



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

Frank W. Kirkland, Executive Director

REVISED MEMORANDUM

TO: All DDA Licensed Service Providers
All DD RN Delegating Nurses/Case Managers

FROM: Frank W. Kirkland, Executive Director
Developmental Disabilities Administration 

Nancy B. Grimm, Executive Director - *Nancy B. Grimm*
Office of Health Care Quality

DATE: February 10, 2012

RE: Monitoring and follow-up of people who are at risk of choking (**REVISED MEMO – please disregard the memo sent on 1/30/12**)

In the past few weeks there have been several deaths that may be related to choking and/or aspiration within the DDA statewide community. These types of deaths come to our immediate attention and remind us that we must be vigilant in the following areas in order to attempt to ensure the health and safety of the people that we serve.

We have attached for your attention the **Educational Alert – Monitoring and follow-up of people who are at risk of choking that** was sent to all providers in August 2005.

In 2009, in response to recommendations from the DHMH Mortality Review Committee, the Developmental Disabilities Administration (DDA) developed a staff training curriculum for choking prevention entitled **Choking Prevention and Dysphagia Diets**, which was recommended for all staff working with people with developmental disabilities in licensed programs.

The training is **required** per COMAR 10.22.02.11C (2) and COMAR 10.22.05.02B (5) for staff working independently with people who have one of the following support needs:

- An identified swallowing disorder
- A healthcare practitioner's order for an altered texture diet; and/or
- A behavior plan that addresses eating behaviors, including but not limited to rapid eating, stuffing food, pica, and food stealing.

At that time, all current staff was expected to complete the course, as well as all new staff entering employment, which has been ongoing within the agencies by staff educated in choking prevention. The attachment provided with the memo sent on 1/30/12 has been replaced with this memo and attachments, which now includes the 2009 Choking Prevention and Dysphasia Diets curriculum.

The DDA Regional Offices have begun scheduling Train-the-Trainer classes regarding choking prevention with an identified master trainer. It is important that the trainer from your agency understand the swallowing process as well as dietary consistency guidelines. Qualified trainers must be a nurse, dietician, speech language pathologist or the designated agency trainer. Please check the calendar on the DDA website for the schedule or contact the training coordinator in your region.

Please ensure that staff in your agency are complying with recommendations and have completed required training. Agencies should consider modifying the CPR/First Aid training to allow for increased focus and practice on the administration of the Heimlich maneuver to a person with specialized needs (e.g. wheelchair, obesity, spinal injuries, etc.).

Thank you for your attention to ensuring the health and safety of people with developmental disabilities.

Attachments: 2

cc: Amy Daugherty
Renata Henry
Barbara Francis
Regional Directors
Regional Nurses
Regional Training Coordinators
Jennifer Baker, OHCQ



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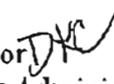
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

EDUCATIONAL ALERT !!!

TO: All DDA Service Providers

FROM: Diane K. Coughlin, Director 
Developmental Disabilities Administration

Wendy A. Kronmiller, Acting Director
Office of Health Care Quality 

SUBJECT: Monitoring and follow up of individuals who are at risk of choking.

DATE: August 31, 2005

During the past six months there have been several serious incidents and deaths due to individuals choking. We would like to draw your attention to the following issues cited:

- Failure to train staff regarding specialized diets.
- Failure to individualize diets.
- Failure to fine chop all foods.
- Failure to follow protocol for an unconscious choking victim.
- Failure to thoroughly discuss history of choking and risky mealtime behaviors of eating rapidly and food stuffing in the individual plan (IP), behavior plan or nursing care plan.
- Failure to ensure all staff working with individuals had access to information about their dietary needs, readily available in the living and working area.

These issues highlight several significant areas that require immediate attention by all agencies.

First, all agencies shall ensure compliance with COMAR 10.22.02.11 C (1) – Staffing Requirements. To ensure compliance with this regulation, all agencies shall ensure that all staff, including relief staff, working independently with individuals have completed all the required training as it relates to the individual needs outline in the IP of all individuals, receiving services.

