



## OPWDD Choking Prevention Initiative Frequently Asked Questions



Thank you for your help with implementing the OPWDD statewide Choking Prevention Initiative (CPI). This resource can be used to find answers to frequently asked questions. Topics appear in bold typeface and are listed in alphabetical order.

### **Choking Prevention Initiative Training and Rollout**

1. **Q:** What is the reason behind the Choking Prevention Initiative?

**A:** The Choking Prevention Initiative will help to ensure health and safety through the use of standardized terminology that is easy to understand and practical to use in order to meet the needs of the people to whom we provide services. An interdisciplinary committee composed of speech pathologists, occupational therapists, nurses and dietitians determined that the size of food pieces is a very important component of the food consistency and choking prevention. A review of chopped diet, the soft diets/mechanical soft diets used statewide demonstrated that quantifiable measurements to ensure uniformity were not well defined. Definitions of these diets would vary amongst providers. This initiative standardizes the food consistencies and terminologies used throughout the state of New York. The food consistency terminology provides “word pictures” of the prepared food such as ‘½-inch Pieces Cut to Size’ so staff can easily identify and prepare the consistency of food by a quantifiable measurements to prevent error.

2. **Q:** When does the Choking Prevention Initiative begin, and what is the timeline for implementation?

**A:** Please see ADM #2012-04 (<http://www.opwdd.ny.gov/node/2419>) which states: "Training must commence within six weeks of the date of this ADM. The completion of all applicable parties’ training for CPI Part I is required by 2/28/13.



The completion of CPI Part II training for identified applicable parties is required by 8/30/13. The standardization of food and liquid consistency terminology, definitions and guidelines is required to be implemented by all provider agencies statewide by 8/30/13."

3. **Q:** Who has to complete the Choking Prevention Initiative training?

**A:** Part I training is required for all applicable parties as defined in Administrative Memorandum #2012-04: "This ADM pertains to the training of employees, contractors, consultants, volunteers, and family care providers (henceforth known as applicable parties) who have regular and substantial unsupervised or unrestricted physical contact with persons receiving services." The additional Part II training is required for staff members who regularly prepare or serve food, assist with dining, and/or provide supervision of individuals at meals and snack times. Direct supervisors of staff described must also complete CPI Part II training.

Staff must complete Parts I and II if they are responsible for preparing and serving modified food diets using consistencies other than 'Whole.' If there are no food consistency modifications in a program or particular residence (i.e., everyone is served a 'Whole' diet), then staff members are only required to complete Part I. However, if staff substitute in other programs or residences where they are responsible for preparing and serving modified diets with food consistencies such as 'Cut to Size,' 'Ground' or 'Puree', then they are also required to complete Parts I and II. Best practice dictates that all identified applicable parties will be trained to ensure that they possess the knowledge and skills necessary for the promotion of the health and safety for the people we serve. Please see ADM #2012-04 (<http://www.opwdd.ny.gov/node/2419>) for further clarification.

4. **Q:** How do I access training materials and what forms are the training material available in?

**A:** Training materials can be downloaded and printed from the OPWDD website: <http://www.opwdd.ny.gov/node/1948>

5. **Q:** I am having trouble printing the training material. It cuts off after half a page. How do I fix this?

**A:** A printable version of the training is available at this link: <http://www.opwdd.ny.gov/node/1953>. Print directly from the pdf document (not



from the web browser menu) by clicking the button on the pdf that has a printer icon. The Stop Choking Hazards poster should be printed on 11 by 17 inch paper only to be true to size. If different size paper stock is used, the poster will **not be true to size** and will be printed with inaccurate size dimensions. The size dimensions of the actual graphics of the pieces of food will appear inaccurately **showing the food piece sizes smaller or larger than the actual piece sizes** should be depicted. Another option for duplication of the poster would be taking an original poster and having them duplicated on 11 by 17 paper stock at a business that does printing such as Staples or other equivalent.

6. **Q:** How do I move ahead to the next question in the online training?

**A:** The online training is programmed to remain on a page until the question is answered correctly. You will be allowed to advance to the next page after you provide the right answer.

