



Children’s Eating, Drinking and Swallowing Policy

| Made on | Written by | Approved by: Director | On Date |
|--------------------------|---------------|--------------------------|------------|
| 12/02/24 | Gel Baker | Sarah Norman | 23/02/24 |
| Reviewed on 20/3/2025 | By S Crump | | |
| | | | |

POLICY STATEMENT

Charters Ancaster Nursery and Forest School is committed to the health and safety of all children and staff who play, learn and work here. We recognise it is our responsibility to

ensure the wellbeing of our children, so have invested in specialised training to safeguard the children when eating and drinking in the setting.

This policy is to set out, what we as a nursery have put in place, to minimise the risk of choking. We endeavour to maintain the best standards of care for our children and to ensure their health and wellbeing is maintained at all times.

The measures listed below are put in place to safeguard the whole of the nursery.

- **All staff will undergo paediatric First Aid training, including annual specialised training related to choking.**

A list of the “Signs of Choking” will be displayed in all areas where children eat and drink. Any events of choking will be recorded and will be communicated to parents. Any resulting recommendations for modification to the child’s food/drink/seating etc will be discussed with the parents/carers and will be recorded.

- ***Make sure food is suitably prepared and served for babies and children under 5 years old.***

Training is provided to all staff on how to prepare food for each child’s age and developmental needs. Staff will liaise with the kitchen on the developmental stage of new or newly weaned children, from information gained at the child’s settle in sessions from parents or carers. Parents are asked if any changes to the children’s diet or eating habits is observed at home, to immediately inform the child’s room leader so that this can be documented and acted upon.

If a child is unwell with a cold or sore throat, this can impact the child’s ability to swallow effectively. By knowing this information, staff can adjust texture and monitor closely when feeding the child.

Suitable utensils for the child’s stage of development are readily available throughout the nursery for all children.

Parents are asked to bring in a water cup from home for each child to use throughout the day. During mealtimes, the children are encouraged to drink from an open cup, whilst sitting at a table to avoid inhalation.

***It is the responsibility of the room leader to gather the information regarding a child's stage of development regarding feeding and to liaise with the kitchen to establish textures and consistency.

*** A meeting can be arranged with the cook at the parents' request, to discuss any issues.

*** The nursery uses the 'IDDSI Framework' to describe/explain textures used.

See Appendix.1.

- ***Think about size, shape and texture of food.***

Cut food into narrow batons, avoid round shapes and firm foods. Firm fruit and vegetables can be softened by cooking.

We have a strict NO GRAPES or similar size/shape foods at the nursery to avoid a common choking hazard.

Other foods, such as sticky (cheese cubes) or claggy foods (white bread) are dependent on the individual child's level of development, not age, so menus may vary depending on this, for each child/room.

If the meal on the nursery menu is not suitable for a child's stage of development an alternative will be used that is more suitable.

- ***Ensure that babies and young children are alert and seated safely upright in a highchair or appropriately sized low chair whilst eating.***

It is the responsibility of ALL staff and management to ensure that suitable seating is provided for all ages throughout the nursery to enable good posture whilst eating.

The highchairs used in the baby unit are low to the ground at table level to promote social skills. The harnesses have been removed to allow practitioners easy access to the child if choking.

Children will not be permitted to wander around eating and drinking and will be supported by staff to adhere to this rule, by making the time fun and sociable.

If young children seem tired at the dinner table, it is advised to allow them to sleep first then eat later.

- ***Babies and young children should be supervised at all times whilst eating. All staff will be able to identify the early signs of choking.***

The Department for Education recently changed the wording in the EYFS about 'Adequate Supervision' (September 2023)

It now states that '*whilst children are eating, they must ALWAYS be in sight AND hearing of a member of staff*'. Thus, bringing the EYFS in line with what many providers are already doing.

Here at Charters Ancaster, we are extremely stringent at meal/snack times in regard to child, staff ratios. No member of staff will be permitted to leave the room once the children are eating. We aim to have all practitioners who work alongside the children Paediatric first aid trained and offer annual first aid refresher training specific to choking.

Staff will have the diligence to look for early signs of choking and reactions to food like anaphylaxis.

- ***Encourage babies and young children to chew food well. Teach children how to chew and swallow food properly, and ensure they take their time during meals. This will reduce their risk of choking.***

Mealtimes should be calm and unrushed. No pressure will be put upon the children to rush a meal or snack due to practitioner's time pressures. Mealtimes should be used as a learning tool to teach the children to have a good relationship with food and how to eat safely to reduce the risk of choking. These are including but not limited to:

1. Sitting still on their chair
2. Meals/snacks to be eaten sat at a table (not on laps or the floor)
3. Not talking with food in their mouths
4. Not over filling mouth with food
5. Having water to drink, available during meal/snack time
6. The use of safe edible messy play with the youngest children (under two's) to support development and exposure to new foods and textures in supervised adult led play.

Common causes of eating, drinking and swallowing difficulties (other than normal developmental stages)

1. Delayed development- muscle development. Coordination
2. Neurological. Or physical difficulties- cleft pallet, cerebral palsy, dyspraxia, lack of dentition.
3. Hypersensitivity- different stages of development, most common in SEN children.
4. Emotional difficulties- Premature children, unknown history, reflux memory that reminds of pain and eating, emotional pressure around food, memory of choking.
5. Temporary reduction in skills- Unwell, tired. Skills may drop off.

Extra support is given to children with difficulties around eating at mealtimes. This will be assessed, and a plan agreed with the parents'/carers, prior to starting nursery or if these issues arise whilst already started, communication between home, nursery and any outside agencies is paramount as soon as can be arranged.

If it is recommended that a child should have modified textures, utensils, drinking vessels, seating etc to minimise difficulties with eating, drinking or swallowing, the details of this will be displayed in the child's room/dining room and a copy will be made available for parents/carers.

Baby Led weaning

"There is no evidence to suggest babies are more likely to choke with baby-led weaning, compared to spoon-feeding. The NHS says there is no more risk of choking when a baby feeds themselves than when they are fed with a spoon."
www.nct.org.uk

However, as a setting we will not implement baby led weaning for the following reasons:

Children need to be on a 1:1 ratio when using this method to monitor the child's individual ability to cope with the different textures. Therefore, we cannot support all the children at mealtimes, posing a greater risk to others.

We do offer softened vegetables for the Little Buds room with every meal so that the children can feed themselves, whilst still being fed with a spoon by a practitioner. This is to promote independence and exposure to new textures, in a more controlled environment than with baby led weaning.

Appendix:

