



## **Dysphagia Policy**

September 2020

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Reviewed with reference to Keeping Children Safe in Education September 2021  
and COVID-19 Risk Assessment Guidance

# Contents of policy

Section 1: What is dysphagia?

Definition

Dysphagia in children

Presentation

Risks

Section 2: Roles in dysphagia management

The role of therapy

The role of teaching and support staff

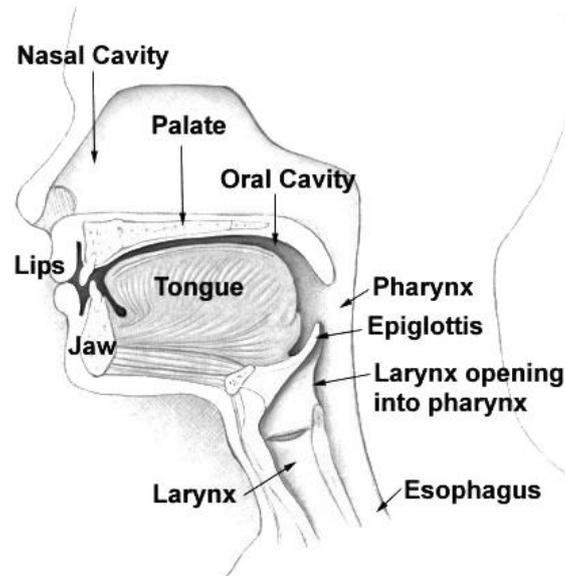
- Referrals
- Mealtime Guidelines
- Risk reduction for all pupils

Appendix: Golden Rules for safe eating and drinking

## Section 1: What is dysphagia?

### Definition

As defined in the Royal College of Speech and Language Therapists' Clinical Guidance for professional practice<sup>1</sup>, dysphagia describes eating and drinking disorders in children and adults which may occur in the oral, pharyngeal and oesophageal stages of deglutition (the swallowing process). This diagram<sup>2</sup> illustrates some of the anatomical structures involved in deglutition.



Dysphagia includes problems with positioning food in the mouth and with moving the oral structures to suck, chew, and swallow. An unimpaired swallow requires the respiratory system, the oral structures, and the anatomical structures related to the pharynx, larynx and oesophagus to synchronise and work together. This depends on the motor and sensory nervous systems functioning as well.

Dysphagia is associated with increased morbidity and mortality, and reduced quality of life. Dysphagia can result in, or contribute to, ill health, including:

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

Various factors can influence our ability to swallow, including:

- co-ordination and strength of the muscles involved
- posture
- size and texture of the bolus (the mass of food and saliva that forms in the mouth during chewing)
- disuse of swallow, due to:
  - pain
  - illness
  - change in taste perception
  - nausea
  - cognition
  - respiratory problems
  - cardiac problems

### Dysphagia in children

<sup>1</sup> RCSLT <https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-guidance/> Accessed: 01 October 2021.

<sup>2</sup> Picture from <https://en.wikipedia.org/wiki/Pharynx>. Accessed 01 October 2021. 'Esophagus' is the American English spelling.

Dysphagia is always secondary to a primary physical, neurological, psychological or emotional condition. It can be acute or chronic, and within these, can be static (i.e. stay the same) or progressive (i.e. get worse). Eating and drinking difficulties in children are associated with many different conditions, including:

- prematurity
- neurological deficits
- 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 disturbances, which may be related to:
  - autism
  - traumatic feeding history

## **Presentation**

The symptoms of dysphagia 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 sticking in the throat
- coughing and choking
- 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

## **Risks**

When an individual's dysphagia is not appropriately managed, 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 dysphagia management**

### **The role of therapy**

All therapists working for the Trust must be registered<sup>3</sup> with the Health and Care Professions Council (HCPC). The Speech and Language Therapy profession has a unique HCPC-recognised role in identifying and managing oropharyngeal dysphagia associated with a broad range of disorders, in line with the best available evidence base. Timely intervention to manage dysphagia can prevent life-threatening complications, such as aspiration pneumonia.

The Speech and Language Therapists' overall aims when working with a pupil with dysphagia include:

- making a detailed and accurate assessment of difficulties regarding the pupil's swallow function
  - may require multiple assessments over time
  - may lead to diagnosis and/or recommendations (e.g. Mealtime Guidelines)
- ensuring the pupil's safety regarding their swallow 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 managing dysphagia. 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 SchoolPod, our secure, online Management Information System (<https://schoolpod.co.uk/public/schoolpod/index.html>) to record all clinical contacts regarding a pupil's dysphagia management. Each pupil's Class Teacher, class-based support staff, and 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 SchoolPod. Individual staff members may also request to be copied into notes using the cc function on SchoolPod, which automatically generates a summary email of the contents of each note when saved.

