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		<b>Section:</b> Patient Care			
		<b>Directive:</b> Mealtime Safety/Prevention of Choking			

A. POLICY STATEMENT:

Psychiatric patients who have underlying medical problems that cause dysphagia or swallowing problems are at increased risk for choking when eating meals or snack. For this reason, it is imperative that facilities identify all inpatients with a choking risk, so that they may be clinically managed and supervised at meal and snack times.

This policy directive requires the establishment of procedures intended to support a safe and therapeutic dining environment, including ongoing assessment of a patient's ability to eat and swallow safely, and, as necessary, use of environmental modifications, behavioral interventions, and dietary modifications that are based on the individual needs of each patient. In order to foster a safe eating environment and to encourage safe eating behaviors, this directive also requires the establishment of mealtime safety procedures for all inpatients, including the general oversight of meals and snacking activities, requirements for the emergency medical response to choking emergencies, and for training staff about interventions that can prevent choking incidents.

Effective immediately, this policy directive is applicable to all inpatient services at state-operated psychiatric hospitals.

B. RELEVANT STATUTES AND STANDARDS:

OMH Official Policy Directive PC-050 – Safe and Therapeutic Environment Programs  
OMH Official Policy Directive QA-510 – Incident Management Programs  
OMH Official Policy Directive PC-605 – Emergency Medical Services  
14 NYCRR Part 524

C. BODY OF THE DIRECTIVE:

1. **Choking Risk Factors**

- (a) Individuals with cognitive or behavioral problems who eat too quickly, consume portions that are too large, who are distracted, or who hoard food may present a choking risk. This may exist regardless of whether or not they have been diagnosed with dysphagia (i.e., inability to chew or swallow food properly).

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(b) Certain physical/medical conditions may increase the potential for choking and should be evaluated when patients are assessed for risk, including, but not limited to:

- (i) major loss of teeth/poor dentition;
- (ii) abnormal tongue/mouth movements (e.g., tardive dyskinesia or Parkinson's disease);
- (iii) impaired gag reflex;
- (iv) seizures or other neurological disorders; and
- (v) psychotropic medication

## 2. Assessment for Choking Risk

- (a) At the time of admission of a patient, an admitting physician or nurse practitioner must make a determination and document whether the patient has any chewing or swallowing problems that could lead to choking. As indicated, such professional shall order the appropriate diet and level of supervision during meals, until a more thorough comprehensive physical assessment for choking risk is completed. Newly admitted patients who have difficulty eating or swallowing, or who have a history of choking or aspiration, shall be referred for further evaluation as clinically indicated.
- (b) The comprehensive physical assessment for all patients referred for further evaluation shall include a choking risk assessment that considers both behavioral and physical factors. This assessment shall include a screen for dysphagia (impaired swallowing), [through use of an evidence-based tool](#). As clinically indicated, orders shall be written for choking/aspiration precautions. Interventions to prevent choking shall be formulated by the patient's treatment team and documented in his/her treatment plan.
- (c) For a patient with a choking risk that is secondary to dysphagia, as clinically indicated, physician shall write an order for his/her referral to a speech or occupational therapist and/or other professional staff with training and demonstrated competency in dysphagia care.

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Recommendations to manage the patient's choking risk shall be reviewed by the treatment team and added to the treatment plan.

### 3. Risks Involving Utensils

For patients at risk of violence, or other risks, involving eating utensils, plastic utensils or other restrictions shall be ordered when deemed clinically appropriate. The risk and behavior changes required for discontinuation of utensils or other restrictions shall be documented in the patient's treatment plan.

### 4. Placement of Patients on Special Diets and Supervision

- (a) For patients at risk of choking, a physician, in consultation with a dietitian, shall order the appropriate diet (e.g., chopped, ground, pureed), taking into consideration any recommendations of a speech or occupational therapist.
- (b) Each hospital shall establish a choking prevention policy. Such policy shall be designed to ensure that patients at high choking risk have physician's orders for ongoing supervision during meals and snack times on the wards. Such orders may be individualized orders describing the level of staff monitoring or they may be part of a choking precaution/observation protocol.
- (c) As appropriate and feasible, patients who have orders for mealtime supervision or who are on choking precautions/observations shall be placed in a separate area of the dining room and monitored during eating, with assignment of an appropriate level of staffing
- (d) Staff who are supervising patients during meals shall ensure that they have proper positioning (i.e., correct sitting position) and that they sit upright, especially if fed in bed. Staff must encourage patients to eat small portions and to chew properly, as well as to take small sips of fluid between solids; if indicated, they shall also discourage patient talking or other distracting activities during eating and ensure that any adapted eating and positioning equipment is used according to the patient's treatment plan.

