



<b>DAWN HOUSE SCHOOL – STAFF HANDBOOK</b>	
<b>Policy Title: Dysphagia (Eating and Drinking Difficulties) Policy</b>	
<b>Section: D</b>	<b>Policy No: D.7</b>
<b>Version Date: January 2019</b>	<b>Review Date: January 2020</b>
<b>Name of Originator: H. Bettle</b>	<b>Designation: Dysphagia Therapist</b>

## **Introduction**

### **Aims**

This policy provides specific information on the input to pupils with dysphagia who attend Dawn 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 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, 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 deglutition. This includes problems with positioning food in the mouth, sucking, chewing and the process of swallowing, (RCSLT, 2018)

The Dysphagia Therapists have additional post graduate accredited training and experience allowing them to work independently with pupils with eating and drinking difficulties. The named Dysphagia Therapist at Dawn House School is Hannah Bettle.

### **Objectives**

Dysphagia Speech and Language Therapist (Dysphagia Therapist) will:

- Respond to referrals in the school/residential setting.
- Ascribe a level of risk of aspiration following assessment.
- Ensure all assessment and input is documented in dysphagia notes.
- Make contact with parent/carer; face-to-face, telephone or email.
- Write an Eating and Drinking Report and Eating and Drinking Plan (EDP) for those pupils who present with a moderate or severe risk of aspiration.

- Share key information with the pupil's core team, parents/carers and other external professionals as needed.
- Review pupils if there is a change in their eating and drinking needs and provide an up to date Eating and Drinking Report and EDP if they present with a moderate or severe risk of aspiration.
- Deliver introductory Dysphagia training to the wider staff team.

### **Difficulties seen in pupils attending Dawn House School**

Some pupils who attend Dawn 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.

### **At Dawn 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.

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 Clinical Psychologist.

### **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 Dawn House School Dysphagia Therapist is either through identification via a Dysphagia Screen (Appendix 2), sent out with initial paperwork as part of the Assessment and Outreach Service or internally by completion of an internal referral form (Appendix 3). The aim of both Entry Criteria Pathways are to identify new pupils with potential eating and drinking difficulties or to re-refer pupils who are showing concerning changes in their eating and drinking patterns.

Internal referral forms can be found in the staffroom or on the staff server under 'Dysphagia'.

### **Assessment**

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

- Information obtained from Dysphagia Screen Questionnaire received from the Assessment and Outreach Service (Appendix 2).
- Mealtime observational assessment.
- Dysphagia Assessment which could take the form of observation at snack/lunchtime, JAYS Assessment, liaison with referrer 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.
- If thickener is required then a letter will be written to the pupil's GP to obtain a prescription. The prescribed thickener will be kept locked away in the school's medical room.
- 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 SLT 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 the pupil's GP and all relevant professionals and kept in the pupil's SLT file with a copy in the pupil's main 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**

### **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 EDP, (Appendix 4) 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 and circulated to all those involved.

The Dysphagia Therapist will monitor, evaluate and review with the frequency of review being stated on the EDP, (Appendix 4).

### **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 in the Dining Room' guide to sustain a low risk level (Appendix 5).

### **Compensatory strategies**

These are external modifications than 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.

### **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 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/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 their speech and language therapy line manager. If the dispute cannot be resolved after the meeting, then the parent/carer will be signposted to Dawn House School (DHS) Therapy Team Leader or Principal.

## **Training**

All school/residential staff will receive introductory training by the Dysphagia Therapist which will identify risk factors, the recommendations set out in the Eating and Drinking Plans for specific pupils and the 'Good Practice in The Dining Room' guide. Refresher courses will be provided when necessary.

## **Discharge**

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

- There is recovery of normal eating, drinking and swallowing skills.
- The risk of aspiration is reduced to mild.
- 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 Dawn 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 (Marks and Rainbow, 2001). A disclaimer form will be provided for signing, stating that the implications/consequences of non-compliance have been understood, (Appendix 6). 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 Dawn House School/Transition to another placement**

The Dysphagia service will provide an up-to-date Eating and Drinking Report with Eating and Drinking Plan/Good Practice in the Dining Room guidance to ensure a smooth transition takes place.

## **Roles and Responsibilities**

### **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.

### **Parent/carers**

Parents or carers should be notified when the pupil meets the entry criteria. 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.

### **Dysphagia Speech and Language Therapist**

All speech and language therapists working in dysphagia at Dawn House School have additional post graduate accredited training and experience. Dawn House can offer post graduate accredited training or dysphagia training in line with the RCSLT Dysphagia Training and Competency Framework for Speech and Language Therapists interested in Dysphagia.

There is a requirement that therapists receive on-going supervision in line with Communicating Quality (CQ Live) guidelines and continuing professional development in line with HCPC guidelines. The main role of the Dysphagia Therapist at Dawn 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.

### **All School Staff**

- Be responsible for implementing the recommendations as outlined in the Eating and Drinking Report and Plan.

- Follow the 'Good Practice Guide' in the dining room.
- Ensure food is presented in an appropriate way for pupils.
- Signpost new staff/supply staff /visitors to the Eating and Drinking Plans in the green files in the dining rooms.
- Inform the Dysphagia 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 when eating or drinking etc.
- Attend training provided by the Dysphagia Therapist.
- Ensure that a trained first aider is available over the lunchtime period.
- Purchase specific equipment recommended by the Dysphagia Therapist to support the pupil's eating and drinking, e.g. cutlery, dishes, cups, etc.

### **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.

### **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.

### **School Nursing Auxiliary**

- 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

#### **a) 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.

**Prioritisation**

All pupils will be seen in accordance with the prioritisation triangle (Appendix 7)

**Quality standards**

These should be in line with the current guidelines as outlined within HCPC and CQ Live and any subsequent guidelines related to Paediatric Dysphagia.

## 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.

CQ Live 2018

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

## **Appendix list**

Appendix 1 – Entry and Exit Criteria Flowchart

Appendix 2 – Assessment Screen

Appendix 3 – Internal referral form

Appendix 4 – Eating and Drinking Plan (EDP)

Appendix 5 – The Good Practice Guide

Appendix 6 – Disclaimer example

Appendix 7 – Prioritisation Triangle