



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
Nov 2022	Lesley McDonough	3	To reflect changes in training requirements and implementation of AIMS

Summary of Changes

Section	Change
All	New procedure
All	Addition of : <ul style="list-style-type: none"> - "Eating and Drinking awareness" new module on Learnpro - Updated "Dysphagia Practice Evidence form". - "Guidance for Choking Incident Reporting" new document. - "Practice observation for managers" new process. - Culture and Religion Considerations - Combined Good life Support Plan and Risk and Vulnerability as per AIMS - Amended wording in High Risk Alert to align to AIMS



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Table of Contents

1.0 Introduction	3
2.0 Management and Front Line Staff Members Training.....	3
3.0 Managing Eating and Drinking Risk.....	4
3.1 High Risk Alert (AIMS)	4
3.2 Good Life Support Plan/Risk and Vulnerability (R&V)	4
3.4 Incident Reporting	5
4.0 Cultural and Religious Considerations	6
5.0 Supporting a person at risk of choking	6
5.1 Food and Drinks Preparation	6
5.2 Environment.....	7
5.3 Positioning of Supported People while Eating and Drinking	7
5.4 Time, Pace and Meal Duration.....	7
6.0 Foods and Liquids to be avoided	8
7.0 After Meal Times.....	9
8.0 Storage and Usage of Food Thickening Products	9
9.0 Implementation and Review.....	10
9.1 Implementation	10
9.2 Review	10
Appendix 1	11
Appendix 2	13
Appendix 3	16
Appendix 4	18

1.0 Introduction

Ark Care & Support staff and managers 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 recommendation 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.

2.0 Management and Front Line Staff Members Training

All Care and Support Management and front line staff will complete Ark's "Eating & Drinking Safely Awareness" E-learning module during their induction and prior to supporting people independently. This module can be found on the staff Learnpro Homepage.

All staff will undertake First Aid training as mandatory training. This will be refreshed 3 yearly.

All Care and Support front line staff supporting people with eating and drinking plans in place (or the ones without an eating and drinking plan but who are at risk of choking) must then:

- a) Complete the "Dysphagia" E-learning course (which consists of 4 modules from Nutricia). The module can be found on the Learnpro Homepage. If not, please contact L&D@arkha.org.uk or talk to your manager.
- b) Have a discussion with their managers, using the "Dysphagia Practice Evidence

Form” (see appendix 1). Managers will have to sign and date the form and notify L&D that this has been completed and sits within the staff members employee records.

- c) Being observed by the manager during supported person’s eating and drinking activities. Manager will use the “Practice Observation Process for managers” document for this (see appendix 2).

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

3.0 Managing Eating and Drinking Risk

3.1 High Risk Alert (AIMS)

Where a supported person is at risk of choking, this will be identified as a High Risk Alert in the Supported Person’s Good Life Plan. This will be completed by an Ark manager where a risk of choking is identified and kept visible for everyone to see on the Supported Person’s file fields within dashboard and on “support” on Ark Information Management System.

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 Good Life Support Plan/Risk and Vulnerability (R&V)

A Risk and Vulnerability (R&V) has to be completed when choking is identified as a risk for the supported person and this will be managed through the Good Life Support Plan or Risk Management Plan.

A review of the Good Life Support Plan/R&V and/or 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 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.

Service management is responsible for ensuring that any guidance for individuals’ eating and drinking provided by SLT is included in the Good Life Support Plan/R&V 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, recognising changes in a person`s eating / drinking habits, completing incident reports if a supported person has a choking incident and delivering 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 a detailed 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.

To help staff members and managers fill in an incident form relating to choking, please find in appendix 3, guidance on what to write on the incident report, after a choking incident.

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

4.0 Cultural and Religious Considerations

Some cultures/religions recommend or dictate what followers can and cannot eat as well as how the food must be prepared and served.

If a supported person wants to follow their own cultural/religious beliefs, then staff members can make a positive impact in their eating and drinking activities, by having the knowledge of those beliefs.

