Choking Prevention and Response in Continuing Care Frequently Asked Questions (FAQ)

This document guides health care teams to various resources to support education/training on choking prevention and response, in alignment with the *Continuing Care Health Service Standards* (CCHSS). Sites and programs within continuing care are encouraged to review emergency response procedures annually.

Contents

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Seniors Health & Continuing Care

Policy, Practice, Access & Case Management

Purpose

The purpose of this document is to support continuing care operators and health care professionals to design and implement a comprehensive choking prevention and response model specific to the needs of the residents they provide care and services with.

Training

1. What education/training is required for emergency response?

Continuing Care operators are required to provide training for staff in emergency response codes and plans and to practice their response to managing medical emergencies. Refer to the AHS *Emergency Response Codes* Policy located on the CCC under Governance (filter by policy name) for additional requirements.

Did You Know?

More information about the **Be Ready Program** and developing a site response plan for a Code Blue emergency is available on Continuing Care Connection > Home > Resources > Business Resources > Emergency Response Codes & Plans.

2. What education/training is required for choking prevention?

In accordance with the CCHSS (standard 9), training in nutrition and hydration assistance techniques, including choking prevention and response, is required for any unregulated health care provider or volunteer involved in assisting a resident in meeting the resident's nutrition and hydration needs.

- Training is required within six months of the date of hire, and every two years thereafter.
- Refer to the training/education established in the zone/program area.

Health care providers may be required to have additional training in cardiopulmonary resuscitation and/or first aid in accordance with job description and/or terms of employment, or at manager discretion.

3. What education/training is available to meet these requirements?

Emergency response code training is available on the CCC under Resources > Business Resources > Emergency Response Codes & Plans.

Choking prevention and response education for is available on the CCC under Learning > Education > CCHSS Standard 9 Education > Standard 9.2 e).

Additional resources are available on the CCC under Resources > Practice Resources > under the headings care planning, resident safety, nutrition and oral care which includes the Care Planning Education Resource, Guide to Clinical Feeding and Swallowing Assessment in Adults, and the Nutrition and Hydration Assistance module.

Lippincott Procedures is AHS's primary evidence-based procedure reference, providing access to step-by-step guides for choking prevention and response. Lippincott Procedures should be used in consideration of your clinical experience, context-specific information, and with attention to current provincial policies and other organizational references. Lippincott Procedures are available on the Continuing Care Connection under Learning > Learning> Education > Lippincott Procedures (search for "choking" or "obstructed airway management").

Planning

4. What are operator and staff requirements for emergency response planning?

Emergency response plans must be developed for each of the emergency response codes and are required to be updated and practiced at routine intervals to ensure elements of the plan are reasonable, understandable, actionable and meet the needs of the organization, staff and residents.

Emergency response plans for all medical emergencies (e.g., Code Blue) should reflect the availability of health care providers, their role, training, competency, scope of practice and job descriptions.

Operators should refer to their organizational policies for emergency disaster management as well as applicable legislation, regulations and standards. Templates to complete site emergency response plans are available on CCC under Resources > Business Resources > Emergency Response Codes & Plans (scroll to each code heading for the template for that code).

For AHS, site emergency response plans are available on Insite at Home > Teams > Emergency/Disaster Management > Emergency Response Plans (Sites / Services).

Person-Centred Care

5. Are all residents screened for choking risk?

Yes, understanding a resident's choking risk requires understanding the specific needs of each resident. This is achieved through the completion of comprehensive screening and assessment during the care planning process.

The interRAI (resident assessment instrument) suite of tools used in continuing care settings contain sections that identify dysphagia, chewing problems and potential or actual risk. For residents receiving home and community care who are assessed with Comprehensive Assessments corresponding to resident groups (i.e., Acute, Rehabilitation, End-of-Life and Pediatric), a history of choking, trouble chewing, or ingestion of non-food items is considered when reviewing the resident's history, and clinical judgement guides risk determination.

Practice settings may choose to implement other screening tool(s) based on the needs of the population served.

The frequency of resident screening is dependent on the resident care needs and established process in the care setting.

6. How are residents assessed for choking risk?

Residents whose screening determines a risk of choking are then assessed by the most appropriate health care provider, which may require a referral to a speech language pathologist, occupational therapy, and/or registered dietitian.

Assessment tools vary depending on the resident's needs, the assessor, and the context of the situation. Orders are required for diagnostic investigation (e.g., fluoroscopy).

7. Can I implement choking prevention interventions before the resident's assessment is complete?

Yes, safety interventions to prevent a choking event should be implemented immediately (see question 9 for examples). Changes such as food texture modifications and fluid consistency modifications must be implemented by a regulated health care provider (e.g., nurse, registered dietitian, speech language pathologist) only after a comprehensive assessment and in collaboration with the resident and family.

8. How do I communicate the resident's choking risk to others?

How a resident's choking risk is communicated will depend on the practice setting. Examples of methods of communicating choking risk include the care plan, flags in electronic or paper documentation systems, symbols or signage in dining areas, and verbal communication at handovers/huddles/ interdisciplinary rounds. Sites may also want to provide awareness to visitors to ask staff for help prior to assisting any residents.

