



Ohio Administrative Code 5123:2-17-02 requires all developmental disabilities employees to review Health and Welfare Alerts released by the department as part of annual training. All previous alerts are listed on the department's website.

Preventing Choking #18-4-18

Choking is a common breathing emergency that occurs when the airway is partially, or completely blocked.

A person with a partially blocked airway may be able to get enough air in to cough, wheeze or speak, while someone with a completely blocked airway cannot cough, speak, or cry.

If Someone is Choking

- Follow First Aid training
- Call 911
- If someone else can call 911, perform abdominal thrust, formerly known as the Heimlich maneuver
- For a person using a wheelchair or with a physical characteristic making it difficult to use the abdominal thrust
 - Move person to flat, hard surface
 - Initiate CPR chest compressions to help unblock airway
- If abdominal thrust is successful, immediately notify a health care professional for a physical check-up



Watch DSP Tina Brown explain how she saved a life

Things to Remember

If the choking person can cough, let them do so. Stay with the person to encourage them to cough. If the object is visible in the mouth, attempt a finger sweep.

If an adult has a completely blocked airway, give up to 5 blows between the shoulder blades with the heel of your hand. If blockage is not relieved, employ abdominal thrusts. Continue cycles of 5 back blows and 5 abdominal thrusts until object is coughed up or the person starts to breathe or cough.

The American Red Cross includes back blows as an intervention and the American Heart Association does not. Use intervention methods required by your training.

Fast Facts

381 times staff successfully intervened by performing back blows or abdominal thrusts in 2017

– DODD Incident Tracking System

Causes and Contributing Factors

Eating the wrong diet texture and lack of needed supervision are the leading causes of choking-related incidents.

- Not chewing food completely
- Eating too quickly
- Talking or laughing while eating
- Eating food that contains two or more diet textures, such as cereal with milk
- Taking someone else's food during meal
- Eating in vehicles
- Taking some medications that affect the ability to swallow effectively
- Swallowing oral medication when person is ordered NPO (nothing by mouth) due to history of choking
- Staff not familiar with person's prescribed diet, not able to prepare diet, not properly assisting with eating and positioning techniques

Prevention is Key

Basic safe swallow strategies

- Provide physical support as needed to ensure someone is sitting upright while eating and up to 30 minutes after meals
- When assisting with feeding, offer slow teaspoon-size bites; wait for the person to finish one bite before offering another; remind them to tip chin down to swallow
- Offer frequent sips of water or other clear beverage with meals to aid in swallowing and clearing the throat of food

Remember

- Don't encourage someone to eat if they are not alert to the task of eating
- An assessment of eating and swallowing skills is needed and typically completed by an occupational therapist or speech language pathologist

Know the Signs of Choking

- Face turning red
- Lips turning blue
- Food spilling out of mouth
- Inability to talk or make much sound
- Wide-eyes, panicked look on face
- Person may quickly leave area, indicating they are experiencing a swallowing issue
- Unconsciousness or appearing asleep

Most Commonly Choked on Foods

Peanut butter	Raw vegetables
Hot dogs	Fruit
Bread products	French fries
Meats	Nuts

For Supervising Staff

Supervising staff play a crucial role in ensuring health and welfare. Supervisors should

- ensure that known swallowing risks are communicated in a person's service plan,
- promptly communicate diet changes to direct care staff in all settings,
- ensure adaptive equipment is available,
- include mealtime concerns as a topic at staff meetings,
- monitor frequently during mealtimes,
- and use mealtimes as an opportunity to monitor and mentor direct care staff.