Supporting People at Risk of Choking Policy

Hampshire County Council

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Adults' Health and Care Directorate Policy	**01/26 v1**
Supporting People at Risk of Choking Policy	
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Summary	This policy outlines Hampshire County Council's approach to identifying, assessing, and managing choking risks for adults with care and support needs. It reflects updated multi-agency guidance, clarifies staff responsibilities across services, and strengthens expectations around care planning, training, and incident reporting.
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Amendment:	Date:
• Full policy review and rewrite to reflect current practice, legislation, and multi-agency guidance. • Updated terminology throughout - 'person' changed to 'individual'. • Removal of Appendix 2 from 2016 policy 'Care of people at risk of choking – Quality Standard' (no longer available) • Replacement of Solent NHS Trust Choking Screen with Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screening Tool. • Expanded scope to include Shared Lives, Reablement, and Social Work teams with role-specific responsibilities.	January 2026

• Strengthened guidance on care planning, risk assessment, and multi-disciplinary working. • Inclusion of Eating and Drinking with Acknowledged Risk (EDAR) guidance. • Clarified expectations around training, audit, and incident reporting. • Updated references and alignment with 2023 Hampshire Safeguarding Adults Board guidance. • Improved structure and layout for accessibility and clarity. • Addition of dedicated safeguarding section with referral examples and links to 4LSAB guidance. • Detailed role-specific responsibilities for Commissioning, Hampshire County Council Care and Support, Reablement, Social Work and Shared Lives. • Strengthened guidance on hospital admissions and communication of choking risks. • Clarified implementation plan, mandatory training requirements, refresher intervals, and KPI monitoring. • Included Equality Impact Assessment and stakeholder consultation summary.	

Contents

1. Purpose

1.1. This policy provides guidance for Hampshire County Council staff who provide or commission care and support for individuals who may be at increased risk of choking. It is informed by Hampshire Safeguarding Adults Board's 2023 Multi-Agency Guidance Supporting Adults at Risk of Choking, which builds on a multi-agency review completed in 2012.

2. Introduction

2.1. Choking is the inability to breathe because the airway is blocked due to partial obstruction, complete airway obstruction, constricted or swollen shut. It is a medical emergency. When an individual is choking, air cannot reach the lungs and if the airways are not cleared, serious brain injury or death can occur rapidly.

2.2. All adults are at risk of choking, but adults with care and support needs can be at an increased, or more significant risk, of choking.

2.3. Adults with care and support needs may have a weak or absent cough, which reduces their ability to clear obstructions in the throat and therefore increases their risk of choking. Examples of relevant conditions include neurological conditions, stroke-related impairments, degenerative conditions such as Motor Neurone disease, Huntingdon's disease and advancing dementia.

2.4. Adults with care and support needs may have physical and/or mental health conditions that impact on their ability to eat and drink safely. This may relate to the conditions themselves, dysphagia, medication or behavioural needs. Risk factors include:

- Reduced capacity to understand potential choking risk (for example, for adults with dementia, learning disabilities, neurological conditions affecting cognitive ability, or some mental health conditions).
- Physical and neurological factors affecting ability to swallow, chew, or control food in the mouth (for example, for adults with compromised posture).
- Behaviours that increase risk of choking (for example, bolting food, pica, putting non-food items in mouth/swallowing non-food items, talking whilst eating, attempting to choke themselves through self-harm).
- Environmental factors such as reduced alertness or increased distractibility.
- Impacts of prescribed and non-prescribed medication.

2.5. In 2023, the Hampshire Safeguarding Adults Board published multi-agency guidance on the identification, assessment and management of choking risks in adults. This policy reflects that guidance, alongside national recommendations, and sets out expectations for Hampshire County Council Adults' Health and Care staff.

3. Scope

3.1. This policy applies to all Hampshire County Council Adults' Health and Care staff providing or commissioning care for adults who are or may be at risk of choking.

3.2. This policy addresses:

- Commissioning and monitoring of food provision, mealtime supervision / support and environments.
- Screening for the increased risk of choking.
- Care planning and risk management.
- Training and health promotion.
- Transitions into and out of hospital setting, including communication of choking risks.
- Reporting choking episodes/incidents.
- Capacity and best interest decision-making.
- Multi-disciplinary working and liaison with health professionals
- Safeguarding considerations where choking risk may indicate abuse, neglect, or self-neglect.