Specifically as it pertains to individuals who are at risk for choking, agencies shall immediately review each individual's plan and ensure that the following information is included in their IPs and are readily available to all staff working with these individuals:

- Discussion and documentation by the appropriate medical staff, i.e., dietician, primary care physician, etc. of the condition that causes the individual to be at risk of choking.
- Definition of the type of diet prescribed with portion size and the size of the pieces specified, e.g. chopped diet = mechanically cut – meat chopped into pieces no larger than ¼"; fruit & vegetables chopped into fruit cocktail-size pieces, etc...
- The appropriate techniques to use to assist an individual who is at risk for choking during mealtimes and when eating snacks.
- The training needed, staff responsible for conducting the training, due dates for initial and follow up training as well as the frequency of the training.

Second, all agencies shall:

- Develop an individualized protocol for staff to use, when working with each individual who is at risk for choking, based on an individualized assessment of each individual completed by the appropriate licensed health care practitioner. This should include information regarding type of diet, definitions regarding food size and portion, who should be called if a choking incident occurs, what emergency techniques should be implemented, emergency contact numbers, etc...
- Ensure that all staff have received training and know how to access and implement the protocol.
- Ensure that the protocol and any pertinent information are readily available to all staff in the living and work area. This may include posting information in the area where meals are prepared in inconspicuous places, i.e. on the inside door of a kitchen cabinet or a chart like the one attached on the refrigerator door. When making decisions about what to place in the area and where to place information, use a common sense approach.

Working together we can ensure that the individuals we serve are receiving appropriate medical care. Thank you for your attention to this important issue.



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Developmental Disabilities Administration

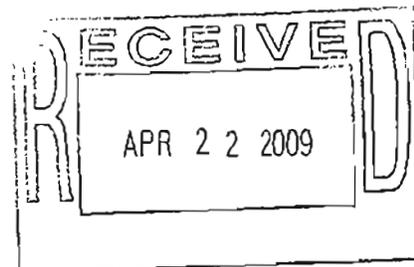
Michael S. Chapman, Executive Director

MEMORANDUM

To: Executive Directors of Community Based Providers
Directors of State Residential Centers

From: Diane Dressler
Statewide Training Coordinator

CC: Michael Chapman
Audrey Cassidy
Bette Ann Mobley
Barbara Hull-Francis
Amy Daugherty
Regional Directors
Regional Training Coordinators
Office of Health Care Quality
Regional Nurses
Mortality Review Committee



Date: April 15, 2009

Re: Choking Prevention and Dysphagia Diets Training

In response to recommendations from the DHMH Mortality Review Committee, the Developmental Disabilities Administration (DDA) has developed a staff training curriculum for choking prevention, including instruction in the proper preparation of altered texture foods. The Mortality Review Committee recommendation was based on data which revealed that a significant number of preventable deaths of individuals with developmental disabilities occurred due to inadequate staff supervision during dining, improper food preparation or lack of recognition that a swallowing problem could be present.

The training curriculum, entitled *Choking Prevention and Dysphagia Diets*, is strongly recommended for all staff working with individuals with developmental disabilities in licensed programs. The training will be **required** per COMAR 10.22.02.11C.(2) and COMAR 10.22.05.02.B.(5) for staff working independently with individuals who have one of the following support needs:

- An identified swallowing disorder
- A healthcare practitioner's order for an altered texture diet; and/or
- A behavior plan which addresses eating behaviors, including but not limited to rapid eating, stuffing food, pica, and food stealing.

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhnh.state.md.us

Choking Prevention and Dysphagia Diets

Choking Prevention and Dysphagia Diets Training

I. Statement of Purpose:

The *Choking Prevention and Dysphagia Diets* Training will provide participants with an understanding of the choking risks of individuals with developmental disabilities and strategies to prevent choking. This training will enable staff to:

- Develop awareness of the incidence of eating difficulties and choking among individuals with developmental disabilities
- Describe the eating and swallowing processes
- Describe the factors that contribute to a higher incidence of choking in individuals with developmental disabilities
- Identify warning signs for choking and the agency reporting procedures
- Describe various diets and liquid consistencies used to address eating difficulties
- Practice preparing foods and liquids of different consistencies
- Implement techniques and strategies to assist individuals to eat safely and prevent choking
- Discuss protocol for techniques to intervene in choking incidents

