



*Making the difference*

# Dysphagia Policy



## DYSPHAGIA POLICY (Eating and Drinking)

### Introduction

#### 1. Aims

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

This policy outlines local and county wide service provision, the role of the Speech and Language Therapist, the nature and purpose of the assessment and intervention and sets out the service delivery standards at Vranch House School.

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

#### 2. Definition of Dysphagia

The term 'Dysphagia' describes difficulties with eating, drinking, and swallowing, which may occur at the pre-oral, oral, pharyngeal, and/or oesophageal stage of feeding (RCSLT, 2022). Dysphagia may occur at any age, from premature infancy through to adulthood and the elderly (CQC, 2022). It is typically considered a symptom of an underlying condition and is most often described by the clinical characteristics (Groher & Crary, 2016, NHS 2021) which may include, but are not limited to; difficulties preparing food or fluid when it is in the mouth, propelling it to the back of the mouth for swallowing, initiating a swallow trigger, and/or clearing food or fluid from the oral cavity after swallowing (CQC, 2022). The risks associated with Dysphagia include:

- Distress or discomfort when eating, drinking and /or swallowing
- Dehydration and malnutrition
- Inability to receive medication orally
- Oral feeding aversion
- Choking
- Aspiration of food or fluid into the airways which may result in serious illness such as aspiration pneumonia, and in some cases death (CQC, 2022).

The term Dysphagia does not include sensory or behavioural feeding difficulties in isolation, fussy or restrictive eating, or formal eating disorders such as Anorexia nervosa, Bulimia, or Binge Eating Disorder.

#### 3. The Role of the Qualified Dysphagia Speech and Language Therapist

It is the role of a qualified Speech and Language Therapist to provide assessment and intervention to patients with dysphagia, alongside the support of a multi-disciplinary team of professionals.

All Speech and Language Therapists (SLTs) who independently assess, plan and provide intervention for the management of dysphagia are required to complete post-graduate



training and competencies as outlined by the Royal College of Speech and Language Therapists and must be signed off as competent at Level C, 'emerging specialist,' in order to practice (RCSLT, 2014).

It is the role of the Speech and Language Therapist to:

- Respond to referrals.
- Triage referrals based on clinical risk.
- Ensure all information is appropriately recorded and safely stored in line with School and GDPR policies.
- Liaise and share key information with all relevant stakeholders including parents/carers.
- Provide individualised reports and eating and drinking plans (EDP) which will take the form of a placemat.
- Deliver introductory dysphagia training to the wider staff, alongside the school nursing team and occupational therapists.

#### 4. Dysphagia Service Provision

Children and Family Health Devon (CFHD) is a jointly commissioned alliance service of the local NHS providers, led by Torbay and South Devon NHS Trust in partnership with Royal Devon University Healthcare NHS Foundation Trust (formerly Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust), Devon Partnership Trust, and Livewell South West, which provides a paediatric dysphagia service to children in Exeter, East, mid, and West Devon, from birth to 18 years old, including an in-reach service to the neonatal and paediatric inpatients at the Royal Devon and Exeter Hospital (CFHD, 2021).

Vranch House School pupils may be referred to the CFHD Dysphagia team and they are entitled to access these services, providing the child is under the care of a named paediatrician. CFHD operate on an episode of care basis and patients will be discharged when their current eating, drinking, and swallowing goal has been achieved.

In the event that a Speech and Language Therapist who has completed the relevant post-graduate training and competencies (see section 2) is employed by Vranch House School they will be the named Dysphagia Speech and Language Therapist for pupils at Vranch House School, presenting with eating, drinking, and swallowing difficulties. If for any reason the Dysphagia Speech and Language Therapist at Vranch House is unable to assess and/or provide intervention to a pupil, or if further, objective assessment such as video fluoroscopy is required to ensure safe and effective management, then a referral will be made to the CFHD Dysphagia team.

#### 5. Training

All school staff will receive introductory training by the Dysphagia Speech and Language Therapist and/or School Nurse which will explain:

- Clinical risk factors for dysphagia
- Possible signs of dysphagia
- Overview of assessment procedure
- Overview of management strategies



- Signposting to further information

## Feeding Presentation, Assessment, and Management of Vbranch House School Pupils

### 6. Presentation

Many pupils who attend Vbranch House School may present with eating, drinking, and swallowing difficulties which may present in the following ways:

**Motor Dysphagia:** refers to mechanical feeding difficulties associated with the muscles for eating, drinking and/or swallowing.

