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ORAL FEEDING & HYDRATION POLICY

Oral Feeding & Hydration Policy V26.1

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Version History	
V24.1	No amendments
V26.1	Policy amended to latest guidelines and format amended.

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1. Introduction

Dysphagia is an impairment or absence of the ability to swallow. It affects the safe passage of food and liquids from the mouth to the stomach and can place a child at significant risk if not managed appropriately. Our school recognise the potential risks and dangers of oral feeding and hydration if a child has difficulties associated with dysphagia.

This policy sets out our school's approach to ensuring safe, clinically informed feeding and hydration for pupils with dysphagia, in line with current national guidance and local NHS protocols.

2. Policy Aims

- To ensure safe, clinically appropriate feeding and hydration for pupils with dysphagia.
- To follow all professional guidance from Speech and Language Therapy (SALT), paediatricians, dietitians, and specialist nurses.
- To work collaboratively with families while prioritising pupil safety.
- To ensure staff are trained and competent in dysphagia management and receive annual refresher training.
- To ensure a Paediatric First Aider is present in the room whenever a child with dysphagia is being fed.

3. Individual Dysphagia Feeding Plans

All pupils with ***diagnosed dysphagia*** will have a separate, individualised Dysphagia Feeding and Hydration Plan if required. This plan is distinct from the general feeding guidance used for pupils without dysphagia.

Each plan will include:

- SALT recommendations for safe swallowing
- IDDSI texture-modified diet levels
- Fluid consistency requirements
- Positioning and seating guidance
- Required supervision levels
- Risk-reduction strategies
- Emergency procedures for aspiration or choking
- Enteral feeding instructions (if applicable)

Plans will be reviewed:

- At least annually
- Immediately following any clinical change
- After any significant feeding-related incident
- Or until a pupil is discharged from the SALT team.

4. Professional Guidance and Decision-Making

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Shorefields School will always follow written clinical advice, 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 clinical risk is identified, the school will:

- -Follow all prescribed safety procedures
- Implement “nil by mouth” where required following advice from all professionals and the school registered nurse.
- Use enteral feeding methods if clinically indicated
- Request urgent review from the multidisciplinary team if concerns arise

5. Paediatric First Aid Requirement

To ensure the highest level of safety:

Many pupils plans may request a Paediatric First Aider. The school will ensure a Paediatric First Aider will be present in the room whenever a child with dysphagia is having oral feeding or hydration.

This includes:

- Oral feeding
- Oral hydration
- Taste trials- when directed and agreed by the clinical SALT
- Modified texture feeding
- Any SALT-directed oral practice

This requirement ensures immediate response capability in the event of choking, aspiration, or medical deterioration. In the event of further assistance being required, class staff, paediatric first aider, should request additional support from the Health Care Team.

6. Managing Clinical Disagreement

If the multidisciplinary team cannot reach agreement on feeding guidelines, the school will support further discussion with professionals and parents. During this period, the school may temporarily suspend oral feeding in school, we reserve the right to take the decision not to feed/hydrate a child orally in school which we consider to be essential to ensure the welfare of the child and the protection of us as professional care givers.

This may result in:

- Reduced timetables
- Home feeding arrangements
- Temporary or long-term adjustments

7. Home Feeding vs School Feeding

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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.

8. Pupils Without Dysphagia

Pupils who do not have a dysphagia diagnosis will follow the school's general feeding and hydration procedures. These pupils will not require a dysphagia feeding plan and may have a more generic feeding support plan, identifying likes and dislikes.

However, if staff observe emerging concerns (e.g., coughing during meals, prolonged feeding times, recurrent chest infections), the school will:

- Record observations
- Inform parents
- Request SALT or medical review
- Implement interim safety measures if needed
- Liaise with the schools nurse for further support

9. Staff Training and Competency

All staff involved in feeding pupils with dysphagia will receive:

- Dysphagia awareness training (refreshed annually)
- IDDSI training (included within dysphagia awareness training)
- Direct instruction from SALT where required

A Paediatric First Aider must be present within the room for all dysphagia feeding sessions.

10. Partnership Working

As an Essex County Council school for children with complex needs, Shorefields School works closely with local NHS teams. It remains the responsibility of health professionals to liaise with regional specialists, and the responsibility of the school to follow their advice.

11. Review Cycle

This policy will be reviewed:

- Every two years
- Immediately following changes in national dysphagia guidance
- After any significant incident involving dysphagia management

This policy will be approved by the Senior Leadership Team and shared with the Full Governing Board.