II. Outcomes/Competencies

- Define terms
 - Dysphagia
- Develop awareness of the incidence of eating difficulties and choking among individuals with developmental disabilities
 - Choking in the general population
 - Incidence of choking in the developmental disabilities population, including deaths
 - Medical complications from a choking event
- Describe the eating and swallowing processes
 - Review anatomy and physiology of eating
 - Review mechanics of swallowing
 - Review of modified barium swallow studies
- Describe the factors that contribute to a higher incidence of choking in individuals with developmental disabilities
 - Physical (musculoskeletal, dentition, position, sensory)
 - Behavioral (hoarding, stealing, speed, pica)
 - Environmental (storage, preparation, eating location)
 - Cognitive (attention span, focus)
- Identify warning signs for choking and the agency reporting procedures
 - Discuss *Choking Warning Signs* fact sheet
 - Review specific agency reporting policies
- Describe various diets used to address eating difficulties
 - Discuss diet/liquid definitions and examples

- Identify already prepared food and liquid consistencies based on definitions
- Prepare foods and liquids following diet/liquid definitions
- Implement techniques and strategies to assist individuals to eat safely and prevent choking – practice feeding and being fed
 - Physical
 - i. Positioning and seating
 - ii. Adaptive equipment
 - iii. Modifying diet texture as ordered
 - Behavioral
 - i. Implement behavior and/or diet plan
 - ii. Seating during the meal – proximity to others, diet consistency of others
 - iii. Supervision
 - iv. Timing of meals
 - 1. Frequency
 - 2. Duration
 - 3. Others in the environment
 - 4. Time of day
 - v. Cueing
 - Environmental
 - i. Lighting
 - ii. Sound
 - iii. Awareness of environment and supervision
- Discuss protocol for techniques to intervene in choking incidents
 - Agency protocol for CPR/First Aid training
 - Individual specific protocols

III. Timeframe: 3 hours

IV. Methodologies

Watch modified barium swallow study

Applied techniques – feeding and being fed

View pictures of diet consistencies

Practice preparing specific diet and fluid consistencies

Practice positioning

Practice environmental scan

Resources for *Choking Prevention and Specific Diets Training*

Web Sites

Dysphagia Resource Center
<http://www.dysphagia.com/>

Basic Information on Dysphagia
<http://www.nidcd.nih.gov/health/voice/dysph.asp>

Dining Aids, Other Resources
<http://www.dysphagiaplus.com/>

Trainings

Dimensional Health Care Associates, Inc.
10811 Red Run Blvd, Suite 110
Owings Mills, Maryland 21117
410-654-1010 – Fax 410-654-1049
<http://www.dhcamd.com>

Dysphagia and Developmental Disabilities Training and Handout
Kris Martin, OT/L Occupational Therapist
Holly Center
410-572-6201

DVD/Videotapes

Title: Feeding Individuals with Swallowing Disorders
Description: This informational product is designed to help you educate staff who routinely feed patients.
<http://www.asha.org/eWeb/OLSDynamicPage.aspx?Webcode=olsdetails&title=Feeding+Individuals+With+Swallowing+Disorders>

Title: Dysphagia
Description: Caring for adults with Developmental Disabilities by Liberty Health
To order video teaching tool contact Dr. Karen Peret at (800) 890-3289 or e-mail at KarenP@LibertyHealth.com

Publications

Achilles, Elayne (2004). Cumberland House Publishing The Dysphagia Cookbook: Great Tasting and Nutritious Recipes for People With Swallowing Difficulties.
Cumberland House Publishing

Barton, Lyle E. and Carolyn L, "BRIEF REPORT: An Effective and Benign Treatment of Rumination" JASH 1985. Vol. 10 # 3, 168-171

McGowan, K. (1995). Solving mealtime problems: Nutritional and feeding issues in disabilities. McGowan Publications

Pelletier, C. (2005). Feeding individuals with swallowing disorders. American Speech-Language-Hearing Association. Rockville, MD.

