WOODLANDS PRIMARY SCHOOL, HEDGEHOGS NURSERY & SUNBEAMS CLUB

Choking Policy

Updated: July 2025

Review Date: July 2026

Policy Statement

We at Woodlands Primary School, Hedgehogs Nursery and Sunbeams Club (the school) are committed to ensuring the health, safety, and well-being of all children in our care. Babies and young children are at increased risk of choking due to the development of their oral motor skills and the types of food they consume. This policy outlines the procedures in place to prevent choking and the immediate actions taken in the event of a choking incident in our nurseries, in accordance with the **Early Years Foundation Stage (EYFS) statutory requirements** and **NHS guidance**.

Aims and Objectives

- To minimise the risk of choking in babies and toddlers through careful planning, supervision, and feeding practices.
- To ensure all staff are trained in paediatric first aid, including choking response.
- To respond effectively and confidently to any choking incidents.

Legal and Statutory Framework

This policy is informed by:

- **EYFS Statutory Framework (2024)** - Section 3: Safeguarding and Welfare Requirements.
- **NHS Guidance** - "What to do if someone is choking"
- **Health and Safety at Work Act 1974**.
- **Food Standards Agency (FSA)** guidance on food preparation for early years.

Measures to prevent Chocking

1. Staff Training

- All staff working in the baby room hold an up-to-date Paediatric First Aid (PFA) qualification, renewed every three years.
- Training includes choking management for infants (under 1 year) and young children.

2. Supervision

- Babies are always supervised while eating or drinking. A member of staff is sat with children when eating to observe and assist as needed; at least one member of staff will have a paediatric first aid qualification.
- Feeding in cots, bouncers, or while lying flat is strictly prohibited.

3. Safe Feeding Practices

- Only age-appropriate, texture-modified foods are offered based on each baby’s developmental stage.
- Foods that pose a high choking risk (e.g., whole grapes, cherry tomatoes, sausages, popcorn, hard raw vegetables, nuts) are not offered or are appropriately prepared (e.g., grapes sliced lengthwise).
- Staff follow parents' feeding guidance and the child's individual weaning plan.

4. Meal and Snack Times

- Babies are always given time to eat at their own pace without pressure.

- Drinks are provided in appropriate weaning cups or cups with a lid, Children will always be supervised
- High chairs or supportive seating are used to maintain an upright feeding position.

Responding to a Choking Incident

If a baby is suspected to be choking, staff must act immediately:

1. Assessment

- If the baby is coughing effectively, encourage continued coughing. **Do not slap their back.**
- If the baby cannot cough, cry, or breathe, they may have a **severe airway blockage - follow the steps below. A staff member will be required to call 999 immediately.**

2. Emergency Procedure (Based on NHS & Resuscitation Council UK guidance for infants under 1 year)

Step 1: Back Blows

To use back blows for babies under 1 year:

- Place the baby face down along your forearm, supporting their head and neck.
- Give up to 5 firm back blows between the shoulder blades with the heel of your hand.
- check if the object has come out between each blow (you may not need to use all 5 blows)
- If back blows don't relieve the choking and the child is still conscious, give chest thrusts.

To use back blows for children over 1 year:

- Lay the small child face down on your lap as you would a baby.
- if this isn't possible, support the child in a forward-leaning position and give 5 back blows from behind.
- If back blows don't relieve the choking and the child is still conscious, give abdominal thrusts. This will create an artificial cough, increasing pressure in the chest and helping to dislodge the object.

Step 2: Chest Thrusts

To use chest thrusts for children under 1 year:

- If back blows do not clear the obstruction, turn the baby onto their back. Lay your baby face up along the length of your thighs with their feet closest to you and their head furthest away and lower than their feet
- Use 2 fingers to give up to 5 chest thrusts (pushes), pushing inwards and upwards just below the nipple line. Check to see if the object has come out between each thrust (you may not need to use all 5 thrusts)

To use abdominal thrusts for children over 1 year:

- stand or kneel behind the child, place your arms under the child's arms and around their upper abdomen.
- clench your fist and place it between the navel and ribs.
- grasp this hand with your other hand and pull sharply inwards and upwards.
- repeat up to 5 times – check to see if the object has come out between each thrust (you may not need to use all 5 thrusts).
- make sure you don't apply pressure to the lower ribcage, as this may cause damage.

Repeat steps 1 and 2 if the object does not dislodge, ensure someone **calls 999 immediately**.

Re-assessing

Following back blows and chest/abdominal thrusts, re-assess the child as follows:

- If the obstruction has not cleared, but the child is still conscious, carry on with the back blows and chest thrusts.
- Ensure a staff member has called 999.
- Don’t leave the child.
- Begin CPR if the baby stops breathing and has no pulse.
- Take action based on advice from emergency services.
- Inform parents or carers as soon as it is safe to do so.
- Record the incident by filling in a prime form and making an account in the child's e-record/on CPOMS then submit to the designated safeguarding lead (DSL).

Even if the object clears, seek medical advice as part of the object may have been left behind, or the child may have been hurt by the procedure.

Communication with Parents

- Parents are informed about feeding practices, food offered, and any incidents that occur.
- Individual dietary needs and allergies are discussed and documented during induction.
- Parents will be contact immediately after a choking incident that requires intervention and told to seek medical advice. If a child is taken to hospital a PRIME form will be completed.