Example: in some cultures, the temperature of the food and drinks is important. Therefore, offering food and drinks at the right temperature may make a huge difference to the comfort of a supported person.

When discussing a supported person's eating and drinking needs as part of a multidisciplinary team, relevant religious/cultural expertise should be therefore brought in the discussion (from a range of informed sources such as actual followers, their families, literature etc..).

5.0 Supporting a person at risk of choking

5.1 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 4 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.

5.2 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.

5.3 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 as directed by a Speech and Language Therapist and/or Occupational Therapist.
- 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.

5.4 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.
- In relation to the above food must be checked regularly (at least every 15 minutes) to ensure cooled food retains the desired consistency.
- 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.
- Where a supported person eats independently and does not follow the advice above a Risk Management Plan should be implemented and guidance sought from SLT.

6.0 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.

If you have a concern with the supported person`s ability to swallow their medication, please contact the GP to discuss other forms of administration

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) and included in a Risk Management Plan

7.0 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 coughing to clear any residue in the throat and provide fluids to flush
- Encourage regular teeth brushing or denture cleaning.

8.0 Storage and Usage of Food Thickening Products

- Thickening agents such as **Thick and Easy** and **Nutillis** should be treated and stored in a cool dry place.
- Be aware that temperatures can alter viscosity (thickness of the liquid).
- Ensure the right quantity of fluid to powder ratio is used.
- 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 but be mindful that thicker fluids are not always safer.
- 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.

9.0 Implementation and Review

9.1 Implementation

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

9.2 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

Dysphagia Practice Evidence Form

To Use During Manager and Staff Member Conversation

This document needs to be used as:

- A tool for manager to engage in a conversation with a member of staff around the application, in their day to day work, of the theory they learnt through the “Eating and Drinking Safely Awareness” E-learning module and the subsequent “Dysphagia” E-learning modules (from Nutricia).
- The proof that you, as a manager, confirm that the named member of staff has a clear understanding of the practice requirements of supporting a person with Dysphagia (Manager and staff are required to sign the form at the end).
- A tool to update the member of staff training records.

Your own knowledge, as a manager, of the issues and practice for the persons with swallowing difficulties that staff are supporting, will be vital to the quality of the conversation.

Please record the answer of the member of staff below each question and discuss.

The member of staff and you must sign and date the end of the document and scan a copy to L&D department at L&D@arkha.org.uk

Important note: failure to send the form to L&D will result in the staff's training records showing as incomplete for the Dysphagia course.

1. Consider the person or people that you support. If they have eating, drinking or swallowing difficulties, list at least 3 people, either internal to your organisation or external, you could approach for guidance in relation to this person's needs.
2. Briefly detail the process you go through prior to and when making a request for assistance from the professionals who support eating, drinking and swallowing
3. Identify at least 2 sources of documentation and where these are held which provide information and guidance to support your management of people's diet and eating, drinking and swallowing.
4. What are at least 3 potential consequences for the person if their individual eating, drinking and swallowing guidance is not followed?
5. List 5 high risk food types and why there are considered high risk for your supported person(s).

DECLARATION			
I confirm that the answers that the staff member has provided to the questions above indicate that they have a clear understanding of the practice requirements of supporting a person with dysphagia in the service.			
Service Manager Name		Staff Member Name	
Service Manager Signature		Staff Member signature	
Date			

Appendix 2

Eating and Drinking Practices Observation: Process for Managers

Background to this document and new process:

Staff who are supporting people with eating and drinking difficulties or diagnosed dysphagia will have done the following training before a manager can observe them at work:

- “Eating and Drinking Safety Awareness” E-learning module
- “Dysphagia E-learning module (which consists of 4 modules from Nutricia)
- Practice Evidence Form filled in with managers.

