



<b>Policy Title</b>	Choking Policy
<b>Version No.</b>	1.0
<b>Reviewed Date</b>	1 <sup>st</sup> April 2025
<b>Next Review Date</b>	1 <sup>st</sup> April 2026

## Choking Policy

### 1.0 Summary

1.1 Mansfield Care recognises the serious risk that choking poses to residents and is committed to implementing robust prevention, response, and management strategies. This policy sets out the responsibilities, assessment procedures, and interventions to reduce the incidence of choking, respond effectively when it occurs, and ensure staff are properly trained and supported in preventing choking episodes.

### 2.0 Purpose

2.1 The purpose of this policy is to:

- Define procedures for recognising and reducing choking risk
- Ensure appropriate risk assessment and care planning for residents with dysphagia or swallowing difficulties
- Provide a safe, consistent response to choking incidents
- Align practice with best practice guidance and applicable Scottish legislation

### 3.0 Scope

3.1 This policy applies to:

- All Mansfield Care residents
- All staff including nurses, care staff, catering, activities, therapy, and agency workers
- All mealtimes, snacks, social events involving food, and administration of oral medication

### 4.0 Legal and Regulatory Framework

4.1 This policy is aligned with:

- Health and Social Care Standards (2017)
- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000



- Equality Act 2010
- Social Care and Social Work Improvement Scotland Regulations 2011
- UK GDPR and the Data Protection Act 2018
- Public Services Reform (Scotland) Act 2010
- RIDDOR 2013
- Scottish Intercollegiate Guidelines Network (SIGN) dysphagia recommendations

## 5.0 Definitions

**5.1 Choking** – The obstruction of the airway by a foreign object such as food, fluids, or other material.

**5.2 Dysphagia** – A condition involving difficulty swallowing that increases the risk of choking and aspiration.

**5.3 Risk Feeding** – A decision to continue oral intake despite known swallowing difficulties, made in collaboration with the resident, family, and the multidisciplinary team (MDT).

**5.4 Choking Episode** – An event where a person chokes but is successfully treated with no need for hospital admission.

**5.5 Choking Incident** – A choking event resulting in serious harm, hospital admission, or death.

## 6.0 Roles and Responsibilities

### 6.1 Registered Manager

- Ensure risk assessments are in place and reviewed regularly
- Ensure staff are trained in choking prevention and emergency response
- Ensure the availability and maintenance of appropriate equipment

### 6.2 Staff

- Carry out choking risk assessments and follow care plans
- Monitor residents at mealtimes and during medication administration
- Follow safe food preparation procedures
- Respond appropriately to choking events

### 6.3 Speech and Language Therapists (SALT)

- Provide specialist assessment and advice on swallowing and food textures
- Support the development of safe eating and drinking plans



## **7.0 Policy Statement**

7.1 Mansfield Care is committed to a person-centred approach to eating and drinking, where residents' dignity, preferences, and safety are upheld. Choking risk must be recognised, assessed, documented, and reduced through personalised care planning, staff training, and clinical input.

## **8.0 Procedures / Implementation –**

### **Pre-Admission Assessment, Risk Assessment and Care Planning Requirements**

Mansfield Care must ensure a clear, evidence-based process is in place for pre-admission assessment, risk assessment and care planning relating to choking risk.

#### **8.1 Pre-Admission Assessment**

- Mansfield Care require the completion of a pre-admission choking and swallowing safety assessment with either or both the resident and their family/poa/carers. During the assessment we will ask of any difficulties in eating and drinking the resident experiences and any previous episodes of choking.
- Gathering clinical information from previous assessments completed by NHS colleagues or local authority, referrers, SALT, GP, and previous providers as appropriate will be reviewed to support accurate assessment input.
- Early identification of red-flag risks requiring urgent referral.