4. References

- Quality Outcomes and Contract Monitoring Framework procedure
- Hampshire Safeguarding Adults Board (2023). Multi-Agency Guidance – Supporting Adults at Risk of Choking
- Hampshire Safeguarding Adults Board (2012). Reducing the risk of choking for people with a learning disability: a multi-agency review in Hampshire
- 4LSAB (2023). Multi-Agency Safeguarding Adults Policy and Guidance
- Royal College of Speech and Language Therapists (RCSLT) Resource Manual for Commissioning and Planning Services for Speech, Language and Communication Needs (SLCN)

5. Authority to Vary

5.1. Any variation to this policy will be agreed by Care Governance Board (CGB) meeting.

6. Policy Statement

6.1. Adults' Health and Care is committed to ensuring that individuals at risk of choking are identified early, supported appropriately, and safeguarded through consistent, person-centred care. This policy outlines the expectations, responsibilities, and approaches that staff should follow to reduce choking risks and respond effectively when concerns arise. It promotes safe, informed decision-making and collaborative working with individuals, families, and professionals to uphold dignity, safety, and wellbeing.

7. Principles and Definitions

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

7.2. Choking: The introduction of a foreign object (edible or non-edible) into an airway which becomes lodged and partially or completely obstructs the air flow to the lungs. Choking can also be caused by the airway being constricted or swollen shut.

7.3. Dysphagia: Eating and drinking disorders affecting an individual's ability to swallow safely. This can include problems difficulties positioning food and fluid in the mouth, and problems with oral movements, such as chewing, sucking and swallowing. Some individuals' are unable to swallow at all.

a) Acute signs of dysphagia may include:

- Coughing or choking when eating and/or drinking, or immediately afterwards.
- Effortful or delayed swallow, with increased breathing rate after swallowing.
- Wet vocalisations (gurgly voice), particularly after drinking.
- Change of skin colour.
- Refusal of food or drink and/or increased anxiety at mealtimes.
- Behavioural difficulties at mealtimes.

b) Chronic symptoms of dysphagia include chest infections and signs of malnutrition or dehydration.

7.4. Pica: An eating disorder typically defined by people persistently eating items of no or little nutritional value. People may eat relatively harmless or potentially dangerous items.

7.5. Recognising choking is crucial for a successful outcome. While it is not possible to prevent all episodes of choking, every opportunity should be taken to reduce the risk and improve the safety of people who are at risk of choking.

8. Roles, Responsibilities, and Expectations

8.1. Adults' Health and Care staff involved in commissioning, arranging and delivering care and support must be aware of the risks associated with choking, and the actions they can take to mitigate those risks for adults with care and support needs.

Role/function	Responsible for:	Relevant Section
Commissioning Officer	• Designing service specifications that clearly reference choking risk and mitigation strategies and include appropriate links to the relevant Hampshire County Council policies and guidance. These service specifications form part of the contract schedule the commissioned provider must adhere. • Ensuring commissioned providers deliver services in line with contract requirements and Hampshire County Council guidance, including appropriate provider staff training within services on choking risks and mitigations. • Establish contract monitoring arrangements that measure service delivery, including key performance indicators (KPIs) related to training and risk recognition, management and mitigation.	Section 14
HCC Care and Support	• Delivering care and support to individuals identified as being high risk of choking. • Ensuring safe practices are followed through regular audits and governance processes. • Managing risks and incidents related to choking. • Ensuring staff are appropriately trained in choking risk management and First Aid.	Section 11
Reablement Registered Operational Manager Operational Manager Sensory Advanced Practitioner Occupational Therapist (OT) Advanced Practitioner OT Reablement Practitioner Reablement E grade CRA2 CRA1	• Ensuring all relevant staff are suitably trained in choking risk management. • Delivering safe practice through audit and good governance. • Managing risks and incidents of choking. • Supporting staff to escalate concerns and refer to appropriate services when needed.	Section 10
Social work teams	• Considering choking risk during assessment, support planning, reviews, as well as other ad-hoc interactions.	Section 12

	• Identifying when choking risks are heightened for individuals and ensuring appropriate onward referrals to health services are actioned. • Noting and addressing any concerns regarding management of choking risks in provider services through liaison with the provider, health professionals, Quality Outcomes and Contract Monitoring (QOCM) framework and/or safeguarding processes as appropriate. • Noting and responding to concerns about management of choking risks outside of provider settings, including actions taken or omitted by the individual and/or informal carers, through liaison with the individual, carers and health professionals and/or safeguarding processes as appropriate.	
Shared Lives Officer	• Ensuring Officers, particularly Referral Leads, are trained in choking awareness and assessment. • Identify choking risks at the point of referral and supporting referrals to SALT (Speech and Language Therapy) where needed. • Ensuring SALT plans are included in 'All About Me' documentation. • Supporting carers to understand the importance of incident reporting and ensuring concerns are escalated appropriately. • Monitoring and reviewing choking risks during 1:1 sessions with carers.	Section 13

8.2. This policy has separate sections for each of the roles/functions listed in the table above.

8.3. Adults' Health and Care will provide training for staff appropriate to their role and function to support identification and management of choking risks.

