



The College of
Emergency Medicine



Management of Choking in Police Care & Custody

Recommendations for Police Personnel

Endorsed by The College of Emergency Medicine

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Police and healthcare personnel may be confronted with individuals who attempt to swallow substances or objects in their presence for a variety of reasons. These objects (e.g. drug wraps) may already be concealed in the mouth, or hidden elsewhere and then put in the mouth. There is a risk that such attempted swallowing may cause choking in the individual. Police and healthcare personnel may believe that an initial attempt to prevent swallowing might prevent harm and/or secure evidence.

However, it must be emphasised that attempts to prevent an individual swallowing an object by any means (e.g. holding the neck with hand, or the crook of the arm, placing fingers in the mouth) may result in an increased risk of that individual choking on the swallowed object.

Thus, it is not ever appropriate to attempt to prevent the swallowing of an object by the use of pressure or force to the neck or facial area.

If an individual appears to have an object in their mouth, it is worth asking them to "Please spit it out".

If an individual appears to succeed in swallowing an object, then immediate contact with an appropriate healthcare professional should be made for advice on management.

If an individual appears to choke on the object swallowed, the protocol recommended below by the Resuscitation Council should be followed.

In some cases of witnessed swallowing it may not be possible to distinguish between an individual struggling to remove an object from their own mouth on which they are choking, and an individual who is struggling to escape police or resist arrest.

The only safe assumption which can be made is that the individual is trying to remove an object on which he/she is choking. For this reason, if at all possible, the individual should not be handcuffed or otherwise restrained, in order that he/she can try to retrieve the object on his/her own in an unrestricted fashion.

It is essential that the individual is repeatedly asked 'Are you choking?' and whilst awaiting transfer to hospital or medical assistance, the treatment of someone believed to be choking having possibly swallowed an object should be as shown below – according to Resuscitation Guidelines (Resuscitation Council 2010 – www.resus.org.uk).

Resuscitation Council (UK) guidelines

The following guideline on choking is reproduced from the Resuscitation Council guidance and is applicable to an adult choking on objects, including food.

Choking

Recognition

Because recognition of choking (airway obstruction by a foreign body) is the key to successful outcome, it is important not to confuse this emergency with fainting, heart attack, seizure, or other conditions that may cause sudden respiratory distress, blue (cyanosis) or other change in skin colouration, or loss of consciousness.

Foreign bodies may cause either mild or severe airway obstruction. The signs and symptoms enabling differentiation between mild and severe airway obstruction are summarised in the table below. It is important to ask the conscious victim 'Are you choking?'

General signs of choking

- Attack occurs while eating (or having swallowed an object)
- Victim may clutch his neck (this will not be seen if handcuffed)

Signs of mild airway obstruction

Response to question 'Are you choking?'

- Victim speaks and answers 'yes'

Other signs

- Victim is able to speak, cough and breathe

Signs of severe airway obstruction

Response to question 'Are you choking?'

- Victim unable to speak
- Victim may respond by nodding

Other signs

- Victim unable to breathe
- Breathing sounds wheezy
- Attempts at coughing are silent
- Victim may be unconscious

Adult choking sequence

(This sequence is also suitable for use in children over the age of 1 year)

1. If the victim shows signs of mild airway obstruction:

- Encourage him to continue coughing, but do nothing else.

