



CHOKING PREVENTION & INTERVENTION UPDATE NOVEMBER 2015

Choking occurs when a person's airway becomes blocked by food or other objects, or when liquid enters the airway during swallowing. It is very important that people remain aware of choking hazards, know how to prevent choking and how to respond when a person appears to be choking.

CHOKING AWARENESS

Choking Indicators: Individuals may not be able to communicate that they are choking or have something stuck in their throat, esophagus or airway. Knowing the sounds and gestures that are typical for a person in distress will assist in recognizing that a person is in trouble. There may be only one sign of choking or there may be many visual or auditory signs including the following:

- Grabbing at the neck or throat
- Appearing distressed or panicked
- Waving the arms
- Gasp for air
- Gagging
- Displaying continuous, unusual or severe forceful coughing
- Skin, lips and nails turn red, then blue as oxygen levels drop
- Noisy breathing/wheezing can indicate a partially blocked airway that can become a fully blocked airway
- If a person is conscious and cannot cough, speak, or breathe, assume the airway is blocked
- If the individual is unconscious, assume the airway is blocked
- Person abruptly leaves the table and/or runs to another room (e.g., bathroom)

CHOKING INTERVENTION

If the airway appears blocked, immediately take action to unblock the airway. If alone, call 911, take object out of mouth only if you can see it and perform abdominal thrusts. If two or more persons can respond, one person should respond to the individual in distress while the second person calls 911.



CHOKING PREVENTION

Awareness of Choking Risks and Causes:

- Health issues that affect swallowing and gag reflexes (e.g., cerebral palsy and other neuromuscular disorders, neurological impairments, gastroesophageal reflux disease and the aging process)
- Eating or drinking too fast and/or not chewing food thoroughly
- Eating while talking, laughing or in unsettled or volatile environments
- Eating in a moving vehicle or while walking or moving around
- Food-seeking and taking behaviors (from others, from storage or from waste receptacles), and/or secretive eating
- Eating or drinking while under the effects of sedating medication or alcohol as certain medications such as anticonvulsants, psychotropic medications and sedatives can make swallowing difficult
- Failing to provide food/drink in the manner and consistency needed by an individual to prevent choking
- Failing to provide an individual with the supervision and support they require during non-meal and mealtime
- Failing to adhere to clear and correct instruction on food consistency or to maintain dining support and supervision in an individual's service plan and/or Individualized Plan of Protective Oversight

Certain foods such as meat (especially hot dogs), bread, popcorn and peanut butter are difficult to swallow and can increase the likelihood of a choking emergency, regardless of whether the person has been identified to be at risk. Certain foods due to their shape, size and the possible tendency to eat in one bite (e.g., grapes, large marshmallows, hard candy, baby carrots, tortilla/nacho chips) can increase the likelihood of choking. Even people with no identified special needs can benefit from reminders to eat slowly, chew well, and take 1-2 bites. Non-food objects such as coins, pen/marker caps, and balloons may lodge in airway and pose a risk especially for people who display pica and mouthing behaviors.



Identifying Needs

Assessment & Service Planning

- Individuals should be assessed by an appropriate professional to determine proper food and/or liquid consistencies. Service Plans are to document the determined consistencies per OPWDD's standardized food consistency language as follows:
 - Whole
 - Cut to size – 1 inch pieces, ½ inch pieces, ¼ inch pieces
 - Ground: rice size and moistened
 - Pureed: smooth and creamy, no lumps and not runny
- Standardized language for the thickening of liquids is to the consistency of:
 - Nectar
 - Honey
 - Pudding
- Individuals should be assessed to determine other strategies necessary to aid in safe eating. Strategies should be documented in their service plans. This may include:
 - Level and type of supervision and assistance to provide when the individual is eating
 - Strategies to guide the person in pace of eating or portioning of bites
 - Positioning for safe eating
 - Necessary equipment, whether adaptive or routine, to assist the person in safe eating, safe positioning while eating, etc.

Providing Preventive Strategies:

Delivery of Services/Safeguards, Training & Monitoring:

- Training should be provided to and implemented by direct support staff and staff's competency should be monitored through the following:
 - Preparing food according to each individual's service plan for dining utilizing OPWDD training materials such as the "STOP Choking Hazards" Cutting Board and Poster
 - Providing appropriate supervision and support to each individual according to their needs and service plan
 - OPWDD choking prevention curriculum



- Attentiveness to environmental risks and elimination of objects that are triggers for pica related ingestion
- Best Practices include training staff members (and monitoring competency) in:
 - First aid and CPR
 - Providing a safe and calm dining atmosphere
 - Providing safe situations and locations for eating (e.g., avoid eating while agitated, laughing, yelling; not in moving vehicles or while walking, etc.)
 - Practicing appropriate response to choking scenarios (e.g., practice choking “drills”)

For additional information on Choking Prevention, please visit:

www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/choking_prevention_training_resources