

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

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**Developed by: Jessica Maye (updated by Clare Aldridge and Megan Armstrong)**

**Presented to Safeguarding & Clinical Governance  
Governors and CCG Clinical Governance**

**Date of next review: September 2021**



The Speech and Language Therapists and Occupational Therapists assess and offer advice and support around eating and drinking. **Eating and drinking** should be the language used in preference to feeding to promote the idea of active participation of the students.

The dysphagia service at Linden Lodge is a community-based service. As recommended by RCSLT, if a student is acutely unwell they should be assessed within an acute setting within 48 hours. The dysphagia service at Linden Lodge is not a full-time service and is only available between 9-3pm. Due to the community nature of the service, Linden Lodge will complete an assessment within 10 working days of receiving a referral.

**Our service aims to:**

- Facilitate safe eating and drinking skills
- Facilitate healthy nutrition and hydration
- Development of independence skills
- Development of functional communication and social skills

Elements which support a quality mealtime are:

- A pleasant and conducive environment
- Knowledge of eating and drinking difficulties
- Consistency, staff will follow recommendations made in the eating and drinking plan
- Access to appropriate equipment, including seating, tables, spoons, plates, etc
- An emphasis on developing social and communication skills
- An emphasis on developing independence

We work from a student-centred approach; working with families and the Therapy team to achieve the above aims.

Meal times are an important part of the day and organisation for those sessions must facilitate a quality experience for our pupils.

**The Speech and Language Therapy Team is responsible for:**

- Receiving referrals and liaising as appropriate with appropriate professionals and families
  - Weight/health issues – family, nurses, dietician, paediatrician
  - Seating – physiotherapists / occupational therapists
  - Independence – occupational therapists
  - Tube feeding – nurses, dietician
  - Instrumental assessments – local hospitals or tertiary centres e.g. GOSH, Evelina
  - ‘Risk feeding’ – consultant paediatricians, respiratory consultants, nursing team
- Assessing students’ eating and drinking skills with families and the Therapy Team, which includes gathering further information where appropriate. At Linden Lodge School, the students may be assessed using Jay bedside dysphagia assessment and/or cervical auscultation. The student’s diets may need to be modified which is based on the International Dysphagia Diet Standardised Initiative (IDDSI). This may mean if a student is finding a certain consistency or texture difficult it will be modified accordingly. This may mean using a thickener. The SLT team may need to trial the student on thickener or a modified diet when completing the assessment.
- Providing written eating and drinking plan, which includes information on support strategies and recommendations following assessment
  - The eating and drinking plans are written by the Speech and Language Therapy team with support from the Therapy Team where appropriate
  - The eating and drinking plans are made available to all staff and a copy is sent home to families
  - Plans will be updated to reflect changing needs as required
- Liaising with the Therapy Team and families regarding recommendations
- Training the school staff in regards to:
  - Identifying signs of eating and drinking difficulties
  - When to refer to Speech and Language Therapy
  - Support strategies

- The importance of following the recommendations on the eating and drinking plan
- Diet modification and consistencies

**The class team are responsible for:**

- Attending relevant training sessions delivered by a dysphagia trained Speech and Language Therapist, minimum of 1 training session per year. If a student has complex eating and drinking needs (identified as red on plan), they will receive individual training with the Speech and Language Therapist and the student.
- Being familiar with the eating and drinking plan, following recommendations made and ensuring that they are trained to the appropriate level to support the student, if in doubt staff can ask the Speech and Language Therapist or Occupational Therapist (equipment)
- Ensuring the eating and drinking plans are accessible to the whole team – if the plan is misplaced another copy can be gained from the Therapy Office
- Reporting changes or concerns to the Speech and Language Therapist so that the student can be re-assessed and the plan changed if appropriate
- If parents choose not to comply with advice, the school team will continue to follow recommendations on the eating and drinking plan and the Therapy team will continue to liaise with parents regarding recommendations made. This information will be shared with relevant staff including nursing and paediatricians.
- If assisting with non-oral feeding (NG tubes/Gastro), staff must have completed relevant training from a nurse
- Staff should not reheat any food as there is a risk that harmful bacteria may have grown since the food was cooked. For any student who has food sent in from home, the family have been informed that the food needs to be sent in a thermos if they require it warm.

***Note: Volunteers are not trained to assist students with eating and drinking and are not covered by insurance. Agency staff are required to complete the school training before supporting students. Agency staff therefore should be placed where there is minimal eating and drinking needs.***

## **Referrals to the Speech and Language Therapy team should be made for:**

- New students, whereby possible information regarding their eating and drinking skills should be obtained prior to starting school so that preparations (e.g. ordering of appropriate meals) can be made. The RCSLT indicates that acute inpatient referrals should be seen within two working days and community referrals within 10 working days. Therefore, at Linden Lodge School for children and young adults, they will be seen within 10 working days
- Students that are demonstrating signs of aspiration or difficulties as outlined in training, which includes (but is not limited to) coughing, eye-watering, gagging
- Difficulties with eating skills, e.g. removing food from the spoon, chewing
- Occurrence of chest infections
- Difficulty maintaining appropriate weight gain or difficulties maintaining adequate intake, for both eating and drinking
- Long term illness from school due to chest infections, diarrhoea, vomiting or other deteriorations in health status

## **Prescriptions:**

- Students' thickener and supplements are prescribed and therefore can only be used for the student that they are prescribed
- Families supply any prescribed thickener and supplements
- Class team should inform parents when supplies are low and ask for replacements
- SLTs can write a request to a GP requesting thickener

## **Equipment** (plates/bowls, spoons/forks/knives, seating, and trays):

- Any specialist equipment required will be outlined in the eating and drinking plan
- Where specific equipment has been recommended, e.g. seating/cutlery, it is the responsibility of the person supporting the student to use what is recommended. It is the Occupational Therapist role to review.
- School will provide equipment for use in school, however, parents will need to purchase equipment for use at home. Therapy Team will give information about where to obtain any equipment

- Class teams are responsible for the equipment, if it is lost/misplaced they will need to replace it from their budgets
- Equipment will be reviewed as appropriate and the eating and drinking plan updated with any changes

### **Specialist Diets**

Recommendations for specialist diets (e.g intolerances, allergies) need to be specified by a Medical Professional. This documentation needs to be provided to the Speech and Language Therapist with the completed catering companies form. This will ensure that the catering company will be able to modify the food accordingly to the student's needs through their dietetics services. At times, modification may not be possible by the kitchen (e.g. ketogenic diet) which will result in the family needing to supply appropriate food for the student.

### **Discharge**

Discharge will occur if:

- Difficulties resolves
- Student moves to new educational setting
- Stable dysphagia with low aspiration risk for two years

Discharge report will be created and shared with teachers/families.