7. **Q:** Who can be the trainer for the Choking Prevention Initiative? Do they have to be a clinician (OT, SLP, RN, RD, etc.)?

**A:** ADM #2012-04 for the Choking Prevention Initiative states: "Trainers may be clinicians or experienced Direct Support Professionals who are recommended and approved by a clinician to become a CPI Trainer because they demonstrate proficiency and knowledge of the OPWDD Choking Prevention Initiative."  
(<http://www.opwdd.ny.gov/node/2419>)

8. **Q:** Do the class participants need to demonstrate competency?

**A:** Newly hired identified applicable parties that require the more specific Part II training must prepare the food and liquid consistencies to the satisfaction of the instructor in Element 3 of the training. Hands-on preparation may not be necessary for staff members who have previously prepared food in a manner that is equivalent to the food consistencies in the Choking Prevention Initiative.

An effective trainer will identify existing staff members who are not competent in food consistency preparation and train them in all three elements of Part II training. If a particular home does not have anyone who receives a modified food consistency diet, the existing staff for that home do not need to be trained in Element 3. However, staff members who substitute in other homes that do prepare modified food consistencies should be trained. Best practice dictates that all identified



applicable parties will be trained to ensure that they possess the knowledge and skills necessary for the promotion of the health and safety for the people we serve. The trainer has flexibility and needs to determine the knowledge that staff members need to learn to successfully implement this initiative safely in their job location. The trainer should ensure that this information and knowledge is conveyed at the training to staff.

9. **Q:** Do I need to physically demonstrate the cutting/processing to the class?

**A:** At minimum, plates of food showing the different food consistencies should be exhibited at the training for experienced staff. Active participation and return demonstration of the preparation process is highly recommended to ensure the objective of training is met. The objective of Element 3 is that participants can correctly prepare all diet consistencies without assistance. This includes both experienced staff and new staff.

10. **Q: - For state operated programs only -** Is there a training code specific to Element 3 (demonstration of food consistencies)? We are anxious to get started on this portion, but want to make sure that the staff receive credit for it by having the correct training code on the training rosters. We used Y0080 for Element II.

**A:** There are only two training codes for CPI: the first is for Part I and the second is for CPI Part II (Y0080) which is composed of three elements: 1, 2, and 3. It is expected that all three elements of Part II be completed before credit is given for the CPI Part II training. Demonstration of food consistencies in Element III as well as Element I and Element II should be completed before credit is given for Part II in its entirety.

## Consistencies

1. **Q:** What are the descriptions of the new food and liquid consistencies?

**A:** The Preparation Guidelines for Food and Liquid Consistency developed by OPWDD contains the definitions and meal guidelines for each of the food and liquid consistencies. The guidelines can be found be at the OPWDD website: <http://www.opwdd.ny.gov/node/2419>



2. **Q:** Where do mechanical soft/dental soft diets fit in the new food consistencies?

**A:** An individual may have a combination of food consistencies that best meet their needs. An example of a combination diet that may substitute for a soft diet may be a diet prescribed as ½" pieces cut to size with the substitution of moistened ground meat. This diet is often used in place of the outdated Mechanical Soft diet. The clinicians may adapt each diet consistency provided in guidelines with any exceptions that meet the individual needs of the people we serve. For additional information, see the "Modifying Diets" section below.

3. **Q:** The guide delineates the 'cut to size' consistency in 3 ways: 1 inch, ½ inch or ¼ inch. I really prefer that the ¼ inch consistency be referred to as "chopped". This is what the California Department of Mental health uses to describe this and I feel it is more accurate.

**A:** All the names of the consistencies were designed to bring a "word picture" to mind when you read or heard the diet order. So using a ¼" Pieces Cut to Size diet would easily make you aware of the piece sizes as well as create a picture in your mind of what it should resemble. The statewide committee discovered that the sizes of pieces varied from agency to agency when a "chopped" label was used. There was a lot of confusion because the terms were not well defined. Quantifying the description of the diet on the actual label eliminates the potential for confusion amongst clinicians, nurses, or physicians as to what size pieces would be consumed by individual when the diet was ordered. The piece size of food was a major concern of the committee in regards to risk of choking.