Russell, A. & Hill, P. (1997). Management of swallowing and tube feeding in adults: a team approach. J F Foundation, Unley, Australia.

Weihofen, D., Robbins J., & Sullivan, P. (2002). Easy-to-Swallow, Easy-to-Chew Cookbook: Over 150 Tasty and Nutritious Recipes for People Who Have Difficulty Swallowing. John Wiley & Sons, Inc., New York

The Arc of Washington County Diet Manual

PROFESSIONAL SERVICES

Dietitian Services

Denise Schuffman R.D., L.D., R.N.
Dimensional Health Care Associates, Inc.
10811 Red Run Blvd, Suite 110
Owings Mills, Maryland 21117
410-654-1010 – Fax 410-654-1049

Teresa Stahl
Western Maryland Health System, Cumberland, MD
301-723-4000

Modified Barium Swallow

Washington County Hospital
Diagnostic Imaging Services

Occupational Therapists

Mary Egan – Potomac Center
240-313-3500

Denis O'Leary – Brandenburg Center
301-777-2250

Kris Martin – Holly Center
410-572-6201

Psychologists

Dawn Brodeur
eMerge
443-288-8257
dbrodeur@emergeinc.org

Larry Lipsitz
IBMP
301-791-9580
intenpostraining@hotmail.com

Registered Nurses

Mardi Adams
DDA Central Regional Office
(410)902-4526; (41)902-4500
Madams@dhmh.state.md.us

Karen Borland
DDA Eastern Shore Regional Nurse
(410)334-6931; (410)334-6920; toll free 1-888-219-0478
BorlandK@dhmh.state.md.us

Debra Goldberg
DDA Southern Regional Office
(301)362- 5109; (301)362-5100; toll free 1-888-207-2479
DGoldberg@dhmh.state.md.us

Connie Overcash
DDA Western Regional Office
(240)-313-3872, (301)791-4670; toll free 1-888-791-0193
Overcashc@dhmh.state.md.us

