



# People at Risk of Choking

<b>Procedure Reference:</b>		CS25a	
<b>Related Policy:</b>		CS25	
<b>Effective date:</b>	August 2024	<b>Review date:</b>	August 2025
<b>Approved by P&amp;PRG:</b>		June 2024	
<b>Owner:</b>	Neil Armstrong	<b>Job Title:</b>	Assistant Director, care & Support
<b>To be issued to: (check as needed)</b>			
<input type="checkbox"/> Board of Management <input type="checkbox"/> All Staff <input type="checkbox"/> ET/SLT <input type="checkbox"/> Head Office Managers <input type="checkbox"/> Head Office Staff <input type="checkbox"/> Finance <input type="checkbox"/> Housing <input type="checkbox"/> Asset <input type="checkbox"/> ICT		<input checked="" type="checkbox"/> OD <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> All Care & Support <input type="checkbox"/> C&S Managers (RM, OM, CSM) <input type="checkbox"/> C&S Staff <input type="checkbox"/> Contractors <input checked="" type="checkbox"/> Agency Staff <input type="checkbox"/> Unite the Union <input type="checkbox"/> Employee Voices Group <input type="checkbox"/> Other: _____	
<b>Method of Delivery (check as needed)</b>			
<input checked="" type="checkbox"/> Learn Pro <input type="checkbox"/> Board Portal <input checked="" type="checkbox"/> Line Manager to Share (e.g. Agencies)		<input type="checkbox"/> Policy Owner to Notify (e.g. Contractors) <input type="checkbox"/> Other: _____	
<b>Stakeholder Consultation Completed (check as needed)</b>			
<input type="checkbox"/> Board of Management <input type="checkbox"/> All Staff <input type="checkbox"/> ET/SLT <input type="checkbox"/> Head Office Managers <input type="checkbox"/> Head Office Staff <input type="checkbox"/> Finance <input type="checkbox"/> Housing <input type="checkbox"/> Asset <input type="checkbox"/> ICT		<input checked="" type="checkbox"/> OD <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> All Care & Support <input checked="" type="checkbox"/> C&S Managers (RM, OM, CSM) <input checked="" type="checkbox"/> C&S Staff <input type="checkbox"/> Contractors <input type="checkbox"/> Agency Staff <input type="checkbox"/> Unite the Union <input type="checkbox"/> Employee Voices Group <input type="checkbox"/> Other: _____	

## Version Control

Date	Owner	Version	Reason for Change
Feb 2022	C&S/Brian Gunn	2	New procedure
Nov 2022	Lesley McDonough	3	To reflect changes in training requirements and implementation of AIMS
June 2024	Lesley McDonough	4	Cyclical review

## Summary of Changes

Section	Change
<b>1.0</b>	Included the NDR booklets can be obtained by Ark Health and Safety Advisor
<b>2.0</b>	Added 2.1 and 2.2 to breakdown L&D requirements since the introduction of Manager training Included the process for Agency workers to receive training.
<b>3.3</b>	Included a bullet point for dental/denture issues. Included guidance for managers when a choking incident occurs is available on the Quarterly Incident Reporting Summary.
<b>5.4</b>	Include a bullet point to identify if the supported person was agitated or anxious
<b>6.0</b>	Included for staff to ask advice and record on how current medication should be administered whilst a review of medication is being undertaken following an incident or concern
<b>Appendix 1</b>	Included bullet point for staff to detail the importance of reporting to manager immediately following an incident
<b>Appendix 2</b>	Included a point around identifying if the supported person was anxious or agitated
<b>Appendix 3</b>	Included a point around identifying if the supported person was anxious or agitated
<b>Appendix 4</b>	Included note to remind that consistency of food can change after 15 minutes and to ensure consistency remains as per eating and drinking plan



