Eating, drinking and swallowing policy

Updated version as of June 2026

Reviewed with reference to the eating, drinking and swallowing guidance published by the Royal College of Speech and Language Therapists (RCSLT) March 2025

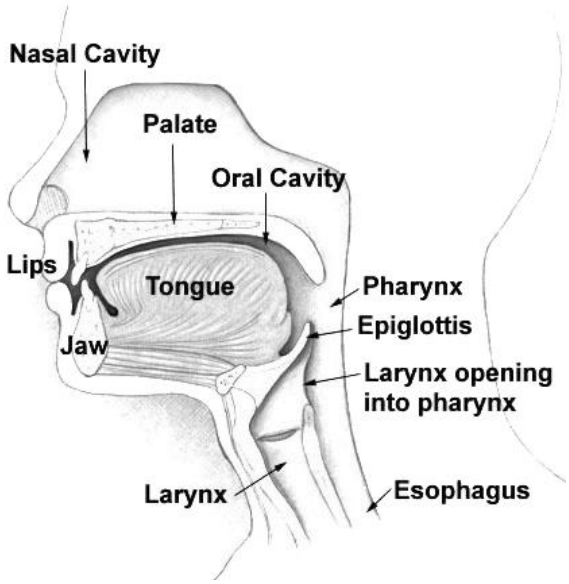
Keeping Children Safe in Education September 2026

Contents of policy

Section 1: What are eating, drinking and swallowing difficulties?

Definition

As defined in the Royal College of Speech and Language Therapists' Clinical Guidance for professional practice[1], the 'normal' swallow needs the respiratory, oral, pharyngeal, laryngeal and oesophageal anatomical structures to function in time with each other, which is dependent upon the motor and sensory nervous system being intact. Difficulties in eating, drinking and swallowing (EDS) may be called dysphagia (in adults) or feeding difficulties in children. Difficulties may occur in the pre-oral, oral, pharyngeal and oesophageal stages of EDS.
This diagram[2] illustrates some of the anatomical structures involved in the swallowing process.



Eating, drinking and swallowing difficulties are associated with increased morbidity and mortality, and reduced quality of life. They can result in, or contribute to, ill health, including:

- chest infections
- pneumonia
- choking
- malnutrition
- dehydration
- weight loss

Various factors can influence our ability to engage in safe eating, drinking and swallowing, including:

- Food related factors e.g. texture of the bolus, bolus size and temperature.
- Individual related factors e.g. coordination and strength of the muscles, posture, cognition, frailty, health co-morbidities, fluctuating alertness levels, behaviour, sensory processes.
- Issues such as fatigue can also impact on an individual's ability to eat and drink. Some conditions may be present from before birth such as genetic conditions (congenital) or others may occur at different points across the life span (developmentally or acutely acquired).
- Environmental factors e.g. levels of support and supervision.

[1] RCSLT https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/eating-drinking-and-swallowing-guidance// Accessed: 09 June 2026.
[2] Picture from https://en.wikipedia.org/wiki/Pharynx. Accessed 01 October 2021. 'Esophagus' is the American English spelling.

EDS difficulties in children

EDS difficulties can result from many conditions and are often secondary to a primary psychological, emotional, neurological, physical and/or developmental condition. It can be acute or chronic, and within these, can be static (i.e. stay the same) or progressive (i.e. get worse).

EDS difficulties in children can be associated with:

- prematurity
- acquired neurological conditions (e.g. traumatic brain injury, stroke)
- oncology/tumours
- cerebral palsy
- infectious diseases, e.g. meningitis
- neuromuscular disorders, e.g. muscular dystrophy
- respiratory difficulties, e.g. chronic lung disease, structural abnormalities, tracheostomy
- cardiovascular disorders, e.g. congenital heart disease
- gastrointestinal difficulties, e.g. gastro-oesophageal reflux, oesophagitis, oesophageal atresia
- craniofacial conditions, e.g. cleft palate
- congenital syndromes, e.g. Down's syndrome
- learning disability
- sensory processing differences, which may be related to:
    - autism
    - developmental conditions
    - Avoidant Restrictive Feeding Intake Disorder (ARFID)
    - traumatic feeding history