8.4. Adults' Health and Care staff are guided by the Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screen to consider risks and determine further actions needed relating to choking. How and when this Choking Screen is used is determined by the varying roles and responsibilities in services across the Directorate. This variance is addressed in the service specific sections of this policy found from section 9 onwards.

9. Safeguarding

9.1. Choking risk can indicate abuse, neglect, or self-neglect. Staff and providers must consider safeguarding at every stage of assessment, care planning and review. A safeguarding referral should be considered when:

- There is evidence of repeated choking incidents without appropriate action.
- There are concerns about neglect, poor care practice, or systemic failure.
- Care plans of SALT recommendations are not being followed, placing the individual at risk.
- The individuals' behaviour (for example pica, food cramming) is not being managed safely and this results in harm or risk of harm.
- There is a lack of capacity and decisions are not being made in line with the Mental Capacity Act.

9.2. All Safeguarding concerns must be raised in line with Hampshire County Council Safeguarding Adults Procedure (internal) and the Multi-Agency Safeguarding Adults Policy and Guidance (4LSAB).

10. Reablement

10.1. Initial Risk Assessment

All individuals receiving support from the CQC-regulated Community Reablement Team (CRT) have a choking risk assessment completed during the initial visit. This assessment is recorded in the RB5 document. A specific choking risk assessment is also available within the CareDirector system.

10.2. Monitoring & Reviews

Risk assessments and care plans must be monitored and reviewed promptly whenever there is a change in the individual's health status or functional ability that may influence their risk of choking. This ensures that care remains responsive and appropriate to the individual's current needs.

10.3. Lone Working and Staff Support

Reablement service staff typically work alone in the community, all staff are issued with a smartphone. To ensure safety and support, staff have access to Microsoft Teams chat for sharing observations and receiving peer support. On-call staff are available via telephone to provide advice and guidance as needed.

10.4. Food Preparation

Food preparation must follow the prescribed diet modification with modified food consistency and thickened fluids as prescribed.

Prescribed fluid thickener doses and instructions are written in the Medication record.

10.5. Incident Reporting and Learning

Learning from incidents is embedded in practice through monthly audits conducted at local hubs. These audits are facilitated by the Duty Operational Manager using the MENDIX system to review incident reports and identify areas for improvement.

10.6. Role- Specific Responsibilities

Sensory and Occupational Therapy staff are not required to complete choking risk assessments.

All Reablement staff are trained in:

- Nutrition and Hydration Awareness
- Emergency First Aid at Work

This training equips them to:

- Understand and follow International Dysphagia Diet Standardisation Initiative (IDDSI) scale to appropriately support with modified dietary intake.
- Recognise signs that may indicate an increased risk of choking.
- Respond effectively in a choking emergency
- Escalate and refer any concerns regarding choking risk to the appropriate services.

11. Hampshire County Council Care and Support

11.1. Pre-admission assessment

All services should ensure that all relevant documentation regarding the risk of choking is shared prior to admission to the service and that the service is able to safely meet the individual's needs before agreement to place.

11.2. Admission Assessment

The service must complete a choking screening assessment within 6 hours of admission.

11.3. Screening

Hampshire County Council's staff must use the Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screening Tool within Nourish to assess an individual's risk of choking. This tool determines the level of risk and whether a referral to a Speech and Language Therapist (SLT) is required.

A screening assessment must be completed:

- At the initial assessment.
- Whenever a carer is concerned about an individual's eating, drinking, or swallowing ability.
- If the individual is believed to be at risk of choking or following a choking incident.
- If there has been a significant change in the individual's condition or social situation that might increase their risk of choking.
- If an individual is identified as being at increased risk of choking, each mealtime should be an opportunity to reassess the risk.
- Routinely as part of a regular review.

If concerns arise from questions 1-6 on the choking screen, pre-referral liaison will help staff decide if an SLT referral is appropriate.

Individuals identified as being high risk of choking should have a robust person-centred risk assessment completed.

11.4. Food Preparation

Food preparation must follow the prescribed diet modification with modified food consistency and thickened fluids as prescribed.

Prescribed fluid thickener doses and instructions are written in the Medication record.

International Dysphagia Diet Standardisation Initiative (IDDSI) guidance must be available for staff.

11.5. Review

The choking screening assessment should be reviewed at least annually or following a choking incident or change in need.

All services should ensure that they have effective communication in relation to any change of need.