**Sensory Dysphagia:** refers to dysphagia which is secondary to sensory loss or sensory processing difficulties. It is the role of the occupational therapist to identify a pupil's sensory needs.

**Medical Factors:** refers to physiological difficulties which may impact on a pupil's eating, drinking, and swallowing ability, such as respiratory or cardiac issues, allergies and intolerances, and prescription medication side effects.

### 7. Dysphagia Service Delivery at Vbranch House School

**Referral:** Referral to Dysphagia Speech and Language Therapist at Vbranch House School is made through the initial assessment process. Following this, pupils who are identified as demonstrating changes in their eating, drinking, and swallowing presentation can be re-referred internally via the white slip system. However, if the enquiry is urgent, as outlined below, please email the Speech and Language Therapist directly.

Urgent Dysphagia Referrals due to:

- Clinical signs of aspiration, e.g., wet voice, watery eyes, blinking, changes in breathing, and changes in colour during or after feeding.
- Recurrent chest infections.
- Serious choking during eating and drinking.
- Sudden weight loss due to eating, drinking, and swallowing difficulties.
- Sudden changes in eating and/or drinking skills

**Assessment:** Once a referral is triaged, a qualified Dysphagia Speech and Language Therapist will undertake an assessment of the pupil's eating, drinking, and swallowing abilities. This may involve a combination of formal and informal observational assessments during a pupil's meal or snack time and, where appropriate, an oromotor assessment may be carried out.

The Dysphagia Speech and Language Therapist will provide an assessment report to relevant stakeholders which describes the pupils eating, drinking and swallowing abilities and will include the perceived level of risk associated with continued oral feeding. At this time, the Dysphagia Speech and Language Therapist may also recommend onward referral to specialist assessment procedures (e.g., video fluoroscopy) and/or to other professionals, e.g., Physiotherapy, Occupational Therapy, and Dietetics. A copy of all documentation will be stored in the pupils therapy file.

### Intervention:

Once assessment is completed, the Dysphagia Speech and Language Therapist will provide ongoing support to pupils, based on their eating, drinking, and swallow needs,



and the clinical risk associated with their abilities. The following descriptors are used to determine clinical risk and amount of ongoing support which is requires:

**Severe:** This indicates a significant eating, drinking, and swallowing impairment where the pupil is at high risk of aspiration or laryngeal penetration due to the compromised safety of their swallow. Compensatory strategies or diet modification may be trialled, however, pupils with severe feeding difficulties may also require alternative feeding methods (e.g. PEG).

**Moderate:** This indicates that the pupil's swallow may still be somewhat compromised; however it may be safely managed with compensatory strategies and/or dietary modification.

**Mild:** Mild difficulties may indicate that a pupil is at a low risk of aspiration or laryngeal penetration; however their eating, drinking, and swallowing skills may be delayed.

All pupils with dysphagia will be provided with a dysphagia management programme which will take the form of an eating and drinking placemat. This placemat will provide information to all staff involved in the pupil's care, about the specific and individualised strategies to support their feeding needs.

It is the responsibility of all staff involved in the care of a pupil with dysphagia to read and familiarise themselves with the child's dysphagia management programme and to implement those strategies, under the supervision of a qualified Dysphagia Speech and Language Therapist.

#### 8. Severe/Moderate Clinical Risk

If a pupil is identified as being at severe or moderate clinical risk of aspiration or laryngeal penetration, they will be offered direct intervention working in episodes of care. This intervention may involve implementing remedial techniques such as compensatory strategies, food and fluid texture modification, the use of specialist equipment, promoting oro-motor development, and/or supporting food messy play where necessary and appropriate.

#### 9. 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 Speech and Language Therapist, School Nurse, and a member of the Senior Leadership Team in order to resolve the dispute.

#### 10. Discharge

A pupil's episode of care will end when the current agreed eating, drinking, and swallowing goals have been achieved and/or the pupil is able to safely manage the food and fluid textures recommended.

