Risk control

Managing Choking Risk

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Introduction

From time to time, high-profile cases place a spotlight on the topic of choking risk within care environments.

For example, in 2022 Care UK was fined £1.5 million for failing to protect an elderly gentleman by failing to give him the right diet of soft foods for the entire time he was in their care[1].

Associated failings included:

- Food preparation staff did not understand how to prepare the correct food for him
- Records on his dietary needs were not accurate
- Advice from a hospital team were not fully incorporated into his Care Plan and risk assessments

In another case in 2022, Bright Horizons Nursery in Edinburgh was fined £800,000 and a nursery manager was personally fined £2,000, for failing to ensure that children were adequately supervised during mealtimes, and of failing to adequately control the risk of injury or death to children from choking on food[2].

The Health and Safety Executive[3] are clear that any individual has the right to expect they are kept safe while in care.

The Concerns

In a situation where a person is unable to swallow a medical emergency can quickly occur with significant consequences for the individual. The emergency first aid actions of staff can be critical to ensuring a quick response and, in most cases, a successful outcome.

Understanding the potential for choking incidents across any enterprise is critical to ensuring that effective measures are put in place to actively prevent this situation.

Evaluating where the potential for choking can exist in an organisation has been required since the original introduction of the Management of Health and Safety at Work Regulations in 1992.

Organisations should maintain an effective risk assessment system capable of identifying the potential for choking to implement control measures to prevent that risk.

However, the Health and Safety Executive published a report entitled “Good practice and pitfalls in risk assessment”[4] in 2003 highlighting that many risk assessment systems did not have that nuance for this type of risk and therefore it can potentially remain unrecognised.

Dysphagia

Dysphagia[5] is the medical term for swallowing difficulties.

Some people with Dysphagia have problems swallowing certain foods or liquids, while others cannot swallow at all.

Other signs of Dysphagia include:

- Coughing or choking when eating or drinking
- Bringing food back up, sometimes through the nose
- A sensation that food is stuck in the throat or chest
- Persistent drooling of saliva

Over time, Dysphagia can also cause symptoms such as weight loss and repeated chest infections. This issue is particularly relevant for organisations responsible for giving care or supporting young service users including individuals with special educational needs and disabilities.

Hazards

There are a variety of foods which are more likely to cause choking. The following list, while not exhaustive, provides an idea of foods commonly associated with choking.

- **Small hard foods**: nuts, large seeds, hard dried fruit, pieces of raw carrot, celery or apple, or foods that break into sharp pieces like crisps or crackers
- **Small round or oval foods**: sausages, grapes, berries, peas, olives and cherry tomatoes, raisins, sultanas, fruits with stones, sweets, or round shaped cereals
- **Foods with skins or leaves**: chicken, frankfurters, apples and pears, tomatoes, lettuce, raw salad leaves, spinach, and cabbage
- **Compressible foods**: hot dogs, pieces of cooked meat, marshmallow, popcorn
- **Thick pastes**: chocolate spreads, peanut butter
- **Fibrous or stringy foods**: celery, rhubarb or raw pineapple[6]

The Framework

The International Dysphagia Diet Standardisation Initiative (IDDSI)[7] framework consists of a continuum of 8 levels (0 - 7), where drinks are measured from Levels 0 – 4, while foods are measured from Levels 3 – 7. It was implemented in United Kingdom in April 2019.

The framework provides a common terminology to describe food textures and drink thickness particularly useful for food preparation and care giving staff.

Foods

- Regular or Easy to chew (7)
- Soft & Bite Sized (6)
- Minced & Moist (5)
- Pureed (4)
- Liquidised (3)

Drinks

- Extremely Thick (4)
- Moderately Thick (3)
- Mildly Thick (2)
- Slightly Thick (1)
- Thin (0)

The framework also explains a test method that anyone can conduct to establish each characteristic. This enables the preparation of food and drink to the correct consistency and volume.

The IDDSI website[8] also provides freely available resources including:

- IDDSI reference posters
- Pocket-size reference cards suitable for all staff

Formal Assessment

There are two main types of Dysphagia. One is caused by problems with the mouth or throat and occurs when a person has difficulty moving the food or fluid to the back of the mouth and starting the swallowing process (oropharyngeal). The other is related to problems with foods or liquids passing from the top of the oesophagus and into the stomach (oesophageal Dysphagia).