11.6. Recording

- Choking screening will be completed on Nourish for all services.
- The support plan will be completed under the relevant section in nourish.
- All incidents of choking should be reported through the incident reporting system and recorded on nourish using the incident interaction.

Consideration for referral to safeguarding should be given where there is a concern around abuse or neglect.

11.7. Audit and Governance

All services are expected to complete monthly IDDSI and choking audits. These audits should include checking the consistency of the diet and fluids served, ensuring they match the care plan, reviewing SaLT assessment, kitchen records, and handover notes. Any actions identified must be discussed and record on the quality and assurance dashboard.

Processes for the induction of agency staff must include IDDSI descriptors.

Learning from incidents will be shared through clinical governance forums and the Quality and Care Governance Board.

Audit forms can be found on the Hampshire County Council Care and Support Service forms page.

11.8. Performance monitoring

Unit Managers will monitor episodes of choking and near misses of choking to ensure that the guidance in this policy is routinely followed. Where guidance is not followed, managers will assess staff competence and consider retraining or other appropriate measures.

11.9. If concerns arise from the Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screening Tool, the outcome is determined based on the individual's **total score**, which helps identify the level of risk and whether further action is required.

- For **lower scores** (questions 1 – 6), **pre referral liaison** may help determine if a referral to Speech and Language Therapy (SLT) is appropriate.
- For **higher scores** (questions 7 – 10) consultation with relevant health professionals – such as GP or community nurse is advised.

11.10. Decisions around referrals and next steps are typically led within the service by team leaders or management teams, rather than through consultation with heads of service or services managers, unless the case is particularly complex.

11.11. For any individual identified as being at high risk of choking, a robust person-centred risk assessment must be completed. This should include clear documentation of risks, agreed strategies to reduce harm, and involvement of the individual and their support network wherever possible.

11.12. Staff must obtain the individual's consent whenever possible before conducting any screening, assessment, or medical investigation. Numerous guidelines on assessing consent are available, and it is essential to document all decisions clearly. If the individual cannot give informed consent, best interest decisions should be made following the Mental Capacity Act and best interest guidelines.

11.13. Some individuals may exhibit challenging behaviours, such as putting non-food items in their mouth, swallowing non-food items, or attempting to choke themselves through self-harm. Cramming food into their mouth or eat very quickly, also increases their risk of choking. In such cases, staff should seek a multi-disciplinary assessment and ensure a robust risk assessment and support plan is in place.

11.14. Any behaviours or choking episodes must be documented in care plans and reported through Hampshire County Council's internal incident reporting systems (MENDIX). This documentation helps determine the frequency and severity of incidents and review actions taken to ensure safe care delivery.

11.15. All services should use the NHS Hampshire and Isle of Wight Healthcare Trust Choking Screening Tool or a similar tool to assess the risk of choking and determine if a referral or further discussion with an SLT or another health professional is needed. This checklist must be completed:

- Staff must follow the recommendations provided by professionals, including speech and language therapists, to reduce the risk of choking.
- Safe systems must be in place to ensure that all relevant staff are aware of individuals identified as being at high risk of choking. This includes clear

communication, documentation in care plans, and regular updates to ensure continuity of care across settings and shifts.

11.16. Managing care and care planning

- Different professionals or caregivers may have their own care plans for the people they support, such as self-directed support plans, speech and language therapy care plans, and individual caregiver plans. If an individual has increased risks around eating and drinking, this must be consistently considered and reflected throughout the care planning process by everyone involved in providing specialist advice or day-to-day care. A consistent approach across all caregivers is crucial for keeping the individual as safe as possible and reducing the risk of choking.
- When developing individual care plans, it is essential to include the individual and those who provide care whenever possible. The principles and requirements of the Mental Capacity Act 2005 must be considered and implemented during this process.
- If there is a risk of choking or problems with eating, drinking, medication, or pica, the plan must include:
  - The specific concern and what needs to be done to support the individual to eat, drink, and take medication safely, minimising the risk of choking.
  - How and when the individual needs to be supported if their risk of choking increases due to their behaviour.
  - Actions to take if an incident of choking or aspiration occurs.
  - Steps to follow if there is a change in the risk of choking.
- Where an individual has capacity and chooses to eat or drink in a way that differs from Speech and Language Therapy (SaLT) recommendations, this decision should be acknowledged and respected. A team leader or other appropriate staff member should discuss the risks and consequences with the individual to ensure they understand the potential impact of their choices. A person-centred risk assessment must be competed to reflect this decision. Staff should monitor for any changes in the individual's capacity, and if concerns arise, this should be reviewed. While signposting back to SaLT may be appropriate in some cases, it is not always required unless there is a change in risk or need for updated clinical input. All decisions must be clearly documented.

