

Children and choking risks

Introduction

Choking incidents affecting children, both fatal and non fatal, are reported to and monitored by the Department of Trade and Industry (DTI)... however they can only monitor those cases about which they are told and there might be thousands more occurrences which are not reported.

The report 'Choking risks to children under 4 from toys and other objects' (DTI, 1999) says 'Choking is a very minor cause of accidents to children'.

What is choking?

Choking occurs when a foreign object gets lodged in the throat or windpipe. It blocks the flow of air, cutting off oxygen to the brain. If the brain is starved of oxygen for a few minutes it can lead to brain damage... up to 5 minutes and it can lead to death.

Symptoms of choking

The baby, child or adult who is choking will usually start coughing and clutching their throat. They might have noisy breathing (though sometimes you cannot hear them) and if the oxygen supply is cut off they might quickly have blue skin, lips and nails. If they cannot breathe for more than a few minutes the patient might lose consciousness.

Choking and insurance

Childminders are covered for allowing babies and children to play with toys and games in their houses *if appropriate care has been taken to ensure the baby and child is safe*. So, for example, if babies get hold of crayons that state 'not to be used for children under 3' and you can show that you have...

- Stored them out of sight and reach;
- Risk assessed their use and the likelihood of them being accessed by the baby;
- Advised older children about using them appropriately and picking them up immediately if dropped;
- Supervised older children when using them...

Then you are covered by your insurance.

The EYFS says that you must risk assess everything a child comes into contact with and this should include toys, games and arts and crafts materials as well as natural hazards they might encounter on outings or in the garden.

Choking and age and stage of development

Studies show that children are at most risk of choking between the ages of 8 and 13 months when they start to move around and explore their environment. Medical practitioners also note that their windpipes are not yet fully developed and their cough mechanisms may not be strong enough to eject items from their windpipes at this age.

Choking and Ofsted

Ofsted have recently brought choking to the forefront with its report into the death of a child at a nursery. The child swallowed a sausage which formed a 'perfect plug' in the child's windpipe (information taken from the Coroner's Report reported in The Telegraph newspaper). The Ofsted report (June 2011) states...

'Following a recent inquest into the death of a child in a nursery, we were asked by the coroner involved to make inspectors and providers aware of two issues. The issues stem from the risk to young children of choking on very small food particles, for example food items such as a piece of sausage.

Sadly, some time ago a young child choked on a small piece of sausage and despite the best efforts of the staff who tried to dislodge it and subsequently of medical staff, the child died. At the inquest, it was identified that the first aid training for nursery staff may not sufficiently equip them to be able to dislodge small items of food from the throats of young children, particularly when firm tummy thrusts are required.'

Choking and disability

Research has shown that children with special health care needs are especially vulnerable to choking risks because their muscles and jaws are often not well enough developed to chew or swallow hard or fibrous foods.

Choking – common hazards

There are a number of well known hazards including...

- Food and drink;
- Toys – proportionally this only relates to a small amount of choking cases;
- Non food – something a child finds in the house or garden;
- Teething medication – this can numb the throat and interfere with swallowing so do not feed babies or children immediately after using.

Remember that the size of a young child's trachea (windpipe) is approximately the size of a drinking straw...

Food and drink

Choking accidents with food and drink peak at ages 1 to 2, which is typically when solid food is being introduced into children's diets.

Hazards

Babies and children might...

- Cough while drinking and inhale the liquid, causing choking;
- Eat food which blocks their windpipe including hot dogs, popcorn, grapes, carrot circles etc;
- Pick up food which has been dropped and eat it;
- Take bites out of apples or other fruit left lying around in bowls;
- Climb to reach food which is meant to be out of their reach;
- Take food off the plates of older children and choke on it because it is not cut up for them;
- Find older children's sweets (watch out for the toys inside Kinder Eggs), sweet wrappers or pieces of biscuits or chocolate and eat them - sweets are statistically the most common choking hazards in babies and small children;
- Accidentally eat a fish bone or a nut;
- Choke on a circular piece of food such as a sausage, cherry tomatoes, raisins, grapes, cucumber etc;

The American Academy of Paediatrics has produced an interesting list of foods which it recommends are kept away from children younger than 4 including...

- Hot dogs;
- Nuts and seeds;
- Chunks of meat or cheese;
- Whole grapes;
- Hard, gooey or sticky candy including chewing gum;
- Popcorn;
- Chunks of peanut butter;
- Raw vegetables;
- Raisins.

Other websites also recommend marshmallows are avoided for the under 3s and care is taken when younger children eat any processed food such as burgers as they take a lot of chewing.

Controls

- Supervision is the key to keeping children safe when eating and drinking. An adult must sit with them at all times when they are eating. I often see childminders posting on forums 'just popping on while the children are eating'... consider what would happen if a child choked, they did not make a sound and you were not next to them to immediately begin First Aid.