When the SaLT assessment indicates an individual pupil's need for additional support when eating and/or drinking, Mealtime Guidelines will be issued. These documents are intended to summarise the support each pupil requires to safely manage their dysphagia, 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 Mealtime Guidelines are available for use in their classroom and in the assigned dining area in school. These will be monitored by the SaLT team at least half-terminly, and reviewed at least annually.

Mealtime Guidelines are colour-coded according to the probable severity of the pupils' dysphagia.

Red	Very high risk	Orange	High risk	Blue	Moderate risk
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A pupil's Mealtime Guidelines will include:

- their name, year group and date of birth
- their Class Teacher and assigned SaLT
- the plan's date of issue
- recommendations to minimize the impact of their dysphagia, which may relate to:
  - positioning
  - additional equipment
  - texture modifications
  - strategies regarding pacing, modelling, feeding, preparation for mealtimes, etc.
- warning signs of difficulty swallowing food or drink safely

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<sup>3</sup> This process can take several months for newly-qualified practitioners, during which time therapists are supervised and their clinical notes are monitored and countersigned by a registered therapist.

# The role of teaching and support staff

## 1. Referrals

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

- Slip

Pupil      Staff

Status

Date   Time

CC [Click Here to Inform Others](#)

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- Concerns

<input type="checkbox"/> Recurrent chest infections	<input type="checkbox"/> Drooling	<input type="checkbox"/> Sensory issues (e.g. won't touch food / frequently wipes hands)
<input type="checkbox"/> Weight loss / failure to thrive	<input type="checkbox"/> Nasal regurgitation (food or fluid escapes from nose)	<input type="checkbox"/> Unusual head or neck position whilst eating
<input type="checkbox"/> Coughing and/or choking during meal	<input type="checkbox"/> Not chewing	<input type="checkbox"/> Makes strange sounds when feeding
<input type="checkbox"/> Eyes watering/tearing during meals	<input type="checkbox"/> Overstuffing mouth	<input type="checkbox"/> Stressful feeding times
<input type="checkbox"/> Gagging and/or vomiting	<input type="checkbox"/> Pocketing (food remains in mouth after meals)	<input type="checkbox"/> High parental anxiety regarding eating and/or drinking
<input type="checkbox"/> Voice changes or gurgly/wet voice after eating or drinking	<input type="checkbox"/> Mealtimes take more than 30 minutes	<input type="checkbox"/> Previous medical reports of swallowing problems
<input type="checkbox"/> Refusal to eat	<input type="checkbox"/> Requires special diet or diet modification (e.g. soft, puréed)	<input type="checkbox"/> Poor appetite/taking small volumes
<input type="checkbox"/> Picky eater / limited diet		

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- Others involved

Have you discussed your concerns with any other staff members? - Yes

Have you discussed your concerns with any other staff members? - No

Have you discussed your concerns with the pupil's parents/carers? - Yes

Have you discussed your concerns with the pupil's parents/carers? - No

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- Comments

Please add any additional comments regarding this referral here.

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

## 2. Mealtime Guidelines

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

Additionally, it is the responsibility of the teacher and support staff from a pupil's class to:

- seek advice from the SaLT team if any issues arise regarding a pupil's dysphagia management,
- inform internal cover and external supply members of staff and any volunteers and students present that a pupil currently in their care has been issued with Mealtime 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 concerns regarding a pupil's ability to eat, drink and/or swallow safely are reported to the SaLT team as soon as possible, through SchoolPod, by phone or in person.

# Golden Rules

## for safe eating and drinking

All pupils must be supervised while they have access to food and drink

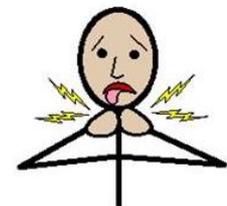


All pupils must be seated (or standing still, where appropriate) whilst eating or drinking



Minimise choking hazards at all times:

- cut long foods (e.g. sausages, bananas) in half lengthwise and then into small pieces
- cut round foods (e.g. grapes, olives, large blueberries, etc.) in half lengthwise
- supervise pupils with small toys/resources (e.g. marbles, beads, mini toy sets, etc.) and ensure resources are fully tidied away at the end of each activity



Report any concerns regarding safe eating and/or drinking to the SaLT team as soon as possible

**Emergency: seek first aid and medical advice  
in the event of a choking incident**