



Preventing Choking

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

Young children will put almost anything and everything in their mouths. Prevent injury by keeping these potential choking hazards out of their reach:

- Small toys – tiny figures, balls or marbles, or toys with small parts
- Vinyl cling decorations for windows
- Any type of plastic bag or latex gloves
- Foam blocks, books or objects
- Jewelry – rings, earrings, charms, etc.
- Barrettes, hair clips, etc.
- Damaged or loose nipples on pacifiers or bottles
- Band-Aids (gauze and tape are safer choices for bandaging)
- Styrofoam objects or dishware
- Disposable eating utensils
- Nails, tacks, screws, staples, safety pins
- Crayon pieces, erasers, pen and marker caps
- Buttons (loose as well as those attached to clothing or toys), button batteries, coins, tokens
- Latex balloons are not recommended for children under 8 years old. They are the most common non-food item to cause choking.

It is recommended that toys/objects are larger 1 1/4” in diameter and 2 1/4” in length.

Use a choke tube tester or ruler to measure. Round objects are recommended to be 1 3/4” or larger in diameter since they are more likely to completely block a child’s airway. Use a toilet paper tube or ruler to measure.

To make it easier, you can use a toilet paper tube to measure all toys/objects. If the item fits inside a toilet paper tube, it is not recommended for children under 3 years of age.

Maintain a safe environment for children to play in

Check daily for safety and choking hazards. Get down on your hands and knees so you can see things from a child’s level while inspecting the area. Toys should be checked daily to make sure they are not broken, loose or missing parts.

If you have mixed ages of children, be especially careful to separate the toys. Find safe areas for the older children to play with small toys out of younger children’s reach.

Food choking hazards

Do not serve the following items to children under 4 years old, unless they are cut into small pieces:

- Raw vegetables (celery, carrots, broccoli, etc) cherry or grape tomatoes; and whole olives
- Raw fruit (apples, pears, etc.) and dried fruits (ex.apricots)
- Chunks of foods, especially meat; hot dogs or sausages, whole or sliced in rounds; cheese cubes; string cheese

Food preparation tips

- Cut infant foods into pieces 1/4” or smaller. Cut toddler food into pieces 1/2” or smaller.
- Round foods, such as hotdogs, sausages, grapes, cherries and olives should be cut AND quartered. Do not cut in round slices. Round slices can still block a child’s airway if swallowed.

Do not serve the following foods to children under 4 years old:

- Popcorn
- Nuts, seeds, peanuts
- Hard candy, lollipops, and cough drops; taffy; caramels; chewing gum; marshmallows
- Spoonfuls of peanut butter

Guidelines to reduce choking hazards at meal/snack time

Children are at risk for choking when they eat because:

- They do not chew long enough to make food small enough to go down their throat
- They may not yet have the back teeth they need to grind foods
- They may put too much food in their mouth or try to swallow too much food at one time
- They may have difficulty swallowing liquids and solids together
- They may have too much activity going on while eating.

Meal/snack time recommendations:

- Children should only be allowed to eat at the table or in a highchair in a sitting position. Don't allow children to walk, run, or lie down while eating.
- Never leave children alone when they are eating – even for a second. A choking child isn't able to cry or to call out for help.
- Never prop a bottle for a baby – always hold babies when feeding them a bottle. If an infant can hold his/her own bottle and you aren't able to hold the infant, make sure the infant's head is elevated and is kept within arm's reach of an adult

Be prepared to respond

- Become certified in infant and child CPR/choking techniques and review guidelines regularly.

Resources:

CFOC, 3rd Edition, 2011

Consumer Products Safety Commission

Pediatric Annals 39:11/November 2010

ECELS, PAAAP, 2010

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