



## People at Risk of Choking

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### Version Control

Date	Owner	Version	Reason for Change
Feb 2022	C&S/Brian Gunn	2	New procedure

### Summary of Changes

Section	Change
All	New procedure



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## 1.0 Introduction

Ark Care & Support staff must be aware of the Policy (HS16) that accompanies this procedure.

This procedure contains guidance on all aspects of supporting people who have experienced a choking incident and/or have been referred to a medical professional due to a difficulty in eating, drinking and swallowing which may also be caused by `dysphagia`.

Currently best practice guidelines are based on the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework. Ark has been advised to make reference to Nutrition and Diet Resources (NDR) UK by SLT Professional Head of Service in Fife. NDR publish a range of booklets and resources which are based on the IDDSI Framework.

Supported people may have had a recent choking incident or have a known medical condition that affects their ability to eat and drink safely. Advice and information from medical professionals, usually Speech and Language Therapist (SLT), has to be included in any care planning where Ark support a person who is at risk of choking.

SLT guidance should be sought and followed at all times, but in the absence of SLT guidelines, or where there has been no recommendations to incorporate International Dysphagia Standardisation Initiative (IDDSI) levels into a diet, this procedure provides information on high risk foods, environmental factors, positioning and best practice.

All Ark staff including relief / agency cannot support people with eating and drinking until they have completed the Nutricia e-learning course, Dysphagia in practice workbook, First Aid training, have read and understood the supported person`s eating and drinking risk documents and this is confirmed and signed off by the relevant manager.

## 2.0 Staff Training

All staff will complete Ark`s Eating & Drinking Safely Awareness course during their induction and prior to supporting people independently.

All staff supporting people with eating and drinking plans in place must complete Ark`s e-learning course, Dysphagia in Practice workbook, attend Ark first aid training which has a choking module in the content and attend refresher training when required.

## 2.1 Nutricia E-Learning

This e-learning course should be accessed by Ark Care & Support staff who are required to provide support to people who may be at risk of choking or have been prescribed a modified texture diet by medical professionals.

All new and established staff that are asked to support people at risk of choking have to complete the e-learning before supporting people with identified eating and drinking risk and refresh the training every two years.

To access and register for the Nutricia e-learning course you should follow the information on your Learn Pro Community account.

After successfully completing the Nutricia modules, there is an Ark assessment to be completed and Dysphagia in practice workbook for staff to be complete with an Ark manager.

In the event that the approved training materials for Ark staff change, managers will be notified by Ark's Organisational Development department.

## 2.2 First Aid Training

In the event of a choking incident staff will administer appropriate first aid following their certified training.

Refresher training will take place every three years.

## 3.0 Managing Eating and Drinking Risk

### 3.1 Eating and Drinking High Risk Alert sheet

An eating and drinking High Risk Alert Sheet will be completed by an Ark manager where a risk of choking is identified and kept visible for everyone to see at front of Good Life Plans, wherever this may be located.

Staff will complete a High Risk Induction with their manager to evidence competence where there is a risk of choking for a supported person.

### 3.2 Risk and Vulnerability Assessment

A Risk and Vulnerability Assessment (RVA) has to be completed when choking is identified as a risk for the supported person and this will be managed through the Good Life Plan or

Risk Management Plan.

A review of the RVA and Risk Management Plan must be completed at least every six months or if there is a change that has lowered or increased the risk of choking since the last review. Ark staff should communicate with their manager and SLT for support and advice for any significant changes in eating and drinking habits between reviews.

Risks associated with eating and drinking will form part of team meetings and staff supervisions on an on-going basis to highlight any concerns or further learning.

### 3.3 Good Life Plan

Service management are responsible for ensuring that any guidance for individuals' eating and drinking provided by SLT is included in the Risk and Vulnerability Assessment and Good Life Plan for any person who is identified as at risk of choking, while at home or out in the community.

Ark managers must ensure that risks are reviewed on an ongoing basis and referred back to SLT to be re-assessed as the needs for the person change, for example, if there is a medication or physiological change.

Ark managers are responsible for ensuring that staff are aware of their responsibilities which include, staff completing Ark training, recognise changes in a person's eating / drinking habits, completing incident reports if a supported person has a choking incident and deliver appropriate support to those at risk of choking in line with SLT and Ark guidelines.

### 3.4 Incident Reporting

Staff must report any choking incidents immediately to an Ark manager to allow a temporary eating and drinking procedure to be implemented as soon as possible and to allow Good Life Plans and the RVA to be updated.

