

# Bitesize Briefing: Choking

## 1 What is Choking?

Choking is a preventable but serious health and safety risk, particularly in adult care settings.



***It happens when a foreign object – usually food – becomes lodged in the airway and obstructs airflow to the lungs.***

Choking can lead to:

- Brain Injury
- Aspiration Pneumonia
- Death

**You must act immediately.**



## 2 Who is at Risk?

Anyone can be at risk of choking, but the risk increases for...

### **Older Adults:**

This is due to reduced muscle strength, slower swallowing reflexes and the higher likelihood of poor oral health (e.g. missing teeth, dentures that do not fit correctly).

### **Adults with Medical Conditions & Disabilities:**

This is because Stroke, Parkinson's Disease, Dementia Cerebral Palsy and different learning disabilities can affect posture, awareness, coordination and swallowing mechanisms.

### **Adults on Medication:**

Some medication can cause dry mouth or drowsiness, which can interfere with chewing and swallowing.

### **Unsupervised or Inadequately Supervised Adults:**

Choking incidents can occur when **care plans are not followed**, or when **staff are not trained** in safe feeding techniques. Understaffing and rushed meal times can also contribute to choking incidents.

## 4 Reducing Risk

Adult care settings should follow best practice guidance and ensure the following to safeguard vulnerable adults against choking incidents:



Implement individual risk assessments and tailor care plans regularly and accordingly.



Work collaboratively with specialists, such as Speech & Language Therapists (SALT) to assess swallowing ability; settings should follow recommended dietary modifications.



Ensure that all staff are trained in choking prevention, safe feeding techniques, and providing a timely emergency response.



Provide adequate supervision at meal times, especially for individuals identified as being at-risk of choking.



Implement robust care plans that include detailed instructions on food texture, positioning, utensils and supervision needs.

## 3 Choking & Safeguarding

***Choking can indicate neglect if an adult is harmed and there is evidence to suggest:***

- They have not been adequately supervised during meal times.
- They have been given food that is improperly or poorly prepared.
- Care plans and dietary recommendations have not been followed.
- Staff are not appropriately trained in choking prevention.

***Choking prevention aligns with the six key principles of safeguarding, which are threaded throughout our practice...***

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## **Empowerment**

Adults with capacity should be involved in decisions about their diet, even if there are risks. Clear documentation of choices and mental capacity assessments ensure respect for autonomy.

## **Prevention**

Identify choking risks early. E.g. dysphagia screenings, SALT referrals, appropriate training provided to staff.

## **Proportionality**

Balance safety with individual rights. E.g. supervise meals or provide adaptive utensils rather than restricting food choices entirely.

## **Protection**

Ensure that vulnerable adults are protected from avoidable harm. Follow care plans precisely and intervene when choking risks are identified.

## **Partnership**

Collaborate and communicate with SALT, GPs, families and Safeguarding Teams to manage risk.

## **Accountability**

Clearly document assessments, decisions and actions taken. Staff must be trained/held accountable for following procedures.



## 5 Learning & Development: Self-Reflection Questions for Practitioners



What are some of the signs that someone is having difficulty swallowing (dysphagia)?



What steps should you take before, during, and after meals to reduce choking risks?



What would you do if a resident with capacity insists on eating food that poses a choking risk?



How do you report and record a choking incident or near miss in your setting?



## 6 Recommended Reading & Resources



**British Red Cross: Providing First Aid to a Choking Adult**



**CQC: Caring for People at Risk of Choking (2025)**