

Good practice guidance: prevention and management of choking episodes in babies and children

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Who this guidance is for

We have produced this guidance to raise awareness of preventing and managing choking episodes for those caring for young children.

It can happen quickly, and the effects can be devastating.

The child accident prevention trust (UK) states that each day around 40 under-5s are rushed to hospital after choking on something or swallowing something dangerous. Food is the most likely cause, but small objects and toys can also be risky for young children.

The Resuscitation Council UK also describes how the majority of choking events in children occur during play or while eating, when a carer is usually present. Events are therefore frequently witnessed, and interventions are usually started when the child is conscious.

Those caring for children should be aware of times where the risk of choking may be higher, such as during mealtimes and when children have access to small objects. All staff need to know how to take preventive measures against these risks and what to do in an emergency.

A child can choke anywhere and at any time. So, it is important that staff know how to apply first aid to children that are choking. This guidance cannot cover all situations but is designed to signpost people to support that is available and ensure that staff recognise and can mitigate against possible risks. This guidance should be used in conjunction with the service's risk management processes and procedures to support staff development. It is not designed to be used in an emergency or as an alternative to appropriate training.

Definition of choking

Choking is defined as “a foreign object that is stuck in the pharynx (back of the throat) or trachea (windpipe) that causes a blockage of, or muscular spasm in the airway. If there is mild airway obstruction, the child should be able to clear it, but if it is complete, he or she will be unable to speak, cough or breathe. Unless there is

intervention at this point the casualty will become unconscious and could die. The treatment of the choking differs depending on the age of the casualty.”

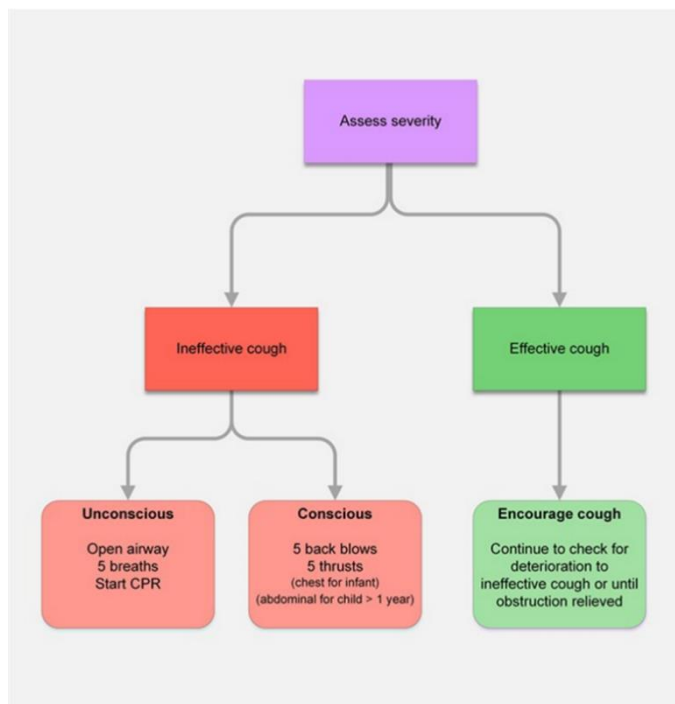
When a baby or child chokes it is an emergency.

Call 999 immediately. Paramedics will determine whether the small foreign object has cleared or not on their arrival.

Choking is characterised by the sudden onset of respiratory distress associated with coughing or gagging, or stridor (loud, harsh, high pitched respiratory sound). Similar signs and symptoms may also be associated with other causes of airway obstruction, such as laryngitis, or epiglottitis, which require different management.

Sometimes choking can be silent with no sound to warn you something is wrong.

General signs of choking	
<ul style="list-style-type: none"> • witnessed episode • coughing or choking • sudden onset • recent history of playing with or eating small objects 	
Ineffective coughing	Effective cough
<ul style="list-style-type: none"> • unable to vocalise • quiet or silent cough • unable to breathe • cyanosis • decreasing level of consciousness 	<ul style="list-style-type: none"> • crying or verbal response to questions • loud cough • able to take a breath before coughing • fully responsive



<https://www.resus.org.uk/resuscitation-guidelines/paediatric-basic-life-support/#choking>

Relieving choking

- Safety comes first. Get help. Dial 999.
- Assess the situation - if the child is coughing effectively, then no external manoeuvre is necessary.
- If you cannot see any object in the child's mouth do not "blind" sweep your fingers in the child's mouth as this may push the item in further.
- Encourage the child to cough and monitor continuously.
- If the child's coughing is, or becomes, ineffective, shout for help to contact emergency services immediately and determine the child's conscious level.