Some choking cases have been recorded when the child does not make any noise or give any indication that s/he is choking so an adult must be sitting next to the child to see the signs.

- It is important that an adult gives children good eating messages – sits at the table, chews properly, encourages children to swallow before talking etc.
- High chair straps worry me – a baby or child who is choking needs urgent help but the childminder has to first open the security straps - which are necessary to stop baby from falling or child from climbing out of the chair. For this reason, straps should be risk assessed regularly to ensure the opening mechanism is smooth and will not jam if a baby or child needs to be taken out of the chair quickly in an emergency situation.
- When eating or drinking babies and children should sit up straight – if they are slumped in their seats they should be re-positioned. Babies should not be lying down when drinking from bottles or cups.
- Children who cram or stuff food into their mouths should be given small portions and encouraged to chew and fully swallow before the next piece of food is offered. Adults can set good examples by sitting with them and showing them how to chew effectively.
- Bananas, sausages etc should be cut lengthwise (rather than in circles) and grapes, tomatoes and other round food should be cut into quarters (halves still leaves it in the same plug like shape).
- Vegetables which are hard and might cause choking can be grated or might be steamed to soften them slightly before eating.
- Offer liquids to babies between mouthfuls rather than when they have food in their mouths and teach older children to swallow before drinking.
- Children must not eat in their car seats because the time that is wasted parking the car safely, getting access to them and removing their seat belt could be fatal.
- Meal times should not be hurried. If time is short because of other commitments then the childminder should reconsider his/her timetable rather than asking children to eat quickly.
- Nuts and peanut butter type food should be avoided as they are a common cause of both choking accidents and allergic reactions.

- Discourage children from talking or laughing with their mouths full of food. They should chew and swallow before speaking.
- When food is being prepared care must be taken to remove all fish and animal bones and seeds or stones from fruit.
- Child Accident Prevention Trust (CAPT) information notes that reconstituted foods often cause chewing problems for children, including burgers.
- If children are not good at chewing, food should be cut so they can chew it before swallowing and they should be supported to improve their chewing technique. Similarly, food prepared for a disabled child who does not have good chewing or swallowing reflexes might need to be cut up small or pureed.
- Do not leave food accessible to children. For example, put fruit bowls out of sight and reach and do not store vegetables in easily accessible baskets in the kitchen. If children can access the fridge, consider using a lock on the door.
- Children must sit when eating and drinking (including older children who attend the provision) so that food is dropped in one easily cleanable area. If everyone sits a good example is set. Flooring underneath tables should be easy to clean and checked after each meal to ensure potential choke hazards have been removed.
- If sausages have a thick coating, remove it first and cut the meat into small pieces, encouraging the child to chew and swallow one piece at a time.
- Check between cushions for food, especially if you have a partner or teenagers who do not sit at the table to eat in the evenings or at weekends.
- Peanut butter can stick to the roof of the mouth and form a globule which can sit over the windpipe and stop breathing. The American website <http://www.health.state.ny.us> advises that if used peanut butter is prepared with cream cheese or jelly on whole grain breads. However other websites discourage its use until children's chewing mechanisms have fully developed and the risk of allergy is lessened (age 5 years plus).

Toys

The report 'Choking risks to children under 4 from toys and other objects' (DTI, 1999) says, 'Choking cases involving toys are only a small proportion of all the choking accidents.'

However these must not be discounted simply because it does not happen often. Care must be taken when children are playing with toys which have small parts.

Hazards

All toys are labelled depending on their suitability. However it is hard for childminders who work alone and have a lot of children of different ages because ...

- Toys might be left out by older children;
- Young children might climb and reach the toys;
- Babies might crawl and pick up toys which have been dropped;
- Toys might break and the childminder cannot get to them quickly enough to remove them from the play area before a child eats a small part;
- A child might break a toy and eat part of it;
- Treasure baskets often contain dangerous items such as stones;
- Toys might be bashed on the ground so that small parts come tumbling out – especially risky are musical instruments (home made and purchased), sensory tubes containing small parts, sensory bottles etc;
- Some children are sensory learners and put everything in their mouth;
- An older disabled child might pop something into his mouth without the childminder realising;
- Children might hide behind a shed or in a tent and take a battery or small part out of a toy etc;
- Older children might pass inappropriate toys to little ones.

Controls

- There might be a case made for removing all toys with small parts from the childminding environment to prevent babies and young children from being harmed. However this would then lead to older children's play and learning needs not being met.
- Childminders are responsible for doing a full risk assessment before children arrive each session. This should include checking toys to make sure they are safe and that small parts are secure before the children start playing with them. Any toys considered unsafe should be removed from the play area immediately.