11.17. It is important that the care plan considers the risk of the choking presented by both edible and non-edible items.

- An individual's care plan and any decisions outlined in it must be regularly reviewed for any changes. Assessments and decisions should be revisited whenever there is a change or deterioration in the individual's health or behaviour.
- While regular reviews are necessary, staff must also be vigilant and responsive to the individual's daily needs, especially during all oral intake, including meals, drinks, snacks, and medications.

- If an individual cannot make an informed decision about their own care, a best interest meeting must be held. This meeting should include the individual (if appropriate) and a range of people who can contribute to the decision-making process on their behalf. This allows for the consideration of all possible care options and helps reach a decision that is in the individual's best interest.
- If care workers or family members disagree with any decision regarding the individual's care, the decision maker (usually the commissioning body or relevant healthcare professional or advocate) must weigh the views of all parties and make a best interest decision when developing the care plan. If there is a significant dispute about the best interest decision, efforts should be made to resolve it through discussion, negotiation, or mediation. If the dispute cannot be resolved, an application may need to be made to the Court of Protection for a decision about the individual's welfare.
- In some cases, it may be necessary to restrict access to certain environments, foods, or objects due to a risk of choking. This must be documented as a best interest decision. It may also be necessary to consider whether this restriction constitutes a Deprivation of Liberty, and if so, the appropriate process should be followed, such as a Deprivation of Liberty Safeguards application to the funding authority for residential care, or an application to the Court of Protection if not in a residential setting.
- Professionals have a responsibility to screen for the risk of choking if they believe an individual may be at risk.

11.18. An individual's care plan must:

- Clearly document all relevant health care for the individual, such as an annual health or dental check and when and where the care should be sought. It must inform the care givers of what they must do to support the individual in their care, such as, to visit the GP or dentist.
- Clearly reference any clinical guidelines and the people who have been consulted in developing the support plan around choking. The ideal is that where health professional guidance has been given relating specifically to dysphagia, then the care plans that are in place are those of the health professional.
- Document any prescribed medication or treatments. Some medications can have an impact on an individual's swallowing function, and it is important that risks are considered before a medication change.
- Any identified risks following a change in medication must be clearly documented within the individual's care plan.
- Be reviewed should any changes in medication occur.
- Clearly document any signs and symptoms of swallowing difficulties or dysphagia that may be relevant to an individual's health care and condition, and that can assist care givers in identifying an emerging risk or change in risk of choking.
- Clearly document any risk to an individual due to them eating too fast or cramming food into their mouth and how they should be supported.

- Clearly document any risk due to pica and how the individual is to be supported.
- Document the likely prognosis for the individual deemed to be at increased risk of choking so that care givers will not make false assumptions which might place the individual at risk.
- Clearly document any consideration to the individual accessing the food of others and the risk and management around this.
- Clearly document the high-risk foods for an individual and likely access to these.
- Provide detailed contingency plans should emergency intervention be required.
- Detail first aid care that is appropriate to the individual should choking or aspiration occur. This must consider any wheelchair users or those who are cared for in a bed.
- Clearly state that the care giver must immediately notify emergency health care services, the GP and Local Authority of any choking incident that may have resulted in harm to the individual, or if the provision of care is suspected to have resulted in a choking incident.
- Consider the individual's mental capacity at the earliest stage of the assessment and care planning, as this will influence how they engage with decisions about choking risk and protective actions. Document capacity clearly, and where capacity is lacking, ensure best interest decisions are made in line with the Mental Capacity Act 2005.

11.19. All staff involved in the individual's care must:

- Be informed of the care plan and any changes to it in relation to eating, drinking and taking medication.
- Be involved in the care planning process for people at risk of choking.
- Be aware of the consequences of not following an agreed eating and drinking plan (see details on training).
- Complete a swallowing checklist every six months after initial completion/initial SLT recommendations are made.
- Complete a swallowing checklist every time concerns are raised, or a risk of choking is suspected on current oral intake and be completed.
- Understand what they are required to do if the swallowing checklist indicates there is a risk of choking or an increased risk of choking for the individual.
- Be able to recognise and know how to prepare/present food and fluids to the individual, in keeping with their eating and drinking recommendations.
- Follow instructions in the care plan for giving medications; including correct positioning and making sure medications are in the appropriate format.
- Follow instructions regarding how an individual should be supported at mealtimes or whenever there is access to food and drink.
- Where an individual experiences a choking episode or a near miss choking episode, this must always be recorded on an incident form.

- The incident must also be fully recorded in the daily notes for that individual (where relevant) and consideration should be given to whether a referral or re-referral to an appropriate professional is required.
- Consideration should also be made as to whether a safeguarding concern needs to be raised.