#### **8.2 Risk Assessment**

Mansfield Care require the completion of a risk assessment for choking and swallowing safety assessment:

- Within 24 hours of admission
- Following any identified swallowing difficulty
- After any choking episode
- Following medication changes, neurological changes, or illness
- Reviewed at least every six months

8.2.1 Risk assessments must be supported by referrals to SALT, dietitians, physiotherapists, or occupational therapists as appropriate.

#### **8.3 Care Planning**

8.3.1 If a resident has eating, drinking, or swallowing risks, their care plan must:

- Describe the type and level of risk



- Include current SALT or dietitian recommendations and instructions and act on SALT advice promptly
- Specify food and fluid texture, positioning, supervision needs, and utensils (IDDSI Levels commonly used)
- Identify triggers such as eating too fast or storing food in the cheeks
- Include contingency measures in case of choking
- Include staff responsibilities for recognising choking risks, including during medication administration
- Be reviewed following any health or behavioural change as poor record keeping and unclear instructions increase fatality risk

8.3.2 Residents on risk feeding plans must have a documented best interest discussion supported by the MDT and consented by the individual or their legal representative where possible

#### **8.4 Choking Prevention**

- Ensure mealtimes are calm and supervised
- Check posture: residents must be seated upright with appropriate support
- Observe for behaviours such as rapid eating, cramming, or distraction
- Support appropriate oral health to maintain chewing and swallowing safety
- Ensure appropriate adaptive cutlery and seating are in use

#### **8.5 Choking Response**

**Mansfield Care staff will follow the Adult or Paediatric Choking Algorithm**

##### **Mild Choking:**

- Encourage the person to cough
- Do not interfere or insert fingers in the mouth

##### **Severe Choking:**

- Deliver up to 5 back blows
- If ineffective, deliver up to 5 abdominal thrusts
- Alternate until blockage is cleared or the person becomes unresponsive
- If unresponsive, call 999 and begin CPR if needed

##### **Following the Event:**



- Mansfield Care staff will complete a post incident report and review
- Call the GP and complete a full incident report
- Inform family or legal representatives
- Escalate to the Registered Manager
- Consider safeguarding referral if care plan was not followed

## **8.6 Hospital Admission**

If a resident is admitted to hospital, ensure choking risks and dietary needs are clearly communicated verbally and in writing to support safe care on admission.

## **9.0 Training and Development**

9.1 All care staff must complete training in:

- Identifying dysphagia and choking risk
- Safe feeding and supervision techniques
- Confidence in preparing modified diets
- Mandatory training in choking response with regular training updates
- Emergency first aid for choking

9.2 Basic Life Support (including choking procedures) must be refreshed annually.

## **10.0 Confidentiality and Data Protection**

10.1 Any records related to choking risk or incidents must be managed in accordance with UK GDPR and the Data Protection Act 2018.

10.2 Incident data will be anonymised in service-level reports unless disclosure is necessary for investigation.

## **11.0 Monitoring and Review**

11.1 Choking assessments and care plans must be reviewed:

- Following any choking event
- Following a significant health change



- At least every six months

11.2 The Registered Manager will audit choking incidents quarterly and ensure lessons learned are shared through team briefings and care plan reviews.

## **12.0 Conclusion**

12.1 Mansfield Care is committed to minimising the risk of choking through proactive care planning, effective staff training, and immediate, competent responses to emergencies. The dignity and safety of each resident is prioritised at every mealtime and medication round.

## **13.0 Related Policies and References**

### **Related Policies:**

- Dysphagia Management Policy
- Nutrition and Mealtimes Support Policy
- Safeguarding Policy
- Risk Assessment Policy
- Incident Reporting and RIDDOR Policy

### **References:**

- Health and Social Care Standards (2017)
- Adult Support and Protection (Scotland) Act 2007
- RIDDOR 2013
- SIGN Dysphagia Guidelines
- UK GDPR and the Data Protection Act 2018
- NHS Inform: Choking First Aid Guidance
- Resuscitation Council UK 2025 [resus.org.uk]
- Care Inspectorate Provider Policy Standards [careinspectorate.com],