

MAXABILITIES OF YORK COUNTY

PROCEDURE TITLE: Medical: Choking Incident

APPLICABILITY: MaxAbilities Staff

EFFECTIVE DATE: September 8, 2009

PROCEDURE REVISION: November 30, 2025
April 24, 2025
January 23, 2025

PROCEDURE PURPOSE:

This procedure establishes the protocol that staff members are to adhere to in the event a consumer chokes and needs physical assistance to clear the airway.

CHOKING DEFINED:

Choking is a blockage of the upper airway by food or other objects, which prevents a person from breathing effectively. Choking can cause a simple coughing fit or a complete blockage of the airway that may lead to death.

Choking is a true medical emergency that requires fast, appropriate action by anyone available. Emergency medical teams may not arrive in time to save a choking person's life.

HIGH RISK FOR CHOKING HAZARDS:

Everyone is at risk for choking, given the right circumstances. While it is important to remain upright when eating, it is also important to prepare food correctly per physician's orders.

Certain foods can pose an increased risk for choking and are listed below. This is only a partial list and MaxAbilities staff are expected to ensure that these foods are prepared appropriately to decrease the risk of choking for individuals with minimal risk. These foods are restricted for individuals with high risk- please refer to individual medical orders.

- Hotdogs (wieners), link sausage, steak or any dry meat, fish with bones
- Pizza, due to stringy cheese, cheese sticks
- Grapes, pineapple or any raw/dried fruits
- Tomato skins, raw vegetables such as celery, carrots,
- Popcorn, hard candy discs, marshmallows
- Peanuts, raw nuts/seeds or peanut butter

STANDARD FOOD CONSISTENCIES IN MAXABILITIES PROGRAMS:

In an effort to standardize meal preparation to ensure consistency across programs, the following definitions of food presentations are provided. These match the medical orders that doctors will prescribe for each residential participant- noted on their medical order sheet.

- **SOFT DIET**: food cook and is easily mashed with a fork. There should be no raw, hard fruits or vegetables or dense meats with this diet order.
- **BITE SIZED PIECES**: All food cut nickel sized or smaller (approx. ¾ ")
- **CHOPPED**: All food cuts dime sized or smaller (approx. ½ ")
- **GROUND**: All foods ground in a food processor to a cottage cheese/rice consistency then moistened with gravy, broth or other appropriate liquid as needed. Do not serve dry/crumblly food.
- **PUREED**: All food processed in a food processor with liquid to a smooth applesauce/pudding consistency. No solid pieces/particles should be present.

In preparing modified consistency meals, staff are to be aware of how the food presentation looks while maintaining the correct consistency. It can be harder to encourage someone to eat a modified diet. Food molds, food thickeners and food substitutions (such as a bread substitute for pureed items) are available to assist staff in ensuring meal presentation is appetizing while maintaining food safety.

LOCATION OF RESIDENTIAL DIET ORDER INFORMATION:

Medical orders for food consistencies are located:

- Physician Orders/Annual Physical
- Bottom of the MAR (Medication Administration Record)
- Residential Plan/Day Plan
- Face Sheet on THERAP

STAFF MEAL MONITORING RESPONSIBILITIES:

Individuals who are not assessed as fully independent in all aspects of eating should have visual supervision when eating meals. For individuals residing in SLP I or SLP II apartments, additional documented food prep training must be in the file verifying that the individual understands and can prepare their own food according to their diet. Staff will monitor food prep and refer concerns to the nursing staff if the placement needs to be evaluated for safety.

PREREQUISITE TRAINING:

Staff members assigned to Direct Support Professional positions should maintain current certification in CPR/ Standard First Aid at all times. For all DSPs documented training in diet orders and food preparation responsibilities will be completed initially during the Orientation process. For administrative offices, an assigned person will maintain CPR/SFA certification in the event of an emergency.

ASSISTIVE DEVICES:

As a supplement to CPR/SFA to aid in addressing situations of choking, each program has a LifeVac device available for use.

CHOKING HAZARD IDENTIFICATION:

As part of the assessment process, each resident is evaluated upon admission with a swallowing disorder checklist to identify risky dining behaviors that can increase the risk of a choking incident. For any person deemed at a risk of choking additional medical monitoring will be completed and results forwarded to SCDDSN (South Carolina Department of Disabilities and Special Needs) Occupational Therapist for recommendations to implement to reduce the risk of a choking incident. This information is shared with the resident's PCP (Personal Care Physician).

ASSISTANCE TO BE PROVIDED A CHOKING PERSON:

1. Once a person has been identified as choking, staff members are to follow the steps outlined to assist a choking victim in the CPR class.
2. Contact EMS via 911
3. If CPR/SFA attempt is unsuccessful, implement the LifeVac protocol (*Attachment A*) as noted below:
 - Insert mask into the unit with a firm twisting motion while applying pressure. Make sure that you check mask to ensure it's attached to the unit. The stem of the mask DOES NOT need to be completely inserted into the unit.
 - Place mask over nose and mouth, holding chin upwards. Mask must be held firmly over nose and mouth with hand.
 - Holding mask in place with one hand and chin held upwards, push handle down with the other hand to compress unit.
 - Once handle is depressed, pull handle upward with a short, swift tug while holding mask firmly in place.
 - Roll person on side and sweep the mouth to clear any debris. Also check until for debris. Repeat steps as necessary. If LifeVac is used refer to the information page literature for additional information.
3. Any person who experiences a choking episode requiring back blows, abdominal thrusts or has become unconscious will be sent to the hospital Emergency Department for evaluation.
4. Contact MaxAbilities Nurse on Call and Administrator on Call to inform of situation and/or obtain any needed assistance.
5. Family will be contacted.
6. Evaluation of the incident will occur and required state reports submitted.

FOLLOW UP REPORTING FOR CHOKING INCIDENTS:

Once a person has had a choking incident, the following protocols will be implemented:

- A swallowing disorder checklist will be completed by staff at the next meal and a copy of the completed checklist forwarded to the nursing department- Lead Clinical Nurse Coordinator- within 24 hours.
- Nursing staff to complete a swallowing assessment tool and will forward to SCDDSN-OT within five (5) days.
- Upon receipt of OT written recommendations, a copy will be provided to the PCP for review and implementation and results shared with the care team.