VRANCH HOUSE

Making the difference

Intimate Care Policy

EATING AND DRINKING WITH ACKNOWLEDGED RISK POLICY

Introduction

1. Aims

This policy outlines guidance and protocol to manage eating and drinking activities for children at Vranch House School who present with severe dysphagia, putting them at high risk of aspiration, choking, malnutrition, and/or dehydration (RCSLT, 2023), in the event that they, or their legal guardian, wish for them to continue to receive oral feeding experiences, for quality-of-life purposes, or where enteral feeding is not appropriate.

This policy aims to ensure the safety and well-being of children, whilst promoting participation, independence, and autonomy.

The role of the Speech and Language Therapist, Parents, and other relevant members of the multi-disciplinary teams is also described within the document.

It is not within the scope of this document to describe the generic assessment and management of children presenting with dysphagia, this can be found in the Vranch House School Dysphagia Policy (September 2022 Version).

2. Definitions

Eating and Drinking with Acknowledged Risk

Means all eating and/or drinking where there is a high risk of adverse effects including but not limited to aspiration, choking, malnutrition and/or dehydration, as a direct result of the person's dysphagia. The terms 'eating and drinking with acknowledged risk' (EDAR), 'risk feeding,' "eating and drinking with accepted risk' and 'feeding at risk' may be used interchangeably (RCSLT 2023).

Dysphagia

Means eating, drinking, and/or swallowing difficulties, 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). Dysphagia may occur at any age (CQC,2022) and is typically part of a wider diagnosis (Groher & Crary,2016, NHS 2021).

Enteral Feeding

Means the method of supplying nutrition, hydration, and where required, Medication via a tube, directly into the gastrointestinal tract (BAPEN, 2023). Examples of enteral feeding method include:

- Nasogastric Tube
- Percutaneous endoscopic gastrostomy tube
- Jejunostomy tube

Adverse Feeding Signs *(Taken from Groher and Crary 2016, and Wier et al 2009)*

Refers to observable clinical markers of feeding difficulties, which may include but are not limited to:

- Changes in physiological state such as increased or irregular breathing, irritability and crying, reduced state of arousal, and temperature spikes.
- Sudden and persistent hiccupping, sneezing, throat clearing, or coughing.
- Increased and frantic body movements.
- Gagging, urging, retching, or vomiting during feeding.
- Choking.
- Facial colour changes, e.g., cyanosis, bluing of lips, reddening of face/eyes.
- Bulging eyes, raised eyebrows, repeated blinking, watery eyes.
- Changes in upper airway sounds, e.g., wet sounding or bubbly voice, stridor, wheeze.

Assessment

In line with the school's Dysphagia Policy, Children identified with eating, drinking, and swallowing difficulties will receive an assessment of their eating, drinking and swallowing skills, to identify their specific needs, associated risks, and possible management strategies which may improve the level of risk associated with oral feeding. This assessment will be completed by a qualified speech and language therapist who has completed the necessary post-graduate training and competencies. A report of clinical findings will be distributed to the Childs' legal guardians, as well as all relevant members of the multidisciplinary team.

Decision Making

Where the assessment of a Child's eating, drinking, and swallowing has identified that they are at significant risk of aspiration, choking, malnutrition, and/or dehydration, resulting from oro-motor difficulties, the Child's legal guardians will be notified.

To support legal guardians in making an informed decision about the Child's ongoing feeding management, a meeting will be held to explain the risks and benefits of continued oral feeding, the possible impact associated with those risks will also be clearly described.

Relevant members of the Child's multidisciplinary team including the consultant paediatrician, dietitian, school nurse, and community nursing team will be encouraged to attend such meetings, to ensure clinical responsibilities are identified and the Child's feeding management is collaboratively managed.

A record of this meeting will be documented in the Childs' medical notes. Legal guardians will be asked to sign a disclaimer, acknowledging that it is unsafe for their Child to eat or drink orally, that they have been informed of and understand the risks associated with continued oral feeding, and to confirm that they have made an informed decision for the Child to continue to be offered oral feeding experiences, against the recommendations of the Child's medical team.

