

A BEGINNER'S GUIDE TO

CHOKING AND YOUNG CHILDREN

Understanding
the Risks and
Building
Confidence

A BEGINNER'S GUIDE TO CHOKING AND YOUNG CHILDREN

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DISCLAIMER

The information provided is intended for general first aid **guidance only** and is **not a substitute for professional medical advice**, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

In the event of a serious injury or health issue, call emergency services immediately on 999 or 112.

This guide was written in May 2025 and all protocols, facts and quoted data are correct at the time of being produced.

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INTRODUCTION

Concerns are understandably heightened when it comes to choking and young children.

While we can't completely eliminate the risk of a choking emergency, this workbook is designed to help parents and carers feel more confident in knowing what to do if an object blocks a child's airway.

Although theoretically a person can choke on almost anything, there are certain times in a child's development—and specific items—that may increase the risk.

Babies and young children learn by exploring the world around them, and that often includes putting objects into their mouths. Because of this, choking hazards aren't limited to food. Everyday items such as coins, buttons, beads, stickers, and small toy parts can also pose a serious risk.

While the airway has some elasticity, its narrowest point is roughly the same diameter as a standard drinking straw. This means that even small items can become tightly lodged. As a general rule anything smaller than the diameter of a 2-pence piece could block the airway of a young child.

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REDUCING THE RISKS OF A CHOKING EMERGENCY

We cannot completely prevent a choking emergency but there are ways in which we can try to reduce the risk.

Supervise – supervise all meal and snack times. As choking can be completely silent you must be able to see the child as they eat.

Accessible – you must be able to immediately deal with a choking incident. For example, allowing a child to eat whilst in a car seat is not safe as you are unlikely to be able to watch them constantly and react quickly.

Distractions - sit the child down with minimal distractions so they can concentrate on eating. Ideally do not have tablets, TV's or toys available.

Preparation – prepare foods for the ability of the child and/or avoid high risk foods until you are comfortable that the child is able to eat them safely.

Share – share information with anyone that will be looking after your child. Where the child is on their weaning journey, what foods have you/haven't you given? Are you giving finger foods or building up purees.

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REDUCING THE RISKS OF A CHOKING EMERGENCY CONTINUED

Emergency Plan - ideally anyone looking after a child should prepare themselves for emergencies by doing a first aid course and having a plan in place for if something happens (more on this later)

Non-food or dropped food items – get down on the floor, look under sofas, look down the sides of cushions. Beware of food items that may have fallen on the floor in the kitchen. Do you have older children around with small toys and parts that could be hazardous?

Food items – with very young children the risks of choking are higher as they have to learn the skills required to eat. Whilst fine tuning these skills comes easier to some than others it is a journey that requires them to learn how different foods feel, how and where to place an item in the mouth, how to bite, how to move a food around the mouth using their tongue, and how to chew.

Therefore, it's important that anyone feeding a young child is aware of the child's ability with certain foods and prepares them appropriately.

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WHAT MAKES A FOOD "HIGH RISK"?

Foods that are:

- Small foods
- Round foods
- Hard foods
- Foods with skins on
- Easily inhaled (popcorn, marshmallows)

Some sweets like mini eggs and lolly pops will have age guidelines on them which many parents and care givers are unaware of.

Some foods that are classified as higher risk can potentially be made safer e.g. by preparing them in a way that reduces the risk of choking. Coming up are some examples of how you could do this.

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FOODS TO AVOID OR PREPARE CAREFULLY WHILST WEANING

**This is not an exhaustive list (and it's not forever) but gives you an idea when serving foods to young children.*

For further details see the food standards agency early years choking hazards PDF [here](#)

Advice for preparing foods for under 5's:

 Potentially hazardous 	 How to serve
Grapes/cherry tomatoes or other small fruits	Cut in half length ways and again to make them into quarters
Large/firm fruits	Cut large fruits into slices instead of small chunks. For very young children, consider grating or mashing firm fruits, or softening them up by steaming or simmering
Vegetables	Cut vegetables like carrots, cucumber and celery into narrow batons. For very young children consider grating or mashing firm vegetables. Consider softening by steaming/simmering if applicable
Skin on foods	Consider removing the skin for very young children
Legumes (butter beans, chickpeas etc)	Mash or softening them up by steaming or simmering