Referral protocols for local SLT teams may vary for isolated choking incidents or patterns of choking/aspiration incidents. In the event SLT adopts a different approach services should be led by local SLT teams in terms of the NHS referral protocol locally. It is vital that staff keep a record of the communications relating to agreements reached with SLT about the local protocol and all communications relating to specific individual referrals should be kept in the supported person's health monitoring notes and copy of any written correspondence stored electronically in the supported person's files.

A referral for a swallowing assessment from a Speech and Language Therapist must be completed if an incident or a pattern of choking /aspiration incidents arises, or an increase of the following signs are observed while a supported person is eating or drinking:

- Coughing / choking on food and / or drink immediate or delayed;
- Voice of supported person may sound wet or gurgly after eating and drinking;
- Breathlessness after swallowing;
- Food sticking in mouth / throat;
- Difficulty clearing own saliva or managing own secretions;
- Reduction in oral intake;
- Change in colour after eating / drinking; and
- Difficulty taking medication.

Evidence such as an incident report, must be provided, and once referred, the Ark Manager should follow up on progress of the referral with SLT and a Social Worker.

## 4.0 Supporting a Person at Risk of Choking

The following section and sub-sections provide information, practical advice and steps for ensuring that supported people at risk are safely supported.

### 4.1 Food and Drinks Preparation

- The supported person`s food and drink intake has to be detailed with information on how daily food should be prepared in the daily mealtime monitoring sheet and kept for review in a supported person`s eating and drinking file. – see Appendix 1 for standardised template.
- Review, at least 6 monthly, the supported persons high risk information, eating and drinking plan; meal mat or Risk and Vulnerability Assessment and Risk Management Plan.
- Refer to the appropriate level Nutrition and Diet Resources (NDR) booklet for information about preparation of food and foodstuffs to be excluded from an individual`s diet.
- Check that foods ready to be provided, match the eating and drinking plan, meal mat and does not deviate from SLT guidelines.

## 4.2 Environment

- A quiet, calm and relaxed environment should be provided when supporting people with eating and drinking.
- Make sure you have all the food, drink and other equipment you need before you start to avoid interruptions.
- Turn off the TV and reduce excess noise.
- Ensure that the supported person is alert during mealtimes.
- Try to avoid talking while the supported person is eating, drinking and swallowing.
- Avoid other activities during meal times.

## 4.3 Positioning of Supported People while Eating and Drinking

- Do not support people with food and drink if they are lying down.
- If they have to be fed in bed ensure that they are supported to sit upright as possible.
- Ensure the supported person is sitting as upright as possible with their feet on the floor where possible.
- Encourage the supported person to stay seated while they are eating and drinking.
- If the person is in a wheelchair ensure it is upright as possible, with their feet supported and use wheelchair tray if available.
- You should not stand above them, position yourself to the side at eye level.
- Contact Occupational Therapy if you have any concerns about a supported person positioning while eating or drinking.

## 4.4 Time, Pace and Meal Duration

- Staff need to concentrate and focus on supporting the person to eat and drink safely, it is important that you do not have other tasks at the same time.
- Make sure there is plenty of time for the meal and are not rushing.
- It may be useful to encourage the supported person to go to the toilet before mealtimes.
- Encourage slow eating, never rush.
- Observe the supported person so that you know when they are ready for another spoonful of food in their mouth.
- Do not put another spoonful of food in their mouth until they have cleared and swallowed what is in their mouth.
- Never overfill a fork or spoon, give a small amount at one time.
- Encourage chewing and swallowing.

- Be extra cautious at the end of the meal, the last few spoonful`s are often large and given at fast pace.
- Do not try to wipe or clear food from a person`s face while they are trying to swallow.
- If mealtimes are long (over 30 minutes) consider a break giving their pudding later or several small meals throughout a day rather than 3 large ones.
- When supporting someone to have a drink encourage small sips at a slow pace, alternating between food and drink can help clear residue in the mouth.

## 5.0 Foods and Liquids to be avoided

The following types of food and liquids can cause a higher risk of choking and may need to be avoided for some people until SLT carry out an assessment or confirm what food has to be avoided;

- Hard, tough, chewy, fibrous, stringy, crispy, crunchy or crumbly foods.
- All types of bread must be agreed by a SLT in all circumstances.
- Pips, seeds, skins or outer shells e.g. on peas, grapes, husks.
- Gristle.
- Round or shaped food e.g. sausages sweets, hard chunks e.g. pieces of apple.
- Sticky foods e.g. cheese, marshmallows.
- Floppy foods e.g. lettuce, cucumber, uncooked spinach leaves.
- Juicy food where juice separates off in the mouth to a mixed texture e.g. watermelon.
- Foods of mixed consistency (e.g. solids mixed with gravy, soup with lumps of vegetables).
- If you have any concerns about a person`s nutrition or hydration, contact a dietician or other health professional.