The Resuscitation Council (UK) has produced paediatric choking treatment information and posters. <https://www.resus.org.uk/resuscitation-guidelines/paediatric-basic-life-support/#choking>

Other helpful links include:

<https://www.resus.org.uk/resuscitation-guidelines/paediatric-basic-life-support/#choking>

<https://www.nhs.uk/video/Pages/my-young-child-is-choking-what-should-i-do.aspx>

<https://www.nhs.uk/conditions/pregnancy-and-baby/helping-choking-baby/>

Food Safety

A child dies in the United Kingdom every month from choking and hundreds more need hospital treatment. It can happen quickly, and it can happen to anyone. Babies and toddlers are most at risk because they examine things around them by putting them in their mouths.

In group settings, mealtimes should be well managed and young children and babies should always be supervised when eating. It is important that staff breaks are managed to make sure children have suitable support while eating. Any risks should be identified and minimised and staff should be suitably trained to promote positive mealtime experiences.

Managers must make sure that staff are putting any learning and training into practice to promote safe, happy and healthy mealtimes.

Avoid snacks and mealtimes when driving with children. You can't properly supervise when driving and any sudden jolts or sudden breaking could cause a child to choke.

During the first year of life, babies are still learning to enjoy food. Over time they will develop skills and muscle coordination to eat a much wider variety of foods. It is, however, important to make sure that babies are kept safe and that they do not choke on any food that is provided for them. Babies should not be given solid food before they are developmentally ready as this will increase the risk of choking.

The following key points should help to avoid any choking episodes. It is also important to consider the needs of individual babies and take guidance from parents.

Steps to reduce the risk of choking for babies and young children

This information has been summarised from a range of resources including Fun First Foods, Setting the Table, Ready Steady Toddler and Food Matters. Each child is different. Always know the needs and stage of development for each child and present food that matches their ability. If a child has special needs and you need additional advice to support them when eating, discuss with their parents first and seek advice from a speech and language therapist or other specialists involved in their care.

Supporting babies and young children when eating

- Always stay with babies and young children when they are eating.
- Babies should be sitting up, preferably in a highchair, with their feet supported when eating (to stop them slipping down). This should allow the child to be seated at the same level as others around the table.
- Children are more likely to choke if they slip or trip while eating. Make sure children sit down to eat and drink, and do not lie down, walk or run.
- Babies should be given time to swallow each mouthful.
- Stop babies and young children from putting too much food in their mouth in case they choke.
- Make sure the baby's mouth is empty before the next mouthful of food. It is important to go at the baby's pace.
- When ready, let babies feed themselves so they are in control and the food does not go too far back in their mouth.

Ways to prepare food so that it's safe

- Remove any stones or pips before serving.
- Quarter (length ways) small fruit and vegetables like cherry tomatoes, grapes and blackberries.
- Cut large fruits into slices rather than chunks.
- Think twice before offering very young children hard, slippery or sticky foods. If serving, these should be cut into small pieces.
- Peel the skin off fruit, vegetables and sausages (although remember that sausages can be high in salt).
- Cook hard or stringy vegetables such as green beans and carrots until they are quite soft for use as finger foods, rather than offering them raw.
- Remove bones from meat or fish.

Watch out for small round food items

Children under four years old can choke on these things – avoid them.

- peanuts
- boiled sweets
- hot dogs
- chocolate eggs with small toys inside
- raw carrots
- popcorn
- nuts (whole peanuts should be avoided until the age of 5)
- sweet items such as mini eggs
- raw jelly cubes, they can get stuck in the throat.

NHS.uk, start4life provides advice of foods and drinks to avoid when weaning
<https://www.nhs.uk/start4life/weaning/safe-weaning/>

Things to think about during mealtimes (adapted from Food Matters)

Children will get the most value out of mealtimes when they are supported by staff who know them well. How do you maximise opportunities for children to enjoy mealtimes in a safe and supportive way with familiar staff?

Supporting children to try new food is important, but this should be done safely. How do you ensure staff understand best practice to avoid choking episodes and that they implement this in their day-to-day practice?

How do you ensure that mealtimes are organised in a way that meets the needs of all the children?

How do you ensure that mealtimes are positive experiences for children?

Knowledge and understanding of food allergies and sensitivity of children is important information to have for each child. How do you ensure this information is communicated effectively to staff?

How do your policies that reflect mealtimes support understanding of the approaches used in the service to minimise the risk of choking?

What discussions do you have with parents around your responsibilities regarding food provision? How can you support them to understand your role?

Toy safety

Keep small objects out of reach. Remember - all small objects could be a potential hazard and block a child's airway.