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FOODS TO AVOID OR PREPARE CAREFULLY WHILST WEANING CONTINUED

 Potentially hazardous 	 How to serve
Sausages and hotdogs	Cut sausages and hotdogs length ways into thin strips. Remove the skin of the sausage if serving to very young children
Bread	White bread can form into a hard ball in the mouth if not chewed properly. Ideally use brown bread or toast – cut into narrow strips
Meat and Fish	Remove bones
Popcorn	Avoid – do not give to young children
Marshmallows and gum	Avoid – do not give to young children
Hard round sweets (like mini eggs)	Avoid – not to be given to under 3's
Jelly cubes	Avoid – do not give to young children
Whole nuts	Avoid – grind/chop or flake
Lollie pops	Avoid – not to be given to under 3's
Boiled sweets	Avoid – do not give to young children
Ice cubes	Avoid – do not give to young children

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EMERGENCY PLANNING

Knowing how to deal with a choking emergency will help you to feel confident (especially when a child is learning to eat) and ultimately will hopefully help you to either prevent an emergency or have a good chance of clearing a blocked airway.

Learn first aid action for choking for the age of the child/children you look after.

Print the how-to posters and put them in places you will regularly see them. Subconsciously seeing these details regularly might help you to recall the information in an emergency.

Anti-choking devices (if applicable) – is this accessible and easy to get to in an emergency (more on these later).

If you needed to call for emergency help is there an accessible phone on hand.

If applicable – have the address of your home/setting, including the what3words for your location, written down in a place that can easily be seen e.g. stuck to the fridge, so anyone in your home/setting who is calling the emergency services can easily see the location details.

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GAGGING VS CHOKING

The gag reflex is designed to protect the airway. In fact, it's one of only a few reflexes that we have for life. However, the anatomy of a baby's mouth and where the gag reflex is triggered is different to that of an older child or adult.

As a baby starts to eat solid foods this reflex starts to desensitise and by 12 months of age the trigger point has usually moved towards the back of the mouth where it resides for the rest of your life. The reflex can be triggered by taste, smells and textures.

What does this mean? That some babies will have a very sensitive gag reflex and others may not. Some will get you sitting on the edge of your seat for the first few days/weeks, others take to eating like a duck to water.

What happens when the gag reflex is engaged?

The airway constricts and pushes up, the tongue dips down and gets underneath the object before propelling the object forward. The object is sometimes expelled from the mouth altogether. 1. At which point most babies pick it up and put it back in!

For some the gag reflex may also result in vomiting.

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GAGGING VS CHOKING

Gagging is a normal reaction and is part of the weaning journey. It is important not to intervene when someone is gagging. If you suspect a mild airway obstruction (see signs below) encourage the child to cough.

How would you know the difference?

Gagging is loud and the child will likely be coughing and retching. They will also go red in the face.

Gagging

- Tongue may thrust forward
- Face may go red
- You may hear spluttering, coughing & gagging

Mild obstruction

- Able to breathe
- Able to talk (if applicable)
- Strong cough

Remember it like this...



Loud and RED
let them go ahead!

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GAGGING VS CHOKING

A choking baby/child needs immediate assistance before they fall unconscious.

Choking:

- Face will start to go purple/blue
- They may be quiet or even silent
- They may have an ineffective or weak sounding cough
- Cannot talk (if applicable)
- Cannot cough
- Cannot breathe

Remember it like this...



Quiet and BLUE
they need help from **YOU**

If an item blocks or restricts the airway this can be fatal. It's important that you know what to do in a choking emergency.

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WHAT TO DO IN A CHOKING EMERGENCY - UNDER 1 YEARS OLD

Firstly, never attempt to put your fingers into a child's mouth or throat to remove an object, whether you can see it or not. Doing so can push the object further down or cause swelling and further obstruct the airway.

Stay calm (easy to say, harder to do) - the airway is potentially currently in spasm around the object, panicking can make the child tense further.

Check the mouth.

Support the baby across your lap or along your arm (support their face by placing your hand around their chin).

Step 1: Give up to 5 back blows, using the heel of your hand in-between their shoulder blades.



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WHAT TO DO IN A CHOKING EMERGENCY - UNDER 1 YEARS OLD CONTINUED

Step 2: If ineffective turn them face up and support the head (either place on your lap or across your arm). With two fingers in the centre of their chest do up to 5 chest thrusts at a depth of one third of the chest.



Step 3: If ineffective repeat steps 1 and 2.

- Ask someone to call 999 - if you are alone do not interrupt the treatment while the child is still conscious.
- If the child goes unconscious start CPR, update 999.

