



STATE OF MARYLAND

DHMH

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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

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

**DATE: January 30, 2012**

**RE: Monitoring and follow-up of Individuals who are at risk of choking**

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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 individuals that we serve.

We have attached for your attention the **Educational Alert – Monitoring and follow-up of individuals who are at risk of choking** that was sent to all providers in August 2005. Please review carefully and ensure that staff in your agency are complying with recommendations and have completed required training.

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 individuals 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 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 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.

On February 1, 2012, quarterly training will begin with a master educator identified in each region. The curriculum will include how to effectively perform the Heimlich maneuver. Please check the calendar on the DDA website for the schedule or contact the training coordinator in your region.

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



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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 *DKC*  
Developmental Disabilities Administration

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

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

**DATE:** August 31, 2005

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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.

## WHAT DOES IT ALL MEAN?

**PUREE = MECHANICALLY BLENDED** using extra liquid. **SMOOTH. NO LUMPS.** Baby food consistency

**GROUND = MECHANICALLY PROCESSED** into granules the size of rice or taco meat. May need to add some liquid or condiment to help mix

**CHOPPED= MECHANICALLY CUT.** Meat chopped into  $\frac{1}{4}$  inch pieces. Fruits & veggies chopped into fruit cocktail-size pieces.

**BITE-SIZE =**  
**ALL** food items cut or broken by hand into  $\frac{1}{2}$  inch size pieces

**REGULAR = No extra preparation needed.**

## MODIFIED DIET CHOICES LISTING

PUREED	GROUND	CHOPPED	BITE-SIZE
<ul style="list-style-type: none"> <li>▪ All beverages (thickened as prescribed)</li> <li>▪ Hot cereal (except oatmeal)</li> <li>▪ Syrup</li> <li>▪ Margarine/butter</li> <li>▪ Yogurt (NO fruit chunks)</li> <li>▪ Broth (thickened as prescribed)</li> <li>▪ Tomato soup (thickened as prescribed)</li> <li>▪ Mashed potatoes</li> <li>▪ Sour cream</li> <li>▪ Applesauce</li> <li>▪ Cotton candy</li> <li>▪ Soft serve ice cream</li> <li>▪ Flavored syrup for ice cream</li> <li>▪ Custard pie filling</li> <li>▪ Cheesecake filling</li> <li>▪ Whipped cream</li> <li>▪ Pudding (except rice pudding or bread pudding)</li> <li>▪ Custard</li> </ul>	<ul style="list-style-type: none"> <li>▪ Oatmeal</li> <li>▪ Cold cereal( krispies or flakes soaked in milk)</li> <li>▪ Small curd cottage cheese</li> <li>▪ Ground taco meat</li> <li>▪ Shredded cheese</li> <li>▪ Tuna salad (NO celery, NO onions)</li> <li>▪ Banana (mashed with a fork)</li> <li>▪ Plain popsicle (Unless on thickened liquid - NO nuts, NO coatings, etc.)</li> <li>▪ Jello (unless on thickened liquids)</li> <li>▪ Plain hand-dipped ice cream (NO nuts, NO chunks, NO sprinkles)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Scrambled eggs (cut/broken into ¼ inch pieces)</li> <li>▪ Muffins (cut/broken into ¼ inch pieces, soaked in milk)</li> <li>▪ Pancakes, waffles, French toast (cut/broken into ¼ inch pieces, soaked in milk, syrup)</li> <li>▪ Cooked vegetables (cut/broken into ¼ inch pieces then mashed with fork)</li> <li>▪ Macaroni and cheese (cut/broken into ¼ inch pieces)</li> <li>▪ Spaghetti (cut/broken into ¼ inch pieces)</li> <li>▪ Sloppy Joe meat (cut/broken into ¼ inch pieces)</li> <li>▪ Soft taco with ground meat (cut/broken into ¼ inch pieces)</li> <li>▪ Burritos with ground meat (cut/broken into ¼ inch pieces)</li> <li>▪ Egg salad</li> <li>▪ Tuna salad (onions, celery okay)</li> <li>▪ Ice cream (nuts, chunks, sprinkles – okay)</li> <li>▪ Crushed pineapple</li> <li>▪ Plain cookies (cut/broken into ¼ inch pieces and softened in milk, NO nuts, NO raisins)</li> <li>▪ Plain chocolate candy bar (cut/broken into ¼ inch pieces, softened; NO nuts, NO caramel, etc.)</li> <li>▪ Single plain M &amp; M's</li> <li>▪ Cupcakes/snack cakes (cut/broken into ¼ inch pieces, softened in milk)</li> <li>▪ Single potato/tortilla chips (cut/broken into ¼ inch pieces)</li> <li>▪ Watermelon (cut/broken into ¼ inch pieces, seedless)</li> <li>▪ Crackers (cut/broken into ¼ inch pieces, softened in soup, milk, juice)</li> </ul>	<p>All food items are to cut/broken into ¼ inch size pieces to include traditional finger foods (e.g. sandwiches, cookies, raw fruit)</p>

(\*Always follow the individualized feeding plan and the recommendations of the LHCP. Information provided above are only guidelines )