

[illegible]

# ORAL FEEDING AND HYDRATION IN RELATION TO DYSPHAGIA

Dysphagia is an impairment or absence of the ability to swallow. It is the inability of food or liquids to pass easily from the mouth into the stomach safely during the process of swallowing.

Where there are feeding/drinking difficulties, we always seek advice and draw up and follow an individual plan of support. As a school, we recognise the potential risks and dangers of oral feeding and hydration if a child has difficulties associated with dysphagia. We act as professionals and have responsibility to follow advice from relevant professional sources. This may mean we cannot follow the wishes of parents if this conflicts in any way with professional recommendations.

Where there are known and professionally documented clinical risks from oral feeding/drinking, the school will follow the written safety procedures and guidelines for that child in relation to nutrition and hydration. This may mean they have 'nil by mouth' in school.

Where there is concern about a child's dysphagia needs, as a school we will seek advice from the child's multi professional team as to whether oral feeding/drinking should continue or be modified in school, or whether further investigations or information is required.

On occasions, there may be situations where a multi professional team is unable to reach agreement on the specific care guidelines for a child. In this situation we would support multi professional team meetings and discussion in partnership with parents to establish the best way forward. In the meantime, as a school we reserve the right to take the decision not to feed/hydrate a child orally in school (i.e. to use enteral means if this is in place for a child). This is erring on the side of caution, which we consider to be essential to ensure the welfare of the child and the protection of us as professional care givers. It may mean a child has to attend school on a reduced timetable / hours if they need to go home to maintain adequate levels of hydration / nutrition. This situation may either be temporary or long term depending on circumstances.

We recognise that in some situations parents may choose to offer tastes/nutrition/fluid orally in the home. This will be under the direction and care of the relevant professionals in the community and is separate from the decisions we may make as professionals in school. We consider this to be outside the school remit unless we judge this to fall within safeguarding concerns because the child is at significant risk of harm.

As an Essex County Council school for children with multiple needs, we are expected to work in partnership with our local team of health professionals in order to meet children's holistic needs. We recognise and value this working relationship.

It is the responsibility of these health professionals to liaise with their regional counterparts for specialist tertiary services in order to advise the school. It is our responsibility to follow this advice.