Presentation

The symptoms of unsafe eating, drinking and swallowing are varied, and children may present with one or several of the following:

- food spillage from the mouth/lips
- drooling
- dry mouth
- poor oral hygiene
- poor chewing ability
- food residue present within the oral or nasopharyngeal cavity that cannot be cleared with ease
- persistent coughing and choking not otherwise explained by illness
- regurgitation (undigested food/drink coming up from the oesophagus or pharynx)
- nasal regurgitation (food/drink coming back out of the nose)
- 'wet' sounding voice
- weight loss
- recurrent chest infections
- signs of fluid or mucus in the throat and changes in breathing sounds detected by auscultation (using a stethoscope)

Risks

When an individual's eating, drinking and swallowing is not appropriately supported, they are at high risk of:

- aspiration (when food, drink, secretions, or stomach contents enter the larynx or respiratory system, including the trachea and the lungs, from the pharynx and/or gastrointestinal tract)
- respiratory infections, including aspiration pneumonia
- choking, which can lead to brain damage and death

- poor nutrition, and associated weight loss
- dehydration
- poor oral health
- poor general health
- anxiety and distress for the individual and their carers
- reduced quality of life

Additionally, stressful feeding and mealtimes can impact on wellbeing, social interaction and behavioural issues. Insufficient nutrition can severely impact brain development and ultimately survival, and respiratory disorders caused by aspiration can seriously affect a child's ability to survive or thrive.

Section 2: Roles in safe eating, drinking and swallowing support

The role of therapy

All therapists working for the Trust must be registered with the Health and Care Professions Council (HCPC). The Speech and Language Therapy profession has a unique HCPC-recognised role in identifying and supporting safe eating, drinking and swallowing associated with a broad range of disorders, in line with the best available evidence base. Timely intervention to support safe eating, drinking and swallowing practices can prevent life-threatening complications.

The Speech and Language Therapists' overall aims when working with a pupil with concerns around safe eating, drinking and swallowing include:

- making a detailed and accurate assessment of difficulties regarding the pupil's eating, drinking and swallowing skills related to oro-motor and pharyngeal function
    - may require multiple assessments over time
    - may lead to diagnosis and/or recommendations (e.g. Safe Eating and Drinking Guidelines)
- ensuring the pupil's safety regarding their oro-motor and pharyngeal function, to reduce or prevent aspiration (in consultation with other professionals, including Occupational Therapists)
- optimising nutrition and hydration (in consultation with other professionals, particularly Dietitians)
- balancing safety of swallow and optimal nutrition and hydration with the individual's and/or their family's beliefs and preferences

Speech and Language Therapy also has a key role in educating and training others in identifying, assessing and supporting safe eating, drinking and swallowing. This may be done through the school/trust CPD programme, or on an individual or team basis (e.g. when supporting a particular pupil or group of pupils).

The Speech and Language Therapy (SaLT) team use CPOMS (Child Protection Online Management System), our secure, online Management Information System to record all clinical contacts regarding a pupil's safe eating, drinking and swallowing support. Where required, each pupil's all members of the Multi-Agency Support Team (MAST) and Senior Leadership Team (SLT) have access which enables them to view these clinical records via CPOMS. If necessary, the SaLT team may also share information to relevant staff members through CPOMS or other channels of communication (e.g. email) around a pupil's safe eating, drinking and swallowing support.

When the SaLT assessment indicates an individual pupil's need for additional support when eating and/or drinking, Safe Eating and Drinking Guidelines will be issued. These documents are intended to summarise the support each pupil requires to engage in safe eating and drinking, and should therefore be read by any staff member supporting that pupil. This includes covering staff members who are not routinely assigned to that pupil's class team, and agency staff members, whether they are working with the pupil on a long- or short-term basis. The SaLT team will ensure that laminated copies of a pupil's Safe Eating and Drinking guidelines are available for use in their classroom and in the assigned dining area in school. These will be reviewed by the SaLT team at least annually.