# People at Risk of Choking

## Contents

<a href="#">1.0 Introduction</a> .....	4
<a href="#">2.0 Learning and Development Requirements</a> .....	4
<a href="#">2.1 Staff</a> .....	<b>Error! Bookmark not defined.</b>
<a href="#">2.2 Managers</a> .....	5
<a href="#">3.0 Managing Eating and Drinking Risk</a> .....	6
<a href="#">3.1 High Risk Alert</a> .....	6
<a href="#">3.2 Good Life Support Plan/Risk and Vulnerability (R&amp;V)</a> .....	6
<a href="#">3.4 Incident Reporting</a> .....	7
<a href="#">4.0 Cultural and Religious Considerations</a> .....	8
<a href="#">5.0 Supporting a person at risk of choking</a> .....	8
<a href="#">5.1 Food and Drinks Preparation</a> .....	8
<a href="#">5.2 Environment</a> .....	9
<a href="#">5.3 Positioning of Supported People while Eating and Drinking</a> .....	9
<a href="#">5.4 Time, Pace and Meal Duration</a> .....	9
<a href="#">6.0 Foods and Liquids to be avoided</a> .....	10
<a href="#">7.0 After Meal Times</a> .....	11
<a href="#">8.0 Storage and Usage of Food Thickening Products</a> .....	11
<a href="#">9.0 Implementation and Review</a> .....	<b>Error! Bookmark not defined.</b>
<a href="#">9.1 Implementation</a> .....	<b>Error! Bookmark not defined.</b>
<a href="#">9.2 Review</a> .....	12
<a href="#">Appendix 1</a> .....	<b>Error! Bookmark not defined.</b>
<a href="#">Appendix 2</a> .....	<b>Error! Bookmark not defined.</b>
<a href="#">Appendix 3</a> .....	<b>Error! Bookmark not defined.</b>
<a href="#">Appendix 4</a> .....	20

## 1.0 Introduction

Ark Care & Support staff and managers must be aware of the Policy (CS25) that accompanies this procedure.

This procedure contains guidance on all aspects of supporting people who have experienced a choking incident and/or have been referred to a medical professional due to a difficulty in eating, drinking, and swallowing which may also be caused by `dysphagia`.

Currently best practice guidelines are based on the International Dysphagia Diet Standardisation Initiative (IDDSI) Framework. Ark has been advised to refer to Nutrition and Diet Resources (NDR) UK by Speech and Language Therapy (SLT) Professional Head of Service in Fife. NDR publish a range of booklets and resources which are based on the IDDSI Framework. These can be obtained from Ark, Health and Safety Advisor. The Care and Support Manager must ensure that any supported person on the IDDSI framework has a copy of these.

Supported people may have had a recent choking incident or have a known medical condition that affects their ability to eat and drink safely. Advice and information from medical professionals, usually Speech and Language Therapist, must be included in any care planning where Ark support a person who is at risk of choking.

SLT guidance should be sought and followed at all times, but in the absence of SLT guidelines, or where there has been no recommendation to incorporate International Dysphagia Standardisation Initiative (IDDSI) levels into a diet, this procedure provides information on high-risk foods, environmental factors, positioning and best practice.

## 2.0 Learning & Development Requirements

All Care and Support Management and Care and Support staff will complete Ark's "Eating & Drinking Safely Awareness" E-learning module during their induction and prior to supporting people independently. This module can be found on the staff Learn Pro Homepage.

### 2.1 Staff

All Care and Support staff will undertake First Aid E-Learning and Practical training as mandatory training. This will be refreshed 3 yearly.

All Care and Support front line staff including Agency and Volunteer workers supporting people with eating and drinking plans in place (or the ones without an eating and drinking plan but who are at risk of choking) must then:

- a) Complete the “Dysphagia” E-learning course (which consists of 4 modules from Nutricia). The modules can be found on the Learn Pro Homepage. If not, please contact [L&D@arkha.org.uk](mailto:L&D@arkha.org.uk) or talk to your manager.
- b) Have a discussion with their managers, using the “Dysphagia Practice Evidence Form” (see Appendix 1). Managers will have to sign and date the form and notify L&D that this has been completed and sits within the staff members employee records.
- c) Be observed by the manager during supported person’s eating and drinking activities. The Manager will use the “Practice Observation Process for managers” document for this (see Appendix 2).

