

## **Dysphagia (Eating and Drinking) Policy**

### **Introduction**

#### ***Aims:***

This policy provides specific information on the input to Pupils with Dysphagia who attend St. Francis Special School, ensuring that a consistent, agreed and evidence- based approach is taken.

The policy sets out the purpose of the Dysphagia input; how the service works including the role of the Speech and Language Therapy Team and service standards.

The role of the staff in the school is also described to enable the needs of the pupils to be met in an effective and coordinated way.

#### ***Definition of Dysphagia:***

The term 'Dysphagia' describes eating and drinking disorders which may occur in the oral, pharyngeal and oesophageal stages of deglutition. This includes problems with positioning food in the mouth, sucking, chewing and the process of swallowing (Communicating Quality 3, 2006).

#### ***Objectives:***

Dysphagia Speech and Language Therapist (Dysphagia) from the KIDS Mid-Kerry Team will:

- Respond to referrals for the school setting
- Make contact with parent/guardian; face to face, telephone or email
- Write an eating and drinking plan (EDP) for those pupils who need specific input
- Share key information with pupils' core team, parents/guardians and other external professionals as needed
- Review pupils in line with their annual review
- Deliver introductory training to the wider staff team

### **Difficulties seen in pupils attending St. Francis Special School**

Some pupils who attend St. Francis Special School have eating, drinking and/or swallowing difficulties. This may affect their ability to eat, drink or take medication orally.

#### ***The risks associated with Dysphagia include:***

- Aspiration, where food and drink are misdirected and enters the airway
- Choking and/or gagging

- 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

***In St. Francis Special School, pupils may present with the following difficulties:***

- Motor Dysphagia: a problem with the physical action of eating/drinking, this may include pupils with cerebral palsy, dyspraxia, cleft lip or palate, syndromes such as Rubenstein Taybi Syndrome, Angelman Syndrome or Pupils with other structural difficulties
- Sensory Dysphagia: due to either sensory processing difficulties or to poor early experiences that impact on eating and drinking such as severe aversions to types of food/textures/tastes/smells and or the mealtime setting
- Medical factors: this can include pupils with a history of respiratory (breathing), cardiac (heart) problems, poor weight gain, significant weight loss, medication side effects or allergies/food intolerances, which impact upon eating and drinking skills

Pupils that present with pure behavioural difficulties in relation to their eating and drinking i.e. refusing to eat due to mental health issues or eating a very restricted diet due to a diagnosis of an Autistic Spectrum Disorder, do not fall under the dysphagia service remit. These pupils may benefit from referral to a Psychologist.

**Implementation of the Dysphagia input/intervention**

New pupils with potential eating and drinking difficulties are identified and referred to Mid-Kerry KIDS Team.

***Assessment:***

Following a referral to KIDS Team, the Dysphagia Therapist or SLT will undertake an assessment of the pupils which will involve some or all of the following:

- Information obtained from current services child attends
- Mealtime observation assessment
- Dysphagia assessment which could take the form of observation at snack/lunchtime, liaison with referred and/or food diary
- Based on results the SLT will either take no further action or ascribe a level of risk of aspiration which will be Mild, Moderate or Severe
- Onward referral for specialist assessment procedures (e.g. Videofluoroscopy) or to other services such as Dietician, Physiotherapist, Occupational Therapist, Educational Psychologist if required.

Assessment results will be discussed with parents/guardians, relevant school staff and other members of the multi- disciplinary team. The assessment findings and notes will be kept in the pupil's file. If an eating and drinking report is written and/or an eating and drinking plan (EDP) (Appendix 4) then copies will be distributed to all relevant professionals and Staff working with the Pupil and kept in the Pupil's file.

Dysphagia assessment and intervention can only be offered by appropriately qualified staff, who meet the level of competence outlined under 'definition of Dysphagia' section.

***Intervention:***

**A.) Aspiration Risks**

Aspiration is possible in all healthy people without a swallowing disorder, therefore there is never an absence of risk of aspiration.

Severe:

This indicates a significant impairment where every swallow is compromised.

Moderate:

This indicates that the swallow is variable or unpredictable. A pupil 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.

Mild:

A mild risk of aspiration can be assigned when the swallow is within normal limits or when there is a mild impairment.

***Severe/Moderate Risk of Aspiration:***

Pupils with Dysphagia needs that put them at a severe/moderate risk of aspiration will have an Eating and Drinking Plan (EDP) detailing specific advice on how these needs should be met, including how the pupil should be fed or assisted to eat and drink. The EDP will be written by the Speech and Language Therapist in discussion with parents and other members of the multi-disciplinary team and circulated to all those involved on a need to know basis.

The Dysphagia therapist will monitor, evaluate and review with the frequency of review depending on child's needs.

***Mild Risk of Aspiration:***

There may be some pupils who are at a mild risk of aspiration but need some additional support to ensure their risk remains at mild. These pupils will be identified to the whole staff team as pupils who need generic snack/lunchtime monitoring in line with the 'Good practice at mealtimes' guide to sustain a low risk level.

