Frequently Asked Questions – Choking

1. How do you request a swallow study for someone when they have signs and symptoms of dysphagia or have had a previous choking event?

   Schedule an appointment with the PCP and share the signs and symptoms of dysphagia and the choking event with them. Request a referral to a speech-language pathologist (SLP). Schedule the appointment with the SLP and they will order the test if needed. If the PCP refuses to make a referral to a SLP, you can schedule an appointment with the SLP directly.

2. How do we navigate physicians who do not want to write specific protocols to address the risks associated with people we support?

   Ask a nurse if they will help write the protocol and then ask the PCP to sign it.

3. What are some techniques to help the person slow down while eating?

   Ask the SLP for individualized techniques to help someone slow down. There are numerous techniques that can be used, but the SLP who does the person's assessment will know which technique is best for each specific individual.

4. How should you respond to a person choking during a seizure? Is there a special protocol?

   The priority is to ensure the person is safe and their airway is clear. This may require you to put the person in the recovery position or provide first aid interventions for choking. Refer to your first aid training authority and these resources for guidance: Seizure First Aid and Seizure First Aid for Someone in a Wheelchair

5. How do you make sure that everyone working with a person at high risk for choking is aware of the risk?

   This will vary among organizations, but it is critical that all staff working with people at high risk of choking are aware of the risk from the moment they begin work. The organization must respect the privacy of the people they are supporting and ensure that the information is not shared as it would be in a hospital (identification bracelets). Ensuring staff receive training on mealtime protocols is paramount to understanding and reducing choking risk. Be sure to keep a record of all staff training per your agency's policies.

6. What should you do if food sent from the person's home conflicts with their PCP-ordered special diet needs? For example, the person's protocol states they need a soft, chopped diet, but they arrive with hard pretzels in their lunchbox.

   Prepare the food according to the person's protocol. If food cannot be modified to meet the protocol, offer an alternative food that meets the protocol and ideally the

person's preferences. Schedule a care team meeting immediately to ensure everyone is aware of the person's special diet needs.

7. Is there a safe modified version of peanut butter?

   No.

8. Where can I find training on how to assist people with eating soft foods when they are unable to feed themselves?

   Request training from the SLP, dietician, or nutritionist. If the person has poor grip and is unable to hold utensils or cups, an Occupational Therapist (OT) is the best person to assess the individual for adaptive utensils and other assistive technology related to eating such as elbow supports, if/when they are needed.

9. How should we help someone who is gagging or choking on pureed food?

   If the person is choking, respond with first aid interventions for choking according to your level of knowledge and training. If the person is gagging on the pureed food, encourage them to stop eating, and immediately report your observations to your supervisor. The person needs to be evaluated by an SLP as soon as possible.

10. Should people with DD go to appointments with the nutritionist or dietician?

    Yes, always. Nutritionists and dieticians will want to perform a physical and a functional assessment of the person while they are eating.

11. Do the anti-choking devices I've seen advertised work?

    A systematic review from Paludi et al. (2025) examined success rates of two types of anti-choking devices and found that they relieved airway obstructions with 71% - 99% success rates. Further research is needed to explore concerns related to usability, training, and adverse events. Please refer to your agency's policies regarding the use of anti-choking devices.

12. What if I don't get to the individual fast enough when they are choking?

    Staff should stay alert and attentive during meals because all people with intellectual and developmental disabilities are at an increased risk of choking when compared to the general population. Respond to the situation you observe when you arrive according to your level of knowledge and training.

13. I've heard if someone is choking, you should hold their arms up. Is that true?

    There is no evidence to support this.

14. I've also heard to turn someone upside down when choking. Does this help?

There is no evidence which supports its effectiveness and doing so could cause a serious injury to the person. You should follow the first aid interventions for choking you learned and practiced in your first aid training. If this involves delivering back blows, the American Red Cross recommends bending the person (adults/children) forward at the waist, so their upper body is as parallel to the ground as possible. For infants, the head should be lower than their body.

15. I understand dignity of risk, but as paid care providers, how do we allow risk while fulfilling our role to keep people safe? If an individual makes a poor decision under our supervision and has a life-threatening or fatal incident, isn't that a major liability?