It is the responsibility of the person who is managing People Planner on Ark’s Information Management System (AIMS) that Agency staff are trained in all the above elements of training prior to lone working with a supported person who requires an eating and drinking plan or who is at risk of choking. Learning and Development will be contacted by the Care and Support Manager to set up a profile for the agency staff member.

Due to the complexity around eating and drinking plans, People Planner on AIMS should be managed effectively to reduce the requirement for agency working with individuals who present a risk of choking unless they have completed all elements of the training and are familiar with the individuals eating and drinking plans.

## 2.1 Managers

All Care and Support Managers supporting people with eating and drinking plans in place (or the ones without an eating and drinking plan but who are at risk of choking) must then:

- a) Complete the “Dysphagia” E-learning course (which consists of 4 modules from Nutricia). The module can be found on the Learn Pro Homepage. If not, please contact [L&D@arkha.org.uk](mailto:L&D@arkha.org.uk) or talk to your manager.
- b) Attend online “Choking Management Training” which will provide guidance to managers on how to respond to a choking incident ensuring appropriate processes, reviewing, reporting and recording are carried out.

If the approved training materials for Ark staff change, managers will be notified by Ark’s Organisational Development team.

## 3.0 Managing Eating and Drinking

### 3.1 High Risk Alert

Where a supported person is at risk of choking, this will be identified as a High-Risk Alert in the Supported Person's Good Life Plan. This will be completed by an Ark manager where a risk of choking is identified and kept visible for everyone to see on the Supported Person's file fields within the dashboard and on "support" on Ark Information Management System (AIMS).

Staff will complete a High-Risk Induction with their manager to evidence competence where there is a risk of choking for a supported person.

### 3.2 Good Life Support Plan/Risk & Vulnerability (R&V)

A Good Life Support Plan/R&V must be completed when choking is identified as a risk for the supported person, and this will be managed through Risk Management Plan.

A review of the Good Life Support Plan/R&V and/or Risk Management Plan must be completed at least every six months or if there is a change that has lowered or increased the risk of choking since the last review. Ark staff should communicate with their manager and SLT for support and advice for any changes in eating and drinking habits between reviews and document in the Health Monitoring section on AIMS.

Risks associated with eating and drinking will form part of team meetings and staff supervisions on an on-going basis to highlight any concerns or further learning.

Care and Support Managers are responsible for ensuring that any guidance for individuals' eating and drinking provided by SLT is included in the Good Life Support Plan/R&V for any person who is identified as at risk of choking, while at home or out in the community.

Ark managers must ensure that risks are reviewed on an ongoing basis and referred to SLT to be re-assessed as the needs for the person change, for example, if there is a medication or physiological change.

Ark managers are responsible for ensuring that staff are aware of their responsibilities which include, staff completing Ark training, recognising changes in a person's eating / drinking habits, completing incident reports if a supported person has a choking incident and delivering appropriate support to those at risk of choking in line with SLT and Ark guidelines.

### 3.3 Incident Reporting

Staff must report any choking incidents immediately to an Ark manager to allow a temporary eating and drinking procedure to be implemented as soon as possible and to allow the Good Life Plan/R&V to be updated.

Referral protocols for local SLT teams may vary for isolated choking incidents or patterns of choking/aspiration incidents. In the event SLT adopts a different approach the service should be led by local SLT teams in terms of the NHS referral protocols locally. It is vital that Managers and staff keep a record of the communications relating to agreements reached with SLT about the local protocol. All communications relating to specific individual referrals should be kept in the supported person's health monitoring notes and copy of any written correspondence stored electronically in the supported person's files. A screenshot can be taken of these to be stored in the Eating and Drinking section of Good Life Support Plan/R&V.

A referral for a swallowing assessment from a SLT must be completed if an incident or a pattern of choking /aspiration incidents arises, or an increase of the following signs are observed while a supported person is eating or drinking:

- Coughing / choking on food and / or drink immediate or delayed.
- Voice of supported person may sound wet or gurgled after eating and drinking.
- Breathlessness after swallowing.
- Food sticking in mouth / throat.
- Difficulty clearing own saliva or managing own secretions.
- Reduction in oral intake.
- Dental/denture issues.
- Change in colour after eating / drinking; and
- Difficulty taking medication.

