

Module 3

Choking



Learning Outcomes

Pupils will:

- learn how to recognise choking;
- learn how to administer back blows to a choking casualty;
- learn how to administer abdominal thrusts to a choking casualty; and
- learn how to recognise and respond to choking in babies and small children.



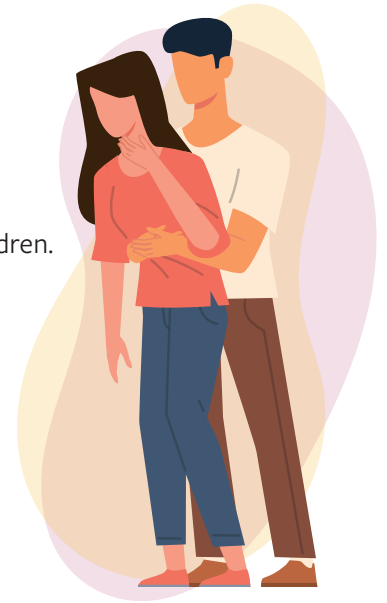
Resources

- **Steve's Day** clip and/or **Country Park** clip
- **Skills Card 3: What Should I do if a Person is Choking?**
- **Activity Card 3: Help! I'm Choking**
- PHA clip: [How to Prevent a Child from Choking](#)



Teaching Notes

- Show your pupils **Steve's Day** and/or **The Country Park** clip.
- Ask your pupils to share thoughts and observations from the clips.
- Explain how to recognise when someone is choking i.e. they may be unable to speak, or get a breath to tell you what is wrong and they might indicate by pointing towards their throat. Also, their face may appear a red or blue colour due to not being able to breathe.
- Explain that in less serious incidents of choking, a casualty may still be able to speak and breathe. Therefore, no treatment is required. It is important however, to provide reassurance to the casualty.
- Explain how to encourage someone to cough.
- With the help of another adult, demonstrate how to respond to choking, explaining each step of the process. Draw pupils' attention to the fact that you are checking if the blockage has cleared after each back blow and each abdominal thrust.
- Explain that they should stop if the person is no longer choking.
- Be clear that back blows and abdominal thrusts should **only** be used in emergency situations – pupils **should not** practise on each other as this could cause injury.
- Ask the pupils to write a list, in the correct order, of actions needed to respond to a choking casualty.
- Use the **Skills Card 3: What Should I Do if a Person is Choking?** and ask them to compare it with their own list. Have they missed any detail?
- Ask pupils what they should do if the choking person becomes unconscious.
- Explain that the person may have stopped breathing and will require CPR. This will be covered in later modules.



NB: Abdominal thrusts involve a significant degree of force and, if performed, it is important to advise the casualty to visit their GP or attend nearest emergency department to check for any potential injury.

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Extension Ideas and Cross-Curricular Links

- **Learning for Life and Work (Personal Development), Science and Technology (Biology)**
 - Discuss with your pupils the different foods that can cause someone to choke. Talk to pupils about what can cause choking. Make them aware that eating quickly, eating very large mouthfuls, swallowing without chewing or eating while running around could all cause choking.
- **Science and Technology (Biology)**
 - Support pupils to research the role of the diaphragm in breathing. Encourage them to find their own diaphragm and then to take deep breaths. Explain that sudden pressure to this area can force air up and through the windpipe, which can clear the blockage.



NB: Explain to pupils that they should treat a choking baby or small child differently.

They should still give up to five back blows, but it may be easier to put the child or baby across your lap. They must ensure the child or baby's head is lower than their chest so that the item which is blocking the airway can come out of the mouth.

Ensure that the baby's head is supported when administering back blows or chest thrusts.

If a bigger child is the rescuer, kneeling behind the casualty might make the procedure easier. Do not try to remove the item blocking the airway with your fingers – unless you can see it. Sweeping blindly with fingers can push the item further down the throat.

Do not perform abdominal thrusts on a baby that is under one year old. Give five chest thrusts instead. Place the baby on their back on your lap or another firm surface. Their head should be lower than their chest. Please refer to [How to Prevent a Child from Choking](#)

Using two fingers, press down on the centre of the chest. You should aim to compress the chest one third of its depth up to five times.