If the pupil/parent/carer has been found to not follow the feeding recommendations, a meeting will be held with parents/carers to discuss the risks and benefits associated with not following the pupil's dysphagia management plan. This conversation will be documented in the pupils therapy records and parents/carers will be asked to sign a disclaimer stating that the implications and consequences of non-compliance have been understood, at which point Dysphagia input will be withdrawn.

In the event that the child is not placed at Vranck House School, a referral will be forwarded on to their local Paediatric Dysphagia service.



## 11. School Transitions and Leavers

The Dysphagia Speech and Language Therapist will provide a full handover to the local paediatric Dysphagia service and/or relevant staff at the new academic setting. This may be in the form of a face-to-face meeting, telephone call, or a virtual meeting and will include the provision of the pupil's most recent report and dysphagia management programme.

### **Roles of Others in the Management of Dysphagia**

#### **a. Pupil**

A pupil-centred approach will 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/Carer**

Parents/ Carers should be notified at the time of the initial assessment and will be consulted throughout the assessment process, ensuring that they have the opportunity to express their views. Goals will be jointly agreed between parents/carers and the Dysphagia Speech and Language Therapist. Parents/Carers will be encouraged to play an active role in implementing intervention strategies for the pupil across all settings.

#### **c. Dysphagia Speech and Language Therapist**

Please see detail of the roles and responsibilities of the Dysphagia Speech and Language Therapist outlined in section 3.

#### **d. All School Staff**

All school staff are responsible for

- Reading and understanding the Vranck House School dysphagia policy.
- Signposting new staff/supply staff/visitors to pupil's individualised eating and drinking placemats.
- Implementing the recommendations as outlined in children's individual dysphagia management programmes.
- Ensuring food and fluid is presented appropriately, in line with any texture modifications required.
- Ensuring that a first aid trained member of staff is available over the lunchtime period
- Attending training provided by the Dysphagia Speech and Language Therapist.

#### **e. Occupational Therapist**

- See responsibilities listed under 'All School Staff'
- To improve hand-eye coordination and use of cutlery skills
- To provide support with sensory feeding needs associated with restricted food choices related to taste, texture, smell.
- Encourage independence.



**f. School Nurse**

- See responsibilities listed under 'All School Staff'
- To advise on medical needs
- Provide up-to-date information on medication, allergies and dietary restrictions.
- Liaise with other external medical staff, e.g., GP, Paediatrician, Dietitian, etc.

**g. Catering Staff**

- See responsibilities listed under 'All School Staff'
- To provide meals in accordance with any eating and drinking recommendations.
- To ensure the dining room is laid out correctly with specialised equipment ready for pupils to use.

**Quality Standards**

The above policy has been informed by current guidelines, as outlined by the Royal College of Speech and Language Therapists (RCSLT), Communicating Quality 3 (2006) the Care Quality Commission (CQC), and the National Institute for Health and Care Excellence (NICE) for the provision of a Paediatric Dysphagia service. All Speech and Language Therapists, regardless of their specialist interest area are expected to operate as members and under the standards of the Health and Care Professions Council (HCPC).

**References:**

Care Quality Commission: CQC (2022) 'Dysphagia and Thickeners' Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/dysphagia-thickeners>, (Accessed: 01 September 2022)

Children and Family Health Devon: CFHD (2021) 'Dysphagia (Feeding and Swallowing)' Available at: <https://childrenandfamilyhealthdevon.nhs.uk/support/dysphagia-feeding-swallowing-2/> (Accessed: 01 September 2022)

Groher, M.E., & Crary, M.A., (2016) 'Dysphagia: Clinical Management in Adults and Children' 2<sup>nd</sup> Ed., Elsevier, St. Louis, MO.

National Health Service: NHS (2021) 'Dysphagia (Swallowing Problems)' Available at: <https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>, (Accessed: 01 September 2022)

Royal College of Speech and Language Therapists: RCSLT (2022) 'Dysphagia and Eating, Drinking, and Swallowing Needs Overview,' Available at: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia/>, (Accessed: 01 September 2022)

Royal College of Speech and Language Therapists: RCSLT (2014) 'Dysphagia Training & Competency Framework Recommendations for knowledge, skills and competency development across the speech and language therapy profession,' Available at: <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/dysphagia-training-competency-framework.pdf> (Accessed 01 September 2022)