Repeat steps 1 and 2 until you clear the airway, or they become unconscious.

If they become unconscious call 999 and start CPR. Do not interrupt the choking sequence to call 999.

If you have administered a thrust, you must have your baby checked over by a doctor so pop to your local hospital even if they seem fine.

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WHAT TO DO IN A CHOKING EMERGENCY - 1 YEAR AND OVER

If your child is not coughing or the cough becomes ineffective start the following sequence:
Ask your child to cough. If that does not clear the airway move to step 1.

Step 1: Give up to 5 back blows

- (Small children) place across your knees head down low.
- (Older children) kneel or stand to the side of your child.
- Support them by placing your arm across their chest.
- Using the heel of your hand in-between their shoulder blades - give up to 5 sharp back blows.

If ineffective start abdominal thrusts:

Step 2: Give up to 5 abdominal thrusts

- Stand or kneel behind your child.
- Place your arms around their waist and place your fist between the belly button and the ribcage.
- Cup your fist with your other hand.
- Pull in and upwards up to 5 times.

Step 3: If ineffective repeat steps 1 and 2.

- Ask someone to call 999 - if you are alone do not interrupt the treatment while the child is still conscious.
- If the child goes unconscious start CPR, update 999.



If you manage to clear the airway but had to do a thrust, the child must go to hospital to be examined by a doctor.

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ANTI-CHOKING DEVICES

You may be aware of anti-choking devices due to news articles and social media. Whilst these devices are still relatively new there is very promising data to support their use.

Why are they not part of current protocols in the UK?

There is very little research into the effectiveness of the current choking sequences as its very hard to test them in real life. This is why there are different protocols across the world. Some do just back blows, some do just abdominal thrusts and some like the UK do a mixture of both.

However, with the introduction of anti-choking devices and the promising lifesaving data maybe protocols will be changed in the future.

What is an anti-choking device?

The way in which these devices work may depend on the brand, but the LifeVac® is the only regulated non-invasive airway clearance device currently available in the UK.

The device works by creating a negative pressure between the object and the mask. Hopefully, enough to clear the obstruction.

LifeVac® comes with masks for both adults and children.

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ANTI-CHOKING DEVICES CONTINUED

LifeVac® is FDA, MHRA, TGA, HPFB, MOH, SAHPRA regulated as a class 1 medical device and CE marked. But unfortunately, in 2024 it was estimated that over 10,000 fake anti-choking devices had been sold in the UK.

Counterfeit devices are not legal medical devices which means they cannot and should not be sold nor used. They do not go through the vigorous testing to make sure they will actually work in the way they are intended to.

When should you use an anti-choking device?

As anti-choking devices are not part of the current UKRC guidelines you should follow current choking procedures (as listed above). In the event the first aid protocols fail or cannot be used an anti-choking device can be introduced.

If you are thinking about buying an anti-choking device only buy a legal medical device like LifeVac®.

Training - LifeVac® has training videos and an online training course free of charge to anyone that signs up.

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COMMON QUESTIONS

Can my child choke on liquids?

Choking is when an object blocks the airway. Liquids therefore are unlikely to cause an obstruction. However, liquids can “go down the wrong way” and leave a baby coughing and spluttering and this for most is completely normal. If you feel your baby is doing this regularly with liquids, they may be aspirating (inhaling the liquid into the lungs). Medical advice should be sought.

Can I hurt my baby doing back blows?

You may cause bruising to a baby/child's back when delivering a back blow. But, without the back blows a baby may quickly become unconscious and therefore you must commence back blows as soon as you realise the airway is blocked. You do not need to go to hospital if you have managed to dislodge the object with back blows alone unless you are worried – you can always ring 111 for advice if you are concerned.

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COMMON QUESTIONS CONTINUED

Can I hurt my baby doing chest or abdominal thrusts?

If you have been unable to clear the airway with back blows alone – you must move on to delivering chest/abdominal thrusts. Delays in doing so could be disastrous. Thrusts are potentially invasive and so any baby/child that has received a thrust must be checked at the hospital (even if they seem fine).

Can I do an abdominal thrust on a baby?

No – abdominal thrusts are for over 1 years only. If you were to do an abdominal thrust on a child under one, you could cause further injury.

My baby gags a lot is this normal?

Yes – some babies do have a super sensitive gag reflex. You should notice that the reflex desensitises over the next few months. If you feel your child is not managing to eat or the reflex is still very sensitive talk to your healthcare professional.