

Policy & Procedure Manual

CHOKING/ASPIRATION – HIGH RISK INDIVIDUALS – R-III-3

POLICY:

The health and safety of all individuals supported by OPTIONS northwest is of utmost importance. Recipients of service will be continually monitored for potential risk factors that place a person at increased risk for choking or other swallowing difficulties. These risk factors will be identified in the service recipient's Individual Support Plan.

Once individuals are identified as having factors that put them at a high risk for choking/aspiration, the individual's physician will be consulted. Individualized interventions will be put in place to assist the person to eat with the highest degree of dignity, independence and to safely enjoy the least restrictive diet that will ensure good health, nutrition and hydration. Intervention may include positioning techniques, food and liquid consistency changes, use of adaptive equipment, increased observation during eating or drinking, and individualized programs that address unsafe behaviours and/or eating techniques.

Individuals, the persons acting on their behalf and support staff will be educated regarding conditions that increase the risk of choking/aspiration, and preventative measures that reduce the risk.

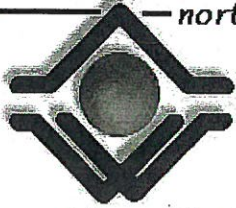
PURPOSE:

1. To identify individuals who may be at an increased risk for choking.
2. To outline special precautions in the care and support to identified individuals.
3. To educate the individual, persons acting on their behalf and support providers in the area of choking/aspiration and to mealtime support plans that are in place.

DEFINITIONS:

Choking: The interference with, or stopping of respiration due to an obstruction of the airway.

Aspiration: Entry of food, liquid or other materials into the airway that can occur before, during, or after the swallow (may be silent or occur with observed signs).



Dysphagia: Difficulty with swallowing or moving food or liquid safely from the mouth to the stomach.

Reflux: A return or backward flow of material from the stomach into the esophagus.

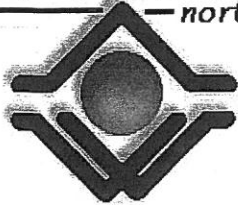
Swallowing Risk: Physiological, neurological, structural, behavioural or other issues, which increase the likelihood of a hazardous event (i.e. aspiration, choking, reflux) for the person.

PROCEDURE:

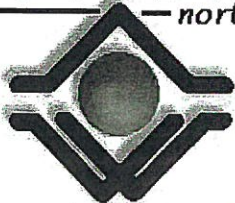
1. Individuals who are at high risk for choking/aspiration may include those:
 - i. who have a seizure disorder
 - ii. who are without teeth
 - iii. who are aging - risk of difficulty swallowing and aspiration increases with age
 - iv. who have a decreased gag reflex
 - v. who have difficulty chewing and swallowing food
 - vi. who have previously choked during eating
 - vii. who eat non-edibles
 - viii. who are babies or young children
 - ix. who eat too quickly or who put too much food in their mouth
 - x. who have gastro esophageal reflux disorders/aspiration
 - xi. who are experiencing side effects of medication such as dry mouth, decreased gag reflex, sleepiness, relaxed muscles used for chewing and swallowing
 - xii. who are improperly positioned or unable to position themselves properly
 - xiii. who have a developmental disability or neurological condition that affects the muscles involved in swallowing i.e. Cerebral Palsy, Epilepsy, Traumatic Brain Injury

2. Once an individual has been identified as having any of the above risk factors, such factors will be discussed with the individual's family physician. The physician may:
 - a. make recommendations for mealtime support

 - b. refer the individual for a swallowing assessment and/or consultation for recommendations related to required consistencies of food and liquids



