential setting within 1 working week and gather more information.
- ~~The Dysphagia SLT will~~ consider the clinical information and decide whether to open an episode of care. An episode of care will be opened if there are concerns about motor, sensory or respiratory dysphagia and / or if clinical signs of aspiration have been observed. An episode of care will not be opened if the concerns about eating and drinking do not fall within the dysphagia service remit.
- An assessment will take place within ½ a term / 6 weeks of an episode of care being opened. In cases where there are significant concerns about aspiration being observed, assessment will take place within 2 working weeks.

Assess if clinically appropriate

- Work with the pupil's usual Speech and Language Therapist to complete an assessment of eating, drinking and swallowing needs which will include
 - Observational assessment of at least one mealtime or snacktime
 - Discussion with core team re: eating, drinking and swallowing needs
 - Discussion with parent / carer re: eating, drinking and swallowing needs

- Refer on to other services for assessment and advice as needed in order to complete holistic assessment, e.g. OT for advice re: positioning, motor skills and adapted equipment; paediatrician for advice re: medical needs and impact on dysphagia; dietician for advice re: meeting nutrition and hydration needs, GP to request videofluoroscopy and / or thickener prescription; Education Mental Health Practitioner and / or GP for advice re: onward referral if presenting with eating disorder not involving dysphagia

Make written recommendations within 2 weeks of the assessment, which:

- Describe the nature of the eating, drinking and swallowing needs
- Ascribe an estimated level of risk of aspiration if clinically appropriate
- Make recommendations as clinically appropriate:
 - Compensatory strategies to minimise risk of aspiration to be implemented by all supporting adults every time the pupil eats and drinks. If this includes texture modification, the International Dysphagia Diet Standards Initiative (IDDSI) framework will be used.
 - Skill development strategies to be implemented by supporting adults as specifically advised by the Dysphagia SLT
- Provide bespoke training and coaching for staff / families around implementing strategies as needed

Review

- Provide a planned review where specific recommendations have been made that require reviewing this
- End the episode of care where no recommendations have been made and / or when recommendations are ongoing strategies
- Review pupils if there is a change in their eating and drinking needs identified by school staff and / or parents, following the procedure described above

Document

- Clinical notes on ~~My Therapy Tracker~~ Write Upp to document triage conversations, assessment findings, recommendations, discussions and referrals on
- Parent contact log to document conversations with parents (face to face, telephone or email)
- Written eating, drinking and swallowing report for assessed pupils with no recommendations
- Written eating, drinking and swallowing plan for assessed pupils with specific recommendations

Core Team Staff, including teachers, TAs, therapists and therapy assistants will:

- Attend introductory dysphagia training at least once when the school has pupils on roll who experience dysphagia
- Ensure food is presented in an appealing and appropriate way for all pupils
- Ensure that a trained first aider is available over the lunchtime period.
- Attend bespoke dysphagia training and coaching around individual pupils as needed
- Be responsible for implementing the recommendations as outlined in the eating, drinking and swallowing plan for individual pupils as needed
- Inform the Dysphagia Therapist of any changes to the pupil's eating and drinking within a week of observing the changes
- Purchase specific equipment recommended to support a pupils eating and drinking as a result of dysphagia assessment, e.g. cutlery, dishes, cups, chairs etc.

Speech and Language Therapist

In addition to the responsibilities of core team staff, SLTs will:

- Be a point of contact / liaison between the core team, parents / carers and the Dysphagia SLT
- Ensure that pupils understand and follow recommendations by making sure they are presented in an accessible way

Occupational Therapist

In addition to the responsibilities of core team staff, the OT will:

- Respond to requests for advice / assessment from the dysphagia SLT within 2 weeks or within 24 hours if an urgent response is needed
- Complete joint observational assessments with Dysphagia SLT when appropriate
- Provide specific advice around minimising risk of aspiration and supporting safe eating, drinking and swallowing, for example, positioning and core stability
- Provide specific advice around supporting effective and safe eating, drinking and swallowing, for example, gross and fine motor skills, adaptive equipment, addressing sensory needs
- Provide specific advice around supporting independent and safe eating, drinking and swallowing, for example, sequencing, adaptive equipment

The School Nursing Auxiliary will:

