

Ministry of Health: Minimising food related choking risk in Early Learning Service settings - DRAFT

Babies and young children have an increased risk of choking on food. This is because they have small air and food passages. They are also learning to move food around in their mouths effectively, as well as how to bite, chew and grind food. Mastering these skills takes a number of years for most children. Many don't truly master chewing until four years of age¹.

This advice is based on the Ministry of Health's recommendations (<https://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/healthy-eating/food-related-choking-young-children>), but has been adapted for licensed early childhood education services, ngā kōhanga reo and certificated playgroups (early learning services). The original advice assumes a one-to-one (parent/permanent caregiver – child) relationship, where the adult has a good awareness of the child's individual stage of development. This type of relationship and degree of supervision is not often possible in early learning services, so the advice provided is more prescriptive to manage the risk involved.

The approach

While it is not possible to remove all risk, it is possible to reduce it by following recommendations based on three key areas:

1. the physical environment when eating
2. first aid
3. appropriate food.

1. The physical environment when eating:

The following actions should be taken to provide a safe physical environment for eating:

- supervise babies and children when eating
- have an appropriate ratio of adults to children at mealtimes
- minimise distractions and encourage children to focus on eating
- ensure there is a designated eating time where children sit, rather than continuous 'grazing'
- ask children not to talk with their mouths full
- have children sit in the appropriate position for eating. The position of the feet, legs and pelvis influences the head, neck and upper limb control and function; appropriate positioning ensures effective, efficient and safe feeding.

¹ The ages in this advice are based on the normal range of development in small children. If a child has a developmental delay, suspected or diagnosed, discuss food requirements with the child's parents or caregivers.

- Sit in developmentally- and size-appropriate seating with a firm back. Ask children to sit upright.
- Place food on the table directly in front of the child. This helps to prevent the child needing to twist to the left or right, which can cause them to lose control of the food in their mouth.

2. First aid

Some kaiako must know what to do if a child chokes

- Kaiako need to be able to provide choking first aid and cardiopulmonary resuscitation (CPR). For more information see the (Well Child Tamariki Ora book/Ministry of Health website (www.health.govt.nz))

3. Providing appropriate food

Research shows that certain types of food pose a greater risk of choking. To minimise the risk, licensed early childhood education services, ngā kōhanga reo and certificated playgroups (early learning services) should exclude some of the highest risk foods and alter the texture or size and shape of others.

a. High risk foods to exclude

Early learning services should exclude the following foods because they present the highest risk of choking and either would not be practical to alter in an early learning service, have no or minimal nutritional value, or both:

- whole or pieces of nuts
- large seeds like pumpkin or sunflower
- hard or chewy sweets or lollies
- crisps or chippies
- hard rice crackers
- dried fruit
- sausages, savalloys and 'cheerios'
- popcorn
- marshmallows.

b. High risk foods to alter

The following table provides information on which foods to alter, why and how to do it for different age groups (ie, for one to three years old, and three years up to six years).

Information on appropriate food textures for newborns to one year olds (0-1 years) is consistent with the Ministry of Health complementary feeding advice. This is described in the Ministry's health education resource *Eating for Healthy Babies and Toddlers*:

<https://www.healthed.govt.nz/resource/eating-healthy-babies-and-toddlersng%C4%81-kai-t%C5%8Dtika-m%C5%8D-te-hunga-k%C5%8Dhungahunga>

How to alter high risk foods to lower their choking risk:

Food characteristics	Food examples	Explanation of choking risk	Changes to reduce risk	
			1 < 3 years	3 – 6 years
Small hard foods	<ul style="list-style-type: none"> • Pieces of raw carrot, apple or celery 	<p>Difficult for young children to bite through and break down enough to swallow safely. Pieces can become stuck in children's airways.</p>	<ul style="list-style-type: none"> • Raw carrot, apple or celery should be grated; spiralised to create vegetable or fruit spirals; sliced thin using a mandolin; or cooked until soft² and cut into strips that can be picked up with little fingers 	<ul style="list-style-type: none"> • Prepare as for 1 < 3 years; or try raw or cooked vegetables or fruit cut into sticks that can be picked up with little fingers
Small round or oval foods	<ul style="list-style-type: none"> • Fruit with stones and large seeds or large pips like watermelon • Grapes, berries, cherry tomatoes • Raw green peas 	<p>Foods with these qualities can lodge in children's airways.</p>	<ul style="list-style-type: none"> • Remove stones and large seeds or large pips • Quarter or finely chop grapes, berries and cherry tomatoes to 8mm x 8mm or smaller (about half the width of a standard dinner fork) • Cooked and squashed with a fork 	<ul style="list-style-type: none"> • Halve or quarter grapes, berries and cherry tomatoes • Whole cooked green peas are acceptable

² 'soft' means the food can be easily squashed between your thumb and forefinger, on the roof of your mouth with your tongue

Food characteristics	Food examples	Explanation of choking risk	Changes to reduce risk	
			1 < 3 years	3 – 6 years
Foods with skins or leaves	<ul style="list-style-type: none"> • Chicken • Lettuce and other raw salad leaves, spinach, cabbage 	Food skins are difficult to chew and can completely seal children's airways	<ul style="list-style-type: none"> • Remove skin from chicken • Finely slice or chop salad leaves, spinach and cabbage 	
	<ul style="list-style-type: none"> • Stone fruits (eg, plums, peaches, nectarines) • Apples and pears • Tomatoes 		<ul style="list-style-type: none"> • Vegetables and fruit should be grated; spiralised to create vegetable or fruit spirals; sliced thin using a mandolin; or cooked until soft³ and cut into strips that can be picked up with little fingers 	<ul style="list-style-type: none"> • Prepare as for 1 < 3 years; or try raw or cooked vegetables or fruit cut into sticks that can be picked up with little fingers
Compressible foods	<ul style="list-style-type: none"> • Pieces of cooked meat 	Can conform to the shape of the airway and get wedged tightly	<ul style="list-style-type: none"> • Cook meat until very tender • Choose mince, shred or chop meat to 8mm x 8mm size pieces 	<ul style="list-style-type: none"> • Prepare as for 1 < 3 years; or offer thin strips of meat that can be picked up with little fingers or with fork
Food with bones	<ul style="list-style-type: none"> • Fish • Chicken Nibbles 	Small bones present a choking risk	<ul style="list-style-type: none"> • Remove all bones 	

³ 'soft' means the food can be easily squashed between your thumb and forefinger, on the roof of your mouth with your tongue

Food characteristics	Food examples	Explanation of choking risk	Changes to reduce risk	
			1 < 3 years	3 – 6 years
Thick pastes	<ul style="list-style-type: none"> Nut or seed butters 	Can conform to the shape of a child's airway or stick to side of airway	<ul style="list-style-type: none"> Use smooth thick pastes sparingly, spreading thinly and evenly onto bread 	
Fibrous or stringy foods	<ul style="list-style-type: none"> Raw pineapple 	Fibres make it difficult for children to break up the food into smaller pieces	<ul style="list-style-type: none"> Peel the skin/strong fibres off where possible Slice these foods thinly across the grain of fibres 	