Speech Therapists

Lori Rumberg – Brandenburg Center and Robinhood Rehab
301-777-2250

Choking Prevention and Dysphagia Diets Recommended Training Supplies

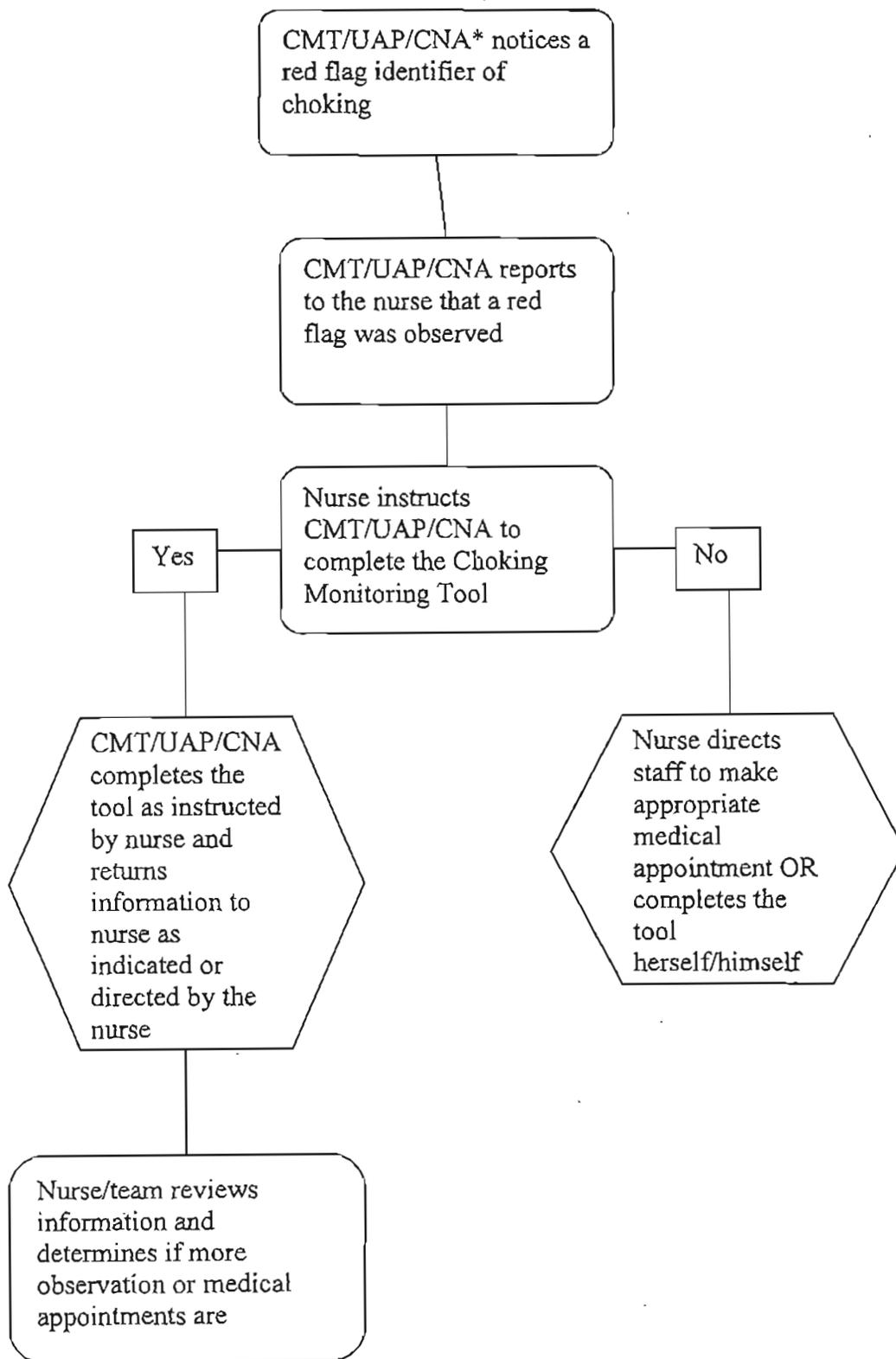
The following supplies are recommended when teaching the Choking Prevention and Dysphagia Diets training curriculum:

Square or rectangle frozen waffles
Pancake syrup
Bread
Water – one gallon
2 Food processors
Measuring spoons - 2 of each: tablespoon and teaspoon
4 oz clear plastic cups
Medicine cups
Plastic knives
Plastic spoons
Latex gloves
Liquid thickener: “Thicken Easy”, Thicken Up”, Thick It”
Crystal Lite - Berry flavored
Applesauce
Pudding
Napkins
Dish washing detergent for clean up
Paper towels
Sponge
Handi-wipes
Measuring cup
Paper plates - small

The following are recommended as examples of food types and sizes:

Small portion (small sandwich bag) of one of the following: Cheez-It, Wheat Thins, Mini-Wheats – example of 1 inch size food
One single serving size cup of fruit cocktail - example of ½ inch size food
Small portion (small sandwich bag) of rice – example of ground/minced size food
One single serving size cup of applesauce – example of pureed/blended food

Choking Monitoring Flow Sheet



***CMT/UAP/CNA = Certified Medication Technician/Unlicensed Assistive Person/Certified Nursing Assistant

Choking Warning Signs

- Pockets food under tongue, in cheeks or roof of mouth
- Food remaining on the roof of the mouth or on tongue after swallow
- Food spills out of the mouth
- Diagnosis of stroke, cerebral palsy, GERD
- Takes drink to facilitate swallowing without chewing properly
- Puts food in mouth before swallowing previous bite
- Does not chew well
- Tongue thrust noted
- Cough noted while chewing, when swallowing or after swallowing
- Regurgitates food or liquids from nose or mouth
- Eats quickly
- Eats very slowly
- Spits food out of mouth
- Talks with food in mouth
- Stealing food
- Food stuffing
- PICA behavior
- Excessive drooling
- Choking
- Throat clearing during meals or fluids
- “Wet” vocal sounds
- Multiple swallows of the same mouthful of food
- Gagging/retching
- Putting hands in mouth or forcing self to vomit
- Weight loss
- Food feels “stuck”
- Refusing to eat