11.20. When a service user has a stay in hospital

There are many factors that can increase an individual's risk of choking, including in health status, behaviours such as cramming food or eating too quickly, and conditions like pica. A hospital admission can also increase risk, particularly if the individual is acutely unwell or their eating and drinking needs change during their stay.

- If an individual is going into hospital for any reason, their eating and drinking needs must be communicated verbally or through a document such as their hospital passport.
- It is essential that this information accompanies the individual to hospital and includes their most up to date eating and drinking recommendations.
- The hospital passport should clearly document any increased risks of choking, including behaviours such eating too fast, cramming food or pica.

11.21. Where the individual is open to SLT

Where the individual is open to Speech and Language Therapy (SLT), and the team is aware of the hospital admission, best practice is for the community and acute SLT services to liaise:

- Any changes to the eating and drinking recommendations during the hospital stay or after discharge must be shared between services.
- When an individual is acutely unwell, their eating and drinking skills often will require assessing within the hospital setting.
  Clear communication and handover between the hospital, provider, family carers, and any adults' social care practitioner involved is essential. Hospitals should also consider whether training needs have been identified for provider staff or family carers following discharge.

12. Social Work Teams

12.1. This section of the policy applies to all practitioners in social work teams, including both registered professionals (for example social workers) and unregistered professionals (for example case workers).

12.2. Consider the individual's mental capacity at the earliest stage of the assessment and care planning, as this will influence how they engage with decisions about choking risk and protective actions.

12.3. All practitioners in social work teams are expected to recognise risk factors relating to choking as outlined in this policy. Practitioners must give due

consideration to potential choking risks when gathering information about the individual's health, behaviours, and support needs through assessment, support planning, review, or when undertaking any other ad- hoc interactions. Known concerns relating to choking should be clearly documented in the assessment and, where appropriate, support plan and/or risk assessment.

12.4. Practitioners should ensure that a choking risk screening tool (appendix 1) is completed and forwarded on as appropriate to the relevant health professional where it appears an adult may be at heightened risk of choking. If there are no involved health professionals able to complete and share a choking risk screening, this should be completed by the Adults' Health and Care practitioner. This includes when:

a) New potential choking risks are identified, and/or
b) Known choking risks may have increased, and/or
c) There are indications that actions to mitigate known choking risks may not be effective.

12.5. Once completed, choking risk screening tools should be submitted to the relevant health care professional, such as Speech and Language Therapists or the adult's General Practitioner. Responsibility to assess the choking risks and plan for appropriate actions to manage those risks rests with health services. Practitioners should ensure they support this process through liaison with the involved health professionals, and consideration of any implications for the adult's care and support plan. Related recommendations from health professionals should be reflected in the adult's care and support plan, and in any relevant provider support plans.

12.6. Agreed actions to manage known choking risks should be considered within usual case management processes, and any concerns passed on to the relevant health professional. This includes:

a) During scheduled reviews of care and support plans.
b) Following any reported choking incident or near miss.
c) When there is a significant change in the individual's health, behaviour, or living situation.
d) When concerns are raised by carers, providers, or family members.

12.7. If a practitioner becomes aware that known choking risks appear not to be managed appropriately, or there is potential concern of neglect/self-neglect, these concerns should be passed on to the relevant health professional. Depending on the nature and seriousness of the concern, other actions may include:

a) Discussion with the adult and/or carer and/or care provider.
b) Completion of a care and support review.
c) Completion of risk assessment and, where appropriate, risk escalation.
d) Responding to provider quality concerns under Adults' Health and Care's Quality Outcomes and Contract Monitoring (QOCM) framework.

e) Opening a safeguarding enquiry.

12.8. Responsibilities of social work teams relating to choking should always prioritise person-centred practice, balancing safety with dignity and autonomy, and ensuring that decisions are made in line with the Mental Capacity Act 2005 when individuals cannot make decisions for themselves.

13. Shared Lives

13.1. This section of the policy applies to all staff involved in Shared Lives scheme, including Shared Lives Officers and carers. Shared Lives provides support in a family home environment, which presents unique considerations for identifying and managing choking risks. The responsibilities outlined below ensure that choking risks are recognised, assessed, and managed consistently and safely across the scheme.

13.2. Screening and referral:

- Referral Leads must assess choking risk at the point of referral using the Risk ID tool and personal assessment visit.
- If a choking risk is identified and no existing plan is in place, a referral to Speech and Language Therapy (SALT) must be made.
- Shared Lives Officers must ensure that any current SALT plans or subsequent referrals are included in the individual's All About Me support plan.