The new process below is the final step in the overall Eating and Drinking/ Dysphagia Learning journey and will be used after the managers and their staff member have sat down and completed the “Dysphagia Practice Evidence Form”. This final step is indeed needed as, whilst the evidence form and the discussion that happens around it can demonstrate that the staff member has acquired the knowledge imparted by the formal learning, it does not fully evidence that the staff member applies this knowledge in their daily activities. It is therefore important to observe the practice around ensuring eating and drinking activities are carried out safely in the workplace.

How would we achieve our objectives?

It is proposed that managers will carry out one direct observation focussed on eating and drinking activities for any member of staff supporting a person with eating and drinking difficulties or diagnosed Dysphagia.

The check list below is intended to be used as a guide to the elements that should be observed. Any other observed practices around food preparation (if applicable), serving (if applicable) and feeding can be added to the list.

Managers can print the check list and do their observation with it.

Once this is completed, managers will sign and certify this and a record must be sent to L&D at L&D@arkha.org.uk so it can be recorded on Learnpro. This will act as the final step to prove competence of the staff in the subject.

DECLARATION			
I confirm that I have observed the staff member named below supporting people with eating and drinking activities and that their practices meet Ark's requirements.			
If the observed practices required have not been met, I confirm that actions have been listed and agreed with the member of staff to ensure requirements are met and further observations will be carried out to ensure the standard is met.			
Service Manager Name		Staff Member Name	
Service Manager Signature		Staff Member signature	
Date			

PRACTICE OBSERVATION CHECK LIST

This checklist is a combination of elements covered in HS16a People at Risk of Choking Procedure as well as the “Eating and Drinking Safely Awareness” module and the “Dysphagia” module.

Before any observation can be done, the observer must be familiar with the supported person’s Eating and Drinking plan, Good Life Support Plan/R&V and must have completed the “Eating and Drinking Awareness” module, followed by the “Dysphagia (Nutricia)” module and finally the “Practice Evidence Form”. Managers can then determine whether any practice they observe meets the supported person’s documented needs.

Some of the observations will be specific to the situation being observed and therefore will need to be added to the check list below.

Observer Name and Role:

Observation date:

Name of the Support Worker/ Relief or Agency Worker being observed:

Topic: The Environment	Yes, No or comments
Is the environment around the supported person calm and relaxed? (this also applies when giving support at home. Is it noisy for example from the TV, radio? Etc..)	
Is the supported person distracted by something?	
Is the support worker talking to the person whilst they eat?	
Is the supported person alert?	
If the person feeds themselves, is all the food that needs to be eaten within easy reach of the supported person so they do not have to stretch or turn to get it?	
If the support worker helps the person to eat, is all the food within easy distance of the support worker?	
Topic: Position of the supported person	Yes, No, comments
Is the supported person sitting upright with feet on the floor (if applicable) whilst eating?	
If the supported person is eating in bed, are they sitting as up right?	
Is the supported person leaving the table during the meal and coming back?	
Is the support worker seating higher than the supported person? (they should be at the same height)	
If the person has got specific guidelines around seating positioning from the occupational therapist or Speech and Language Therapist, is their seating position the one expected?	
Topic: Time, Pace and Meal Duration	Yes, No Comments
Does the supported person look rushed, flustered?	
Is the support worker using any physical or verbal cues to try and slow down the person's eating (if too fast)? If so, what cues? (putting cutlery down in between mouthful or ask the person to put their hands on their knees, if possible, after each mouthful)?	
Is the support worker waiting till the person's mouth is empty, to offer more food?	
Is the support worker alternating between giving food and then giving a drink?	
Is the Support worker's attention solely on the supported person or are they multi-tasking for example?	
Topic: Portion Sizes	Yes, No, Comments
Are the spoons or forks too full?	
Is the type of spoon used suitable to feed the supported person, according to their eating and drinking plan?	
Are any food pieces larger than 1.5cm?	
Topic: Type of food	Yes, No, Comments
Is the type of food being offered meeting the supported person's cultural/religious needs?	
Is the type of food being offered meeting the supported person's needs as documented on their Eating and Drinking Plan?	