The Inter-Professional Dysphagia Framework provides guidance around the skills, knowledge and abilities needed in identifying and managing feeding / swallowing difficulties. It stresses a holistic approach to the assessment and management of Dysphagia and highlights issues beyond a physical assessment of the swallow such as:

- Environment
- Levels of alertness
- Behavioural issues
- Psychological issues
- Cultural issues
- Posture

The British Dietetic Association[9] and the Royal College of Speech and Language Therapists[10] (SALT) have adopted the IDDSI guidelines. A Speech and Language Therapist will assess the swallowing capabilities of an individual to ascertain the most suitable food texture for them.

Modification of the consistency of food and liquid is one of the most common interventions and can reduce the risk of choking and aspiration.

A report from the Speech and Language Therapist should be provided to the care home or environment. This enables an individual Care Plan to be adapted to the individuals needs to support their nutrition.

A competent person undertaking a risk assessment would need to ensure that the report provided by SALT contains a clear indication of that persons IDDSI level is for food and drink, so that the local dynamic risk assessment can be competently made.

Areas to Review

Strategic Risk Assessment

An organisation should consider where the potential for choking can occur as part of their undertaking. For instance,

- Nurseries and early years settings
- Primary School
- Settings supporting Special Educational Needs and Disabilities[11]
- Day Care
- Residential Care
- Reablement Centres
- Home Care

In these different environments the opportunity may arise where items of food, drink or other ingestible materials are available for a person to attempt to swallow.

It is also important to consider the individuals likely to be found in those settings, based on their age, cognitive capacity, and any underlying or developing health conditions.

Planning Stage Risk Assessment

Having given a commitment to undertake the provision of a service the organisation has to ensure the resources required to control the risk have been allocated and are proportionate.

For instance:

- Deciding to change a residential care setting to facilitate reablement which will require a different staffing model
- Enabling loose parts play in an environment ensuring the supervision levels are proportionate to the risk

Task Based Risk Assessments

Many organisations have a plethora of low-level granular risk assessments which are focussed on specific tasks such as preparing food, serving meals, or organising trips away from controlled premises where access to food with less supervision may occur.

Ensuring these task-based assessments specifically recognise the choking risk is essential.

Where generic risk assessment formats are used with predefined lists of hazards, care must be taken to ensure that risk assessors are anticipating and identifying the hazards that are there.

Dynamic Risk Assessments

Many environments do not remain the same over time. Activities are planned such as trips out or inviting the community into their setting, which brings with it an increased requirement to ensure proper supervision of the choking risk.

For instance, a contractor working in a care home may leave behind loose parts, waste materials or unfinished food which a resident attempt to eat.

Individual Care Plans

In a care setting the primary focus is providing individual personalised care. The key documentation is contained in a Care Plan. Assessments for differing needs, including diet and nutrition, will be contained in a folder which care staff refer to and update.

A key document will be the SALT report which specifies the level of food and drink to be provided to the service user. Both the catering staff and care staff need to understand this information to ensure the safety and wellbeing of the care user.

Menus

The catering team require the IDDSI information so that they can prepare food which is safe for the individual.

Care should be taken to ensure that access to foods is managed when the catering team are not available. Access to ready meals, or pre-prepared foods, should be restricted.

It is common practice for individual specific food diet information to be displayed in the kitchen or contained within a catering folder and prepared food identified for individual residents.

Communication

A common theme identified by regulators relates to breakdown in communications, inconsistent paperwork, and a lack of regular reviewing of current information relating to a person and their choking risk.

The assessment of choking risk by SALT needs to translate into positive action in the workplace to prepare, serve and supervise the consumption of food and drinks.

Information also needs to be considered dynamically, and the responsiveness of your risk management system to changing information is critical.

Agency Staff

In an environment where agency staff are used, particularly for care provision and catering, effective induction and clear methods of communication are required.

Peripatetic staff need to be able to follow the system of choking risk management in any establishment.

Inconsistency of information, locations of documentation and handover instructions can all lead to a breakdown in the arrangements resulting in the risk of choking increasing.