Evidence such as a detailed incident report, must be provided, and once referred, the Ark Manager should follow up on progress of the referral with SLT and a Social Worker.

To help staff members and managers fill in an incident form relating to choking, please find in Appendix 3, "Guidance for Choking Incident Report" on what to record on the incident report, after a choking incident. Guidance for managers is also available on the Quarterly Reporting Summary.

The following section and sub-sections provide information, practical advice, and steps for ensuring that supported people at risk are safely supported.

## 4.0 Cultural and Religious Considerations

Some cultures/religions recommend or dictate what followers can and cannot eat as well as how the food must be prepared and served.

If a supported person wants to follow their own cultural/religious beliefs, then staff members can make a positive impact in their eating and drinking activities, by having the knowledge of those beliefs.

Example: in some cultures, the temperature of the food and drinks is important. Therefore, offering food and drinks at the right temperature may make a huge difference to the comfort of a supported person.

When discussing a supported person's eating and drinking needs as part of a multidisciplinary team, relevant religious/cultural expertise should be therefore brought in the discussion (from a range of informed sources such as actual followers, their families, literature etc.) This will be recorded in the supported person's Good Life Support Plan/R&V.

## 5.0 Supporting a Person at Risk of Choking

### 5.1 Food and Drink Preparation

- The supported person's food and drink intake must be detailed with information on how daily food should be prepared in the daily mealtime monitoring sheet and kept for review in a supported person's eating and drinking file. – see Appendix 4 for standardised template.
- Should a person take longer than 15 minutes to eat a meal and is on a specific IDDSI level then this should be recorded on the daily mealtime monitoring sheet to evidence that consistency is still within the guidance as this can change overtime. This should be checked every 15 minutes.
- Review, at least 6 monthly, the supported persons high risk information, eating and drinking Good Life Support Plan/R&V; meal mat and Risk Management Plan.
- Refer to the appropriate level Nutrition and Diet Resources (NDR) booklet for information about preparation of food and foodstuffs to be excluded from an individual's diet.
- Check those foods ready to be provided, match the eating and drinking plan, meal mat and does not deviate from SLT guidelines.



## 5.2 Environment

- A quiet, calm, and relaxed environment should be provided when supporting people with eating and drinking.
- Make sure you have all the food, drink, and other equipment you need before you start to avoid interruptions.
- Turn off the TV and reduce excess noise.
- Ensure that the supported person is alert during mealtimes.
- Try to avoid talking while the supported person is eating, drinking, and swallowing.
- Avoid other activities during mealtimes.

## 5.3 Positioning of Supported People whilst Eating and Drinking

- Do not support people with food and drink if they are lying down.
- If they must be fed in bed, ensure that they are supported to sit upright as possible as directed by a Speech and Language Therapist and/or Occupational Therapist.
- Ensure the supported person is sitting as upright as possible with their feet on the floor where possible.
- Encourage the supported person to stay seated while they are eating and drinking.
- If the person is in a wheelchair ensure it is upright as possible, with their feet supported and use wheelchair tray if available.
- You should not stand above them but position yourself to the side at eye level.
- Contact Occupational Therapy if you have any concerns about a supported person positioning while eating or drinking.

## 5.4 Time, Pace and Meal Duration

- Staff need to concentrate and focus on supporting the person to eat and drink safely, it is important that you do not have other tasks at the same time.
- Ensure the supported person is not anxious or agitated prior to eating and drinking which may contribute to them choking.
- Make sure there is plenty of time for the meal and are not rushing.
- It may be useful to encourage the supported person to go to the toilet before mealtimes.
- Encourage slow eating, never rush.
- Observe the supported person so that you know when they are ready for another spoonful of food in their mouth.
- Do not put another spoonful of food in their mouth until they have cleared and

swallowed what is in their mouth.