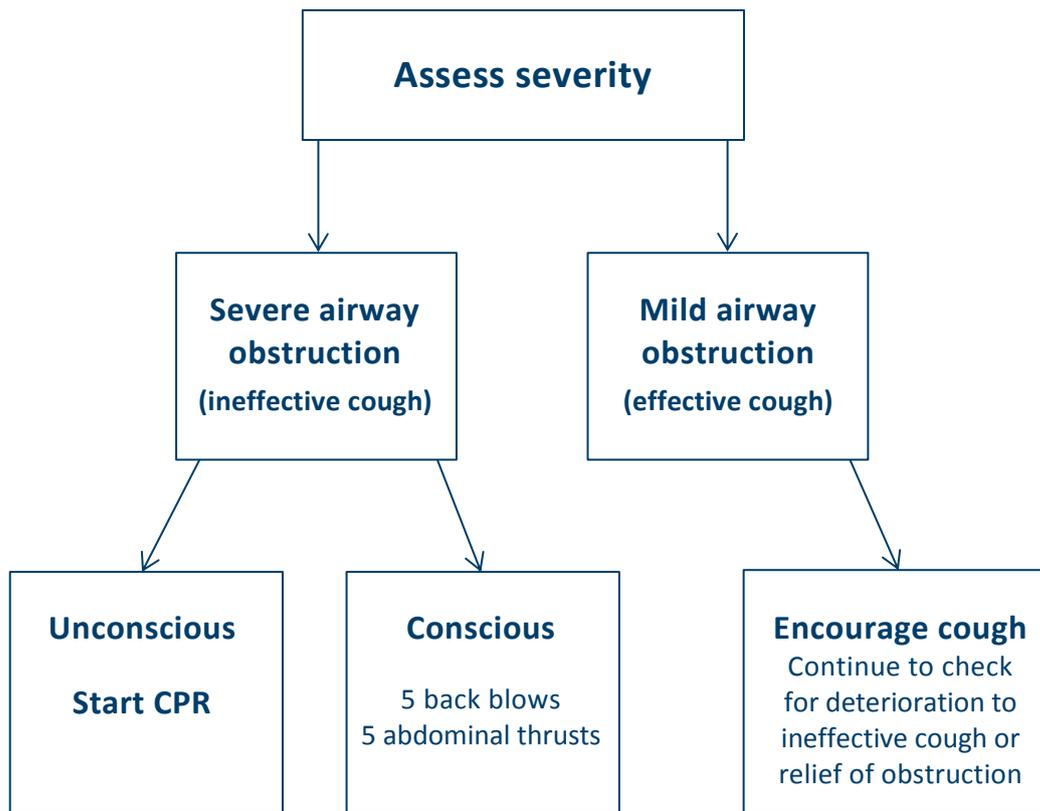
2. If the victim shows signs of severe airway obstruction and is conscious:

- Give up to five back blows.
 - Stand to the side and slightly behind the victim.
 - Support the chest with one hand and lean the victim well forwards so that when the obstructing object is dislodged it comes out of the mouth rather than goes further down the airway.
 - Give **up to** five sharp blows between the shoulder blades with the heel of your other hand.
- Check to see if each back blow has relieved the airway obstruction. The aim is to relieve the obstruction with each blow rather than necessarily to give all five.

- If five back blows fail to relieve the airway obstruction give up to five abdominal thrusts.
 - Stand behind the victim and put both arms round the upper part of his abdomen.
 - Lean the victim forwards.
 - Clench your fist and place it between the umbilicus (navel) and the bottom end of the sternum (breastbone).
 - Grasp this hand with your other hand and pull sharply inwards and upwards.
 - Repeat up to five times.
- If the obstruction is still not relieved, continue alternating five back blows with five abdominal thrusts.

3. If the victim becomes unconscious:

- Support the victim carefully to the ground.
- Immediately call an ambulance.
- Begin Cardiopulmonary Resuscitation (CPR). Healthcare providers, trained and experienced in feeling for a carotid pulse, should initiate chest compressions even if a pulse is present in the unconscious choking victim.



Explanatory notes

Following successful treatment for choking, foreign material may nevertheless remain in the upper or lower respiratory tract and cause complications later. Victims with a persistent cough, difficulty swallowing, or with the sensation of an object being still stuck in the throat should therefore be referred for a medical opinion.

Abdominal thrusts can cause serious internal injuries and all victims receiving abdominal thrusts should be examined for injury by a doctor.