

Safe Feeding and Drinking



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Safe Feeding and Drinking Policy.

Safeguarding of children at Paces is of paramount importance. We work at all times to ensure that the health and welfare of the children is maintained to a high standard.

As a school we recognise that there are certain risks associated with lunchtimes and snack times. We work hard to ensure that these risks are reduced as much as possible. There is a generic risk assessment in place that all staff follow with regards to all children in our school. See Appendix One.

There are some children within school that require additional support in terms of feeding and drinking. These children are supported by Speech and Language Therapists and dieticians. Additional meal time mats are put in place for these children outlining the information on the following areas: Chew and Swallow, Food type and texture, Drinks, Position, Equipment, Communication and choice, Risks and help I need.

These are shared with all staff and copies are kept within each classroom and can be referred to at all times. Particular care will be taken regarding the consistency of food and drink given to the children, in line with the IDDSI guidelines. This will be outlined on the meal time mat. Staff will liaise with parents to ensure that appropriate meals are selected, i.e. food that can be blended to the appropriate consistency. Staff will communicate daily to the café used by Paces whether food needs to be blended and to what consistency. The café will be told prior to the day of any changes to IDDSI levels. Staff will only give children food that is compliant with the guidance set out on each child's mealtime mat. This cannot be negotiated unless reviewed by a dietitian, Speech and Language Therapist or consultant.

Staff training:

Staff have regular online training from the Sheffield Children's Hospital Speech and Language Therapy videos. This includes details of, what might cause difficulties when eating, risks to the child when eating and drinking, positioning of the child, managing the risks with food, textures of food and the IDDSI guidelines, and creating quality mealtimes. For children at risk, newer staff will firstly observe the child or young person during mealtimes and will then be supervised when supporting until they feel competent.

PEG feeding:

Some children in school are PEG fed. For those accessing a blended diet we have a specific policy and guidelines. See Blended diet policy.

All staff must receive training from the Nutricia nurse team before assisting a child with PEG feeding. A select few staff may have additional training to support children and young people who use other branded equipment i.e. pumps. A register of those staff trained is kept in the school training records and updated regularly. Guidelines for the safe PEG feeding of a child can be found at in Appendix 2 of this policy. Any milk given to a child via the PEG feeding process must be recorded, signed by the staff member administering the milk and countersigned by a witness.

Any child who is PEG fed has a feeding plan that has been put in place with the dietician. Copies of these can be found in each classes Medication folder. This plan will be adhered to at all times.

There may be instances where children are fed orally and via a PEG. In these cases, it may be appropriate that the feeding plan has a degree of flexibility. Staff will liaise with parents to ensure that there is an agreed arrangement in place. It may be appropriate to amend the amount of milk given depending upon how much food the child has had prior to the PEG feed. This information will always be shared with parents and recorded in the child's home-school diary as well as in our own school records.

What to do when there is a concern?

There are times in school when staff may have concerns that a child may be at risk when they are eating and drinking.

1. Staff will monitor pupils eating and drinking to ensure that the risks associated are reduced to the lowest possible level. This should include following the whole school risk assessment as well as individual mealtime mats.
2. If there are concerns regarding a child's eating and drinking, this should be shared with the Senior Leadership Team and documented on CPOMS. At this stage parents would be contacted to share this concern, this would be either via telephone or a face to face conversation. Parents will be informed that staff will now be completing a mealtime check list every time the child is given something to eat or drink to monitor for any adverse signs. See Appendix 3a and 3b.
3. Initially the Mealtime Checklist(s) will be completed every mealtime for 2 weeks to help to monitor and formalise any concerns staff have raised. Following 2 weeks monitoring with the Mealtime Checklist, if concerns have been identified and documented, parents will be informed a Speech and Language Therapist referral discussed (if not already underway).
4. If we have monitored a child with the Mealtime Checklist for 2 weeks, their feeding has been optimised with SALT advice, and we are still observing risks to your child during a mealtime, school reserve the right to refuse to give further oral food or drink that day. This decision would be made by the member of staff supporting the child at lunchtime with the Conductor Teacher and a member of the Senior Leadership Team.

This would be reviewed mealtime to mealtime using the Mealtime Checklist as a guide for when adverse signs have been observed. This plan is put in place to try to mitigate the potential long-term effects of aspiration and reduce choking risks and is designed to keep your child safe whilst in school. If a child has a PEG, the rest of the child's food or drink would be administered via their PEG and parents would be informed. If a child does not have a PEG, parents will be contacted and given the option to come into

school and feed their child or come and collect their child from school and feed their child at home.

In some very rare cases, the medical team, the family and the child or young person may have collectively made the considered decision to 'feed at risk' and this may be a) while the child is on the waiting list for a PEG to be fitted or b) a decision which is under regular review and monitoring from the full medical team and Speech and Language Therapist. In these cases, school may request that parents sign a 'known aspirator' form to acknowledge the risks staff are taking when feeding their child. School can review the decision to feed at risk and decline to continue to take these risks at any time.

Appendix 2

Paces School for Conductive Education

PEG Tube Feeding and Pump Feeding

- On a child's arrival to school a member of staff must check that all the necessary equipment is needed to tube feed that child for the day, including the adaptor and any food to be given. Staff will check that the pump machine is charged and working.
- Only staff trained to tube feed must undertake this task and the training must be followed at all times. Only staff that have been trained on pump machines can manage these feeds.
- The child's feeding plan must be adhered to at all times, which will state the amount of food and liquid required throughout the day. Any changes to the amounts must be in writing, unless this has been assessed by a professional such as a dietician.
- Staff must sign and an additional member of staff who witnessed the tube feeding taking place must counter sign the form. This form is in the class medicines folder.
- Parents should always be informed when there has been any problems with the tube feeds and any necessary action taken. Any concerns should be documented on CPOMS to demonstrate appropriate actions.

Appendix 3a

Paces Eating Checklist

If a child is reported to be having difficulties at mealtimes, please complete this checklist at the next mealtime and every mealtime until told otherwise by a member of the senior management team.

Child's name:

Reported concern:

Date of mealtime checklist:

Staff member completing checklist:

	Tick each time observed	What food?
Coughing when drinking		
Coughing when eating		
Choking		
Wet sounding voice on speaking after eating		
Wet sounding breathing		
Rattly chest		
Laboured breathing		
Eye watering when eating		
Reluctance to eat		
Gagging when eating		
Vomiting		
Throat clearing when eating		
Multiple swallows for one piece of food or spoonful		
Food left in the mouth after swallowing		
Falling asleep at mealtimes		

The named child above will be closely observed throughout the meal time and each time the member of staff observes any of the above difficulties it will be marked down.

Appendix 3b

Paces Drinking Checklist

If a child is reported to be having difficulties at mealtimes, please complete this checklist at the next mealtime and every mealtime until told otherwise by a member of the senior management team.

Child's name:

Reported concern:

Date of mealtime checklist:

Staff member completing checklist:

	Tick each time observed	What drink?
Coughing when drinking		
Eye watering when drinking		
Gulping or gasping when drinking		
Wet breathing or voice after drinking		
Recurrent chest infection		
Distress when drinking		
Not drinking much		
Frequent seizures		
Reluctance to drink		
Weight loss		

The named child above will be closely observed throughout the periods of drinking and each time the member of staff observes any of the above difficulties it will be marked down.