The descriptive label of consistency allows the staff preparing the food consistency to more easily recognize how the food consistency should appear. There are a significant number of employees throughout the state who have limited English proficiency. By providing color pictures of diet consistencies as well as word pictures in the diet label we hope to reduce the risk of errors in diet consistencies. The food consistency guidelines of the California Department of Mental Health were reviewed and found to be a well designed product; however, the OPWDD committee had objectives in mind that dictated developing our own guidelines.

4. **Q:** On page 14 of the OPWDD CPI Preparation Guidelines for Food and Liquid Consistency, it states that 1" pieces are not meant to be sliced as 1" cubes; however, it does not provide any guidelines onto how thick each slice can be. For example, if serving a steak, should the steak first be filleted, and then cut into 1" pieces?



**A:** Very few steaks are thicker than one inch. It is recommended that 1-inch pieces measure ½-inch by 1-inch by 1-inch for safety. Remember we are trying to provide the individuals with the most appetizing, tolerable consistency possible with safety first.

5. **Q:** On page 14 of the OPWDD CPI Preparation Guidelines for Food and Liquid Consistency, it states that sandwiches should be cut into uniform 1" pieces but that sandwiches should not be stacked. Does this mean that sandwiches should be deconstructed on the plate and the pieces eaten individually?

**A:** Stacked meaning that two sandwiches should not be stacked on top of each other. This prevents the unsafe practice of serving pieces of sandwiches or bread stuck together that is truly bigger than 1" pieces. Sandwiches may be deconstructed if that meets the needs of the individual.

6. **Q:** What moistening liquid is acceptable for the ground diet?

**A:** Moistening liquids should be compatible with the food item being served. If ground meat is served, gravy, sauce or condiments would be acceptable. For example, barbecue sauce mixed with ground chicken. Milk would be appropriate with cereal. Please review the section on ground consistency in the Preparation Guidelines for Food and Liquid Consistency.

7. **Q:** Puree is described as free from skins and seeds, applesauce or pudding consistency. I have always encouraged our staff to puree raw fruits or vegetables if that is what is being served to everyone else. The Robot Coupe processor we use can reduce a whole apple or pear to a raw applesauce consistency, preserving the flavor of the fresh fruit and providing a beneficial source of fiber too. Additionally, I make smoothies about once a week for our Day Hab participants and the people on pureed diets love this, whole berries and all. It has never presented as a choking hazard; it truly is a smooth drinkable consistency. Just wondering if you feel strongly about the no seeds or skins, and the rationale for this...

**A:** It is wonderful that you have access to a Robot Coupe and can eliminate all seeds and skins when processing raw fruits and vegetables. Some of our programs also prepare puree diets using the Robot Coupe and can process to a consistency that is homogenous and free of lumps or seeds. If you can reach the desired puree consistency as defined in the OPWDD Guidelines with the Robot Coupe and have



no seeds or skin left, your assessment as a clinician to include this as part of puree diet would be a nice addition to the diet. Documentation by the dietitian that these foods can be modified as defined in each diet consistency should be included.

Many homes and program sites statewide do not have the use of a Robot Coupe, so blenders or food processors are used to puree their food. This equipment does not effectively puree seeds and skin from fresh fruit and vegetables. This resulted in the highlighting of these foods in “foods that cannot be modified as described above” column in the guidelines for particular consistencies cited. With all the great fresh fruits and vegetables available throughout the year, it is a must whenever possible to include them in meals and snacks if the food can be processed effectively to the appropriate consistency.

## Cutting Boards and Posters

1. **Q:** When can we expect to receive the cutting boards?

**A:** The cutting boards and posters were sent out to agencies alphabetically. The supply of cutting boards was depleted so additional cutting boards have been ordered. As soon as the replacement order is received the mailroom will commence sending the cutting boards and posters to the remaining voluntary agencies.

2. **Q:** How can I get more cutting boards and posters?

