First aid for choking | INFANTS under 1 year

1 Stay Calm | Act Quickly | Check the Scene for Safety Hazards.

2 Call Emergency Services while assessing the Infant's Condition.



Knowledge is key

BEFORE starting first aid for choking, it is important to distinguish between a normal cough and choking. Infants under 1 year can cough for many reasons, and coughing does not necessarily mean choking.

If the infant is coughing strongly, crying or breathing effectively, allow them to continue coughing and monitor them closely. Refer to signs of severe choking.

Do not give back blows or chest thrusts while the cough remains effective.

IMPORTANT: Breathing difficulties can also result from anaphylaxis, croup or other medical emergencies, which require different treatment.



Signs of severe choking

Check for signs of severe choking, these include:

- A weak or ineffective cough.
- Inability to breathe or cry.
- Unusual drowsiness or reduced responsiveness.
- Blue or grey lips or face. Blue or grey colouring can be a late sign of oxygen deprivation.
- *Do not wait for a colour change before starting first aid when an infant shows signs of severe choking.* **Start first aid immediately - follow Step 3.**

NEVER PERFORM A BLIND FINGER SWEEP.

Remove an object from the mouth ONLY if it is clearly visible and can be safely retrieved.



Call emergency services.

Shout for help. Ask someone to call EMS while you begin choking first aid.

If you are alone, call emergency services on your mobile phone using speaker mode, if possible, without delaying first aid.

IF THE INFANT BECOMES UNRESPONSIVE:

- Place them on their back on a firm, flat surface.
- Begin infant CPR, starting with chest compressions.
- Before giving rescue breaths, look inside the mouth. Remove an object only if clearly visible and can be safely retrieved.

Refer to next page for Infant CPR Protocol.

- **Unresponsive:** Start CPR immediately (do not wait).
- **Responsive:** Clear a severe airway obstruction.

3 Dislodging the airway obstruction when the infant is conscious:



A Position the infant safely

Support the infant face down along your forearm, **with the head lower than the chest.**

Support the head and jaw without pressing on the throat. Rest your arm on your thigh for stability.



B Give 5 back blows

Using the heel of your hand, deliver 5 firm back blows between the shoulder blades.

If the object is not expelled, turn the infant face up, supporting the head lower than the chest.



C Give 5 chest thrusts

Give 5 chest thrusts on the centre of the breastbone using the heel of one hand.

Do not use two fingers or abdominal thrusts.

REPEAT: Alternate 5 back blows and 5 chest thrusts until the object is expelled or the infant becomes unresponsive.
If unresponsive, begin infant CPR immediately. If the obstruction clears, monitor the infant until emergency help arrives.

Disclaimer: This guide is for educational purposes only. Not a substitute for professional medical advice.
Certified first aid courses are available and should be completed to effectively perform the instructions outlined in this guide.

INFANT CPR | Under 1 year

1 Stay Calm | Act Quickly | Check the Scene for Safety Hazards.

- Ensure the surroundings are safe before approaching the baby.
- Shout for help and follow Step 2 to check the baby's response and breathing.
- If someone is with you, ask them to call emergency services while you provide first aid; alternatively, call for emergency assistance while using speaker mode.

2 Call Emergency Services while assessing the Infant's Condition.

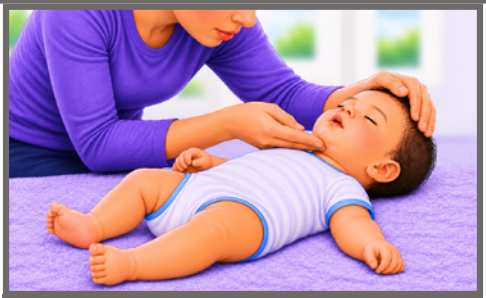


Check for a response.

Call the baby's name loudly. If there is no response, gently tap the sole of their foot and call again. Check for normal breathing and severe bleeding for no longer than 10 seconds before starting emergency protocol.

⚠ **Do not shake the baby.**

- **If unresponsive and not breathing normally or only gasping:** Call emergency services and begin CPR immediately.
- **If unresponsive but breathing normally:** Place the baby in the recovery position, monitor breathing continuously until EMS arrives.



How to check breathing:

Position: Lay the baby on their back on a firm, flat surface.

