



Choking Prevention and Guidelines

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Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP), a division of the **Public Health Agency of Canada** states in their 2009 analytical documentation that choking and suffocation rates among infants were reported at a rate of 4.4/100,000 persons, which is more than 10 times the rate for children and youth overall.

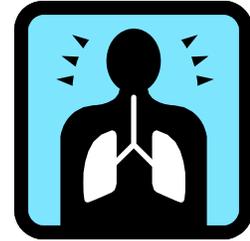


Children under 3 years of age are particularly vulnerable to choking caused by a foreign object in their airways because their trachea and bronchi are small and not fully developed to enable the child control of the muscles of their mouth and throat. It is important to remember that the size of a young child's trachea (windpipe or breathing tube) is approximately the size of a drinking straw in diameter.

Regulatory Initiatives

The *'Hazardous Products Act'* requires that toys for children under three years of age must be above a minimum overall size and must not be easily broken into small components that could pose an ingestion, aspiration or choking hazard. Therefore, the Act provides protection to young children with respect to small magnets in toys. The use of small powerful magnets in toys for older children is presently unregulated; however, in the near future Health Canada expects to issue a proposal for the restriction of small magnets in toys for children of all ages. In the meantime, Health Canada continues to inform and educate the public on this new toy safety issue through release of advisories, information bulletins, and distribution of posters to medical facilities. For more information on this subject, please click on [CHIRPP](#).

What causes choking?



When a child is choking usually food or an object is lodged in the child's airway (trachea) and air cannot flow normally in or out of the lungs, so the child is not able to breathe properly. The trachea is usually protected by a small flap of cartilage called the epiglottis. The trachea and the esophagus share an opening at the back of the throat, and the epiglottis acts like a lid, snapping shut over the trachea each time a person swallows. It allows food to pass down the esophagus and prevents it from going down the trachea.

Sometimes the epiglottis doesn't close fast enough and an object can slip into the trachea. This is what happens when something goes 'down the wrong way' or 'down the wrong pipe.' Most of the time, the food, or object only partially blocks the trachea and it's likely that it will be coughed up and that breathing will be restored easily. A child who seems to be choking and coughing but is still able to breathe and talk will probably recover unassisted. It can be uncomfortable and upsetting, but the child is generally fine after a few seconds.

From the time your child starts picking things up with his/her fingers until the age of 4 or 5, parents need to be vigilant about the risks of potential choking hazards. Remember choking deaths in children are mainly caused by foods and small objects such as gel candies, hot dogs, grapes, balloons, handfuls of nuts and disc batteries. Flat 'disc-like' batteries are now being used widely in toys and other electronic devices, and can cause severe internal burns and even death in small children, when ingested. The only limit on the possibility of your child choking is their ability to place the item in their mouth.

The most common cause of non-fatal choking in children is food. Unchewed bits of food can block the airway or be inhaled into the lungs and cause choking. Babies as young as 6 or 7 months of age can bite off a piece of food with their new front teeth but they will be unable to chew it with any proficiency until all their molars come in and they've had lots of practice chewing with them. This typically occurs by the time they turn 4 years of age. Children under the age of 4 are the most likely to choke on 'something' because they are still learning how to chew and swallow food but it's also because young children explore the world tactically, by putting things in their mouth. Keeping small items such as coins, marbles, beads, thumbtacks, and other small objects out of their reach is a practical solution to avoid the trauma of such an incident. Discouraging small children from walking, running, or playing with food or toys in their mouths is another preventative measure.

Choking Symptoms

- small coughs or gasps
- raspy, gasping, squeaking whispers – child is unable to talk, cry, or make noise
- thrashing around and drooling
- eyes may water
- unable to breathe
- skin may flush red and then turn blue
- grabs at his or her throat or waves arms
- becomes limp or unconscious
- **babies can also be remarkably silent as they choke**

When is choking an emergency?

Sometimes, an object can get into the trachea and completely block the airway. If airflow in and out of the lungs is blocked, and the brain is deprived of oxygen, choking can become a debilitating or life-threatening emergency.