Safe Eating and Drinking Guidelines are colour-coded according to the risk posed by the pupils eating, drinking and swallowing function.

Red	Very high risk	Orange	High risk	Blue	Moderate risk

A pupil's Safe Eating and Drinking Guidelines will include:

- their name and year group
- their Class Teacher and assigned SaLT
- the guidelines date of issue/most recent review date
- recommendations specific to pupil to support safe eating drinking and swallowing which may relate to:
    - positioning
    - additional equipment
    - texture modifications
    - strategies regarding pacing, modelling, feeding, preparation for mealtimes, etc.
- warning signs to look out for that is indicative of difficulties in eating, drinking and swallowing

The role of teaching and support staff

1. Referrals

Pupils can be referred to the Speech and Language Therapy team for concerns regarding safe eating and drinking at any time. The most efficient way to make a referral is by completing a Dysphagia Referral slip on CPOMS.

Support to complete a Dysphagia Referral slip is available from the Speech and Language Therapy team.

2. Safe Eating and Drinking Guidelines

Once a pupil has been issued with Safe Eating and Drinking Guidelines, the staff members supporting that pupil are expected to supervise and support the pupil as recommended in the Safe Eating and Drinking Guidelines. This applies at all times when the pupil has access to food and drink and is within our care, e.g. snack time, lunch, school and residential trips, playground water fountain, class parties, Life Skills, etc.

Additionally, it is the responsibility of the teacher and support staff responsible for the pupil's care:

- seek advice from the SaLT team if any issues arise regarding a pupil's safe eating and drinking management
- inform internal cover and external agency members of staff and any volunteers and students present that a pupil currently in their care has been issued with Safe Eating and Drinking Guidelines.

3. Risk reduction for all pupils

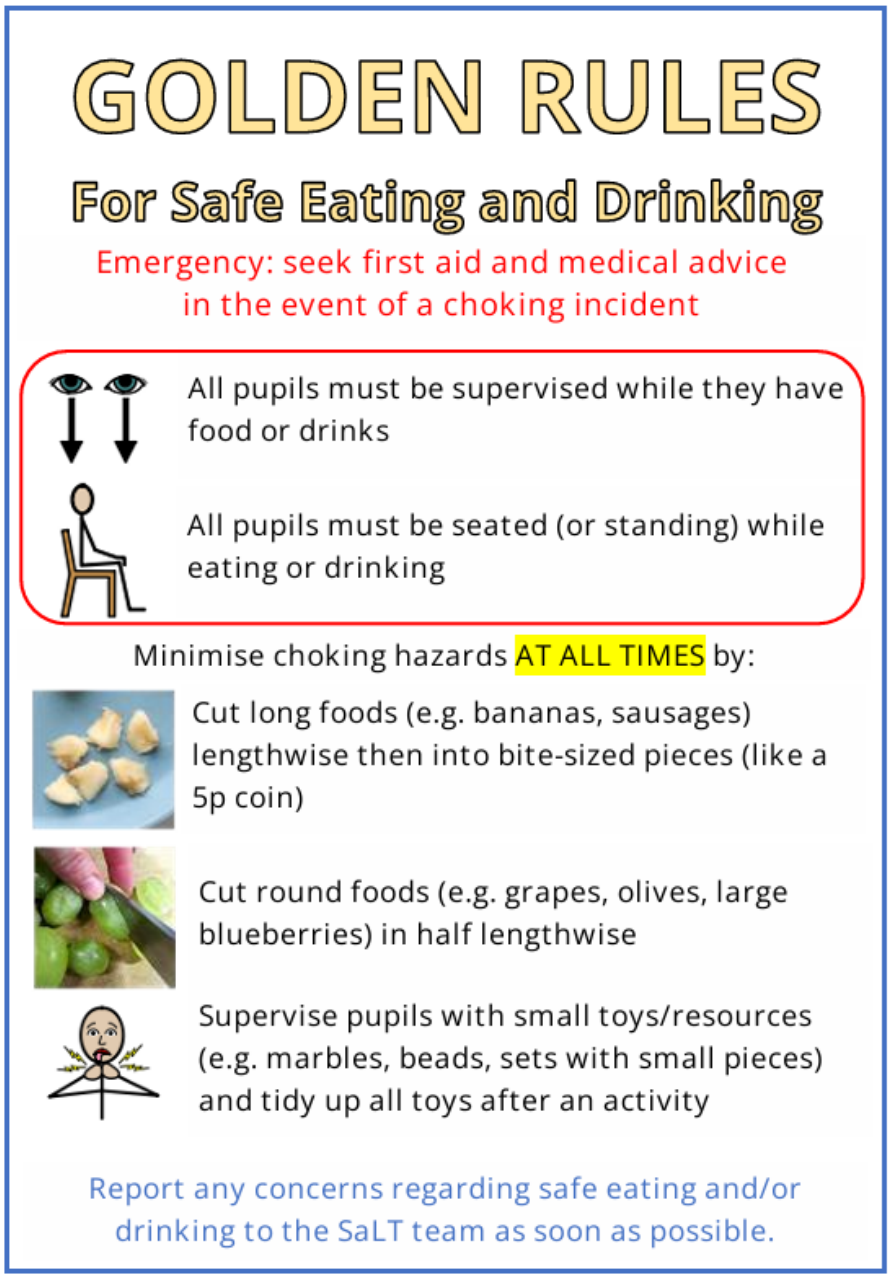
It is the responsibility of all staff to ensure that:

- all pupils are adequately supervised while they have access to food and drink
- pupils are seated (or standing still, where appropriate) whilst eating or drinking
- choking hazards are minimised for all pupils at all times
    - if long foods (e.g. sausages, bananas, etc.) need to be cut up for a pupil, they are cut lengthwise first and then into small pieces, i.e. no disc-shaped pieces of food
    - if round foods (e.g. grapes, large blueberries, olives, etc.) are offered, they are cut in half lengthwise to reduce the risk of choking
    - if small toys/resources (e.g. marbles, beads, mini toys for sorting/counting, etc.) are in use, pupils are supervised and resources are fully tidied away at the end of each activity,

- any urgent concerns regarding a pupil's ability to eat, drink and/or swallow safely are reported immediately to a member of Senior Leadership/a member of First Aid or the SaLT team, through CPOMS, by phone or in person.

Appendix 1: Golden Rules for Safe Eating and Drinking

Golden rules for safe eating and drinking are general precautionary measures for staff to follow to ensure safe eating and drinking is implemented for all children in the trust.



Appendix 2:

Sample Safe Eating and Drinking Guidelines:

Safe Eating and Drinking Guidelines

Name: **XX**	Year: **XX**	Teacher: **XX**
SaLT: **XX**		Date of plan: **XX**

Recommendations

- XX cannot have dry meats due to choking risk; ensure meat consumed is moist and mixed with sauce
- **Preparatory:** ensure food is pre-cut into **small, bite-sized** pieces (10p coin), removing skin and cutting grapes and long foods (e.g. bananas) lengthwise first and teach XX how to do this
- 1:1 Supervision required at all times while eating and drinking, ensure an adult is **externally pacing** XX and encouraging him to finish his mouthful before allowing him to have more
- **Strategies:** - Encourage small sips of **water (approx 2 sips)** between every 2-3 mouthfuls
  - Ensure XX mouth is clear of residue after every mouthful and before offering him water after every 2-3 mouthfuls
  - Avoid giving water whilst chewing to ensure there is not a mix of consistencies
  - Food should be divided into two portions and offered 1–2 mouthfuls at a time, with verbal prompts reminding XX to wait before taking the next mouthful.
  - Cup/bottle to be filled half way to support with pacing

If you notice any of the following signs of difficulty swallowing food or drink safely, please liaise with the SaLT team ASAP:

coughing	difficulty breathing	teary eyes/eyes watering
spluttering	gagging	gurgly/wet sounding voice
choking	food/drink falling out of the mouth	reddening of the face