- The DTI have considered how toys might be made safer for babies and young children, including changing the advisory age for anything with small parts from 3 to 4 years. However this might not resolve the issues for childminders who care for children of different ages and studies have shown that many choking incidents involving toys include those which would not fit into the small parts cylinder anyway. A possible control measure might be to allow older children to use a different room when using toys with small parts. However this might then cause concern with Ofsted as the child would no longer be within the childminder's sight... maybe a consideration of the individual child's risk level and putting robust behaviour goals in place would enable the childminder to implement this.
- The childminder is responsible for ongoing safety through the day, ensuring the toys and games being used by the children are safe and do not pose a threat. This will ensure small parts and broken toys are removed from the play area. However the majority of childminders have to leave children unsupervised when they are making tea, on personal comfort breaks or when taking children to the toilet which leaves a danger gap.
- Care should be taken if toys are packed with food, including in cereal boxes. Always remove them first and safety check them before offering them to the children.
- Anything made for the children or containing small parts must be risk assessed before and during play and children should be enabled to manage their own risk by being shown how to use the toys appropriately.
- When using treasure baskets babies and young children must be monitored at all times. Phones must not be answered and other children's needs must be met before the treasure basket is introduced to the play area so the childminder can focus totally on the treasure basket to ensure its appropriate use. Childminders should consider using a 'small parts cylinder' to check safety before introducing new objects to the treasure basket.
- Many childminders prepare 'small world' scenarios for young children in boxes or trays outside containing bulbs, flowers, grit, soil and little toys. Care must be taken when these are left out because younger children might access them and eat the contents. They should be fully risk assessed as safe for the ages and stages of children attending on the day.

Things found and left lying around / foreign bodies

Some childminders use the toilet roll test – if the toilet roll inner is about 1 ¾ inches wide and a toy or part of a toy fits down it then it is not given to babies and young children unless fully supervised.

Hazards

Babies and children might...

- Pick up batteries or take them out of toys to eat them;
- Find coins on the floor or under units – or play coins used by older children;
- Eat paper or foil (these are common choking hazards);
- Eat bottle or pen tops, craft items, paper clips or staples etc;
- Pick up and eat a piece of glass when on an outing;
- Ingest other foreign bodies such as snail shells or stones in the garden, flower heads or bulbs (also risking poisoning);
- Find and eat cigarette butts on outings or in the garden if thrown over the fence;
- Eat the stuffing from a cushion or bean bag;
- Pieces of packaging which come in boxes are considered dangerous and must only be used during supervised play. They can be inhaled and they break apart very easily and small polystyrene 'balls' can easily be eaten;
- Take screws out of toys or battery compartments;
- Chew cords hanging from blinds - these often have circular bits on the end to hold when the cord is pulled;
- Eat decorations used at, for example, Christmas including tinsel, small lights on the tree, bits of ornaments etc;
- Eat pieces of clothing such as cotton strands from dressing gowns, cuffs and collars of jumpers and buttons from shirts;

The American Academy of Paediatrics advises keeping the following items away from infants and young children to reduce the risk of choking:

- Latex balloons;
- Coins and marbles and any toys with small parts;
- Toys that can be compressed to fit entirely into a child's mouth;
- Small balls or anything small and circular;
- Pen or marker caps – these should have air holes;
- Small button-type batteries;
- Medicine syringes and tablets which might block the airways.

Other websites also recommend not letting children play with baby powder containers as the powder can shake free and clog the baby's throat.

Controls

- Robust risk assessments must be in place to ensure the house and garden are checked before each session and choking hazards are removed or contained.
- Children should be enabled to manage their own risk as soon as developmentally appropriate.
- Clear up un-inflated or broken balloons and anything made of latex or plastic including gloves immediately.
- Check between cushions for small objects, especially if you have older children or teenagers who do use battery powered electronic devices or small toys in the evenings or at weekends.
- Be aware of the actions of older children around babies and small children. Many incidences of choking are traced back to an older child passing something inappropriate to a younger one. Teach children to check with you before giving baby any toys or food.
- Keep household items which contain small parts in locked cupboards. Consider how well you show this on your current risk assessments and review if necessary.
- Do not allow children of any age to come into contact with plastic bags.
- On outings risk assess thoroughly. On picnics use a waterproof floor covering and plates. If children are eating at cafes or restaurants check food first.
- If children are sensory learners or disabled and tend to put things in their mouths, their environment must be checked more carefully.
- Children who eat buttons from clothing should not wear clothes with buttons!
- Daily risk assessments must ensure medication such as pills are locked securely away.
- If older children are engaged in role play using coins, or are playing with the magnetic toys a good control is to teach them to count the coins / toys as they get them out and again as they put them away to check if any are missing. If these toys are used they should be kept out of reach of smaller children and crawling babies. Older children must also understand the dangers of eating the toys and giving them to the little ones.
- When children are crafting care must be taken to ensure they do not eat glue, sellotape, pieces of tiles and other objects being used in the activity. This will be enabled by constant supervision and explaining the dangers to the children.