- c. refer the individual for an Occupational Therapist consult if it is determined that an assessment is required related to positioning or difficulties swallowing
 - d. refer the individual to a Behaviour Analyst to address and make recommendations related to their unsafe behaviours during eating
3. A referral for a Swallowing assessment is usually forwarded to Community Care Access Centre (CCAC) and completed by a qualified Speech Pathologist. A referral can be submitted to CRT for an Occupational Therapist Consult and/or a Behavioural Therapist Consult. If the recipient is new to the CRT a referral must be submitted to DSO.
4. Following an assessment and/or consultation a Mealtime Support Plan will be developed using Guidelines for Completing a Mealtime Support Plan (see Appendix A and see Appendix A-1 for a completed example). This plan will include any recommendations i.e. recommended diet, positioning, special precautions and equipment etc. It will be identified under Dietary on the Individual Support Plan (ISP) and the Mealtime Support Plan will be filed in the Dietary section of the ISP Binder. The individual, persons acting on their behalf, support staff and anyone providing mealtime support will be educated in the content of the plan. All OPTIONS staff who works with this individual will also attend a swallowing in-service.
5. The individual and the person acting on their behalf will be informed of any recommendations and procedures in a language and manner they can understand.
6. A Medical Emergency Choking/CPR Plan will be developed by the Primary/Secondary Counsellor in consultation with the Health and Safety Coordinator for any individual with assistive devices or equipment that complicates a CPR rescue (see Appendix B for an example of a Medical Emergency Choke Risk Plan). NOTE: If the Health and Safety Coordinator is unavailable, contact another certified F.A. instructor for consultation.
7. When a new recipient is coming into service with anything other than a regular diet and is at a high risk for choking, their current dietary practices will be continued and the family physician will be consulted as soon as possible for dietary recommendations and/or a referral.
8. Individuals deemed to be at high risk for choking/aspiration will be identified on the Personal/ Medical Data form and in the appropriate section of their Individual Support Plan.



9. Choking/Aspiration risk factors along with any recommended interventions will be reviewed at the individual's annual physical, and as required. The individual, the person acting on their behalf and anyone providing mealtime support will be informed of any new recommendations, required procedures and any changes as soon as possible.
10. During the annual support plan process, the individual's status with respect to risk for choking/aspiration will be reviewed.
11. An Incident Report is completed for each incidence of choking/aspiration. The report will initiate a thorough review of the person's choke risk status and any plans involved. The individual's family physician will be informed and support staff will review the incident report at the next staff meeting. A copy of the incident report will be reviewed by OPTIONS northwest's Health and Safety Coordinator who is also a qualified First Aid Instructor.
12. Medical attention/clearance will be required any time an individual receives abdominal thrust/chest thrusts due to a choking emergency.
13. After a choking/aspiration incident, observe for, report and document any;
 - a. increased mucous
 - b. difficulty breathing
 - c. difficulty eating
 - d. cyanosis – change in colour
 - e. elevated temperature
 - f. wheeziness and anxiety
 - g. inability to cough forcefully

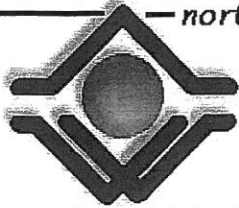
These may be signs of aspiration pneumonia and require investigation by medical personnel.

EDUCATION AND TRAINING:

- A) **Swallowing In-service:** Will be provided to all new direct support staff, and supervisors by a qualified professional following General Orientation. The supervisor may submit a referral to the CRT when this training is required outside of a time where General Orientation is occurring.

The swallowing in-service training will address the following:

- a. The digestive system and mechanisms of swallowing



Personal Support Services

POLICY: R-III-3

DEPARTMENT: Personal Support Services

CATEGORY: Health and Well-being – Direct Support

EFFECTIVE DATE: March 2014

SUPERSEDES VERSION DATED: August 2013

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- b. The normal swallowing process (oral, pharyngeal, and esophageal phases)
- c. Definition, causes, and explanation of dysphagia and potential complications (i.e. aspiration)
- d. Definition and explanation of swallowing risk factors and their potential impact
- e. Observational, reporting and documentation responsibilities
- f. Medical and clinical evaluations to identify/verify conditions
- g. Learning and practicing feeding techniques and guidelines
- h. Becoming familiar with gadgets used to facilitate independent and/or safe feeding
- i. Treatment (i.e. food and/or liquid consistency modifications, positioning guidelines, behavioural intervention, medical/dental consultations, aspiration or reflux precautions, adaptive equipment use)
- j. Modification of food and liquid consistencies and how to prepare

B) Individual and Site-Specific Training: prior to providing support to the individual who has been identified as a choke/aspiration risk, on-site training shall be provided so that support staff are knowledgeable about the needs of the individual and the treatment plan identified to meet such needs.

C) Training of Recipient and Person Acting on their Behalf: the individual's Primary/Secondary Counsellor shall provide information related to common causes of choking/aspiration, contributing factors, foods commonly choked/aspirated on and what to do if the individual chokes/aspirates (see Appendix C for this information).

