



# COMMUNITY MENTAL HEALTH ADMINISTRATION

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Mark A. Hackel  
County Executive

## MACOMB COUNTY COMMUNITY MENTAL HEALTH

### TECHNICAL REQUIREMENT (Immediate Action Required)

### CHOKING AND ASPIRATION

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MAY 12, 2014

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The persons served by Macomb County Community Mental Health often have the same types of swallowing difficulties and challenges as seen in the general public. Additionally, many consumers exhibit unique risk factors for choking and aspiration. Some examples include, by way of example and without limitation, unsafe eating behaviors, adverse effects of psychotropic and other medications, poor dentition, and limited awareness and insight regarding swallowing difficulties and eating behaviors.

This document serves as a **TECHNICAL REQUIREMENT** (requiring immediate action) to all providers, direct and contract. Every provider must immediately develop, and strictly follow, specific practices to foster a safe eating environment and to encourage safe eating behaviors.

The specific practices must, at a minimum, address the following areas:

1. Develop a method to identify consumers with significant risk factors for choking and aspiration, and regularly assess all consumers for significant signs, symptoms, and risk factors of choking and aspiration.
2. Determine the nature and extent of swallowing problems and subsequently establish treatment interventions by referring consumers who are at risk, or who are identified as having eating or swallowing difficulty, or a history of choking or aspiration for further assessment and evaluation.
3. Develop an integrated Person-Centered-Plan for consumers evaluated and determined to have significant risk for choking or aspiration. Such plan must clearly identify the medical and/or



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behavioral causes and the specific objectives and treatment methods that will be implemented to address specific risk factors.

4. Include interventions such as diet modifications, behavioral interventions, environment modifications, adaptive equipment, modified feeding techniques, and health teaching for consumers and their families.
5. Care givers must describe, demonstrate and debrief prevention techniques and if the care giver is unable to demonstrate competency, then the care giver shall not be assigned to work with the consumer.
6. Provide all staff with education about choking and aspiration causes and risk factors, signs of swallowing problems, intervention, use of adaptive equipment, modified feeding techniques, and safe eating practices.
7. Emergency responses will include choking first aid, CPR, and mock drills to practice emergency responses.
8. Ensure staff, care givers, and visitors who provide meals and snacks are informed about special dietary needs, restrictions, and precautions and interventions. Staff or other persons (ex.: visitors) not informed/trained about special needs, restrictions, precautions and interventions should never provide meals or snacks to consumers.
9. Ensure staff observing consumers with difficulties with eating and swallowing have direct access and ability to report to or consult with appropriate medical staff. Specific medical staff must be identified in order to establish an unambiguous reporting chain.
10. Develop and disseminate a list of consumers with choking/aspirations precautions to key staff and update as needed. Information must be posted in all areas where eating and drinking occur (i.e. kitchen, etc.).
11. Document and report choking and aspiration risks and diet orders in all pertinent charts and ensure such documentation accompany the consumer when transferred to other levels of care.

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12. Document and report all choking and aspiration incidents accordingly, even if the incidents were resolved.
13. There shall be staff supervision and monitoring of consumers with choking/aspiration precautions. Appropriately trained staff shall be assigned to supervise consumers at mealtime. Suitable staffing ratios shall be maintained. This should include: monitoring behaviors, ensuring consumers receive the prescribed diet, intervene when consumers attempt to share food, supervise in close proximity, assist consumers when needed, and interact and encourage consumers in safe eating strategies.
14. Therapeutic mealtime groups: Mealtime provides frequent opportunities to educate consumers about safe eating skills. Such groups facilitate recovery by empowering consumers to manage their risks for choking and aspiration by changing eating habits and learning to make well informed safe food choices.