



# Abbey Wood Grange Day Nursery

## Managing Choking Episodes in Children Policy

This policy relates to children in our care from the age of 0 -5 years

**Definition of Choking** - 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 casualty/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.

### Signs and Symptoms

Respiratory distress associated with:

- Coughing
- Gagging
- Stridor (loud, harsh, high pitched respiratory sound)
- Airway Obstruction
- The onset is sudden
- There are no signs of illness
- There are no clues to alert the rescuer, history of eating or playing with small items.

**Sometimes choking can be silent with no sound or warning.**

### Emergency Procedure when a child chokes:

- Assess the situation if the child is coughing effectively, then no external manoeuvre is necessary
- Encourage the child to cough, and monitor continuously. Report to Manger as soon as safe to do so
- If the child's coughing is, or becomes, ineffective, **shout for help to contact emergency services immediately** and determine the child's conscious level

#### Conscious child with choking

- If the child is still conscious but has absent or ineffective coughing, give back slaps
- If back slaps do not relieve choking, give chest thrusts to infants or abdominal thrusts to children. These manoeuvres create an 'artificial cough' to increase pressure and dislodge the foreign body

#### Following chest or abdominal thrusts reassess the child:

- If the object has not been expelled and the victim is still conscious, continue the sequence of back blows and chest (for infant) or abdominal (for children) thrusts.
- Call out, or send, for help if it is still not available.
- Do not leave the child at this stage.

If the object is expelled successfully, assess the child's condition. It is possible that part of the object may remain in the respiratory tract and cause complications. If there is any doubt, seek medical assistance.

#### Unconscious child with choking

- If the choking child is, or becomes, unconscious place him on a firm, flat surface.
- Call out, or send, for help if it is still not available.
- Do not leave the child at this stage.

#### Airway opening:

- Open the mouth and look for any obvious object. Remove with finger tips if possible. Do not mouth sweep as this can push the object in further
- Call out, or send, for help if it is still not available.
- Do not leave the child at this stage.

#### Rescue breaths:

- Open the airway and attempt 5 rescue breaths.
- Assess the effectiveness of each breath: if a breath does not make the chest rise, reposition the head before making the next attempt

### **Chest compression and CPR:**

- Attempt 5 rescue breaths and if there is no response, proceed immediately to chest compression regardless of whether the breaths are successful.
- Follow the sequence for single rescuer CPR for approximately 1 min before summoning the Emergency Services (if this has not already been done by someone else).
- When the airway is opened for attempted delivery of rescue breaths, look to see if the foreign body can be seen in the mouth.
- If an object is seen, attempt to remove it with finger tips.
- If it appears that the obstruction has been relieved, open and check the airway as above. Deliver rescue breaths if the child is not breathing and then assess for signs of life. If there are none, commence chest compressions and perform CPR
- If the child regains consciousness and is breathing effectively, place him in the recovery position and monitor breathing and conscious level whilst awaiting the arrival of the Emergency Services.

**Accidents / Incidents Recording** – all accidents and incidents are recorded on the child's individual Accident sheet. For further information refer to our Accident & Incident Policy. We will record choking incidents, including those that resolved without staff intervention. Should any incident result in hospitalization, or serious injury to the child we will notify the Care Inspectorate (OFSTED) as soon as safely possible, but at most within 24 hours.

### **Emergency**

In case of serious incidents or accidents, the main concern is obtaining the necessary emergency help. Therefore all staff are able to call for an ambulance. If staff are on their own they should perform CPR for one minute before leaving to call for help.

**Emergency Contact Number – 999**

### **RIDDOR Reporting - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

#### **Food Safety**

- Stay with children while they are eating, never prop a baby and give a bottle as they cannot push it away if they choke
- Encourage children to sit still while eating
- Pips and Stones are removed from fruit and vegetables prior to being served.
- Fruit is halved and chopped to prevent choking episodes. Halve or chop small fruit and veg e.g. cherry tomatoes /grapes.
- Remove skin for children under 2 years
- Cook vegetables until soft
- Slice large fruit and veg e.g. apples

#### **Foods NEVER Allowed in Nursery Reduce the Risk Of Choking**

- Nuts
- Popcorn
- Hard Boiled Sweets
- Lollipops

#### **Toy Safety & House keeping**

To minimise the risk of choking on small toys and resources we ensure the nursery is clean and tidy. The nursery employs a cleaner daily who cleans in the evenings, and staff maintains the nursery throughout the day. Younger children are supervised at all times and staff encourages older children to stay safe by talking with them about the dangers of small objects.

- Choose toys from a well-known manufacturer
- Follow manufacturer guidelines
- Never let a child walk or run with an object in their mouths
- Check toys have no broken bits, sharp edges or loose parts
- Never give a baby toys with fur, long hair, stringed toys

Equipment supervision is required when utilising these pieces of equipment:

- Small beads/marbles under 4.45cm (1¾ inches),
- Balloons & Party Decorations
- Glitter/Sparkles/Art & Craft Materials
- Counting Objects/Beads
- Messy Play (dried foods, jelly, playdough, oats, hair gel, foam etc.)

### **Messy Play for the under 2's**

Babies and toddlers explore with their mouths, supervision is required when carrying out these messy play activities

- Cloud Dough
- Sand
- Water
- Cornflour & water
- Jelly not in its original cubed form (must be dissolved with water)

**Staff must ensure that equipment is suitable for the age range of the children. Toys are marked with a symbol (faced scored through with '0-3' in writing) Do not rely solely on a CE mark as this only classifies a benchmark of the European law.**

### **Strangulation and Suffocation**

**Definition of Suffocation** - results when oxygen-containing air is prevented from entering the lungs. Suffocation may be caused by complete blockage of the airway in CHOKING; blocking of the nose and mouth by, for example, a plastic bag or pillow; or liquids blocking the airway, as in drowning. It may also occur if smoke and other gases in the air prevent enough oxygen reaching the lungs, or if inhaled poisons interfere with absorption of oxygen from the lungs into the blood. Immediate action is needed to prevent brain damage or death from suffocation.

### **General signs of suffocation**

- These depend on the cause of suffocation, and may include
- laboured, noisy breathing
- swollen head and neck veins
- blueness of face, fingers, toes
- other skin colour change
- pulse fast and progressively weaker
- restlessness and confusion
- unconsciousness

### **Assess Nursery**

To ensure the nursery environment is safe we carry out regular risk assessments, and involve staff in these. We carry out the following assessments:

- **Morning risk assessment**
- **Monthly Room Check and Yearly Review of General Risk Assessments**
- **Cleaning schedules**
- **Staff training**
- **Sharing policy with staff and families**

### **Safety with cords & hanging resources**

When we are using resources such as string, ties, things that hang from a display etc they are safe and kept out of children's reach.

We also ensure that children are not left unattended, and during sleep they are monitored every 15 minutes.

Playrooms are risk assessed for items which may pose particular risk. These are:

- Drawstring bags/Bags with long handles
- Electric cables and wiring
- Ribbons
- Plastic bags