Choking and first aid

An appropriate control measure is to ensure the childminder has an up-to-date paediatric First Aid certificate, renewed at least every 3 years.

It is good practice to annually check the skills taught during training are still relevant. This can be done by watching videos which demonstrate the latest good practice advice for dealing with choking incidents. Videos are online on various websites including www.redcross.org.uk.

Choking and babies (up to 1 year old)

- Lay the baby face down along your arm with their head below their body;
- Give up to 5 back blows, checking whether the object has come out between each one;
- Turn over and give 5 chest thrusts – 2 fingers in the middle of the chest pushing upwards. Check the mouth after each one;
- If the obstruction has not cleared after 3 cycles of back blows and chest thrusts ring 999 /112 and continue until the ambulance arrives;
- If the baby stops breathing start resuscitation.

Note – if the baby is unconscious give resuscitation immediately.

Choking and children and young adults

Check whether a child or young adult is choking before administering first aid – they might be having an asthma attack or other conditions such as anaphylaxis.

- Bend the child over and give 5 back blows, checking whether the object has come out between each one;
- Give up to 5 abdominal thrusts – clenched fist between the navel and bottom of breast bone, pulling upwards and inwards. Check the mouth after each one;
- If the obstruction has not cleared after 3 cycles of back blows and chest thrusts ring 999 /112 and continue until the ambulance arrives;
- If the child stops breathing start resuscitation.

Note - if the child is unconscious give resuscitation immediately.

Record keeping - in all cases if a baby or child has been treated for choking seek medical advice (even if the child seems well – the obstruction might be stuck in the lungs) and ring Ofsted. Write an accident report and give to parents.

References and other important information

I try to reference every source I use. If I do not, it is because the information is old and the source no longer exists or because I have genuinely forgotten where the information came from. Some of my sources are free to all and, where this is the case, I have tried to recognise this within the text. Items from these sources are offered for reference because they are the best I can find and I want my readers to share them with me. If I have used something of yours that you recognise and I have not referenced it, please inform me so I can correct re-writes in the future.

- 'Choking risks to children under 4 from toys and other objects' (DTI, 1999);
- British Red Cross online – www.redcross.org.uk;
- American Academy of Paediatrics online – www.midwestmonkeys.com;
- Choking advice from - <http://www.babycenter.com>;
- <http://www.yalemedicalgroup.org>;
- News story about choking in an Ofsted registered setting - <http://www.telegraph.co.uk>;
- Choking factsheet from the Child Accident Prevention Trust (CAPT) online - <http://www.tradingstandards.gov.uk/kent/documents/AE%20factsheets/Choking%20factsheet.pdf>. This is useful to print and keep with your choking risk assessment;
- Ofsted Early Years June 2011 online - <http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Documents-by-type/Newsletters/Back-issues/Early-years/Early-years-June-2011>.

Disclaimer

However carefully researched my material might be, it is not possible to guarantee 100% the accuracy or completeness of any of the information contained in this or any of documents. I therefore accept no liability for any inaccuracies or any loss or damage arising from the use or reliance on information obtained from this document. Individual Ofsted inspectors might expect different ways of doing things from others and my ways are guides only.

About websites used in this document

In places this document links you to other websites. I cannot be held responsible for the content or availability of these sites. If you spot a link that does not work, please let me know and I will correct it for future versions... email knutsfordchildminding@hotmail.com

Risk assessments

We cannot be held responsible for any accidents sustained by children through practitioners using any of the suggestions in this document. The practitioner must risk assess everything a child comes into contact with, to meet the statutory and guidance requirements of the EYFS. For help with writing risk assessments, please see e-book 5 from Knutsford Childminding.

Information about copyright protection my documents

If you are tempted to pass any of my documents on to a friend or sell them for profit, please be aware that, unless you ask for my implicit written permission or inform me of the transfer and pay for the material to be transferred to another source, you are in breach of UK copyright law.

Each page of my work is clearly copyrighted, either to Sarah Neville or to Knutsford Childminding. This means that what you have received from me, via my website (which is also copyrighted) or direct, is clearly my work and it is for me and me alone to sell or pass to others.

It is very easy for anyone who is unsure about the law to contact me to ask about or clarify any points about copyright violation before committing the act. I am available by email or through a personal message on www.childmindingforum.co.uk. If you wish to read any further information about copyright law, I suggest this document (last updated May 2007) will be useful – <http://www.ipo.gov.uk/cdpact1988.pdf>.