



*Making the difference*

# Dysphagia Policy



## **DYSPHAGIA POLICY (Eating and Drinking)**

### Aims

This policy provides specific information on the input to pupils with dysphagia who attend Vranth House School, ensuring that a consistent, agreed and evidence based approach is taken.

The policy sets out the purpose of the Dysphagia input; how the Dysphagia 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).

### Dysphagia Service Provision

Children & Family Health Devon provides paediatric Dysphagia service in Exeter, East, Mid, and West Devon. They have a Special Schools team who provide a Dysphagia service to Millwater, Oaklands, Pathfields, Lampard and Vranth House School.

Pupils at Vranth House School are eligible to receive services from CFHD Dysphagia team, who operate on a referral and episode of care basis. Dysphagia therapists have additional post graduate accredited training and experience allowing them to work independently with pupils with eating and drinking difficulties. In the event that a speech and language therapist in post at Vranth House has the required qualifications to provide a Dysphagia service, they will be the named Dysphagia Therapist to provide assessment and intervention to referred Vranth House pupils. Should the named Vranth House Dysphagia therapist be unable to assess and/or provide dysphagia intervention, then a referral should be made to the CFHD Dysphagia team.

### Objectives

Dysphagia Speech and Language Therapist (Dysphagia Therapist) will:

- Respond to referrals in the school setting
- Ascribe a level of risk of aspiration following assessment
- Ensure all assessment and input is documented in individual therapy notes
- Make contact with parent/carer; face-to-face, telephone or email
- Write an Eating and Drinking Plan (EDP) for those pupils who need specific input. This will take form of an individual placemat
- Share key information with the pupil's core team, parents/carers and other school staff and external professionals as needed.
- Deliver introductory training to the wider staff team alongside the school nursing team and occupational therapist



### Difficulties seen in pupils attending Vranch House School

The majority of pupils who attend Vranch House 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 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
- Poor oral skills, uncoordinated breathing and swallowing

At Vranch House 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 Worster Drought, other structural difficulties or trauma.
- **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.

### Implementation of the Dysphagia input/intervention

This section outlines delivery and the progression of provision.

### **Referral to the Dysphagia Team (Appendix 1)**

Referral to the Vranch House School Dysphagia Therapist is through the initial assessment process and thereafter by internal referral to re-refer pupils who are showing concerning changes in their eating and drinking patterns.

### Assessment

Following a referral, the Dysphagia Therapist will undertake an assessment of the pupil which will involve some or all of the following:

1. Mealtime observational Assessment.
2. Dysphagia Assessment which could take the form of observation at snack/lunchtime, JAYS Assessment - eating and drinking ability classification system, liaison with referrer and/or food diary.
3. 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.
4. 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/carers, relevant school staff and other members of the multi-disciplinary team. The assessment findings and notes will be kept in the pupil's therapy file. If an Eating and Drinking Report is written and/or an Eating and Drinking Placemat then copies will be distributed to the pupil's G.P and all relevant professionals, with a copy in the pupil's therapy file.

Dysphagia Assessment and Intervention can only be offered by appropriately qualified staff, who meet the level of competence outlined under 'dysphagia service provision' 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 identified dysphagia needs that put them at a severe/moderate risk of aspiration will have an eating and drinking placemat (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 Dysphagia Therapist in discussion with parents and other members of the multi-disciplinary team.

#### 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. This will be detailed on their Eating and Drinking Placemat.

#### **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 an Occupational Therapist where appropriate.

**Medical/Other:** Any other input that is deemed appropriate and signposting to other professionals e.g. GP, Dietician, Psychologist etc.



**Disputes**

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 School Nurse. If the dispute cannot be resolved after the meeting, then the parent/carer will be signposted to Vbranch House School (DHS) Head of Therapy.

**Training**

All school staff will receive introductory training by the Dysphagia Therapist and/or School Nurse which will identify risk factors, the recommendations set out in the Eating and Drinking Placemats for specific pupils.

**Discharge**

The pupil will no longer receive input from the dysphagia service if any of the following criteria apply:

- 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.
- The pupil is not placed at Vbranch House School with a referral made to their local Dysphagia service if necessary.
- If the pupil/parent/carer do not follow the recommended advice, it will be documented in the pupil's records. 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.

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

**Pupils leaving Vbranch House School/ Transition to another placement**

The Dysphagia Therapist will provide a handover to the CFHD Dysphagia service and/or relevant staff at the new placement. This may be in the form of a face-to-face meeting, telephone call and/or provision of recent reports / eating and drinking plan.

**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/carers**

Parents or carers should be notified at time of initial assessment. Parents/carers 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/carers 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**

All speech and language therapists working in dysphagia have additional post graduate accredited training and experience. There is a requirement that therapists receive on-going supervision and continuing professional development, in line with Communicating Quality 3 Chapter 5, section 5.3.

The main role of the Dysphagia Therapist at Vranck House School is to facilitate the best possible safety and function of feeding for all pupils to assure that their nutrition and hydration needs are met (Arvedson, 2008). Through assessment, a Dysphagia Therapist can identify if there is a breakdown in the swallowing process and advise on how these difficulties can be managed e.g. through the use of compensatory strategies.

The Dysphagia 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 Plan.
- Ensure food is presented in an appropriate way for pupils.
- Signpost new staff/supply staff /visitors to the Eating and Drinking Placemats.
- Inform the Dysphagia Therapist of any changes to the pupil's eating and drinking that would necessitate review e.g. suspected weight loss, coughing when eating or drinking etc.
- Attend training provided by the Dysphagia Therapist.
- Ensure that a trained first aider is available over the lunchtime period

### **e) Speech and Language Therapist**

- See responsibilities listed under 'All School Staff'
- Supporting/carrying out any direct interventions where appropriate
- Supporting pupils to understand and follow recommendations given
- Request provision of specific equipment via the internal funding request process

### **f) Occupational Therapist**

- See responsibilities listed under 'All School Staff'
- To improve hand-eye co-ordination (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

### **g) School Nurse**





- See responsibilities listed under 'All School Staff'
- To advise on medical aspects of any difficulties
- Provide up-to-date information on medication, allergies and dietary restrictions
- Liaise with other external medical staff e.g. GPs, Paediatrician, Dietician etc

#### **h) Catering staff**

- See responsibilities listed under 'All School Staff'
- To provide meals in accordance with any eating and drinking recommendations.
- To ensure dining room tables are set correctly, with specialised equipment laid out for pupils.

#### **Quality standards**

These should be in line with the current guidelines as outlined within Communicating Quality 3, RCSLT and any subsequent guidelines related to Paediatric Dysphagia.

#### **References**

RCSLT (2006) Communicating Quality 3

**Arvedson, J (2008) Assessment of Paediatric Dysphagia and Feeding Disorders: Clinical and**