Health and Safety

Under the Health and Safety at Work etc Act 1974[12], every employer must consider the health and safety of their own employees, but also other persons who may be present. Those persons include service users, contractors, visitors, members of the public, and unlawful visitors (also termed trespassers in England and Wales).

An organisation can be responsible for the control of premises. This includes making sure a person can safely enter, leave, and use common areas of premises safely.

Risk Assessment

The Management of Health and Safety at Work Regulations[13] 1999 expects an assessment of risk will consider several factors:

- The nature of the premises
- The types of occupants who can be expected to have access to the premises or be present

— The activities or tasks which present the opportunity to ingest food or drink which could cause them to choke

More specifically, the focus for any assessment needs to also consider any formal assessment by a competent person on the level of Dysphagia the individual may have.

This degree of focus required **may not feature on a routine or generic risk assessment**, as it needs the integration of specific information known about the individual which may change and evolve over time, especially in a care setting.

Evolving Risk

The service user's needs may change. The individuals Personal Care Plan needs to evolve over time. In some settings the Dysphagia will continue to worsen, and a review may be prompted by the service user attending hospital. On their return updated information from SALT will require a review of the Personal Care Plan.

The setting may present ad hoc opportunities for service users to receive less supervision while enabling access to food, drink or other items which could trigger a choking situation.

The staffing present, particularly carers and catering staff in a certain premises can change. Therefore, new staff will need to be inducted into the key features of an individual Care Plan for a service user who has Dysphagia.

Managing the Risk

A review of the assessment of choking risks should consider:

— More effective strategic risk management to anticipate and recognise the risks

— Planning stage risk assessments to ensure that resources deployed are proportionate to the risk

— Traceability of choking risks from dynamic and task-based risk assessments brought to the attention of senior management

— The competence of assessors to recognise choking hazards

— The use of free form risk assessments to allow specific details to be recorded rather than tick box assessment templates

— Manager training in the IDDSI framework

— Catering staff training in the IDDSO framework

— Care staff awareness training on choking risk

— Timely reviews of risk assessments following Care Plan changes

— Clearly documented reviews of risk assessments

— Clearly documented reviews following regulatory visits and correspondence

As with other issues, adequate training and supervision should be provided to ensure that staff understand the risks, the precautions that have been implemented in the workplace, and the need to report any incidents or concerns about choking to a responsible person.

Regulatory Attention

The Care Quality Commission

In 2017, CQC prosecuted a care home provider[14] for failing to manage risks to people's safely. One of those risks involved a choking incident. The provider neglected SALT (Sensory-Motor-Oral-Myofunctional Therapy) advice, failed to update care records, and lacked clarity in staff instructions.

The Health and Safety Executive

In 2022, The HSE prosecuted HC-One Ltd[15] and they were fined £640,000 after one of its residents choked on a piece of doughnut and died.

The woman was on a diet of minced and moist food after a severe stroke and vascular dementia left her at risk of choking.

Bread products were not considered suitable for her diet as they could not be mashed small enough. Prior to her death, the resident had frequently been given sandwiches from the snack trolley, repeatedly putting her at risk. However, the snack trolley did not have information on modified diets or food suitability. Staff in charge of the trolley had not received sufficient training.

Risk Management Review

It is never too late to check that arrangements are effective in preventing choking. The enterprise risks from failing to manage the potential of a choking incident, particularly involving a vulnerable person, can be significant.

A regular review of arrangements to prevent choking advisable to satisfy your organisation that it is doing it can so far as is reasonably practicable.

A robust policy and clearly documented process are essential in protecting the reputation of the organisation and minimising the risk of choking.

References

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6. Lambeth Council advice to Childminders
7. IDDSI Framework Detailed Definitions
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11. Dysphagia and people with learning disabilities - Public Health England
12. The Health and Safety at Work etc. Act 1974 Chapter 37
13. The Management of Health and Safety at Work Regulations 1999 No 3242 (as amended)
14. Issue 6: Caring for people at risk of choking: Care Quality Commission
15. Tullibody care home resident choked to death on a donut

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Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your broker, RMP risk control consultant or account director.

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