Management

In line with the school's dysphagia policy, a management plan outlining possible strategies to mitigate the risk will be provided to those who are directly responsible for supporting the Child at mealtimes (NICE, 2015). If it is agreed by all parties that the Child will continue to be offered oral feeding experiences at school, supporting staff will be provided with appropriate training to ensure that they understand how to implement strategies outlined in the Child's feeding management plan, including food/fluid texture modification, feeding techniques, positioning and postural support, and the use of specialist equipment, where required.

It is expected that all adults supporting the child, including, but not limited to their legal guardians, mealtime assistants, multisensory workers, follow the strategies outlined in the feeding management plan. If instructions are not understood, the supporting adult should seek immediate support from the Speech and Language Therapist. At no point should a supporting adult offer oral feeding experiences to the child if they do not feel safe or confident to do so.

Training will be given by the Speech and Language Therapist at the beginning of each school year, as well as on an ad hoc basis to new employees and all staff with feeding responsibilities will be expected to complete a set of competencies. This ensures all staff at Vranch House School with feeding responsibilities understand the nature of dysphagia and its associated risks, are competent at recognising adverse feeding signs, which may indicate aspiration and/ or choking, when to stop offering oral feeding experiences, and how to manage and document these events.

Risk Feeding Protocol

If a Child presents with adverse feeding signs during an oral feeding experience, oral feeding will be stopped immediately.

The supporting adult will take appropriate measures to ensure the Child's safety. This may include administering back slaps, administering basic life support, contacting emergency services, and if required, arranging for the Child to go to the hospital.

The Childs' legal guardians will be informed of the episode, and the Speech and Language Therapist will complete a review of the Child's eating, drinking and swallowing skills at the earliest possible availability.

Following review by a local Paediatric Dysphagia Speech and Language Therapist, the Child will be referred to the hospital for a video fluoroscopic swallow study to objectively assess the safety of the Child's swallow.

Until a video fluoroscopy has been completed and the results are known, the Child will not be offered any further oral feeding experiences at school, by school staff.

In the event that a video fluoroscopy shows no clinical signs of aspiration, the feeding recommendations provided by the team completing the video fluoroscopy will be implemented by the school staff, and it is expected that these recommendations are also followed at home.

If the video fluoroscopy shows that the Child has aspirated or is at high risk of aspiration and that strategies trialled do not appear to mitigate this risk, the Child will be placed nil by mouth at school, and it is expected that the Child will receive all medication, nutrition, and hydration via enteral feeding methods.
If it is found, based on clinical assessment, to be medically within the Child's best interests, to no longer receive oral feeding experiences, the Child's multidisciplinary team will be notified in order manage this accordingly within the scope of their practices.
In the event that clinical guidance provided by the Child's multidisciplinary team is not followed at home, this will be escalated to via the multi-agency safeguarding hub.

Legal Guardian

It is the responsibility of the Child's Legal Guardians to ensure that they fully understand the possible risks and benefits of continued oral feeding experiences for a Child who has been identified as unsafe to continue oral feeding,is at significant risk of aspiration, laryngeal penetration, choking, malnutrition and/or hydration.
They are responsible for making an informed decision, in the best interest of the Child. Legal guardians are required to provide updates to relevant stakeholders about any changes to the Child's medical presentation, in a timely manner.
Legal guardians are expected to follow the eating, drinking, and swallowing recommendations outlined by the Speech and Language Therapist in the feeding management plan.

Speech and Language Therapist

It is the role of the Speech and Language Therapist to provide timely assessment and review of a Child's eating, drinking, and swallowing skills, within the scope of their practice.
The Speech and Language Therapist will provide detailed assessment feedback and feeding management programmes to the Child's legal guardians and their multidisciplinary team (CQC 2022).
The Speech and language therapist will also provide training and support to school staff who assist the Child during mealtimes, to ensure consistency and safety across a Child's oral feeding experiences.
The Speech and Language Therapist is also partially responsible for implementing risk vs benefit conversations with legal guardians; however, this is part of a whole team discussion and will involve other stakeholders including the Consultant Paediatrician, Dietitian, and School Nursing team.