Open the airway: Gently tilt the head slightly back and lift the chin. Do not over-extend the neck.

Check breathing: Look for chest movement, listen, and feel for normal breathing for no longer than 10 seconds.

⚠ **Gasping is not normal breathing.**

The baby's condition and response, after assessing above, will determine the action you should take next.



Call Emergency Services | Recovery Position

Shout for help. Ask someone to call EMS while you begin first aid. If alone, put your mobile phone on speaker mode, without delaying first aid.

A recovery position (refer to image above) is for an unresponsive infant who is breathing normally.

Place the baby in the recovery position. **Keep the airway open and monitor breathing continuously** until EMS arrives.

If the baby is not breathing normally or is only gasping:

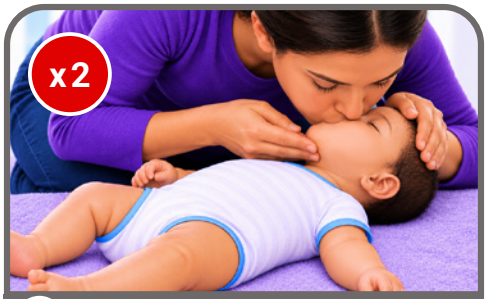
Begin CPR immediately.

3 Performing CPR on an Infant under 1 year:



A Give 30 chest compressions

- Use the **two-thumb encircling hands technique.**
- Place both thumbs side by side on the **lower half of the breastbone** (centre of the chest).
- Give **30 compressions** at a rate of **100 to 120 per minute.**
- **Press down approximately 4 cm** and **allow the chest to rise fully** between compressions.



B Give 2 rescue breaths

- Open the airway with **a gentle head tilt and chin lift** (neutral position — avoid overextension).
- Seal your mouth over the baby's **mouth and nose.**
- Give **2 gentle breaths,** each lasting about **1 second,** using just enough air to make the chest **visibly rise.**
- Allow the chest to **fall** between breaths.



C Continue CPR

- **Repeat cycles of 30 chest compressions and 2 rescue breaths (30:2).**
- Continue without long interruptions until:
  - ✔ Emergency personnel take over, or
  - ✔ An AED is ready to use, or
  - ✔ The baby shows signs of life (e.g. breathes, coughs or moves), or
  - ✔ You cannot safely continue.

Disclaimer: This guide is for educational purposes only. Not a substitute for professional medical advice.
Certified first aid courses are available and should be completed to effectively perform the instructions outlined in this guide.

First aid for choking | CHILDREN - 1 Year to Puberty

1 Stay Calm | Act Quickly | Check the Scene for Safety Hazards.

2 Call Emergency Services while assessing the Child's Condition.



Knowledge is key

Recognise the signs of choking.

Mild Choking
- Can breathe, speak, cry or cough effectively.
- Air is still moving through the airway.

Severe Choking
- Weak, ineffective or absent cough.
- Unable to breathe, speak or cry.
- Silent attempts to breathe or severe distress.
- Blue or grey lips or face (a late sign).
- Becoming drowsy or unresponsive.

Do not wait for colour changes. Act immediately if choking is severe.



If the child can cough effectively

- Encourage them to keep coughing.
- Stay with the child and monitor their breathing.
- Do not give back blows or abdominal thrusts while coughing remains effective.
- If coughing becomes weak or ineffective, or the child cannot breathe, speak or cry, begin choking first aid immediately.

Never perform a blind finger sweep.



Call emergency services.

If the child shows signs of severe choking:
- Shout for help and have someone call emergency services.
- If alone, call using your mobile phone on speaker mode without delaying first aid.

Responsive: Begin 5 back blows followed by 5 abdominal thrusts. Repeat until the obstruction clears or the child becomes unresponsive.

Unresponsive: Lower the child onto a firm, flat surface and begin CPR, starting with chest compressions.

Remove an object from the mouth only if it is visible & safely retrievable.

3 Dislodging the airway obstruction when the child is conscious:



A Position the child safely

Stand or kneel beside and slightly behind the child, depending on their height.

Support the child's chest with one hand and lean them forward, keeping their head lower than their chest where practical.

This helps a dislodged object fall out of the mouth rather than move further into the airway.



B Give 5 back blows

Using the heel of your hand, **deliver up to 5 firm back blows between the shoulder blades.**

Check after each blow whether the obstruction has cleared.