**Posters:** An electronic file of the poster can be found on the choking prevention initiative website:

[http://www.opwdd.ny.gov/opwdd\\_careers\\_training/training\\_opportunities/choking\\_prevention\\_training\\_resources/documents/Stop%20Choking%20HazardS](http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/choking_prevention_training_resources/documents/Stop%20Choking%20HazardS).

The Stop Choking Hazards poster should be printed on 11 by 17 inch paper only to be true to size. If different size paper stock is used, the poster will **not be true to size** and will be printed with inaccurate size dimensions. The size dimensions of the actual graphics of the pieces of food will appear inaccurately **showing the food piece sizes smaller or larger than the actual piece sizes** should depicted. Another option for duplication of the poster would be taking an original poster and having them duplicated on 11 by 17 paper stock at a business that does printing such as Staples or other equivalent.



**Cutting Boards:** Cutting boards may be ordered from JCB Specialties, Inc.

JCB Specialties, Inc. is located at 8 Sand Creek Road Albany, New York 12205. The contact person for company is Amy Bennett (518-459-0566). Ask for “flexible cutting boards, exact repeat for OPWDD full color imprint.” Pricing varies depending on the number ordered and shipping cost.

## Cutting Food

1. **Q:** Please clarify the wording on page 14 for 1” Pieces Cut to Size which states, “People receiving this diet need assistance cutting their food but have no chewing and/or swallowing problems”. Does this imply that people need to be on a specific sized diet by virtue of the fact that they cannot cut alone, or, does this mean that those who need one inch pieces and cannot cut will need staff to do so?

**A:** If a person can tolerate all food on the whole diet, but cannot cut independently, he/she may remain on the whole diet; however, staff should be directed in some way- depending on your agency’s practices- (dining guidelines, etc) to assist an individual with cutting food if needed. Placing individuals on a cut to size diet only because they cannot cut may unnecessarily omit food items that they are able to tolerate. The assessment by the clinician and development of a dining plan by the team will address the need of cutting food for ingestion to meet the dining needs of an individual for health and safety.

2. **Q:** For the ‘Whole’ diet, what does the person have to be able to cut? Is it everything? How should that be properly evaluated? Can they cut with adaptive equipment? If the individual has no chewing/swallowing issues but just has poor fine motor manipulation skills and can't cut on their own? Do they have to have their food size altered?

**A:** The person does not necessarily need to be able to cut in order to have a whole diet. They should be able to safely tolerate all foods served as it is normally prepared. A clinician who is proficient in oral motor evaluation and dining should assess the individual’s needs and recommend the appropriate food consistency and adaptive equipment, as well as develop a dining plan. A person on a whole diet, who cannot cut their food, will definitely need a dining plan. This dining plan should ensure the individual’s food will be cut by staff or the individual will be assisted by staff in cutting the food to the appropriate food consistency to meet the needs of the individual. Yes, adaptive equipment can be used as needed.



3. **Q:** The description for the '1-inch Pieces Cut to Size' diet states that people receiving this diet have no chewing and/or swallowing problems. Does this mean that if a person has any chewing and/or swallowing problems their food must now be cut to ½-inch pieces or smaller?

**A:** The 1" Pieces Cut to Size diet is primarily prescribed to those who may be at risk of choking due to their inability to cut their own food and/or may benefit from this diet as it assists in slowing the rate of eating in conjunction with pacing. The individual should be assessed to determine if the foods permitted/omitted in this or any other diet meet his or her needs and abilities.

4. **Q:** If someone is on a food cutting goal, can they receive whole consistency food, with instructions that staff assist the consumer in cutting their food?

**A:** Yes, absolutely. Be sure to provide a dining plan which includes close supervision during the meal, cutting to size the food pieces with the individual to be sure tolerable and safe pieces are attained for consumption.

## Diet Orders

1. **Q:** Does every person need a diet order?

**A:** If it is determined there are no special dietary needs, a diet order is not required in the IRA environment, but it is required in the ICF environment. As a best practice to prevent confusion and ensure the individual was assessed for dietary needs, it is recommended that all individuals have a diet order updated during their annual physical by the health care practitioner.