13.3. Care Planning and Review:

- Support plans must be reviewed at least annually, or sooner if a choking risk is identified or the individual's condition changes.
- Plans must clearly document any choking risks, strategies to mitigate those risks, and guidance from health professionals.
- Shared Lives Officers must support carers in understanding and implementing these plans, and ensure they are updated as needed.

13.4. Training and Competency:

- All new Shared Lives carers must complete Emergency Aid training, which includes managing a choking incident. Comparable training may be accepted if signed off by the Workforce Development Team.
- Emergency Aid training must be refreshed every three years.
- Carers must complete e-learning modules that cover the signs of potential choking risk and appropriate responses.

13.5. Incident Reporting and Escalation:

- Carers are responsible for reporting any concerns or incidents related to choking using the Reportable Events form.
- Shared Lives Officers must ensure that incidents are appropriately escalated to health professionals and safeguarding teams where necessary.

- Learning from incidents should be shared through supervision and governance processes to improve practice and reduce future risk.

13.6. Monitoring and Support:

- **Shared Lives Officers must monitor choking risks during regular 1:1 sessions with carers.**
- Officers should provide guidance and support to carers in managing identified risks and responding to emerging concerns.
- Where individuals exhibit behaviours that increase choking risk (e.g. food cramming, pica), a multi-disciplinary approach should be taken to assess and manage the risk.
- Where choking risks are complex or involve behavioural factors, Shared Lives Officers should liaise with health professionals, safeguarding teams, and other relevant services to ensure a coordinated multi-agency response.

14. Commissioning

14.1. Commissioners of services must ensure that service specifications and contracts with providers clearly outline expectations around the identification and management of choking risk. This includes:

- Ensuring providers utilise appropriate choking risk screening tools (such as, Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screening Tool, Appendix 1).
- Requiring staff to be trained in recognising and responding to choking risks.
- Setting out clear expectations for referral pathways to health professionals, such as Speech and Language Therapists (SLT), where needed.
- Monitoring provider compliance through contract management and quality assurance processes including relevant contract Key Performance Indicators within contract monitoring

14.2. Screening the risk of choking

Providers must:

- Ensure that their employees/subcontractors who give care are fully aware that choking risks can result in fatal choking incidents.
- Ensure their employees/subcontractors have an adequate understanding of the varied conditions and circumstances which can place an individual at risk of choking.
- Provide an appropriate screening tool (such as Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screening Tool, Appendix 1) for employees/subcontractors to use when they are concerned that an individual may be at risk of choking.
- State that risk around eating and drinking should be a part of their initial and on-going assessment of individuals.

- Ensure that their employees are suitably trained to provide support at mealtimes and to observe and assess eating and drinking skills at every meal.
- Ensure their employees /subcontractors know when and how to escalate concerns to a specialist service – for example, speech and language therapy, when this has been indicated by the screening tool.

14.3. Managing care and care planning

- Providers must have robust processes to ensure that an appropriate eating and drinking care plan is in place for any individual who is at risk of choking.
- Providers must have a process in place to prompt regular reviews, and re-assessed choking risk as the individual's needs change, for example if there is a medication or physiological change.
- Providers must monitor staff competence in recognising and assessing choking risk, and in delivering safe care in line with the agreed care plan.
- Providers must ensure that all choking incidents or near misses are reported through their internal incident reporting systems and shared with commissioning teams as part of routine contract monitoring.

14.4. Training requirements for providers of commissioned care

Provider services regulated by the Care Quality Commission (CQC) are required to meet essential quality outcomes to register and deliver care. This includes ensuring that individuals assessed as being at risk of choking are supported safely and in line with an agreed person-centred care plan.

As part of our commissioning responsibilities, Hampshire County Council will monitor and review whether providers are taking appropriate steps to support individuals at risk of choking. This includes reviewing whether providers:

- Ensure all staff complete mandatory induction training on recognising choking, using appropriate choking risk screening tools, and understanding how and when to refer to specialist services. Providers must maintain evidence of training completion, including refresher training and CPD, for review through contract monitoring and KPI's.
- Ensure staff access relevant training including Emergency First Aid and choking risk awareness, in line with Hampshire County Council's training standards and guidance.
- Support staff to maintain competence in responding to choking incidents, for example by completing refresher training in emergency first aid at appropriate intervals.
- Promote staff confidence in safely delivering care to individuals at risk of choking.
- Ensure staff are aware of how to respond to a choking episode, including administering appropriate first aid and seeking timely aftercare.

Where there are concerns that choking risk may be linked to neglect, poor care practice, or self neglect, providers must escalate these concerns through safeguarding procedures in line with Hampshire County Council's safeguarding policy.