- Never overfill a fork or spoon, give a small amount at one time.
- Encourage chewing and swallowing.
- Be extra cautious at the end of the meal, the last few spoonful's are often large and given at fast pace.
- Do not try to wipe or clear food from a person`s face while they are trying to swallow.
- If mealtimes are long (over 30 minutes) consider a break or giving their pudding later or several small meals throughout a day rather than 3 large ones.
- In relation to the above food must be checked regularly (at least every 15 minutes). This should be recorded on the daily mealtime monitoring sheet to evidence and ensure that cooled food retains the desired consistency.
- When supporting someone to have a drink encourage small sips at a slow pace, alternating between food and drink can help clear residue in the mouth.
- Where a supported person eats independently and does not follow the advice above a Risk Management Plan should be implemented and guidance sought from SLT.

## 6.0 Food and Liquids to be avoided

The following types of food and liquids can cause a higher risk of choking and may need to be avoided for some people until SLT carry out an assessment or confirm what food has to be avoided.

- Hard, tough, chewy, fibrous, stringy, crispy, crunchy, or crumbly foods.
- All types of bread must be agreed by a SLT in all circumstances.
- Pips, seeds, skins, or outer shells e.g. on peas, grapes, husks.
- Gristle.
- Round or shaped food e.g. sausages sweets, hard chunks e.g. pieces of apple.
- Sticky foods e.g. cheese, marshmallows.
- Floppy foods e.g. lettuce, cucumber, uncooked spinach leaves.
- Juicy food where juice separates off in the mouth to a mixed texture e.g. watermelon.
- Foods of mixed consistency (e.g. solids mixed with gravy, soup with lumps of vegetables).

If you have any concerns about a person's nutrition or hydration, contact a dietician or other health professional.

If you have a concern with the supported person's ability to swallow their medication, or following a choking incident, please contact the GP/SLT to discuss other forms of

administration. Advice should be sought and recorded in the health monitoring section how current Medication should be administered until a review has taken place.

SLT advice should be sought around avoiding foods until such times as an assessment is conducted, or formal response is received.

All communication from SLT regarding permitted or prohibited high risk foods should be recorded in the supported person's Health monitoring forms and Good Life Support Plan/R&V. Any written communication should be stored electronically in the supported person's file or screenshot taken and uploaded on AIMS.

Where people have capacity and wish to make an informed decision to eat "High Risk" items, this should be agreed and signed off by the Multi-Disciplinary Team (to include any preparation guidelines to mitigate risk) and included in a Risk Management Plan.

Staff should discuss with SLT appropriate communication tools such as social stories etc that can be developed to work with the individual to understand the implications of not following specific guidelines. Social work should be contacted if there is on-going concerns around a supported persons capacity.

## 7.0 After Meal Times

- The supported person should not lie down immediately after eating as any residue in their throat could fall into their airway.
- Encourage the supported person to remain seated upright for 30 minutes.
- Ensure the mouth is clear of food, food left in the mouth can cause bad breath, mouth infections and can cause choking if it falls into the throat. – encourage coughing to clear any residue in the throat and provide fluids to flush
- Encourage regular teeth brushing or denture cleaning.

## 8.0 Storage and Usage of Food Thickening Products

- Thickening agents such as **Thick and Easy** and **Nutillis** should be treated as medication and stored in a cool dry place.
- Be aware that temperatures can alter viscosity (thickness of the liquid).
- Ensure the right quantity of fluid to powder ratio is used.
- These products are only prescribed by medical or allied health professionals such as SLT.
- These products should only be prescribed after an assessment of eating and drinking by a SLT.

- Thickening agents must be made up to the consistency prescribed by SLT, there is also a risk of aspiration if the liquid is too thin but be mindful that thicker fluids are not always safer.
- Guidelines provided by a SLT will also provide information regarding posture and positioning of the supported person whilst eating and drinking, environmental factors such as noise, distractions and drinking between mouthfuls.

## 9.0 Implementation and Review

### 9.1 Implementation

The Operations Managers are responsible for ensuring that this procedure and the policy that support it, are followed by all employees in Care and Support.

### 9.2 Review

The Regional Managers will ensure that this procedure is reviewed annually, and that any amendments required are submitted to the Board of Management and Policy & Procedure Review Group for approval.

The effectiveness of this procedure can be evidence through 6 monthly reviews, staff team meetings, supervisions, CSM quarterly audits, Quarterly health and Safety reporting and Health and Safety Audits.