2. **Q:** For those who live in the community or who attend other agencies (state and private) do we need to have a copy of their diet order? Or for those who are in the community will they need to obtain a diet order to state that they are minimally on a whole diet?

**A:** The choking prevention initiative does not change other policies or practices. If you needed a diet order for those who live in the community previously; then you would need a revised diet order with the new terminology. All New York State and



voluntary agencies that serve the developmentally disabled should be aware of the initiative and will be transitioning to the new terminology.

## Emergency Procedures

1. **Q:** In regard to the online quiz question 1; calling 911 or EMS, as taught in our American Heart CPR Course is done after you have determined that the person is choking by asking if they or OK or otherwise. Two of our CPR instructors felt that they should assist the individual immediately and then call 911 if the person is choking.

**A:** For both choking and CPR, staff should follow the procedures being used in their respective agencies.

## MD Orders

1. **Q:** We are requesting clarification on MD ordered prescriptions and how they might supersede these dietary orders?

**A:** Diet restrictions (low cholesterol, high fiber, etc) will remain unchanged. Old terminology for food consistencies will need to be switched out for the new and equivalent terminology. To do so, a doctor's order/prescription/signature will be needed.

## Modifying Diets

1. **Q:** Can we make exceptions to the manual?

**A:** As stated in our guidelines, "individualized assessments by the appropriate clinicians are essential in developing the appropriate care plan for each person to meet their specific needs and provide optimal care." The assessing clinicians may adapt each diet consistency provided in the guidelines with any exceptions that meet an individual's needs as determined.



2. **Q:** Can an addendum or additions be made to the Guidelines Manual by DDSOs or voluntary agencies?

**A:** The OPWDD Preparation Guidelines for Food and Liquid Consistency should remain intact as written and should not be altered. If an agency has determined that exceptions may be made to the OPWDD guidelines to meet the dietary needs of the people to whom they provide services, these exceptions should be documented in the agency procedures and the individual's orders.

3. **Q:** I know hotdogs must be skinless and sliced in half lengthwise, but what is the timeline for this to become mandatory?

**A:** OPWDD has recommended that hotdogs be skinless and sliced lengthwise as a best practice to raise awareness and to reduce the risk of choking on hotdogs which is one of the highest risk foods for choking hazard. As stated previously our intention is not to change the diet an individual presently receives, but rather to change the terminology or label of the diet to be consistent statewide. If an individual has not demonstrated a need for alteration of the hot dog consistency then the diet should remain the same as present.

4. **Q:** For those who are on a ground and pureed diet, it states that peanut butter is restricted. I was wondering what your thought is on powder peanut butter. I purchased some to trail, and thickness of the product is controlled with water and since there is no oil, it's less sticky to begin with. I thought that this may be a good substitution for our individuals who love their peanut butter and jelly sandwiches.

**A:** These are guidelines and can be tailored to suit the needs of the individuals in your agency. If you find that powdered peanut butter or even mixing peanut butter with jelly, applesauce or butter results in a consistency that would be safe for certain individuals on a ground or pureed diet, it would be appropriate to include peanut butter in their menu choices. It is recommended, however, that the instructions to modify the consistency of peanut butter are clearly documented and available for staff to use. Staff should be trained in proper preparation of any food item that varies from the guidelines.

5. **Q:** We have a number of individuals at our agency who do not tolerate hard foods such as carrots or well done steak as part of a regular diet. However they are able to safely bite off pieces of and chew/swallow soft finger foods which are not cut up,



such as a bologna sandwich, soft cookie or banana. These individuals are often very independent in their mealtime skills and, for their dignity, are allowed to make food choices and eat in a typical manner (holding a sandwich or cookie in their hands). The “soft diets” of 1-inch pieces or less may impose undue restrictions. Is there a remedy for this?

**A:** The intention of the Choking Prevention Initiative is to increase safety and uniformity across the state and from one agency to another.