School Nurse

The School Nursing team are responsible for monitoring the Child's medical needs, including reviewing their medication in line with guidance from members of the external multidisciplinary team (e.g., Consultant Paediatrician, Dietitian, Community Nursing Team) and feeding back any relevant information to the Speech and Language Therapist and Class Teacher.
The Nursing team also partially responsible for implementing risk vs benefit conversations with legal guardians, however, this is part of a whole team discussion and will involve other stakeholders including the Consultant Paediatrician, Dietitian, and Speech and Language Therapist.

Mealtime Assistant (MTA)

Mealtime Assistants are required to attend all training identified as essential to their job role, as outlined by the employer, and the multidisciplinary team. It is also the responsibility of the

Mealtime Assistant to familiarise themselves with the Child's feeding management plan and implement those strategies safely to effectively support Children who are eating and drinking with acknowledged risk (CQC 2022).
It is their responsibility to ensure that they fully understand and are competent to recognise adverse feeding signs in order to safely manage the oral feeding experiences of a child they are supporting.
Mealtime Assistants are expected to log any changes in a Child's feeding presentation and report this to the Speech and language Therapist and the Child's class teacher immediately.

Occupational Therapist

It is the role of the Occupational Therapist to ensure that any necessary adaptive equipment is supplied to the Child, to promote safety and independence during oral feeding experiences including but not limited to supportive seating and specialist feeding equipment.

Physiotherapist

The Physiotherapist is responsible for assessing and advising on optimal positioning, postural management (including the provision of equipment), and the general physical needs of the child. It is also the role of a suitably qualified and competent physiotherapist to provide chest physiotherapy techniques, where there is a clinical need.

Dietitian

It is the role of the paediatric dietetic team to monitor and manage the Child's nutrition and hydration orally and via enteral feeding methods, to ensure adequate weight and growth.

The dietitian will also provide education to legal guardians and those with feeding responsibilities, around the risks and benefits associated with different types of enteral feeding options, such as prescribed feeds and blended feeds.

Vranch House School does not currently employ an in-house Dietitian and receives input from the community dietitians employed by Royal Devon University Healthcare NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust.

Consultant Paediatrician

The Child's named Consultant Paediatrician will be required to attend meetings held with Legal Guardians, in the event that it has been identified that a Child is no longer safe to eat and/or drink orally, in order to facilitate a discussion about the risks, benefits, and possible impacts of continued oral feeding.

Where a Legal Guardian expresses the wish to continue oral feeding experiences for a Child who has been found to have unsafe eating, drinking and swallowing skills, the duty of care will be passed to the consultant, to manage the clinical risk associated with this.

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) *'Issue 6: Caring for people at risk of choking'* Available at: https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-6-caring-people-risk-choking (Accessed: 05 June 2023)

Groher, M.E., &Crary, M.A., (2016) 'Dysphagia: Clinical Management in Adults and Children' 2nd 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)

National Institute for Health and Care Excellence: NICE (2017) 'Cerebral palsy in under 25s: assessment and management' Available at: https://www.nice.org.uk/guidance/ng62 (Accessed 05 June 2023)

Royal College of Speech and Language Therapists : RCSLT (2023) 'Eating and Drinking with Acknowledged Risk' Available at: https://www.rcslt.org/members/clinical-guidance/eating-and-drinking-with-acknowledged-risks-risk-feeding/#section-3 (Accessed on: 30/05/2023)

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)

Weir, K., et al (2009) 'Clinical Signs and Symptoms of Oropharyngeal Aspiration and Dysphagia in Children' in '*European Respiratory Journal*' No: 33, pp. 604-611.