If the child is still choking, proceed to abdominal thrusts.



C Give 5 abdominal thrusts

Stand or kneel behind the child and wrap your arms around their waist.

Make a fist and place it just above the belly button, below the breastbone. Grasp your fist with your other hand.

Give up to 5 quick inward and upward thrusts.

Do not apply pressure to the ribs or breastbone.

REPEAT: Alternate up to 5 back blows and 5 abdominal thrusts until the obstruction clears or the child becomes unresponsive.

Unresponsive: Lower the child onto a firm, flat surface and begin CPR, starting with chest compressions.

If the obstruction clears: Arrange medical assessment, particularly after abdominal thrusts, and continue monitoring the child.

Disclaimer: This guide is for educational purposes only. Not a substitute for professional medical advice.
Certified first aid courses are available and should be completed to effectively perform the instructions outlined in this guide.

CHILD CPR | 1 Year to Puberty

1 Call emergency services and start CPR if the child is unresponsive and not breathing normally.

2 Check the Child's Response and Breathing.



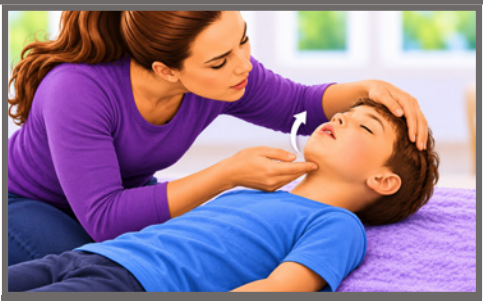
Check for a response.

Call the child's name loudly and gently tap their shoulders.

If there is no response, shout for help. Check for normal breathing for no longer than 10 seconds.

⚠ **Do not shake the child.**

- **If unresponsive and not breathing normally or only gasping:** Call emergency services and begin CPR immediately.
- **If unresponsive but breathing normally:** Place the child in the recovery position, monitor breathing continuously until EMS arrives.



How to check breathing:

Position: Lay the child on their back on a firm, flat surface.

Open the airway: Gently tilt the head slightly back and lift the chin to open the airway. Do not over-extend the neck.

Check breathing: Look for chest movement, listen, and feel for normal breathing for no longer than 10 seconds.

⚠ **Gasping is not normal breathing.**

The child's condition and response, after assessing above, will determine the action you should take next.



Call Emergency Services | Recovery Position

Shout for help. Ask someone to call EMS while you begin first aid. If alone, put your mobile phone on speaker mode, without delaying first aid.

A recovery position (refer to image above) is for an unresponsive child who is breathing normally.

Place the child in the recovery position. **Keep the airway open and monitor breathing continuously** until EMS arrives.

If the child is not breathing normally or is only gasping:
Begin CPR immediately.

3 Performing CPR on children up to puberty:



A Give 30 chest compressions

- Place the heel of one hand on the centre of the chest (lower half of the breastbone). Use two hands if needed.
- Keep your arm(s) straight and shoulders above your hand(s).
- Give 30 compressions at 100–120 per min.
- Press down about 5 cm (1/3 of chest depth).
- Allow the chest to fully rise between compressions.



B Give 2 rescue breaths

- Gently tilt the head back and lift the chin to open the airway.
- Pinch the child's nose closed and seal your mouth over theirs.
- Give 2 gentle breaths, each lasting about 1 second, just enough to make the chest visibly rise.
- Allow the chest to fall between breaths.



C Continue CPR

- Continue without long interruptions until:
  - ✔ Emergency personnel take over, or
  - ✔ An AED is ready to use, or
  - ✔ The child shows signs of life (e.g. breathes, coughs or moves), or
  - ✔ You cannot safely continue.

LOCAL EMERGENCY CONTACT LIST

Parent/s	
Neighbour/s	
Family Member/s	
Security	
ER Doctor	
Local Ambulance	
Fire Department	
Police	
Caregiver/s	

NATIONAL EMS SERVICES

Netcare 911	082 911
ER24	084 124
SA GENERAL EMS	112
Poison Control	131126

Disclaimer: This guide is for educational purposes only. Not a substitute for professional medical advice.
Certified first aid courses are available and should be completed to effectively perform the instructions outlined in this guide.