## Appendix 1

### Dysphagia Practice Evidence Form

#### To Use During Manager and Staff Member Conversation

---

This document needs to be used as:

- A tool for manager to engage in a conversation with a member of staff around the application, in their day to day work, of the theory they learnt through the “Eating and Drinking Safely Awareness” E-learning module and the subsequent “Dysphagia” E-learning modules (from Nutricia).
- The proof that you, as a manager, confirm that the named member of staff has a clear understanding of the practice requirements of supporting a person with Dysphagia (Manager and staff are required to sign the form at the end).
- A tool to update the member of staff training records.

Your own knowledge, as a manager, of the issues and practice for the persons with swallowing difficulties that staff are supporting, will be vital to the quality of the conversation.

Please record the answer of the member of staff below each question and discuss.

The member of staff and you must sign and date the end of the document and send names and dates when complete to L&D department at [L&D@arkha.org.uk](mailto:L&D@arkha.org.uk)

*Important note: failure to send the form to L&D will result in the staff's training records showing as incomplete for the Dysphagia course.*

1. Consider the person or people that you support. If they have eating, drinking or swallowing difficulties, list at least 3 people, either internal to your organisation or external, you could approach for guidance in relation to this person's needs.
2. Briefly detail the process you go through prior to and when making a request for assistance from the professionals who support eating, drinking and swallowing
3. Identify at least 2 sources of documentation and where these are held which provide information and guidance to support your management of people's diet and eating, drinking and swallowing.
4. What are at least 3 potential consequences for the person if their individual eating, drinking and swallowing guidance is not followed?
5. List 5 high risk food types and why there are considered high risk for your supported person(s).
6. The importance of reporting choking incidents to your manager immediately, even after minor incidents.

<b>DECLARATION</b>			
I confirm that the answers that the staff member has provided to the questions above indicate that they have a clear understanding of the practice requirements of supporting a person with dysphagia in the service.			
Service Manager Name		Staff Member Name	
Service Manager Signature		Staff Member signature	
Date			

## Appendix 2

### Eating and Drinking Practices Observation: Process for Managers

#### **Background to this document and new process:**

Staff who are supporting people with eating and drinking difficulties or diagnosed dysphagia will have done the following training before a manager can observe them at work:

- “Eating and Drinking Safety Awareness” E-learning module
- “Dysphagia E-learning module (which consists of 4 modules from Nutricia)
- Practice Evidence Form filled in with managers.

The new process below is the final step in the overall Eating and Drinking/ Dysphagia Learning journey and will be used after the managers and their staff member have sat down and completed the “Dysphagia Practice Evidence Form”. This final step is indeed needed as, whilst the evidence form and the discussion that happens around it can demonstrate that the staff member has acquired the knowledge imparted by the formal learning, it does not fully evidence that the staff member applies this knowledge in their daily activities. It is therefore important to observe the practice around ensuring eating and drinking activities are carried out safely in the workplace.

#### **How would we achieve our objectives?**

It is proposed that managers will carry out one direct observation focussed on eating and drinking activities for any member of staff supporting a person with eating and drinking difficulties or diagnosed Dysphagia.

The check list below is intended to be used as a guide to the elements that should be observed. Any other observed practices around food preparation (if applicable), serving (if applicable) and feeding can be added to the list.

Managers can print the check list and do their observation with it.

Once this is completed, managers will sign and certify this and send names and dates when complete to L&D at [L&D@arkha.org.uk](mailto:L&D@arkha.org.uk) so it can be recorded on Learn Pro. This will act as the final step to prove competence of the staff in the subject.

<b>DECLARATION</b>			
I confirm that I have observed the staff member named below supporting people with eating and drinking activities and that their practices meet Ark's requirements.			
If the observed practices required have not been met, I confirm that actions have been listed and agreed with the member of staff to ensure requirements are met and further observations will be carried out to ensure the standard is met.			
Service Manager Name		Staff Member Name	
Service Manager Signature		Staff Member signature	
Date			

## PRACTICE OBSERVATION CHECK LIST

This checklist is a combination of elements covered in CS25a People at Risk of Choking Procedure as well as the “Eating and Drinking Safely Awareness” module and the “Dysphagia” module.