Call 911 immediately for any critical choking situation.

You can learn more about first aid for infants and toddlers by taking a first aid course. Contact the **Canadian Red Cross** for information about courses in your community. To stop your child from choking please here's what you can do.

To Dislodge a Blockage

- Hold your baby between your forearms. Turn his/her face down so that his/her head is lower than the rest of her body. You can rest your forearm on your leg for support.
- Thump your baby gently, but firmly, five times on the middle of the back using the heel of your hand.
- Next, turn your baby face up, taking care to protect his/her head. Support your arm on your thigh.



- Place two fingers on the centre of his/her chest, just below the nipple line, and push hard and fast. You should be pushing 1/3 to 1/2 the depth of his/her chest five times.
- Try to dislodge the object with each thrust. Don't automatically do all five.
- Check your baby's mouth after each thrust and remove the obstruction.
- Repeat the back blows and chest thrusts until the object your baby was choking on is dislodged. You will know when this happens because your baby will start to cry, breathe, or cough.
- If your baby becomes unconscious, follow the steps below for unconscious choking.

How to Give Your Infant or Toddler Cardio-pulmonary Resuscitation

If your infant is choking, follow the steps described above to clear his/her airway. If your infant is unconscious, immediately ask someone to call 911 or (Emergency Medical Services) EMS in your area. Then do the following:

- Kneel at a right angle to the infant's chest. With one hand on his/her forehead and the other under his/her chin, gently tilt his/her head back to open the airway. In some cases, this may be enough to help breathing resume.



- Check for signs of breathing by listening for the sound of inhaling and exhaling, and looking for the chest to rise for 5 to 10 seconds.

- If you do not hear normal breathing, give two gentle breaths by sealing your lips tightly over the infant's mouth and nose. Each breath should last 1 second with enough volume to make the chest rise.



- Check the pulse on the side of his/her neck or on the inside of his/her elbow.

- If the infant's chest does not rise after the first breath, perform the head-tilt/chin-lift again and attempt the second breath.

- If the breath still does not go into the infant's chest, start CPR by placing two fingers on the middle of the chest, just below the nipple line (imaginary line drawn between the 2 nipples).

- Do 30 compressions **'Push hard, push fast'** - pushing 1/3 to 1/2 the depth of the chest for each compression.

- After each cycle of compressions, look in the infant's mouth. If you do not see an object, try to give another breath. If breath does not go in the infant's chest resume compressions.

- If you see an object, remove it, and give two more breaths.

- When both breaths go in and there is no obvious response to your two breaths, start the CPR sequence of 30 compressions and 2 breaths.

- Continue until help arrives. Even if your baby seems to be fully recovered from the choking episode, take her to your doctor that day.

Guidelines are courtesy of the [Canadian Red Cross](#)

When to call the Doctor or go to the Emergency Room

Take your child for emergency medical care after any major choking episode.

Also seek emergency medical care for a child if:

- there is a persistent cough, drooling, gagging, wheezing, difficulty swallowing, or difficulty breathing
- the child turned blue, became limp, or was unconscious during the episode, even if he/she seemed to recover
- you think the child has swallowed a foreign object like a toy or battery

If your child had an episode that seemed like choking but fully recovered after a coughing spell, there is no need to seek immediate medical care but you should call your doctor.

Guidelines for preventing choking in young children

Pay attention: Never leave your child unattended while eating. Allowing small children to eat in the backseat of the car while you drive is NOT a safe habit. Direct supervision is necessary. Watch to insure they are chewing their food thoroughly before swallowing. Young children typically can't make any noise to alert you that they're choking so as a parent it is your responsibility to be alert.

Keep them seated: Make sure your child is in a sitting position while eating. Children should have calm, unhurried meals and snack times. Do not let your children eat while lying down, walking, climbing, or running. Feeding your baby in a highchair rather than in a car seat or stroller will reduce the risk of choking and teach him/her that a highchair is the place to eat.

Model safe eating habits: We are our children's first teacher and our example is what they will mimic.