With the adoption of the new food consistency terminology, changes will need to be made for each individual’s diet order to reflect the new terminology. However, there will be little to no change in the food consistency of the actual meals served for each individual since only the label of the diet is really changing. For some individuals, however, diet orders may need to be modified to include/exclude foods that meet/do not meet their abilities and assessed needs, as determined through individualized assessments conducted by clinicians. Restrictions or additions to diet consistency should be documented, clearly defined and accessible to prevent errors by staff providing care or preparing meals for the individual. The diet orders should include any exceptions or additions from defined food consistencies. A specific dining plan of care that specifies deviations from the defined food consistency should be implemented for these individuals to ensure their safety and enjoyment at mealtimes.

6. **Q:** Do clinicians still have the authority to modify diets based on individual needs and clinical judgment using state terminology combined with clinical descriptions (i.e., 1” diet with thinly sliced fork tender meats, no hard foods, extra condiments, no mixed consistency foods containing solid or liquid)?

**A:** Yes. Diet consistency recommendations and orders can and should be individualized as needed to meet the unique needs of the people we serve.

7. **Q:** Is mixing diet orders permitted? For example, could foods prepared for a Whole diet be served together with the 1” Pieces Cut to Size consistency?

**A:** Mixing diet consistency is allowed, as recommended by assessing clinicians’ recommendations and physician’s order.



8. **Q:** Are the omitted foods (listed under each consistency) appropriate if prepared to the prescribed diet (i.e. Kaiser Rolls cut into ½” pieces for someone on a ½” diet) or does each individual need to be evaluated specifically for all omitted food items?

**A:** Each individual needs to be evaluated. For example, someone on ½” Pieces Cut to Size may tolerate a bagel, muffin, roll, but not a toasted English muffin.

## Posters

1. **Q:** How can I get more posters?

**A:** An electronic file of the poster can be found on the choking prevention initiative website:

[http://www.opwdd.ny.gov/opwdd\\_careers\\_training/training\\_opportunities/choking\\_prevention\\_training\\_resources/documents/Stop%20Choking%20HazardS](http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/choking_prevention_training_resources/documents/Stop%20Choking%20HazardS).

The Stop Choking Hazards poster should be printed on 11 by 17 inch paper only to be true to size. If different size paper stock is used, the poster will **not be true to size** and will be printed with inaccurate size dimensions. The size dimensions of the actual graphics of the pieces of food will appear inaccurately **showing the piece sizes smaller or larger than the actual piece sizes** should depicted. Another option for duplication of the poster would be taking an original poster and having them duplicated on 11 by 17 paper stock at a business that does printing such as Staples or other equivalent.

## Precutting Food

1. **Q:** For any cut up food, it says that “meats should be cut, by staff, as close as possible to the time of consumption to prevent it from drying out.” This is an issue for our day program staff since lunches usually come in the way they are to be consumed and have been sitting in their lunch bags for many hours. Should we discourage group homes, parents, etc. from precutting?



**A:** Precutting is acceptable in the case of bringing a bag lunch to day program. Recommend wrapping foods, to ensure that it will not dry out. Encourage parents or group homes to provide extra moistening agents with the bagged lunch for program staff to use if needed. Prior to serving, the day program staff should check meals for appropriate consistency and modify as needed for safety.

### **Sitting While Eating**

1. **Q:** In regard to the online quiz question 3; how are we to be sure they are seated? While we can strongly encourage them, the question states definitively that those criteria are necessary “any time a person with a developmental disability is eating.” Is this a regulation or policy? Is this considered a restriction to their rights?

**A:** The quiz and guidelines are meant as a tool to improve safety and awareness of the risk of choking. It is a best practice and normal behavior for safe dining to sit while eating. This reduces the risks of choking and aspiration.

### **Supervision While Dining**

1. **Q:** Does this training mean to state that all of our residents (not just the ones with eating related difficulties) need to have direct staff supervision at all times when eating? This question is in regards to Question 3 Part I of the training assessment.

**A:** Question 3 Part I was designed when written for individuals with safety and supervision concerns and individual protection plans in regards to dining issues. An individual and their treatment team determine protections that need to be put into place in regards to dining, eating, swallowing, and chewing.