

Choking — what is the risk?

Choking occurs when a foreign object becomes stuck in the airway and prevents breathing. Young children are particularly vulnerable because their trachea and bronchi which carry oxygen to the lungs are small and they have not yet developed full control of the muscles in their mouth and throat. Items of food or other objects put into the mouth can therefore easily become trapped.

In most cases, the item can be dislodged by coughing. However, sometimes this does not work and without immediate first aid the incident can quickly become life-threatening.

Risks may be greater for under-threes who often explore the world around them by putting things in their mouths. Older children can be taught about the dangers of such behaviour, but will still be at risk, particularly from food.

People of any age can choke while they are eating or drinking. However, children are more at risk than an adult because they do not chew as well, their swallowing may not be as co-ordinated and they get distracted during mealtimes.

In all cases, an early years service must complete appropriate risk assessments. Robust assessments should inform suitable policies and procedures designed to reduce risks to a minimum and to support contingency plans in case of an incident.

Risk assessments should be completed by a competent person and should be subject to regular review.

Choking on food

Most choking incidents involving pre-school children occur while they are eating.

Certain types of food have been identified as high risk because of their shape, texture or size. Round food such as grapes, nuts, cherry tomatoes and hard sweets can easily become trapped and form a perfect plug, effectively sealing the windpipe.

Evidence suggests that other high-risk foods include popcorn, chips, raw vegetables, raisins, peanut butter and chunks of meat or sausage such as hotdogs. Concerns have also been raised by the Child Accident Prevention Trust about raw jelly following the death of a child in a nursery who choked on a jelly cube in 2012.

Foods that might pose a risk should be either avoided or cut up into small pieces. *Voluntary Food and Drink Guidelines for Early Years Settings in England — A Practical Guide*, published by the Children's Food Trust states that to reduce the risk of choking:

- remove any stones and pips before serving
- halve small fruit and vegetables like grapes and cherry tomatoes
- cut large fruits, like melon, into slices instead of small chunks
- do not give whole nuts to children under five years old.

The Child Accident Prevention Trust reinforces this advice, stressing the importance of chopping-up foods such as grapes. The Trust has produced a leaflet, *Finger Food without the Fear*, which early years providers can use as a display and in communications with parents.

Safe mealtimes

Mealtimes should not be hurried. Trying to rush food will increase choking risks.

Young children should be properly supervised at mealtimes and should be given safe eating messages. Having an adult act as a role model is a useful approach.

Wherever possible children should be seated around a table to eat and taught to sit up straight. Large portions should be avoided and children should be encouraged to chew their food. Children who are not good at chewing should be identified and their food cut up into small pieces. Babies should not be fed from a bottle or cup when lying down.

Effective supervision applies both to organised mealtimes and to snacks provided during the day. The Children's Food Trust advises providers to avoid cutting meal or snack times short to accommodate other activities. They warn that children may not eat well if they are distracted by more interesting things going on.

Children with swallowing difficulties

Risks can be increased if a child has a medical condition that compromises their ability to swallow.

All children should have their needs fully assessed when they start at an early years service. Nutrition should be discussed with their parents and a plan agreed of how to address any special needs. The plan should regularly be reviewed, especially where a child's needs change.

Where necessary suitably prepared food, such as pureed meals, should be provided. In some cases the service will need to work with the child's GP or a healthcare provider, such as a speech and language therapist.

Other causes of choking

While food is perhaps the highest risk area for choking, children can of course choke on other items as well. Small objects and toys that could be ingested and cause choking should therefore be kept out of the reach of very young children. This includes items such as button batteries, coins, beads, balloons, strings and cords.

Older children should be educated as far as possible about the dangers of putting toys in the mouth.

Toys should be carefully procured to ensure they are safe and do not contain parts that could come off and choke a child. They should be regularly inspected to ensure they are kept in good condition.

The Child Accident Prevention Trust advises that button batteries may be particularly hazardous if swallowed, potentially causing serious burns in the throat of a child as well as posing a choking risk.

Emergency arrangements

In addition to preventing choking, an early years service must ensure that it has effective contingency plans in place in the event of an incident occurring.

A choking incident is a medical emergency and staff must be prepared if they are to respond effectively and potentially save a life.

The requirements for an effective response include:

- awareness of what to do
- robust policies and procedures
- sufficient first-aid training and skills.

Staff and volunteers supervising children should be trained to always be alert to the dangers of choking. All new staff should be made aware of the risks during their induction training.

If a child is choking, staff should be trained to respond immediately by implementing a pre-agreed procedure. In all cases a first aider should be summoned and appropriate first-aid rendered which follows up-to-date best practice in care of a choking child.

An early years service should have an appropriate number of first-aid trained staff on duty at any time.

In England, guidance is provided in the most recent version of the Early Years Foundation Stage (EYFS) published in March 2017. Section 3.25 states that:

- at least one person who has a current paediatric first-aid (PFA) certificate must be on the premises and available at all times when children are present, and must accompany children on outings
- the certificate must be for a full course consistent with the criteria set out in Annex A of the guidance
- PFA training must be renewed every three years and be relevant for workers caring for young children and where relevant, babies
- providers should take into account the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly
- all newly qualified entrants to the early years workforce who have completed a level 2 and/or level 3 qualification on or after June 2016, must also have either a full PFA or an emergency PFA certificate within three months of starting work in order to be included in the required staff:child ratios at level 2 or level 3 in an early years setting
- providers should display (or make available to parents) staff PFA certificates or a list of staff who have a current PFA certificate.

The guidance states that early years providers are responsible for identifying and selecting a competent training provider to deliver their PFA training. All training should be obtained from a nationally approved and accredited provider.