For example:

- coins, pins, screws, beads
- button batteries
- balls smaller than 1¾ inches (4.45cm)
- deflated balloons or pieces of a burst balloon
- plastic bags (to prevent inhalation)
- glitter (to prevent inhalation) – if used by child ensure supervision
- toys should be age appropriate.

<https://www.rospa.com/home-safety/advice/child-safety/accidents-to-children/#suffocating>

Choose toys from a well-known manufacturer

Toys which are a choking hazard because of small parts will be marked with a symbol (face scored through with '0-3' in writing) and make use of the manufacturer's guide, for example "toys not suitable for under 36 months".

Never let children run with objects in their mouth or while they are eating.

Take advice when buying baby toys to make sure they are suitable for the baby's age. Don't rely on a CE mark alone as a guarantee of safety. The ACE mark on a product is simply a declaration by the manufacturer that the product meets all the requirements of European law and is safe to use. For added reassurance look for third party independent safety certification. Check that toys have no broken bits, sharp edges or loose parts.

Never give a young baby a toy with long hair or fur as these can cause choking – and never string a line of toys across a pram or cot as the string could break or come loose and get wrapped around your baby's neck. To be on the safe side, remove all cot toys – especially mobiles which could now be in the baby's reach.

Loose Parts Play

Loose parts play is an important aspect of every child's development. This play allows the child to be imaginative and creative with a range of materials. These may be manmade or natural. Due to the nature of the activity it is important that staff consider the risk benefit of children playing with the different materials that do not have safety symbols or recommended ages. Part of this assessment should be a consideration of any materials that may present a risk in relation to choking. Appropriate levels of supervision and support for children will minimise the risk and enable children to continue to enjoy this activity safely.

Baby listening monitor and safety

Do not rely on these totally as they could break down without you knowing it. Also, many serious accidents such as choking happen silently. Babies and young children should be appropriately supervised whether you have a monitor or not.

When baby starts to crawl and is toddling

Young children at this stage explore their new world by putting anything they pick up straight into their mouth. So, when they start to shuffle and crawl, make sure there are no small or sharp objects on the floor that could choke or cut a baby.

Looped cord blinds and safety

The Child Accident Prevention Trust gives this advice on blind cord safety: To reduce the risk posed by looped blind cords they should be kept out of the reach of children. Do not place a child's cot, bed, playpen or highchair near a blind cord. Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available.

Baby clothing and safety

To reduce the risk of suffocation or choking, sleep clothing should be plain and simple. Remove clothes that may cause a hazard such as ribbons, braces or large-weave cardigans, bibs as these can get hooked up or twisted around the baby's neck. Also, check for loose buttons as these can easily be swallowed.

Health and Safety at Work

Under the Health and Safety (First Aid) Regulations 1981, workplaces should have first aid provision. The minimum requirement for any workplace is that when people are at work (including nightshifts), there should be at least one appointed person who will take charge in an emergency situation. This includes being responsible for calling an ambulance and looking after the first aid equipment, for example restocking the first aid box.

An appointed person should be available at all times while people are working on site. This may mean appointing more than one. It is recommended that an appointed person should have received emergency first aid training. Although the Health and Safety Regulations only refer to facilities for employees, it is recommended that you extend these to cover people experiencing care and visitors.

This guidance only supplements first aid training and does not replace it. It is good practice for staff to receive paediatric first aid training on a regular basis.

For groups settings it is important to consider who is the appointed first aider, where in the building they are situated and how easily and quickly they can be sought in an emergency.

The law: related Scottish Statutory Instruments

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

The Scottish Statutory Instruments Requirements for Care Services: SSI 2011 No.210 (the regulations) outlines the requirements that the Care Inspectorate would inspect against; relating to emergency situations.

Welfare

- A provider must make proper provision for the health, welfare and safety of people experiencing care.

Personal plans

- Review the personal plan when there is a significant change in someone's health, welfare or safety needs.

Fitness of employees

- A provider must not employ any person in the provision of a care service unless that person is fit to be so employed in the provision of a care service.
- The following persons are unfit to be employed in the provision of a care service: a person who does not have the qualifications, skills and experience necessary for the work that person is to perform.

Staffing

- A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of people experiencing care.
- Always ensure that suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of people experiencing care. Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to

perform and suitable assistance, including time off work, to gain further appropriate qualifications.

Related Health and Social Care Standards

I experience high quality care and support that is right for me

- 1.14 My future care and support needs are anticipated as part of my assessment.
- 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.
- 1.19 My care and support meets my needs and is right for me.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.
- 1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.
- 1.35 I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.
- 1.36 If I wish, I can share snacks and meals alongside other people using and working in the service if appropriate.
- 1.3 My meals and snacks meet my cultural and dietary needs, beliefs and preferences.

