



Management of Choking in Police Care & Custody Recommendations for Police Personnel Endorsed by The Royal College of Emergency Medicine

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Police and healthcare personnel may be confronted with individuals who attempt to swallow substances or objects (also referred to as ‘foreign bodies’) 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 a person (also referred to as a patient in these recommendations to align with Resuscitation Council guidelines) 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 never appropriate to try to **prevent** the swallowing of an object by the use of pressure or force to the neck or facial area.

If a person appears to have an object in their mouth, they should be requested to “Please spit it out”.

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

If a person appears to choke on the object swallowed, the protocol recommended below by the Resuscitation Council must be followed.

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

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

It is essential that the person 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 follow [Resuscitation Guidelines \(Resuscitation Council 2021\)](#) outlined below.

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 with examples related to police custody.

Choking

Recognition

Because recognition of choking 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 patient “Are you choking?”



General signs of choking

- **Suspect choking if someone is suddenly unable to speak, particularly if eating (or if witnessed to attempt to swallow something)**
 - Attack occurs while eating (or having swallowed something)
 - Patient may clutch their neck (this will not be seen if handcuffed)

Signs of *mild* airway obstruction

Response to question “Are you choking?”

- Patient speaks and can answer “yes“

Other signs

- Patient is able to breathe
- Breathing sounds normal
- Patient has an effective cough
- Patient talks and responds appropriately

Signs of *severe* airway obstruction

Response to question “Are you choking?”

- Patient unable to make sounds
- Patient may only respond by nodding

Other signs

- Patient unable to breathe
- Breathing sounds abnormal
- Attempts at coughing are silent
- Patient may be unconscious

Adult choking sequence

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

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

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

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

[Specifically in the custody settings. Verbalise clearly to the patient/detainee and observers that you believe they are choking and you are going to help them by ‘hitting’ them on their back to try to help them cough up the object].

- Give up to five back blows.
 - Stand to the side and slightly behind the patient.
 - Support the chest with one hand and lean the patient well forwards.
 - 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.

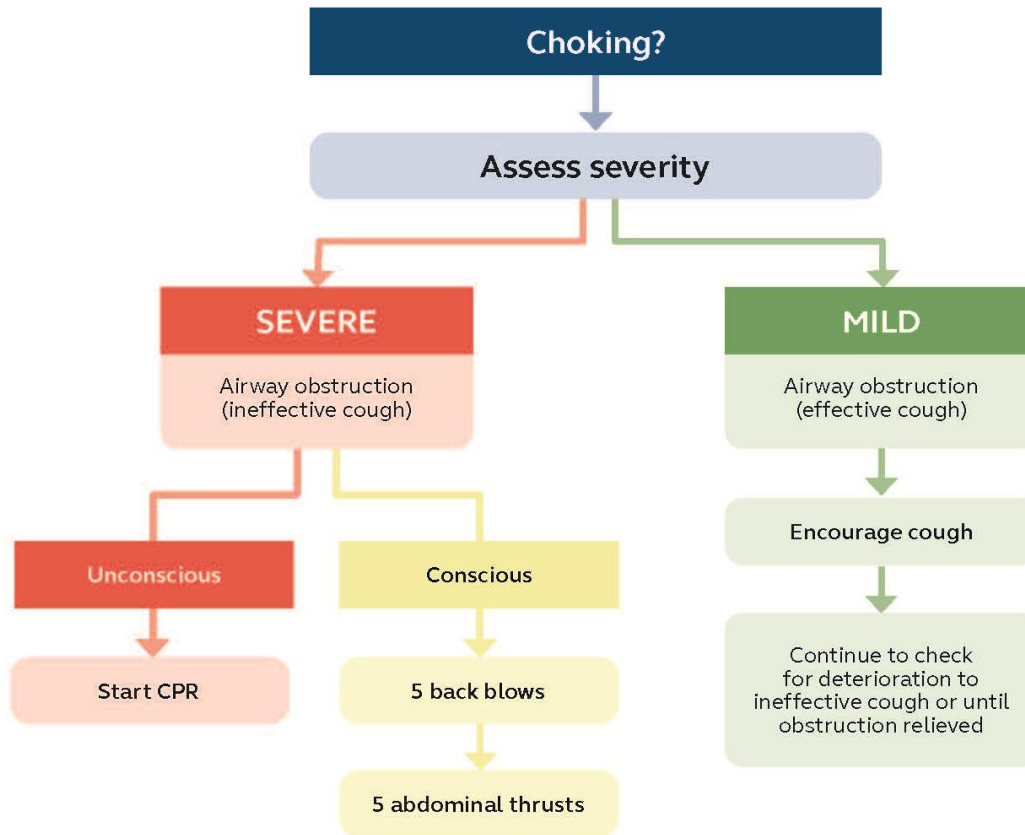
- If five back blows fail to relieve the airway obstruction give up to five abdominal thrusts.
 - Stand behind the patient and put both arms round the upper part of their abdomen.
 - Lean the victim forwards.
 - Place a clenched fist on the abdomen just under the lower end of the breast bone; grasp this hand with your other hand and pull sharply inwards and upwards.
 - 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 patient becomes unconscious:

- Support the victim carefully to the ground.
- Immediately call an ambulance.
- **IN ALL CASES** begin Cardiopulmonary Resuscitation (CPR).



Adult choking



[Choking algorithm taken from Resuscitation Council UK (RCUK) Guidelines 2021 - <https://www.resus.org.uk/sites/default/files/2021-04/Adult%20Choking%20Algorithm%202021.pdf>]

The RCUK has a useful YouTube video demonstrating treatment for choking:



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/suitably qualified healthcare professional.