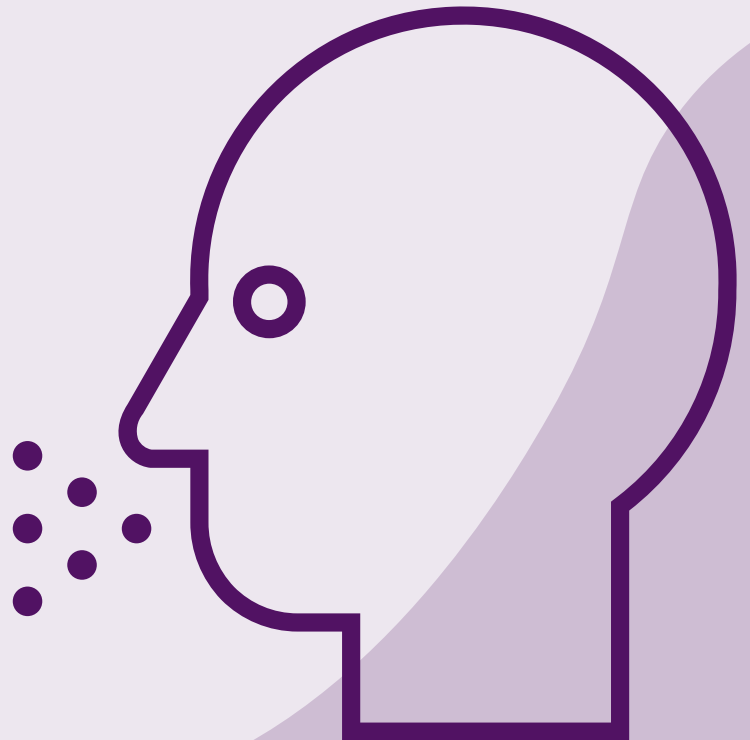




Multi-agency guidance: supporting adults at risk of choking

With thanks to Hampshire Safeguarding Adults Board on whose work this document is based on.



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Disclaimer

This guidance is intended to support staff in adults social care, health, and care settings, in identifying, assessing, and working with adults who may be at risk of choking.

This guidance does not replace any existing national or organisational policies and guidelines regarding the management of an adult with dysphagia and/or a choking risk. Rather, this guidance should be read in conjunction with those existing policies.

Please note that several suction-based airway clearance devices for the treatment of choking (anti-choking devices) are now available in the UK. Please note that Resuscitation Council UK do not currently support their use, due to insufficient research and evidence on the safety or efficacy of these devices.¹

¹ Resuscitation Council UK (2024) [RCUK's position on the use of suction-based airway clearance devices on choking individuals](#)

Introduction

Choking can be described as the introduction of a foreign object into the airway, which becomes lodged and partially or completely obstructs the airflow to the lungs. This is usually resolved by coughing, but, if coughing does not clear the airway, lack of airflow can cause serious brain injury or death.

Any adult is at risk of choking. However, it is important to be aware that adults within health and social care services may be at an increased risk of choking, for a variety of reasons. This can include, amongst others, neurological weakness, stroke-related impairments, degenerative conditions, and dementia.

First aid

If an adult isn't breathing normally during or after a choking incident, call 999 to seek emergency medical assessment.

In the event of an abdominal thrust being used, an ambulance must be called to assess the risk of splenic injury.

If the adult stops breathing following a choking incident, cardiopulmonary resuscitation (CPR) should be commenced immediately regardless of a valid 'Do Not Attempt cardiopulmonary resuscitation' (DNACPR) in place, unless this expressly includes choking (for a first aid flowchart see [Adult Choking Algorithm \(PDF, 31.54KB\)](#) (Resuscitation Council UK, 2021)).

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For information regarding the differences between a DNACPR and a ReSPECT form, please see [CPR Recommendations, DNACPR and ReSPECT](#) (Resuscitation Council UK, 2024).

Definitions

The following are definitions of conditions or disorders which may be a risk factor for choking.

Dysphagia

Dysphagia describes eating and drinking disorders in children and adults, which may occur in the oral, pharyngeal and oesophageal stages of deglutition. This includes problems positioning food in the mouth and in oral movements, including sucking, chewing (mastication) and the process of swallowing.

Aspiration

Aspiration is the inhalation of either oropharyngeal or gastric contents into the lower airways, that is, the act of taking foreign material into the lungs.

Pica

Pica is an eating disorder typically defined as the persistent ingestion of substances of no or little nutritional value for at least one month at an age for which this behaviour is developmentally inappropriate. It may be benign or may have life-threatening consequences.

The risk of choking

Whilst it isn't always possible to prevent choking, it's critical that we work to reduce the risk of choking and improve the safety of adults who present with a risk of choking.

As such, all organisations must ensure that:

- Employees and subcontractors who meet an adult's care needs are fully aware that choking can affect anybody and can result in fatal incidents.
- Employees and subcontractors have an adequate understanding of the range of medical and behavioural conditions which can increase the risk of choking.
- Employees and subcontractors have an appropriate screening tool to use when they are concerned that an adult may be at risk of choking.
- Employees and subcontractors know when and how to escalate concerns, both within their service and to specialist services, such as Speech and Language Therapy.

Care planning

The development of an adult's care plan must, wherever possible, include the views and wishes of the adult.