I have confidence in the people who support and care for me

- 3.9 I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.
- 3.10 As a child or young person I feel valued, loved and secure.
- 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.
- 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

I have confidence in the organisation providing my care and support

- 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.
- 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.
- 4.16 I am supported and cared for by people I know so that I experience consistency and continuity.
- 4.27 I experience high quality care and support because people have the necessary information and resources.

For more information, advice and guidance

1. Resuscitation Council (UK) Resuscitation Guidelines
2. Kindleskyes, 2005, Primary Health Care, October 2007
3. Child accident prevention trust <http://www.capt.org.uk/>
4. ENT.UK Choking – hazards in the home and how to avoid them
5. <https://www.rospa.com/rospaweb/docs/advice-services/home-safety/choking-hazards.pdf>
6. NHS Scotland Ready steady baby (2011), Safety and your growing baby
7. NHS Health Scotland (reprinted 2013) Fun First Foods, an easy guide introducing solid foods, Scottish Government
8. <https://hub.careinspectorate.com/media/1507/fun-foods-first-an-easy-guide-to-introducing-solid-foods.pdf>
9. NHS Health Scotland Ready Steady Toddler (2013) <http://www.readysteadytoddler.org.uk/>
10. The Good Egg Guide to In-home Child Safety, The Good Egg Guide to keeping your child safe at home, Dynamic Initiatives (2010) www.inhomechildsafety.co.uk
<http://www.goodegghomesafety.com/>
11. Health and Safety at Work, 2008 HSE
12. <https://www.nhs.uk/start4life/weaning/safe-weaning/>
13. [Setting the table](#)
14. <https://www.capt.org.uk/choking-prevention>
15. <https://hub.careinspectorate.com/media/3241/food-matters-nurturing-happy-healthy-children.pdf>

Web links and further reading

British Standards Institution

www.bsi-global.com

For advice on safety standards on baby equipment.

Child Accident Prevention Trust

<https://www.capt.org.uk/pages/search.aspx?q=choking>

Food matters

<https://hub.careinspectorate.com/media/3241/food-matters-nurturing-happy-healthy-children.pdf>

Fun First Foods

<https://hub.careinspectorate.com/media/1507/fun-foods-first-an-easy-guide-to-introducing-solid-foods.pdf>

HSE Health and social care page

www.hse.gov.uk/healthservices/index.htm

NHS

<https://www.nhs.uk/start4life/weaning/safe-weaning/>

<https://www.nhs.uk/conditions/pregnancy-and-baby/helping-choking-baby/>

<https://www.nhs.uk/conditions/pregnancy-and-baby/resuscitating-a-baby/>

NHS Choices - web information on choking

www.nhs.uk

www.nhsinform.co.uk

NHS Health Scotland

Fun first foods (reprinted 2013)

<https://hub.careinspectorate.com/media/1507/fun-foods-first-an-easy-guide-to-introducing-solid-foods.pdf>

Gives advice on reducing the risk of choking.

Ready Steady Baby (given out by maternity services) book, website and app.

<https://www.nhsinform.scot/readysteadybaby>

Ready Steady Toddler

www.readysteadytoddler.org.uk/everyday-routines/food-and-diet/index.aspx

Resuscitation council (UK)

www.resus.org.uk

ROSPA

<https://www.rospa.com/resources/hubs/keeping-kids-safe/Choking>

<https://www.rospa.com/resources/hubs/keeping-kids-safe/meal-time>

<https://www.rospa.com/rospaweb/media/Documents/Home%20safety/safe-at-home-under-5.pdf>

Setting the table

<https://hub.careinspectorate.com/media/1615/setting-the-table-nutritional-guidance-and-standards-for-childcare.pdf>

St Andrews First Aid – Scottish First Aid Organisation

www.firstaid.org.uk

Includes an easy-to-view podcast for emergency situations.

St Johns ambulance

www.sja.org.uk

The British Red Cross

www.redcross.org.uk

Gives information on choking with links to video, audio information, and animation along with frequently asked questions and a fact sheet. The section 'Everyday first aid' provides online training and an app to scan and download.

An app can be found here <https://www.redcross.org.uk/first-aid/first-aid-apps>

<https://www.redcross.org.uk/first-aid/learn-first-aid-for-babies-and-children/choking-baby>

The Food Standards Scotland

<https://hub.careinspectorate.com/media/2877/food-standards-scotland-top-tips-for-food-safety.pdf>

The Health and Safety Executive (Scotland) HSE

www.hse.gov.uk/scotland/index.htm

The Royal Society for the Prevention of Accidents

<https://www.rospa.com/Resources/Hubs/Keeping-Kids-Safe>

Includes information on choking hazards and how to avoid them

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