

## Managing Dysphagia in Disaster and Conflict Zones

### Essential Information for Emergency Preparedness

Managing dysphagia (swallowing difficulties) in disaster and conflict zones presents unique challenges that require specific preparedness and response capabilities.

Healthcare workers in crisis settings often face limited resources while treating individuals with swallowing difficulties, whether from trauma, pre-existing conditions, or age-related factors.

Dysphagia affects approximately 600 million people globally<sup>1</sup>, presenting critical challenges in disaster and conflict zones where healthcare resources are limited.<sup>2</sup> This guide provides essential approaches for healthcare workers managing dysphagia in resource-limited environments. We outline practical, cost-effective strategies for screening, assessment, and intervention using locally available resources to support emergency responders in delivering critical interventions under challenging circumstances.



#### Screening and Assessment

- Implementation of validated screening tools like the Eating Assessment Tool (EAT-10)<sup>3</sup> (available in multiple languages – see here: <https://shorturl.at/BbWxU>), TOR-BSST (Toronto Bedside Swallowing Screening Test)<sup>4</sup> or Yale Swallow Protocol.<sup>5</sup>
- Basic clinical swallowing evaluations (vs instrumental assessments like videofluoroscopy or endoscopy).
- Watch for signs and symptoms associated with dysphagia (e.g., coughing during meals, wet voice quality, and difficulty managing saliva).



#### Management Protocols

- Standardised screening and assessment procedures
- Clear referral pathways
- Procedures for optimising administration of medication
- Risk management strategies
- Documentation systems



#### Resource Requirements

- Essential equipment needs
- Personnel considerations
- Training requirements
- Emergency supplies

Refer to a medical doctor and/or dysphagia specialist (if available) if the patient shows signs of respiratory distress and/or fever, requires tube feeding, has head/neck trauma, pain on swallowing, or any other concerning symptoms associated with eating, drinking and swallowing.

# Clinical Risk Management

Simple compensatory strategies: Basic techniques that don't require special equipment become crucial:

- Positioning and environmental modifications
- Slowing eating pace
- Taking smaller mouthfuls
- Thickening liquids using locally available ingredients like mashed potato, rice cereal, or cornstarch

## Safety Protocols

Emergency preparedness: Since medical evacuation may be difficult, caregivers should be trained to:

- Recognise signs and symptoms of dysphagia
- Perform basic suction if available
- Respond to coughing and choking
- Provide seating and positioning support to optimise swallowing safety and minimise risks of choking or aspiration pneumonia

## Diet Modification Standards

- Use the International Dysphagia Diet Standardisation Initiative (IDDSI)<sup>6</sup> framework to minimise risk of choking and aspiration
- Modified texture guidelines
- Thickened fluid protocols
- Use of IDDSI testing methods for flow or textural characteristics
- Alternative feeding considerations

# Resource Planning

Focus on preventing complications:

- Maintaining oral hygiene with available supplies
- Regular repositioning to prevent pressure sores
- Monitoring for signs of respiratory infection
- Ensuring adequate nutrition and hydration within swallow safety parameters

Scan the QR code for more detailed guidelines.<sup>7</sup>



## Core Assessment Equipment

- Basic swallow screening forms and documentation materials
- Standard utensils for food texture testing (spoons, forks)
- Syringes for testing and classifying liquid flow, i.e. standard 10 mL slip tip syringe (Becton Dickinson [BD] model 303,134) or (when available, IDDSI funnels) – both devices provide equivalent outcomes<sup>8</sup>
- Basic vital sign monitoring equipment when available

## Intervention Supplies

- Adaptive utensils (bent spoons, built-up handles)
- Food and liquid thickeners (commercial or local alternatives like rice cereal)
- Positioning equipment (wedge cushions, neck supports)
- Cups with measured markings for portion control
- Non-slip mats (e.g., Dycem) – to stabilise dishes

## Emergency Adaptations

- Clean water sources must be identified and secured for oral hygiene
- Basic head supports can be created from rolled blankets, towels, or firm cushions
- Standard cups and containers can be modified with spout attachments or rim adaptations
- Local foods should be categorised by texture: pureed [IDDSI level 4], soft [IDDSI level 6], regular [IDDSI level 7]