Before any observation can be done, the observer must be familiar with the supported person’s Eating and Drinking plan, Good Life Support Plan/R&V and must have completed the “Eating and Drinking Awareness” module, followed by the “Dysphagia (Nutricia)” module and finally the “Practice Evidence Form”. Managers can then determine whether any practice they observe meets the supported person’s documented needs.

Some of the observations will be specific to the situation being observed and therefore will need to be added to the check list below.

**Observer Name and Role:**

**Observation date:**

**Name of the Support Worker/ Relief or Agency Worker being observed:**

<b>Topic: The Environment</b>	<b>Yes, No or comments</b>
Is the environment around the supported person calm and relaxed? (this also applies when giving support at home. Is it noisy for example from the TV, radio? Etc..)	
Is the supported person distracted by something?	
Is the support worker talking to the person whilst they eat?	
Is the supported person alert?	
If the person feeds themselves, is all the food that needs to be eaten within easy reach of the supported person so they do not have to stretch or turn to get it?	
If the support worker helps the person to eat, is all the food within easy distance of the support worker?	
<b>Topic: Position of the supported person</b>	<b>Yes, No, comments</b>
Is the supported person sitting upright with feet on the floor (if applicable) whilst eating?	
If the supported person is eating in bed, are they sitting as up right?	
Is the supported person leaving the table during the meal and coming back?	
Is the support worker seating higher than the supported person? (they should be at the same height)	
If the person has got specific guidelines around seating positioning from the occupational therapist or Speech and Language Therapist, is their seating position the one expected?	
<b>Topic: Time, Pace and Meal Duration</b>	<b>Yes, No Comments</b>
Does the supported person look rushed, flustered?	
Does the supported person look anxious or agitated pre-meal?	



Is the support worker using any physical or verbal cues to try and slow down the person's eating (if too fast)? If so, what cues? (putting cutlery down in between mouthful or ask the person to put their hands on their knees, if possible, after each mouthful)?	
Is the support worker waiting till the person's mouth is empty, to offer more food?	
Is the support worker alternating between giving food and then giving a drink?	
Is the Support worker's attention solely on the supported person or are they multi-tasking for example?	
<b>Topic: Portion Sizes</b>	<b>Yes, No, Comments</b>
Are the spoons or forks too full?	
Is the type of spoon used suitable to feed the supported person, according to their eating and drinking plan?	
Are any food pieces larger than 1.5cm?	
<b>Topic: Type of food</b>	<b>Yes, No, Comments</b>
Is the type of food being offered meeting the supported person's cultural/religious needs?	
Is the type of food being offered meeting the supported person's needs as documented on their Eating and Drinking Plan?	

## Appendix 3

### GUIDANCE FOR CHOKING INCIDENT REPORTING

Topics	Examples of Questions
<b>Background Information</b>	Have there been previous choking incidents? Yes/No Has this incident been discussed with others (day services, family, people they socialise with around meal times etc...)? Is the supported person on a restricted diet following a SALT referral? Yes/No, if so which level.....
<b>What type of food was the person eating when they choked?</b>	High Risk Choking Food such as : <ul style="list-style-type: none"> <li>- Hard Food (nuts, some sweets etc...)</li> <li>- Crumbly Food (biscuits, pie crust etc...)</li> <li>- Pips, seeds, skins and outer shells (grapes, peas, fruit skins, corn in the cob etc...)</li> <li>- Tough and chewy food (steak, bacon, harder vegetables etc...)</li> <li>- Skin, bone or gristle (fish, meat etc...)</li> <li>- Sticky food (marshmallows, cheese etc...)</li> <li>- Juicy food (where the juice separates off in the mouth (melon etc...)</li> <li>- Round or long shaped food (uncut sausage, grapes, sweets, hard pieces like apple pieces etc...)</li> <li>- Dry Food (crackers, cake, bread etc...)</li> <li>- Stringy food and fibrous food (pineapple etc...)</li> <li>- Floppy food (lettuce, thinly sliced cucumber, spinach etc...)</li> <li>- Food mixed with liquids (hard cereals, fruit salad with juice, soup with pieces etc...)</li> <li>- Crispy or crunchy food (crisps, flaky pastry etc...)</li> </ul>
<b>How was the food served?</b>	Pureed? Cut in pieces larger than 1.5cm? Mixed with some type of fluid? Etc...
<b>How was the environment surrounding the person at the time of choking?</b>	Where was the person? At home, in a café, in somebody's else home, in a day center etc..? Was the environment calm and relaxed? Was it Noisy? What type of noise? Was the person distracted? Was someone speaking to the person just before the incident? Etc...
<b>What was the person's position at the time of choking?</b>	Were they sitting up right? Were they at a table? Were their feet on the floor? Were they in a wheelchair? Were they lying down? Were they walking whilst eating? Etc...
Topics	Examples of Questions
<b>Meal time pace? Duration?</b>	Was the person rushed when they choked? Did they appear anxious or agitated? Did the person have any activities booked straight after eating, which made them rush their meal?

	<p>Were they too hungry at the time?</p> <p>Did they have a snack before they ate and choked?</p> <p>Were they having issues chewing?</p> <p>Did you use verbal and/or physical cues to make them eat more slowly? Etc...</p>
<b>Mouth Care?</b>	<p>Did the person wear dentures? If they were, were the dentures secured before choking? Any current issues identified?</p> <p>Did the person have good oral hygiene (brushed teeth regularly, had decays treated by dentist, had healthy gums)?</p> <p>Did the person lie down at any point and then choked? Etc...</p>
<b>Portion sizes?</b>	<p>Did the person have an overfull mouth when they choked?</p> <p>Was their spoon too full?</p> <p>Did you remove excess food on their spoon before they ate?</p> <p>What size was the spoon?</p> <p>Did they take breaks between mouthfuls? Etc...</p>

## Appendix 4

### Daily Mealtime Monitoring Sheets

Name:

Date:

Completed By:

Please complete this form after every meal/snack/drink. This will be used to identify any possible patterns or causes for the mealtime difficulties, and will inform mealtime recommendations and guidelines.

*\*The Sheet Below Provides Examples of How to Complete Daily Mealtime Monitoring Sheet \**

Time of Meal	Description of Food and Drink Given (Please put a circle round any food/drink that seems to cause problems)	Time Taken and Amount of Food/Drink Intake <i>*please note consistencies can change after 15 minutes therefore foods must meet agreed plan</i>	Any Coughing or Choking?	Any Other Difficulties Including Person's Mood or Behaviour	Person's Mealtime Rating Good/Enjoyable or Not Good/Poor
<p><i>For Example:</i></p> <p>06/08/2020, 12:30pm (Lunch)</p>	<p><i>For Example:</i></p> <p>Beans</p> <p><i>Baked potato skin removed mashed up with a fork</i></p> <p>Diluting Juice</p>	<p><i>For Example:</i></p> <p>20 minutes for lunch Only managed ½ of meal 15 minutes taken to drink glass of juice</p>	<p><i>For Example:</i></p> <p>Coughed after eating spoonful of beans mashed with baked potato.</p>	<p><i>For Example:</i></p> <p>Appeared tired before even starting meal</p> <p>Positioning in chair poor-slumped over to side as meal continued</p>	<p><i>For Example:</i></p> <ul style="list-style-type: none"> <li>Ask person to rate the meal by either :</li> <li>Giving the meal a thumbs up or down</li> <li>Choosing a symbol for either a happy or sad face</li> <li>Asking her if she enjoyed the meal and to say "Yes" or "No"</li> </ul>
<p>06/08/2020 3.30pm Afternoon Cuppa</p>	<p>Cup of tea and a yoghurt</p>	<p>Took 15 minutes to eat yoghurt and finish tea</p>	<p>No problems seen today</p>	<p>In good spirits today</p>	

Please complete this form after every meal / snack / drink. If there are any changes to eating and drinking skills, or if you have any questions or concerns please speak to the CSM. Changes may be made to the pre-approved menu only after approval of CSM.