- Attend introductory dysphagia training at least once when the school has pupils on roll who experience dysphagia
- Provide up-to-date information on medication, allergies and dietary restrictions
- Advise on medical aspects of any difficulties
- Liaise with other external medical staff e.g. GPs, Paediatrician, Dietician etc

Catering staff will:

- Attend introductory dysphagia training at least once when the school has pupils on roll who experience dysphagia
- Access training from the Speech and Language Therapist about IDDSI levels and how to provide IDDSI compliant meals for pupils requiring texture modified diets as a compensatory strategy when the school has pupils on roll who experience dysphagia
- Provide meals in accordance with recommendations from Dysphagia SLT
- Ensure dining room tables are set correctly, with specialised equipment laid out for pupils

Pupils

A pupil-centred approach must be taken throughout the assessment and intervention process with the pupil taking an active role where possible. The process should be explained using language and communication strategies to support the pupil to understand the process and express their thoughts, feelings and wishes. Pupil wishes should be documented and form part of the decision making process.

Parent / carers

Parents or carers should be notified when there are concerns about their child showing signs of dysphagia. Parents/carers will be consulted as part of the assessment process and have the opportunity to express their views, which will be documented and form part of the decision making process. Parent / carer consent will be sought for onward referrals. Following assessment, joint goals will be set with parents/carers where possible and a written report will be sent out detailing findings along with compensatory strategies or intervention needed.

Parents/carers will be encouraged to take an active part in intervention and to support the pupil to implement compensatory strategies in their wider environments.

Disputes

If the pupil/parent/carer do not follow the recommended advice, it will be documented in the pupil's records (Marks and Rainbow, 2001). The dysphagia SLT will involve the wider medical team in situations where eating and drinking at acknowledged risk needs to be considered. A disclaimer form will be provided for signing, stating that the implications/consequences of non-compliance have been understood. No further dysphagia input will be given.

If a parent/carer is in dispute about the dysphagia management of a pupil then this will be documented in the pupil's notes and a meeting will be held with the parent/carer, Dysphagia Therapist and the Head of Therapy. If the dispute cannot be resolved after the meeting, then the parent/carer will be signposted to the Principal.

Pupils leaving Dawn House School/Transition to another placement

The most recent written advice about a pupil's eating, drinking and swallowing needs will be shared with their ongoing placement.

APPENDIX 1

Aspiration can be defined as food or drink entering the airway before, during or after swallowing.

Mild Risk of Aspiration:

Aspiration is possible in all healthy people without a swallowing disorder, we are all at mild risk of aspiration.

Moderate Risk of Aspiration:

Increased risk of aspiration from observational assessment. A pupil at moderate risk of aspiration will need ongoing compensatory strategies in place to minimise their risk. These strategies may include 1:1 supervision, texture modification, support for positioning, support for pacing, adapted equipment. A pupil at moderate risk of aspiration may also follow a programme of skill development provided by the dysphagia SLT. A pupil at moderate risk of aspiration may have an open episode of care with the dysphagia SLT, for example, to assess progress with skill development and / or to assess effectiveness of ongoing strategies. A pupil at moderate risk of aspiration may have their episode of care with the dysphagia SLT closed, for example, if skills are stable and ongoing strategies are in place.

Severe Risk of Aspiration:

Significantly increased risk of aspiration from observational assessment. A pupil at severe risk of aspiration will need ongoing compensatory strategies in place to minimise their risk. These strategies may include 1:1 supervision, texture modification, support for positioning, support for pacing, adapted equipment. A pupil at severe risk of aspiration may also follow a programme of skill development provided by the dysphagia SLT. A pupil at severe risk of aspiration may have an open episode of care with the dysphagia SLT, for example, to assess progress with skill development and / or to assess effectiveness of ongoing strategies. A pupil at severe risk of aspiration may have their episode of care with the dysphagia SLT closed, for example, if skills are stable and ongoing strategies are in place. Where a severe risk of aspiration cannot be minimised through intervention, alternative feeding methods and / or a plan to continue eating and drinking with acknowledged risk may be appropriate. In this case, the dysphagia SLT will involve the pupils' family, core team and medical team to request multi-disciplinary assessment and support.

References

Hibberd, J; Silk, I and Taylor J (2002) *Ascribing a risk of aspiration for dysphagia in children*. Unpublished

Marks, L and Rainbow, D (2001) *Working with Dysphagia*. Speechmark Publishing Ltd.

RCSLT website 11/07/22