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- (e) If a patient with a current written order for mealtime supervision chokes as a result of ingestion of food or other foreign object, resulting in life threatening harm or admission to a hospital, the event is a Reportable Incident which must be reported to the Justice Center Vulnerable Persons Central Register and the Office in accordance with OMH Official Policy Directive QA-510 and 14 NYCRR Part 524.

## 5. Monitoring of Patients During Meals and Snacks

- (a) Because many hospitalized individuals are at some increased choking risk, even if not on choking precautions/observations, all dining areas shall be monitored while patients are eating, whether during meals in a patient cafeteria/dining room or on the ward. The monitoring shall be conducted by direct care staff under supervision of a Registered Nurse. Staff shall also counsel patients about proper eating habits at this time.
- (b) Staff observing patients at mealtimes shall report any eating behaviors that could place patients at risk (e.g., eating quickly or gorging food, not chewing properly) to the Registered Nurse, who shall assess the patient for choking with the patient's treating physician and place the patient on choking precaution/observation if needed.
- (c) Patients who eat on hospital wards or in dining areas other than the patient cafeteria/dining room shall have supervision that is appropriate to their choking risk. Nursing staff shall be aware of patients' special dietary needs and choking precautions/observations.
- (d) When patients eat meals on a ward or in an area not normally designated as a dining area, nursing staff who are supervising patients shall ensure that they sit in a straight-backed chair at a table. Patients who are on bed rest, or in a gerichair or wheelchair, shall receive supervision and assistance when eating.
- (e) Before snacks are given out on the wards, snack bags are to be kept in an enclosed area, (e.g., the nursing station, or a locked kitchen area) until given to designated patients. Any unused trays or snack bags shall be returned to food service on a transport cart, accounted for, and/or thrown away in an area not accessible to patients.
- (f) Staff shall be assigned to supervise patients during meals to prevent patients from giving food to any patients who are on choking precautions and from grabbing food off of other patients' trays.

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## 6. Patient/Staff Education About Choking

- (a) During small group educational activities, staff shall instruct patients about proper eating habits (e.g., eating slowly, chewing only small amounts of food at a time, always remaining upright when eating).
- (b) Hospitals shall routinely remind patients and staff about appropriate eating habits and the risks of choking during mealtimes. Hospitals may use posters or signage as reminders in the cafeteria/dining room and in ward eating areas, as well as visiting areas.
- (c) Family members and other visitors shall also be instructed about the hospital's procedures for patients who have a choking risk, if they are visiting a patient at risk, and they will be cautioned against giving food to other patients during their visits.

## 7. Training Staff in Choking Interventions

- (a) All direct care staff shall receive training on the hospital's policies related to assessment, management prevention of choking.
- (b) Consistent with OMH Official Policy Directive PC-605, a sufficient number of direct care staff shall be required to have regular CPR/First Aid training, including the Heimlich maneuver, and be certified at least every two years through the Red Cross or other equivalent trainer. Other staff may receive such training on their request. Hospitals may have additional requirements to train other staff as needed.
- (c) Hospitals shall regularly hold mock emergency drills that shall include the management of choking emergencies.
- (d) Hospitals shall post signage in areas frequented by staff providing information about choking and the appropriate handling of choking emergencies.

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## 8. Response to Choking Emergencies

- (a) Hospitals shall ensure that sufficient direct care staff trained to perform the Heimlich maneuver are in close proximity to patients during every meal and snack time.
- (b) For every patient who has had a Heimlich maneuver performed after a choking incident, a physician shall examine the patient after the incident to determine whether he/she has suffered injury as a result. The physician, in coordination with the patient's treatment team, shall determine if a change in dietary orders or treatment planning is needed.