# Personnel Considerations

Training family members becomes essential since access to healthcare professionals may be intermittent. Family members can learn:

- Safe feeding techniques
- Basic airway protection methods
- Warning signs of complications
- How to modify food and drink consistency

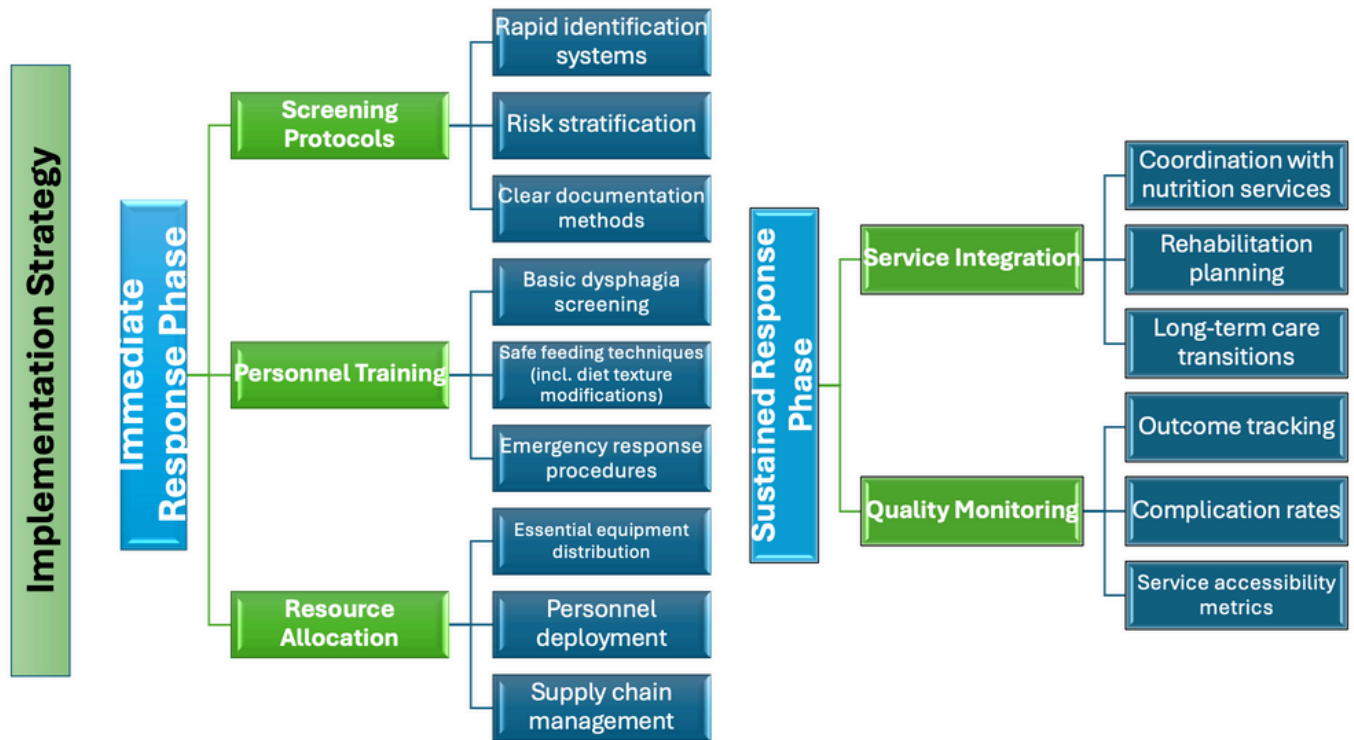
## Core Team Requirements

- Dysphagia specialists
- Trained nursing staff
- Nutrition support

## Training Needs

- Basic screening competencies
- Safety protocols
- Emergency responses

# Implementation Strategy



# More Information

## IDDSI

IDDSI framework

<https://iddsi.org/framework/IDDSI-framework>

Testing methods

<https://iddsi.org/framework/testing-methods>

## References

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