## **B.) Compensatory strategies**

These are external modifications that can be made to enhance the safety, efficiency and pleasure of mealtimes for pupils. These may be offered on their own or in addition to direct intervention depending on the pupil's needs.

## **C.) Direct intervention**

The following direct interventions may be offered:

- Oro-motor input: oro-motor therapy focusing on skills needed for eating and drinking.
- Sensory input: targeted sensory therapy such as a 'Fun food' or 'Messy Play' group. This will be planned and delivered in collaboration with and Occupational Therapist if possible.
- Medical/other: any other input that is deemed appropriate and signposting to other professionals e.g. GP, Dietician, Psychologist etc.

## **Disputes**

If a parent/guardian is in dispute about the Dysphagia management of a pupil then this matter will be discussed with the Parents / Guardians and if required, a meeting may be held with the parent/guardian, and Speech and Language Therapist and language therapy manager and KIDS Team Management.

## **Training and Advice from the SLT / other Relevant Professionals**

All school staff will receive training or advice as required from the Speech and Language Therapist or other relevant professionals which will identify risk factors and set out the recommendations in the Eating and Drinking Plans for specific pupils. Refresher courses will be provided when necessary. School Staff will only follow the advice and recommendations of the SLT in regard to what foods / drinks **can be given** to specific Pupils as this is in line with this policy which is approved by the Board of Management of St. Francis Special School.

## **Discharge**

The pupil may no longer receive input from the Speech and Language Therapist service if any of the following criteria apply but this needs to be discussed with the SLT and /or the Management of the KIDS Team:

- There is recovery of normal eating, drinking and swallowing skills
- The pupil's Dysphagia is managed to such a degree that the pupil, carers and team members judge that safety, nutrition and comfort needs are adequately met.
- If the pupil/parent/guardian do not follow recommended advice, it is possible that no further Dysphagia input will be given by the relevant professional.

A re-referral can be made if new concerns arise or the pupil's eating and drinking changes.

## **Pupils Leaving St. Francis Special School**

The Dysphagia service will provide an up-to-date Eating and Drinking Report with Eating and Drinking Plan to ensure a smooth transition takes place.

### ***Roles and Responsibilities***

#### **A.) Pupil:**

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 clearly explained using simplification and symbols where appropriate, with their wishes forming part of the decision-making process.

#### **B.) Parent/Guardians:**

Parents or Guardians carers should be notified when the pupil meets the entry criteria. Parents/Guardians will be consulted as part of the assessment process and have the opportunity to express their views. 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/Guardians will be encouraged to take an active part in intervention and to support the pupil to implement compensatory strategies in their wider environments.

#### **C.) Dysphagia Speech and Language Therapist:**

The Speech and Language Therapist will carry out the roles and responsibilities as described in the assessment and intervention section.

However, it is a whole team approach and all members of staff have a responsibility to follow advice given in order to best support pupils to have safe and enjoyable mealtimes.

#### **D.) All School Staff:**

- Be responsible for implementing the recommendations as outlined in the Eating and Drinking Report and Plan
- Students with eating and drinking difficulties can often take much longer than typical children to chew and swallow safely. Staff will endeavour to provide adequate time for these children to complete a whole meal in a safe and relaxed manner.
- Individual Eating and Drinking Plans will be prepared for individuals who have been confirmed with difficulties
- Teaching staff and SNA Staff will inform the Speech and Language Therapist of any changes to the pupil's eating and drinking that would necessitate an earlier than planned review e.g. suspected weight loss, coughing or gagging when eating or drinking etc.

- Attend training provided by the Dysphagia Therapist
- Purchase specific equipment recommended by the Dysphagia Therapist to support the pupil's eating and drinking e.g. cutlery, dishes, cups etc
- A partnership between home and school will be encouraged to ensure a consistent approach

**E.) Speech and Language Therapist:**

- Supporting/carrying out any direct interventions where appropriate
- Supporting pupils to understand and follow recommendations given

**F.) Occupational Therapist**

- To improve hand eye coordination (to get food to the mouth and cut the food into appropriate pieces)
- To address sensory issues related to restricted food choices/anxieties (behaviour), emotional and practical management of eating/drinking
- Encouraging independence
- Advises on positioning and determines need for adaptive equipment

**Good Practise Guidelines and Procedures for each classroom with regard to mealtimes**

- Class environment or dining-room environment will – insofar as possible, be quiet and distraction-free during mealtimes
- School Staff will ensure that a feeding mat is readily available to all involved with specific Pupils in SFSS who have difficulties with eating, drinking and swallowing.
- Staff will follow recommendations as per feeding mat.
- Staff will contact KIDS SLT Dept. if any changes are noted in regard to a Pupil's feeding skills / needs.

***Written by:***

St. Francis Special School Staff with guidance from Speech and Language Therapist, KIDS Team.

***Date:***

December 6<sup>th</sup> 2018

Signed:

*Finnian Gallagher*

---

Brother Finnian Gallagher

*Liam Twomey*

---

Liam Twomey

Chairperson

Principal