RECOMMENDED BY: Director, Personal Support Services

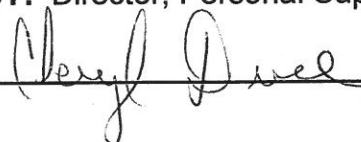
APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services Administration, Personal Support Services, Human Resources, Community Resources Team

ORIGINAL POLICY DATE: November 2005

AUTHORIZED BY: Director, Personal Support Services

SIGNATURE:



Guidelines for Completing a Mealtime Support Plan

Written specific directions shall be developed for every person identified as a choke risk who has specific recommendations for eating and/or drinking in order to ensure everyone understands their mealtime support needs. These guidelines may include the following:

1. Food and/or liquid consistencies
 - In order to support a person to eat in a safe manner the consistency of food and liquids may be altered. This may also include the need to alter/change the person's medication dosage form (i.e: oral medications may need to be crushed, liquid medications thickened, and the physician may be requested to change a prescription to liquid form). Food and/or liquid consistencies should be noted on the Meal Time Support Plan describing exactly what the consistency should look like. Keep in mind that some foods/liquids may have a different consistency.
2. Eating and positioning
 - Describe the type and amount of support/assistance the individual requires to eat and drink.
 - Identify adaptive equipment (special utensils, cups, plates, mats) and how it is used by the person in order to maximize their safety during eating and drinking while continuing to encourage their independence.
 - Identify the exact required position of the person while eating, drinking, and/or taking medications and the safety equipment that may be needed to maintain them in the identified position. In order to ensure the person's safety, specify the time frame they are required to maintain this position following these activities.
3. Aspiration and reflux precautions
 - Identify in the plan if aspiration has been identified as a concern and specify the precautions put into effect to reduce the risk of aspiration of food, liquids, and/or secretions.
 - For the person with gastro esophageal reflux disease (GERD), reflux precautions are commonly prescribed. These precautions require that a person's head and upper body be elevated at all times in order to reduce the possibility of stomach acid flowing up into the esophagus and, if required, should be identified on their Mealtime Support Plan.
4. Behavioural Plans and supervision requirements
 - Identify actions to be followed and the supervision required to keep the person safe during eating and drinking.

***FOR AN EXAMPLE OF A MEALTIME SUPPORT PLAN SEE APPENDIX A-1**

**- OPTIONS northwest -
MEALTIME SUPPORT PLAN**

POLICY: R-III-3
APPENDIX A-1

NAME	MEDICAL DIAGNOSIS	TYPE OF DIET	POSITIONING	INDIVIDUAL FEEDING RECOMMENDATION	SPECIAL CONSIDERATIONS
<p>- Bill Black</p>	<p>- Coughing when eating</p>	<p>- Pureed diet; described as velvety smooth as possible - Consistency of fluids to be pudding-thick; can be described as an elevated heap on the teaspoon or will 'plop' off teaspoon – not runny</p>	<p>- Wheelchair to be 90o upright - Cushion to be put behind head to provide and maintain a chin down position</p>	<p>- Sit on his left side (staff's right) so he look horizontally at staff, not upward - Alternate one spoon of fluids with several bites of purred food - Finish meal with pureed food, not pudding like fluid as fluid will melt – this could cause buildup of melted fluid in the back of throat and mouth - Due to risk of aspiration of saliva, mouth care should be provided after each meal</p>	<p>- Individual may turn head away when not ready for another spoonful of food - He may laugh during his meal and start to cough - He may start to cough if he feels that staff are not paying enough attention to him while eating - When he coughs he usually clears his throat effectively - Continue to assess - Occasionally his eyes will start tearing, his face turns red and he may have a longer episode of coughing - Please continue to monitor closely and watch for signs and symptoms of aspiration - Speech pathologist has recommended assessment in two years</p>

Medical Emergency Choking/CPR Plan for Joe Smith

**In an Emergency call 911 and get the First Aid kit, mask, gloves,
and request co-worker assistance if available.**

When in Chair:

- Tilt chair upright against wall.
- Brakes on.
- Take tray off.
- With fingers interlocked, use the heel of your hand to depress his abdomen – right side of stoma, pushing in and up, under his rib cage.
- Continue thrusts inward and upward until airway clears or he becomes unconscious.