Appendix 3

GUIDANCE FOR CHOKING INCIDENT REPORTING

Topics	Examples of Questions
Background Information	Have there been previous choking incidents? Yes/No Has this incident been discussed with others (day services, family, people they socialise with around meal times etc...)? Is the supported person on a restricted diet following a SALT referral? Yes/No, if so which level.....
What type of food was the person eating when they choked?	High Risk Choking Food such as : <ul style="list-style-type: none"> - Hard Food (nuts, some sweets etc...) - Crumbly Food (biscuits, pie crust etc...) - Pips, seeds, skins and outer shells (grapes, peas, fruit skins, corn in the cob etc...) - Tough and chewy food (steak, bacon, harder vegetables etc...) - Skin, bone or gristle (fish, meat etc...) - Sticky food (marshmallows, cheese etc...) - Juicy food (where the juice separates off in the mouth (melon etc...) - Round or long shaped food (uncut sausage, grapes, sweets, hard pieces like apple pieces etc...) - Dry Food (crackers, cake, bread etc...) - Stringy food and fibrous food (pineapple etc...) - Floppy food (lettuce, thinly sliced cucumber, spinach etc...) - Food mixed with liquids (hard cereals, fruit salad with juice, soup with pieces etc...) - Crispy or crunchy food (crisps, flaky pastry etc...)
How was the food served?	Pureed? Cut in pieces larger than 1.5cm? Mixed with some type of fluid? Etc...
How was the environment surrounding the person at the time of choking?	Where was the person? At home, in a café, in somebody's else home, in a day center etc..? Was the environment calm and relaxed? Was it Noisy? What type of noise? Was the person distracted? Was someone speaking to the person just before the incident? Etc...
What was the person's position at the time of choking?	Were they sitting up right? Were they at a table? Were their feet on the floor? Were they in a wheelchair? Were they lying down? Were they walking whilst eating? Etc...

Topics	Examples of Questions
Meal time pace? Duration?	<p>Was the person rushed when they choked?</p> <p>Did the person have any activities booked straight after eating, which made them rush their meal?</p> <p>Were they too hungry at the time?</p> <p>Did they have a snack before they ate and choked?</p> <p>Were they having issues chewing?</p> <p>Did you use verbal and/or physical cues to make them eat more slowly? Etc...</p>
Mouth Care?	<p>Did the person wear dentures? If they were, were the dentures secured before choking?</p> <p>Did the person have good oral hygiene (brushed teeth regularly, had decays treated by dentist, had healthy gums)?</p> <p>Did the person lie down at any point and then choked? Etc...</p>
Portion sizes?	<p>Did the person have an overfull mouth when they choked?</p> <p>Was their spoon too full?</p> <p>Did you remove excess food on their spoon before they ate?</p> <p>What size was the spoon?</p> <p>Did they take breaks between mouthfuls? Etc...</p>

Appendix 4

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><i>For Example:</i></p> <p>06/08/2020, 12:30pm (Lunch)</p>	<p><i>For Example:</i></p> <p>Beans</p> <p><i>Baked potato skin removed mashed up with a fork</i></p> <p>Diluting Juice</p>	<p><i>For Example:</i></p> <p>20 minutes for lunch Only managed ½ of meal 15 minutes taken to drink glass of juice</p>	<p><i>For Example:</i></p> <p>Coughed after eating spoonful of beans mashed with baked potato.</p>	<p><i>For Example:</i></p> <p>Appeared tired before even starting meal</p> <p>Positioning in chair poor-slumped over to side as meal continued</p>	<p><i>For Example:</i></p> <ul style="list-style-type: none"> Ask person to rate the meal by either : Giving the meal a thumbs up or down Choosing a symbol for either a happy or sad face
<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"> Asking her if she enjoyed the meal and to say "Yes" or "No"

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.