

The purpose of this Alert is to provide critical information to caregivers on choking prevention. People with developmental disabilities are at a high risk for choking. Those providing care can help reduce these risks, provide timely care, and potentially save a life. This Alert will provide some signs that may indicate a person is choking and what you can do to help.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents (MUIs) and Unusual Incidents (UIs) prior to direct contact. This training includes the review of any Health and Welfare Alerts released since the previous calendar year's training.

For questions or comments, please contact the MUI/Registry Unit at (614) 995-3810. [www.dodd.ohio.gov](http://www.dodd.ohio.gov)

### *Did you know?*

The leading causes and contributing factors to choking related incidents are eating the wrong diet texture and lack of needed supervision. Last year, eight Ohioans with developmental disabilities passed away due to choking related accidents. We believe prevention is the key to saving lives. Fortunately, many more individuals were saved by the fast action of others. In over 350 cases in 2015, a caregiver (family member, staff member or friend) successfully intervened by performing abdominal thrusts or back blows and saved that person's life. This reinforces that good training and quick intervention saves lives.

### *What is choking?*

Choking is the inability to breathe because the trachea is blocked, constricted, or swollen shut.

### *Who is in danger of choking?*

Anyone can choke, but choking is more likely for someone who:

- Has cerebral palsy or a seizure disorder;
- Has few or no teeth, or wears dentures;
- Has trouble chewing or swallowing;
- Does not sit up while eating;
- Someone who is prescribed medications such as muscle relaxants, anticonvulsants or psychotropics, which may delay swallowing or suppress protective gag and cough reflexes or
- Has Gastroesophageal Reflux Disorder (GERD) which may cause aspiration of refluxed stomach contents.

### *What causes/contributes to choking?*

Certain behaviors or factors can cause choking or contribute to choking.

### *What causes/contributes to choking?*

- Not chewing food completely;
- Eating too quickly;
- Talking or laughing while eating;
- 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;
- Incorrect diet texture – liquids or food items not prepared in accordance with prescribed diet;
- Lack of 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 opportunities to take others' food;
- Incomplete staff training: Not familiar with prescribed diet; not able to prepare prescribed diet; poorly assisted eating/positioning techniques;
- Food stealing;
- Eating in vehicles is a risk factor based on the inability to monitor during eating and also can lead to a delay in care and;
- Swallowing oral medication(s) when individual is ordered NPO (nothing by mouth) due to history of choking.

### *Do you know the signs of choking?*

- No sound other than possible wheeze/unable to breathe;
- Face turning red;
- Lips turning blue;
- Food spills out of the mouth;
- Inability to talk;
- Wide-eyes panicked look on face;
- Person may quickly get up and leave area which may indicate they are experiencing a swallowing issue;
- Unconsciousness/may appear asleep.

### Most commonly choked on foods:

- Peanut Butter
- Hot dogs
- Bread Products (rolls, breads, buns)
- Meats (chicken, steak, and pot roast)
- Raw vegetables
- Fruit (whole grapes, apples)
- French fries
- Nuts

### Prevention is the key!

Basic safe swallow strategies for ALL people to follow:

- Sit upright 90 degree angle during all intake (sitting upright in a chair at a table is typically 90 degrees) and up to 30 minutes after.
  - Take slow, teaspoon size bites.
  - Swallow all food prior to a new bite.
  - Drink more often to help flush the food out of the mouth and down the throat.
  - Don't encourage someone to eat if they are not alert to the task of eating.
  - Add extra moisture to dry foods.
  - Document mealtime concerns in a communication log.
  - An assessment of eating/swallowing skills is needed. Typically this is completed by an Occupational Therapist or Speech Language Pathologist trained in swallowing issues.
  - Specific mealtime monitoring strategies should be outlined.
- A prescribed diet needs to be modified.
  - Adaptive feeding equipment is needed.
  - Follow prescribed diets and ensure that quality training is provided on individuals' assessed needs.
  - Promptly communicate diet changes to all settings.
  - Use adaptive equipment and aides as indicated.
  - Ensure that equipment is in good condition prior to using.
  - Be cautious of leaving food items on display particularly if individuals have been known to take food items.
  - **Ensure that known swallowing risks are addressed in the service plan.**
  - Include "mealtime concerns" as a topic at all staff meetings.
  - Provide administrative oversight during mealtimes.
  - Assure that diet textures are followed for activities away from home and plan in advance (restaurants, fairs, shopping, picnics.)
  - Make sure when you sit down to assist someone, you have all needed equipment, food, and other items.
  - If frequent coughing occurs during intake or after, seek medical advice as this could be a sign of a swallowing problem.
  - Be an advocate! If the person you care for has a feeding tube or is NPO and the doctor prescribes medication to be taken by mouth, don't be afraid to speak up! If they have a feeding tube, chances are great the medications by mouth will be problematic!

### Steps to take if someone is choking:

- **Always follow your First Aid training.**
- **If an individual's airway is blocked, have someone call 911 immediately (if another person is unavailable, call 911 yourself) and perform Abdominal Thrust (formerly known as the Heimlich maneuver). This has been extremely successful in dislodging foods.**
- **If an individual is in a wheelchair or has physical characteristics that make it difficult to do Abdominal Thrust, move the individual to a flat, hard surface to ensure the greatest success. Be ready to initiate quick chest compressions to help unblock airway.**
- **Even if the Abdominal thrust is successful, immediately notify a health care professional. It is advisable to have the individual physically checked by a health care professional following the use of these procedures.**

### For supervisor staff:

*You play a crucial role in ensuring health and welfare! You can:*

- Ensure staff know diet and supervision levels
- Provide training
- Make sure that supervision is in place
- Ensure adaptive equipment is available
- Monitor frequently during mealtimes

### More Info

For further assistance regarding choking prevention, please contact:

American Red Cross  
<http://www.redcross.org/take-a-class>

American Heart Association  
<http://www.heart.org/HEARTORG/>

SafeKids USA  
<http://www.safekids.org/>

New York State Office of People with Developmental Disabilities  
<http://www.opwdd.ny.gov/index.php>

DODD Health and Welfare Toolkit for taped webinars, assessments and other tools.  
[www.dodd.ohio.gov](http://www.dodd.ohio.gov)

### For Questions or Comments

Please contact the MUI/Registry Unit.

### Contact Info

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