Diet Definitions

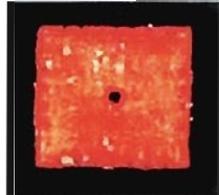
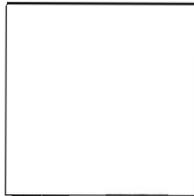
REGULAR = No extra preparation needed

BITE SIZE

Description: ALL FOODS CUT OR BROKEN INTO 1(one) INCH PIECES

Examples of bite size foods:

Size: 1 inch



Cheez-It, Wheat Thins

CHOPPED = MECHANICAL SOFT

Description: MEATS CHOPPED ½ INCH SIZE, OTHER FOODS SOFT

Meat cut into ½ inch pieces. fruits and veggies chopped into fruit cocktail-size pieces. Sandwiched cut into 8 pieces use soft breads & fillings.

Size: ½ inch



Sandwich fillings: Tuna salad, egg salad, sloppy Joe, Shaved lunch meats

GROUND = MINCED

Description: FOODS ARE MOIST AND SOFT TEXTURES

Foods blended/processed to the size of rice or taco meat.

May add some liquid or condiment to help mix.

Size: 



Rice or taco meat

PUREE = BLENDED

Description: SMOOTH WITH NO LUMPS, PUDDING LIKE

Consistency should be smooth and thick enough to mound on a plate.

May need to add extra liquid when preparing to make item smooth.



Examples: Mashed potatoes, pudding, applesauce, yogurt

Liquid Consistencies Described

Regular = Thin Liquids

Description: No extra preparation needed

Examples: Water, tea, coffee, juice, soda



Nectar Thick Liquids

Description: Able to go through straw, glides off a spoon

Examples: Fruit nectar, shakes, eggnogs



Honey Thick Liquids

Description: Will not go through straw, flows slowly off a spoon

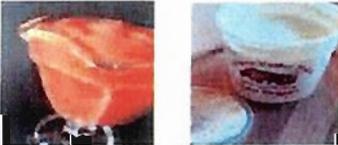
Examples: Honey, molasses



Pudding Thick Liquids

Description: Need to be fed with a spoon

Examples: Pudding, yogurt



Important Reminders

Individuals ordered thickened liquids should not be given foods that become liquid at room temperature

Examples: Gelatin, ice cream, sherbet, water ices.

Follow directions on thickener to achieve desired consistency ordered.

Liquids given with medications must also be thickened as ordered.

Choking Risk Monitoring Tool

Name: _____

Date: _____

Current Diet: _____

Meal Observing: Breakfast Lunch Dinner

Position of individual: ___sitting ___reclined ___ 45 degree incline ___standing

Food served: _____

Staff Assistance needed for:

Individual self-feeds/ needs help with

What was seen that caused this monitoring ?

- Choking event on ___/___/___ at breakfast/lunch/dinner
- Pockets food under tongue, in cheeks or roof of mouth
- Takes drink to facilitate swallowing without chewing properly
- Puts food in mouth before swallowing previous bite
- Does not chew well
- Easily distracted when eating or drinking
- Tongue thrust noted
- Cough noted while chewing when swallowing after swallowing
 - o Following the meal (after _____ amount of time)
- Regurgitates food or liquids from nose or mouth
- Eats quickly Spits food out of mouth
- Eats very slowly Talks with food in mouth
- Stealing food Other
- Food stuffing PICA behavior

During this mealtime I saw the following:

- Choking on _____ item
- Pocketing food under tongue, in cheeks or roof of mouth
- Drinking to facilitate swallowing without chewing properly
- Put food in mouth before swallowing previous bite
- Did not chew well
- Easily distracted when eating or drinking
- Tongue thrusting
- Regurgitated food or liquids from nose or mouth
- Ate quickly Spit food out of mouth
- Ate very slowly Talked with food in mouth
- Stealing food Other
- Food stuffing PICA behavior

I saw coughing on (specify food/liquid if possible) _____:

- Before swallowing
- When swallowing
- After swallowing
- Following meal

Coughed for _____ (length of time)