15. Implementation plan and training needs analysis

15.1. The Learning and Development Team regularly review the provision of training courses for Hampshire County Council employees and for provider organisations in the area of caring for an individual at risk of choking. This is to ensure that the content is fit for purpose, aligned with current policy and practice, and that sufficient courses are available.

15.2. Emergency First Aid training is required to be refreshed every three years. Training content is reviewed and updated as and when policy guidance or legislation changes, to ensure it remains current and effective.

16. Policy Implementation Plan

- Staff will be informed about the introduction of this policy through an item in the Team Brief.
- Members of the Safeguarding and Governance Team will attend relevant managers' meetings to ensure all teams are aware of this policy.
- A copy of the policy will be sent to the Hampshire County Council Commissioning Team to ensure they understand its implications for commissioning.
- This Policy will be available on SharePoint, the Adults' Health and Care Social Care Practice manual.
- The policy will be promoted via team brief, The Download and MS Teams channel.
- IMPaCT will be advised of this policy and will be asked to direct providers to it at any provider events they are attending.

17. Impact Assessments

17.1. An Equality Impact Assessment has been completed for this policy.

18. Stakeholder Consultation

18.1. This policy has been developed with a range of stakeholders across the Adults' Health and Care Directorate. Input was gathered from services involved in commissioning, workforce development, operational delivery, and frontline practice to ensure the policy is practical, proportionate, and reflective of the diverse settings in which choking risks may arise.

19. Appendices

APPENDIX 1 Hampshire and Isle of Wight Healthcare NHS Foundation Trust Choking Screening Tool

RISK OF CHOKING SCREEN FOR ADULTS

Client Name: …….. Date of Birth: ……..……..……..
NHS Number:……..……
Has consent been gained to complete this screen? **Yes/No** *(give details)*……
Have the next of kin been informed where appropriate? **Yes/No** *(give details)*……..……

Changes to **physical health** in the last 4 weeks **Yes/No**

Changes to **mental health** in the last 4 weeks **Yes/No**

Medical diagnoses…….

Questions screening the possibility of dysphagia	COLUMN A	COLUMN B
1. Does the person frequently or continually **cough** before, during or after eating and/or drinking?	**Yes**	**No**
2. Does the person have **Speech and Language Therapy** eating and drinking **guidelines**? Are these guidelines being followed? Give reasons for not following guidelines ……	**Yes** **No**	**No** **Yes**
3. Oral skills: a) Are they able to check a normal diet? If **'No'** give details…… ……. b) Is their food and/or drink currently modified? If **'Yes'**, how and why?.....	**No** **Yes**	**Yes** **No**
4. Has there been a choking (partial or complete obstruction affecting respiratory function) incident **in the last 12 months?** If **'Yes'**: Number of occasions …… …… What was being eaten? …… …….....	**Yes**	**No**

5. Has the person had **pneumonia or recurrent chest infections** in the last 12 months? If **'Yes'**: Number of occasions ……..…… …….. Known respiratory conditions……..……..	**Yes**	**No**
6. Has there been a **significant change** in the last 12 months in any of the following: (Please **provide details** for any **'Yes'** responses) a) Unplanned **weight** loss……..…….. b) **Fluid intake**…….. c) **Time taken** to complete meal/drink……Due to problem using cutlery? Yes/ No d) **Self-feeding** skills……..Due to problem using cutlery? Yes/No e) Mealtime **Environment**……	**Yes** **Yes** **Yes** **Yes** **Yes**	**No** **No** **No** **No** **No**
7. Does the person have any other **behaviours** that increase their risk of choking? If **'Yes'**, please circle/ provide details **e.g. fast pace/food cramming/ pushing fingers/utensils into mouth/ self-harming at mealtimes** (not seen at other times)/ **storing food in cheeks?** Other…….. What **strategies** are in place to manage this behaviour? (prompts/ smaller cutlery etc) ……	**Yes**	**No**
Questions that relate to possible choking risks in addition to / not related to dysphagia	**COLUMN A**	**COLUMN B**
7. Oral Health: Does the person have good oral hygiene/healthy teeth? If **'No'**, please provide details ……..	**No**	**Yes**
9. Does the person have a diagnosis of **Pica** (a persistent craving & compulsive eating of non-food substances)?	**Yes**	**No**

10. Is the person currently experiencing any of the following **side effects** from their **medication: relaxed muscle tone; drowsiness; dryness of the mouth; increased saliva?** If **'Yes'**, please provide details……..……. ……	**Yes**	**No**

For more information about Adults' Health and Care, visit:

hants.gov.uk/adultsocialcare

Hampshire County Council