Mash, cut up, and spread: Mash or grind food so it's soft enough for your baby to gum or chew. At the finger-food stage, cut fruit, veggies, meat, and cheese into pea-size pieces. Dollops of peanut butter and other nut butters are also choking hazards so spread nut butter thinly on bread or crackers (you can also add jam, jelly or cream cheese to thin out the consistency of the peanut butter and avoid having it form into a glob at the roof of your child's mouth).

Choose snacks wisely: Don't give your children popcorn, nuts of any kind, sunflower seeds, watermelon with seeds, cherries with pits, whole grapes, raw carrots, peas, celery, raw apples and pears, cheese cubes, hot dogs, sausages, hard candy, caramels, gummy candy, gum balls, or marshmallows until they're at least 4 years of age. Seeds may be too small to choke on but can get stuck in a child's airway and cause an infection.

Offer liquids between mouthfuls: Offer plenty of liquids to your children when eating but solids and liquids should not be swallowed at the same time. Instead rotate between the two.

Beware of teething medication: Don't feed your child soon after using a rub-on teething medication because it can numb the throat and interfere with swallowing.

Avoid small objects: Don't let young children play with buttons, safety pins, erasers, nails, bolts, screws, toys with small parts and doll accessories, coins, safety pins, batteries, balloons, small rocks, small balls, refrigerator magnets, loose game pieces, broken crayons, jewellery, small caps for bottles, or anything with parts smaller than 1¼" around or 2¼" long. You can buy a 'small objects choke tester' (search online to find one) to help you evaluate the safety of an object. If it fits entirely into the plastic cylinder, it's a choking hazard.

After parties: Clean up promptly and carefully after adult parties, and check the floor thoroughly for dropped foods that can be accessed by small hands and become a potential choking hazard.

Read the Label: Read all manufacturers' food labels carefully to determine choking risks.

Move the mobile: Make sure your child can't reach a hanging mobile.

Keep baby powder away: Don't allow your children to play with baby powder containers. The powder can shake free and clog your child's throat

Introduce Finger Foods Safely

When your baby is between 8 and 9 months of age, he/she will probably let you know that they are ready to start feeding themselves either by grabbing the spoon or snatching food off your plate. Your baby may have a good appetite, but probably doesn't have very many teeth, so start with foods that your baby can gum or that will dissolve easily in their mouths. Be sure to introduce new food textures slowly and carefully. If you're concerned that your child might have an allergy to certain foods, introduce them one at a time and keep an eye out for an allergic reaction.



At first, your baby may take food into his/her hand and bring it to their mouth, but eventually they will figure out how to use their thumb and forefinger to pick up individual pieces of food. This fine motor skill is called the 'pincer grasp'. Remember that your baby is learning about food texture, colour, and aroma as they feed themselves, so try to offer a variety. Choose foods and snacks that are age appropriate and prepare them according to your child's ability to chew. Resist the temptation to give your baby sweets like cookies and cake or high-fat snacks like cheese puffs and chips. Your baby needs nutrient-rich foods, not empty calories. Simply scatter four or five pieces of finger food onto your baby's highchair tray or an unbreakable plate and watch them enjoy. You can add more pieces of food as your baby eats them. The food should be easy to handle but not present a choking hazard. Vegetables should be cooked so they're soft enough to mash easily, and everything should be cut into tiny pieces. As your child grows into a toddler, you'll be able to feed bite-size pieces of whatever you're eating.

Finger food favourites:

- O-shaped toasted oat cereal or other low-sugar cereal
- Small pieces of lightly toasted bread or bagels (spread with vegetable puree for extra vitamins)
- Small chunks of banana or other very ripe peeled and pitted fruit, like mango, plum, pear, peach, cantaloupe, or seedless watermelon
- Small cubes of tofu
- Well-cooked pasta spirals, cut into pieces
- Very small chunks of soft cheese
- Chopped hard-boiled egg
- Mashed stewed prunes
- Small pieces of well-cooked vegetables, like carrots, peas, zucchini, potato, or sweet potato
- Small well-cooked broccoli or cauliflower 'trees'
- Pea-size pieces of cooked chicken, ground beef or turkey, or other soft meat