If Recipient Goes Unconscious:

- Request co-worker help if available.
- Tilt back of chair toward you, put pillows on floor under head rest (if possible) and pull recipient toward you onto the floor, on his back.
- Begin CPR.

When in Bed:

- Press the CPR button on his ROHO bed to deflate the mattress.
- Use chest compression, land-marking as for unconscious choking adult/child.
- If CPR required, land mark as above and do chest compression with rescue breathing (CPR).

Created by: _____

First Aid Instructor Resource: _____

Date: _____

*** Plan creator to be notified when there is a change in equipment (ie: wheelchair, bed) to allow this plan to be reviewed and revised as necessary.**

Why are individuals with developmental disabilities at risk of choking/aspiration?

Individuals with developmental disabilities share a number of common characteristics that may place them at high risk for choking/aspirating to include:

- Decreased or absent protective airway reflexes as occurs in cerebral palsy and some other developmental disabilities.
- Poor or underdeveloped oral motor skills that do not permit adequate chewing or swallowing.
- Gastroesophageal reflux disorder (GERD), which may cause aspiration of refluxed stomach contents.
- Epileptic seizures.
- Physical characteristics or wheelchair use which makes proper and safe positioning difficult, which can increase the risk for aspiration.
- Medication side effects that lower muscle tone, causing delayed swallowing or suppression of the protective gag and cough reflexes. This is especially true of some seizure medications, muscle relaxants, and some medications used for behavioral interventions.

Risk Factors:

Some medical conditions that increase an individual's risk of choking/aspiration are:

- Cerebral Palsy
- Downs Syndrome
- Dysphagia
- Asthma
- Lung Disease
- Emphysema
- Sleep apnea
- Allergic reactions that cause swelling of the throat
- Dental Issues (Dentures)

Signs of Choking:

- Inability to talk
- Wide-eyed panicked look on face
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips, or nails turning blue or dusky
- Loss of consciousness

Signs of Aspiration:

- Increased mucus
- Difficulty breathing
- Difficulty eating
- Cyanosis – change in colour
- Elevated temperature
- Wheeziness and anxiety
- Inability to cough forcefully

Foods commonly choked on:

- Sandwiches – leading cause of choking incidents for individuals with developmental disabilities.
 - Peanut butter and jelly, roast beef, and ham sandwiches were involved in the majority of these incidents.
- Meats
 - Steak, hamburger, hotdogs, ham, roast beef, and chicken.
- Vegetables (Primarily Undercooked Vegetables)
 - Broccoli
 - Cauliflower
- Fruit
 - Particularly fruits with their skin on
 - Apples
 - Peaches
 - Pears
- Snack Foods
 - Popcorn, nuts, hard candy, chewing gum, and raisins.
- Rice

Common Causes and Contributing Factors Identified:

- Eating or drinking too fast
- Not chewing food well enough prior to swallowing
- Inattention to eating:
 - Laughing or talking while eating
 - Walking, playing, or running with eating utensils or objects in mouth
 - Distracted by other persons or activities.
- Placing too much food in one's mouth
- Food stealing
- Swallowing inedible objects (PICA)
- Incorrect diet texture – liquids or food items not prepared in accordance with prescribed diet. Please make sure that diet information is communicated well across all environments. (work, home, school, day services, and family/friends etc.)
- Not using prescribed adaptive dining or drinking equipment

- Eating one food that contains two or more diet textures, especially anything with a thin liquid and a solid component such as cereal and milk
- Teeth-related factors
 - Edentulous (having no teeth)
 - Having only a few teeth or a toothache which may cause someone to not chew his or her food properly
 - Dentures
 - Can make it difficult to sense whether food is fully chewed before it is swallowed
 - If denture fit poorly or hurt, individuals:
 - Might not bother to chew their food
 - May not wear them and be unable to chew their food
- Inadequate supervision during meals (mealtimes in schools, workshops and day services must be monitored closely as risk factors increase given the number of people eating, multiple diet textures, and opportunity to take other's food)
- Inadequate staff training
 - Not familiar with prescribed diet
 - Not able to prepare prescribed diet
 - Poorly assisted eating techniques
 - Allowing poor positioning
 - Pace/food portions

What to do if Someone Chokes:

- If the individual's airway is blocked, **call 911 immediately** and, if you have it, follow your First Aid/CPR training. This has been extremely successful in dislodging food in the airway.