Providers must have robust processes to ensure that an appropriate eating and drinking care plan is in place for any adult who is at risk of choking. This must be undertaken regardless of the adult's capacity to understand. If the adult is making an unwise decision to eat high-risk foods or drink, the provider should ensure that the adult understands the risks they are taking and have a documented mental capacity assessment to support their decision.

Providers must ensure there is a process in place to prompt regular reviews by the care provider and for the choking risk to be re-assessed as the needs of the adult change. For example, if there is a medication or physiological change or deterioration in an adult's clinical condition that may impact on their ability to swallow safely.

If an adult presents with an increased choking risk this must be reflected consistently throughout the care planning process by those involved in specialist advice giving, or day-to-day care provision. A consistent approach is important for keeping the adult safe and reducing the risk of choking and/or aspirating.

Each adult for whom a service is provided must have an adult first aid treatment plan so that those who are wheelchair users or cared for in bed are treated with first aid appropriate to their needs and staff must be aware of this plan and understand how to execute it if required. Where a risk of choking is identified, the plan must include what the concern is and what interactions and interventions are required to minimise the risk.

Whilst regular reviews are necessary in line with each organisation's policy and guidance, it is recommended all care plans are reviewed based on clinical need. Staff must remain vigilant and responsive to the adult's needs at every intervention during all oral intake, including meals, drinks, snacks, and medications.

Previous guidance from a Speech and Language Therapist is standardly considered a document for life and remains valid unless there is a change in the adult's abilities or circumstances. It is the responsibility of the provider to notify the GP and seek a re-assessment should this be appropriate. The GP will consider a range of other possible contributory or causative factors.

When developing a care plan, it is recommended that consideration is given to the following:

- Detail how to support the adult to eat, drink and take medication safely. This should include optimum positioning for eating and drinking, the level of supervision required, utensils to use, texture and/or fluid modification.
- Detail if the risk of choking increases because of challenging behaviour, fluctuating medical and/or cognitive status.
- Detail the risk of choking presented by both edible and non-edible items, if appropriate.
- Clearly document all healthcare that is relevant for the adult, such as an annual dental check.
- Document any prescribed medication or treatments; some medication can affect the swallow.
- Document any signs and symptoms of swallowing difficulties that may be relevant to an adult's health care and condition.
- Detail the first aid care/intervention that is required should choking occur.
- Include information about the adult's mental capacity to be able to understand their risk of choking and their ability to understand and agree to the protective actions which may be put in place to reduce that risk.

Safeguarding

Any choking incident that may have resulted in significant harm due to lapses in care to the adult, and/or the lack of care is suspected to have caused the choking incident, should be reported to [West Sussex County Council Adult Social Care](#).

Referral to Speech and Language Therapy

Referrals to Speech and Language Therapy should be made if signs of dysphagia are noted, for which a specialist assessment of swallowing is required.

Each organisation is likely to have their own referral process into Speech and Language Therapy, so ensure that employees and subcontractors understand their responsibilities, and who to speak to in their own organisation if they feel that a referral to Speech and Language Therapy is required.

Legislation

It's important to consider how the following pieces of legislation may impact decisions around choking risks and risk management.

Mental Capacity Act (2005)

If a decision regarding an adult's diet is required, the adult has a right to be supported to make their decision, as per the Mental Capacity Act (2005).

For adults where there may be diminished mental capacity, and where a choking risk exists, staff members or carers may need to assess the adult's capacity to understand the risk posed by, for example, a preferred type of food.

For more information about the Mental Capacity Act (2005) see the learning resources on our website:

- [Mental Capacity | West Sussex Safeguarding Adults Board](#)

Deprivation of Liberty Safeguards (DOLS)

Where an adult has a high risk of choking, an enhanced level of supervision may prompt consideration of whether a referral for a DOLS or a Community DOL authorisation is indicated.

Key considerations

The following issues will not always be present where there is a choking risk, but they should be considered when necessary.

Challenging behaviour

Some adults may exhibit behaviours that challenge services for example, putting food or other items into their mouth, swallowing non-food items, or deliberately trying to choke themselves as a form of self-harming behaviour. This could also include finding it difficult to have someone else in the room, or observing them, whilst they eat. If this occurs, staff should immediately seek a multi-professional assessment to agree an action plan to mitigate the risk.

Hospital admission

When an adult is staying in hospital for any reason, their eating, drinking, and swallowing needs must be communicated by providers and/or carers verbally or in documents, such as their hospital passport. It is of paramount importance that this information goes with the adult to hospital to detail the adult's most up-to-date eating and drinking recommendations.

Following discharge from hospital there is a responsibility on hospital teams to ensure that any changes to the management of an adult with a choking risk, including changes to the adult's care plans and risk assessments, are appropriately communicated verbally and in writing to the appropriate community teams. This responsibility is within their duty to arrange a safe discharge.

Medication risks

Certain medications can produce side-effects which can subsequently impact on swallowing and increase the risk of choking. This can include, as an example, a dry mouth interfering with the swallowing process. A doctor and/or pharmacist can advise.

Administration of any prescribed and non-prescribed medication needs to be risk-assessed in the same way that administration of food and fluids need to be risk-assessed, appropriately. Advice should be sought from the prescribing physician and or pharmacist in terms of weighing up the benefits and risks of medication for an adult considered to be at risk of choking.