



HEALTH ALERT

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Choking: A Medical Emergency

Swift Action is Essential to Prevent Irreversible Harm or Death!

IMPORTANT: All caregivers should follow First Aid/CPR training instructions for an individual who is choking. ODP intends to emphasize the importance of calling 911 at the appropriate time and not delaying the call by seeking supervisory approval.

This Health Alert is intended to make all providers, staff and other caregivers aware of this serious issue of choking. All should become familiar with resources to aid in the identification of individuals at risk for choking, the training of staff and the appropriate documentation of special dietary needs and choking precautions.

Two key issues to promote safety for individuals:

1. The information contained in the participants' care plans, including medical evaluations/recommendations, assessments, ISPs, and any treatment plans used by the agency (hereafter "care plans") must be accurate, consistent and followed precisely for feeding plans, supervision of the individual while eating to maintain safety, proper positioning, and the use of specialized equipment.
2. All staff providing service to an individual must be trained on the individual's dietary needs, including awareness of proper foods and food textures; supervision needs during meals; proper positioning during meal; and the use of specialized equipment related to the risk of aspiration and choking.

Action to Take for an Individual Choking

- American Heart Association Heartsaver CPR AED course recommendations:
 - "Mild airway block – If someone can talk or make sounds and can cough loudly, then take action: stand by and let the person cough. If you're worried about the person's breathing, phone 9-1-1."
 - "Severe airway block- If someone cannot breathe, talk, or make sounds or has a cough that has no sound or makes the choking sign, then take action act quickly, follow the steps to help an adult, child or infant with severe airway block."
 - If the adult becomes unresponsive:
 - "Shout for help, phone or have someone else phone 9-1-1 and get an AED. Put the phone on speaker mode so that you can talk to the dispatcher. Provide CPR, starting with compressions. "

- If a child or infant becomes unresponsive:
 - “If you are alone without a cell phone ... provide 5 sets of 30 compressions and 2 breaths first. Then, leave the child to phone 9-1-1 and get an AED ...”
 - “If someone comes to help and a cell phone is available, ask the person to phone 9-1-1 on the cell phone, put it on speaker mode, and go get an AED while you begin CPR.”
 - “If someone comes to help and a cell phone is not available, ask the person to go phone 9-1-1 and get an AED while you begin CPR.”
 - “If you are alone and have a cell phone or nearby phone, phone 9-1-1 and put the phone on speaker mode while you begin CPR.”
 - If you are alone and don’t have a cell phone, give 5 sets of 30 compressions and 2 breaths. Go phone 9-1-1 and get an AED. Return to the child or infant and continue CPR.”

(Heartsaver CPR AED Student Workbook, American Heart Association, April 2016, pgs. 56-61)

- **When calling 9-1-1 do it immediately! Seconds matter. Do not delay by seeking supervisory approval prior to calling 9-1-1.**
- Contact the health care practitioner after any episode of choking.
 - **A single choking event may be a warning sign for future choking events.**

Defining Dysphagia, Aspiration, and Choking:

Dysphagia, which is the term for difficulty in swallowing, is a frequent cause of choking. Dysphagia can develop at any time and is usually related to underlying medical or physical conditions. It can cause both choking and aspiration, either of which can lead to injury, illness and death. The image below shows the closeness between the esophagus, which is the channel that carries food from the mouth to the stomach, and the trachea or windpipe leading to the lungs. The closeness of the esophagus and the trachea helps to explain why swallowing and choking issues are so serious.

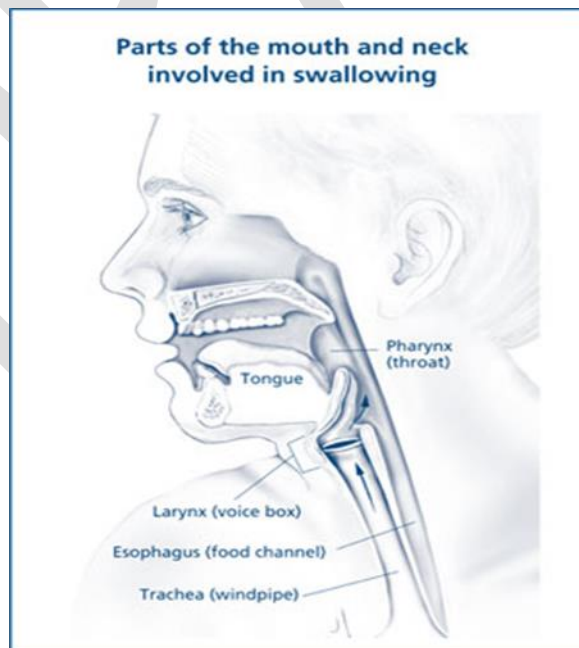


Image courtesy of: National Institute on Deafness and Other Communication Disorders, National Institutes of Health, U.S. Department of Health and Human Services

Aspiration is when fluid, food or saliva enters the lungs. A person may choke, cough or gag when this happens but it may occur without any signs. This is called silent aspiration. Aspiration can lead to wheezing, difficulty breathing and/or pneumonia, which can cause death.