9. What are some care planning interventions to consider for choking prevention?

General interventions to consider:

- ensure dentures (if any) fit properly

- provide oral care before and after meals
- ensure resident is seated in an upright position when eating or drinking
- sit facing the resident, at eye level with them, while assisting in nutrition and hydration
- adjust rate of feeding and size of bites to person's tolerance
- avoid rushed or forced feeding
- ensure enough time to chew and swallow between bites
- consider using teaspoon portions when assisting residents
- reduce distraction in the area where meals are served to help residents focus on eating and meal enjoyment
- identify and mitigate environmental risks such as objects that could be a risk if ingested by residents in the setting
- ensure equipment such as a suction machine is nearby (e.g., in the dining room) in case of emergency
- consult any necessary health disciplines to support the most appropriate diet and texture modifications as required
- access to food and fluids is monitored for safety
- observe for and report and signs of choking, regurgitating, drooling, pocketing of food, etc.
    - If the resident has signs of choking: STOP feeding. Initiate emergency response plan.

10. How do I care plan for someone with an identified risk of choking/aspiration?

When the risk of choking has been identified as a current health concern/need, interventions to address the risk must be documented in the care plan. The resident and family should be provided an opportunity to participate in the development of the care plan.

Residents may choose to live at risk despite an identified choking risk. In this case health care providers will negotiate with residents to minimize the risk as much as possible and document the plan.

11. When is a Managed Risk Agreement appropriate?

The interdisciplinary team (IDT) can consider initiating a Managed Risk Agreement when resident choice puts the resident at risk and the IDT can support the resident choice by implementing interventions or strategies that could help mitigate the risk. For example, a resident with an impaired swallow, who requires no help with eating, has been advised to follow a modified diet but chooses not to. In this instance the modified diet is the IDT advised intervention, and continuing with a regular diet is the resident's choice, but it puts the resident at risk. If the IDT can support the resident's choice to have a regular diet by implementing interventions or strategies (such as monitoring and responding to choking events) to help mitigate the risks to the resident, an MRA must be utilized. Refer to the AHS *Managed Risk Agreement* Guideline and the Managed Risk Agreement in Continuing Care-Frequently Asked Questions.

Incident Response and Reporting

12. How do I respond to a choking event?

Response to a choking event should adhere to your site or program emergency response

plan for Code Blue. A template to complete a site emergency response code blue algorithm is available on CCC under Resources > Business Resources > Emergency Response Codes & Plans (scroll to Code Blue heading). Staff will respond based on a combination of factors including the order of attending to the scene and their own training (e.g., first person on scene and is able to activate the emergency response, first person on scene and is not able to activate the emergency response).

Regardless of professional designation and job title/role (e.g., regulated staff, unregulated staff member, volunteer, student), individuals must follow their scope of practice, job description, and training for choking management and response when determining their role in a Code Blue Response. Staff who are trained in cardiopulmonary resuscitation (e.g., basic life support certified) and/or first aid, including training in the abdominal thrust maneuver, would follow their training when responding to a choking event or identify an individual with an obstructed airway and would act in either the first responder or and or second responder role. Staff who do not have training in choking management and response would call for help (e.g., call 911, activate site Code Blue).

If at any time, during a choking event, the resident is assessed to have no pulse and is not breathing, review their goals of care designation to determine if CPR should be initiated. Refer to AHS *Advance Care Planning and Goals of Care Designation* Policy and *Advance Care Planning and Goals of Care Designation* Procedure.

13. Should an emergency response be initiated for someone whose Goals of Care Designation Order does not allow for resuscitation?

Interventions by healthcare providers when a person is choking may start with abdominal thrusts and/or chest compressions depending on the situation.

Refer to the Advance Care Planning / Goals of Care Frequently Asked Questions for more information.

14. Who do I notify after a choking event?

In the event of an adverse event, close call or hazard, health care providers shall follow their organizational policy for reporting of clinical adverse events, close calls, and hazards.

Adverse events should be disclosed to the resident and their family per the appropriate organizational policy (e.g., AHS *Disclosure of Harm* Procedure).

Notify the resident's primary health care practitioner (i.e., resident's physician or nurse practitioner) in accordance with the resident's plan of care and usual clinical processes.

Complete and submit a Duty to Notify Form to Alberta Health if the event resulted in serious harm or death in accordance with the Duty to Notify Decision Process and site/program business processes.

Quality Improvement

15. What do I do after a choking event has occurred?

Following a choking event, the health care provider shall:

- if required, transfer the resident to alternate level of care for further interventions and monitoring;

- investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, discomfort, or difficulty swallowing;
- review choking prevention intervention and mealtime set up;
- review the resident's care plan to ensure risk mitigation interventions are relevant, appropriate, and based on the individualized need(s) of the resident; and
- identify if any consults are required for further assessment or to identify risk mitigation strategies (e.g., registered dietitian, occupational therapy, speech language pathology, respiratory therapy, geriatric, etc.)

16. What quality improvement should occur at a site/program level?

By reporting an adverse event and Duty to Notify (as applicable), events are then able to be tracked and trended. Events can be assessed for frequency and root causes to determine what quality improvement interventions may be implemented to improve resident safety. Examples of quality improvement initiatives may include, but are not limited to:

- Change in staff assignment or rotation to ensure a staff who is trained in choking response is available during mealtimes,
- Change in mealtimes or staggering mealtimes based on resident needs and preferences,
- Establishing a schedule to practice the site Code Blue emergency response plan and implementing unscheduled/'surprise' practice codes.

Evaluation

17. How is quality improvement for choking prevention and response evaluated at a resident and site/organization level?

Evaluation of quality improvement at the individual level should follow timelines established in the residents' care plan goals. The resident and healthcare team's evaluation will determine what interventions are working to attain the resident's goals and which intervention were not as effective or require modification. This evaluation will inform the next assessments and may lead to a revision of the residents' comprehensive care plan (Care Planning Education Resource, 2023).

Operators should review the wealth of resources and education available on CCC that explore quality improvement located at Resources > Practice Resources > Quality.

Questions?

Contact: continuingcare@ahs.ca