Balancing dignity of risk and the individual's safety is a crucial aspect of providing person-centered care. Embrace person-centered planning and understand the individual's needs, preferences, culture, attitudes, personality and abilities. Discuss potentially risky choices with the individual, ensuring they understand the potential harm to themselves and others. Document their choices and the rationale behind them. Work with the individual and others within their support circle to create plans that accommodate and minimize risks while honoring their choices. Utilize the least restrictive supports, and explore 'soft yes' approaches, allowing for participation while implementing safety measures. For example, if a person with dysphagia (difficult/impaired swallowing) wants to eat solid food instead of pureed, a protocol for slightly increased supervision during mealtimes could be used to help promote their safety. Please contact the DBHDS Office of Human Rights for additional information.

16. Is there a template or poster for the steps to respond to a choking event we can post in dining rooms? I know they're online but is there a DBHDS standard template?

No. There is no DBHDS standard template. As an alternative to posting in the dining room, an American Red Cross poster illustrating how to respond to a choking emergency can be purchased online here and placed inside an easily accessible staff notebook. Any additional instructions to staff, including the provider's own policies and procedures, etc. can also be housed in the same staff notebook.

If anyone has any other questions about signage, there are links below to the DBHDS Community Resource Consultants, Provider Network Supports, the Office of Licensing, and the DMAS HCBS Final Rule Overview Q&A, which addresses signage.
The DBHDS Community Resource Consultant in your region.
The DBHDS Office of Provider Network Supports
The DBHDS Office of Licensing

Virginia Department of Medical Assistance Services (DMAS) posted the HCBS Final Rule Overview Q&A on 3/11/2022 on page two.

17. What if you try to encourage a person to slow down their eating, but the person does not want to listen to you?

    Balancing dignity of risk and the individual's safety is a crucial aspect of providing person-centered care. Embrace person-centered planning and understand the individual's needs, preferences, culture, attitudes, personality and abilities. Discuss potentially risky choices with the individual, ensuring they understand the potential harm to themselves and others. Document their choices and the rationale behind them. Work with the individual and others within their support circle to create plans that accommodate and minimize risks while honoring their choices. Utilize the least restrictive supports, and explore 'soft yes' approaches, allowing for participation while implementing safety measures. For example, if a person with dysphagia (difficult/impaired swallowing) wants to eat solid food instead of pureed, a protocol for slightly increased supervision during mealtimes could be used to help promote their safety.

18. What if someone in a wheelchair is having a seizure after they take a bite of food?

    The priority is to ensure the person is safe and their airway is clear. This may require you to put the person in the recovery position or provide first aid interventions for choking. Refer to your first aid training authority and these resources for guidance: Seizure First Aid and Seizure First Aid for Someone in a Wheelchair.

19. Sometimes people have dentures and won't wear them. How should this be addressed?

    - ***Professional dental assessment:*** *Consult a dentist to evaluate the fit and comfort of the dentures. Ill-fitting dentures are a primary reason for refusal.*
    - ***Exploring alternatives:*** *If traditional dentures continue to be problematic, discuss alternative options with the dentist, such as implant-supported dentures, which offer a more secure and comfortable fit.*
    - ***Denture care education:*** *Provide clear instructions and support regarding proper denture care, cleaning, and maintenance, as this can affect comfort and fit.*
    - ***Addressing underlying causes:*** *If dental problems, medical conditions, or medications contribute to denture refusal or swallowing difficulties, seek appropriate medical attention and treatment.*

- ***Speech-language pathologist consultation:*** *If swallowing difficulties are suspected, a speech-language pathologist can assess and provide swallowing therapy to improve muscle strength and techniques. To reduce choking risk, the SLP may recommend:*
    - *Dietary modifications.*
    - *Supervision during meals.*
- ***Supervision during meals:*** *Especially for individuals with cognitive impairments or significant swallowing difficulties, supervised mealtimes are crucial for immediate intervention in case of choking, according to the Johnson Greer Law Group.*
- ***Educating about choking prevention:*** *Teach the individual and caregivers about choking prevention techniques, such as:*
    - *Eating slowly and taking small bites.*
    - *Chewing food thoroughly before swallowing.*
    - *Avoiding talking and laughing while chewing.*