Choking is when food or other items become lodged in the back of the individual's throat causing a blockage of the person's airway. This blockage prevents air from entering the lungs. This deprives the body of the necessary oxygen it needs. This can quickly lead to irreversible brain damage and death.

Who is at risk for Choking and Aspiration?

Individuals:

- With swallowing disorders
- With problems affecting the muscles used to swallow. For example, the decompensated elderly, those with seizures, cerebral palsy, ALS, Parkinson's disease, multiple sclerosis, muscular dystrophy, myasthenia gravis or dementia
- Who have had strokes, traumatic brain injuries, spinal cord injuries and problems affecting the head and neck
- With decayed or missing teeth or improperly fitted dentures
- Who are taking certain medications
- With Gastroesophageal Reflux Disease (GERD)
- With feeding tubes
- With tracheostomies.

What are the Signs of Individuals at Risk for Choking?

- Coughing or excessive drooling while eating
- Difficulty breathing or shortness of breath while or after eating
- Making statements such as "food is getting stuck" or "going down the wrong pipe."
- Frequent throat clearing while eating
- Eating too fast or packing one's mouth.

Signs of an Individual Choking. **This is an Emergency**

- Anxious or agitated state
- Reddened face
- Difficulty breathing
- Noisy breathing
- Severe coughing or gagging
- Hands at throat
- Not able to talk
- Not able to breath
- Skin turning gray or blue
- Loss of consciousness

Ways of Preventing Choking and Aspiration

- Identify the symptoms of dysphagia.
 - Support for identifying dysphagia is available through the health care practitioner as well as from Health Care Quality Units. Ask about available screening tools.
- Notify the individual's physician or speech therapist of any concerns so the appropriate testing can be completed to identify the issue.
- Review and follow the Individual Support Plan (ISP).
- Provide appropriate supervision of the individual and assistance with eating.
- Prepare food as instructed on the care plans.
- Avoid food identified on the care plans that will increase risk.
- Utilize identified adaptive equipment (specialized cups, utensils, plates etc.) with every meal and with snacks.
- Check that dentures are in place and properly secured and oral hygiene is completed as per the care plans

What Training and Resources are Available to Decrease the Risk of Choking?

- All staff should be currently certified in CPR and First Aid
- Staff should be trained and oriented in all aspects of the care plans for the individuals for whom staff are providing service
- Policy and Procedure for calling 911 should address events that occur both in and outside of the individual's residence

Airway Clearance Devices:

- Airway Clearance Devices: Airway clearance devices (ACD) are items designed to help remove a lodged object from the airway of an individual who is choking.
- The U.S. Food and Drug Administration (FDA) issued a safety communication to encourage the public to follow established anti-choking protocols, which are step-by-step guides, approved by the American Red Cross and the American Heart Association to relieve the airway obstruction in choking victims. These protocols include abdominal thrusts (also called the "Heimlich" maneuver) for children and adults. These protocols do not include anti-choking devices.
- The safety and effectiveness of over-the-counter anti-choking devices have not been established; they are not FDA approved or cleared. If you choose to use them, only use anti-choking devices after established choking protocols have failed.
- The Chapter 6400 regulations neither require nor prohibit ACD use, although ACD use may not be used as a replacement for cardio-pulmonary resuscitation training.
- The Department strongly recommends that a provider who wishes to use ACD consult with their legal counsel and insurance carrier to ensure that there are no issues related to ACD use that are unrelated to the Chapter 6400 requirements. It is also recommended that providers who use ACD develop and implement a policy for how it will be used, which includes but is not limited to how staff will be trained and when ACD use will occur.

Additional education and resources are available through:

- Heartsaver CPR AED Student Workbook, American Heart Association, April 2016, pgs. 56-61
- American Heart Association: HeartSaver CPR, AED and First Aid Training Course- information available on line at: <https://atlas.heart.org/home> or by calling 1-877-AHA-4CPR or 1-877-242-4277
- Health Care Quality Units (HCQUs): <https://www.myodp.org/mod/page/view.php?id=7699>
- NIDCD Fact Sheet | Voice, Speech, and Language: Dysphagia, NIH Publication No. 13-4307, October 2010, reprinted February 2014.
- American Speech-Language-Hearing Association (ASHA), Adult Dysphagia: <https://www.asha.org/Practice-Portal/Clinical-Topics/Adult-Dysphagia/>
- FDA Encourages the Public to Follow Established Choking Rescue Protocols: FDA Safety Communication: https://www.fda.gov/medical-devices/safety-communications/fda-encourages-public-follow-established-choking-rescue-protocols-fda-safety-communication?utm_medium=email&utm_source=govdelivery