SLT advice should be sought around avoiding foods until such times as an assessment conducted or formal response is received.

All communication from SLT regarding permitted or prohibited high risk foods should be recorded in the supported person`s Health monitoring forms and Good Life Plan. Any written communication should be stored electronically in the supported person`s file.

Where people have capacity and wish to make an informed decision to eat "High Risk" items, this should be agreed and signed off by the Multi-Disciplinary Team (to include any preparation guidelines to mitigate risk).



## 6.0 After Meal Times

- The supported person should not lie down immediately after eating as any residue in their throat could fall into their airway.
- Encourage the supported person to remain seated upright for 30 minutes.
- Ensure the mouth is clear of food, food left in the mouth can cause bad breath, mouth infections and can cause choking if it falls into the throat.
- Encourage regular teeth brushing or denture cleaning.

## 7.0 Storage and Usage of Food Thickening Products

- Thickening agents such as **Thick and Easy** and **Nutillis** should be treated and stored the same way as medication..
- These products are only prescribed by medical or allied health professionals such as SLT.
- These products should only be prescribed after an assessment of eating and drinking by a SLT.
- Thickening agents must be made up to the consistency prescribed by SLT, there is also a risk of aspiration if the liquid is too thin.
- Guidelines provided by a SLT will also provide information regarding posture and positioning of the supported person whilst eating and drinking, environmental factors such as noise, distractions and drinking between mouthfuls.

## 8.0 Implementation and Review

### 8.1 Implementation

The Chief Executive is responsible for ensuring that this procedures that support it, are followed by all employees.

### 8.2 Review

The Chief Executive will ensure that this procedure is reviewed at least every three years, and that any amendments required are submitted to the Policy & Procedure Review Group for approval.

## Appendix 1

### Daily Mealtime Monitoring Sheets

Name:

Date:

Completed By:

Please complete this form after every meal/snack/drink. This will be used to identify any possible patterns or causes for the mealtime difficulties, and will inform mealtime recommendations and guidelines.

**\*The Sheet Below Provides Examples of How to Complete Daily Mealtime Monitoring Sheet \***

Time of Meal	Description of Food and Drink Given (Please put a circle round any food/drink that seems to cause problems)	Time Taken and Amount of Food/Drink Intake	Any Coughing or Choking?	Any Other Difficulties Including Person's Mood or Behaviour	Person's Mealtime Rating Good/Enjoyable or Not Good/Poor
<p><b>For Example:</b></p> <p>06/08/2020, 12:30pm (Lunch)</p>	<p><b>For Example:</b></p> <p>Beans</p> <p>Baked potato skin removed mashed up with a fork</p> <p>Diluting Juice</p>	<p><b>For Example:</b></p> <p>20 minutes for lunch Only managed ½ of meal 15 minutes taken to drink glass of juice</p>	<p><b>For Example:</b></p> <p>Coughed after eating spoonful of beans mashed with baked potato.</p>	<p><b>For Example:</b></p> <p>Appeared tired before even starting meal</p> <p>Positioning in chair poor- slumped over to side as meal continued</p>	<p><b>For Example:</b></p> <ul style="list-style-type: none"> <li>Ask person to rate the meal by either :</li> <li>Giving the meal a thumbs up or down</li> <li>Choosing a symbol for either a happy or sad face</li> </ul>
<p>06/08/2020 3.30pm Afternoon Cuppa</p>	<p>Cup of tea and a yoghurt</p>	<p>Took 15 minutes to eat yoghurt and finish tea</p>	<p>No problems seen today</p>	<p>In good spirits today</p>	<ul style="list-style-type: none"> <li>Asking her if she enjoyed the meal and to say "Yes" or "No"</li> </ul>

Please complete this form after every meal / snack / drink. If there are any changes to eating and drinking skills, or if you have any questions or concerns please speak to the CSM. Changes may be made to the pre-approved menu only after approval of CSM.

**Daily Mealtime Monitoring Sheets**

**Name:**

**Date:**

**Completed By:**

<b>Time of Meal</b>	<b>Type of Food (Please put a circle round any food/drink that seems to cause problems)</b>	<b>Time Taken and Amount of Food/Drink Intake</b>	<b>Any Coughing or Choking?</b>	<b>Any Other Difficulties Including Person's Mood or Behaviour</b>	<b>Person's Mealtime Rating Good/Enjoyable Or Not Good/Poor</b>
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Tea</b>					
<b>Any Snacks Today?</b>					

**Please complete this form after every meal/snack/drink. If there are any changes to eating and drinking skills, or if you have any questions or concerns please speak to the CSM. Changes may be made to the pre-approved menu only after approval of CSM.**