

# Dysphagia Management in the Public Schools

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School-based speech-language pathologists (SLPs) are experiencing increasing numbers of children with feeding and swallowing disorders on their caseloads. Many school-based SLPs have reported low confidence in managing dysphagia. However, the professional roles and responsibilities of certified SLPs include feeding and swallowing management across practice settings as defined by the American Speech-Language-Hearing Association's (ASHA) *Scope of Practice in Speech-Language Pathology*. SLPs are often the only personnel in the school system with coursework and training in dysphagia and are encouraged to actively involve themselves in the development and management of system wide dysphagia programs.

## ASHA

### Scope of Practice

"addressing swallowing and feeding disorders is educationally relevant and part of the school system's responsibility for the following reasons:"

1. Students must be safe while eating in school. This includes providing appropriate personnel, food, and procedures to minimize risks for choking and for aspiration during oral feeding.
2. Students must be adequately nourished and hydrated so that they can attend to and fully access the school curriculum.
3. Students must be healthy (e.g., free from aspiration pneumonia or other illnesses related to malnutrition or dehydration) to maximize their attendance at school.
4. Students must develop skills for eating efficiently during meals and snack times so that they can complete these activities with their peers safely and in a timely manner.

### Code of Ethics

SLPs are obligated to "engage in only those aspects of the profession that are within the scope of their professional practice and competence, considering their education, training and experience" and "to continue their professional development throughout their careers" (ASHA, 2010, p. 3).

\*\*Surveys conducted by Hutchins, et al. (2011) and O'Donoghue & Dean-Clayton (2008) found that school-based SLPs typically reported low self-confidence and lack of training to manage students with feeding and swallowing issues. These researchers also found a relationship between experience and training and SLP's self-confidence with dysphagia management.

## IMPLEMENTING A SYSTEM-WIDE DYSPHAGIA PROGRAM

### Educating Administrators/Gaining Support

1. Educate administrators regarding SLPs role in dysphagia management
2. Define dysphagia, populations at risk, signs and symptoms, and possible complications
3. Explain educational relevance and legal responsibilities
4. Compile data of current number of students with dysphagia, number with signs or symptoms, and number at risk
5. Provide information regarding safety issues and implications of mismanagement
6. Be prepared with an estimate of expense: personnel, training, materials, instrumental evaluation costs

### Creating District-Wide Dysphagia Programs and Procedures

1. Educate administrators about need for training, importance of district-wide procedures, the potential risks and benefits to the district, its employees, and the students
2. Create a task force/interdisciplinary dysphagia team (teachers, SLPs, OTs, PTs, school nurses, etc.)
3. Model procedures after those established by other school systems
4. Review the Michigan Speech-Language Guidelines

### Dysphagia Management Process

1. Medical referral from parent/guardian or school system employee
2. Assign case manager (pediatric dysphagia trained SLP)
3. Obtain case history from parent/guardian
4. Conduct screening (observe snack or lunch time feeding)
5. Sign IEP and IHP
6. Write and obtain signatures for Swallowing & Feeding Plan
7. Employees trained on IHP and Swallowing & Feeding Plan
8. Regular monitoring by case manager, possible collaboration with student's physician and referrals for clinical evaluations
9. Therapeutic intervention provided if indicated

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