**Choking Incident Report Form**

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| **Child Details** |
| **Name:** |  | **Date of birth** |  |
| **Room:** |  | **Key person** |  |
| **Incident Details** |
| **Date of Incident** |  | **Time of Incident:** |  |
| **Location:** |  |
| **Activity at Time of Incident** |  |
| **Description of Incident** |
| **What item/food caused the choking?** |  |
| **How was the choking identified?** |  |
| **Duration of choking episode** |  |
| **Was the child able to breathe/talk/cough?** |  |
| **Immediate Actions Taken** |
| **First aid administered (e.g., back blows, abdominal thrusts):** |  |
| **By whom:** |  |
| **Was emergency medical help called? (Yes/No)** **- If yes, time called:** **- Time of arrival:** |  |
| **Outcome of first aid** |  |
| **Child’s Condition After Incident** |
| **Was the child monitored afterwards? (Yes/No)** |  |
| **Duration of monitoring:** |  |
| **Observations:** |  |
| **Was the child sent home or returned to activity?** |  |
| **Parent/Carer Notification** |
| **Time parent/carer was informed:** |  |
| **By whom:** |  |
| **Method of communication (phone, in person, etc.):** |  |
| **Parent/carer response:** |  |
| **Follow-Up Actions** |
| **Review of food/toy safety:** |  |
| **Staff debrief or training needs identified:** |  |
| **Changes to risk assessment or procedures** |  |
| **Additional notes:** |  |
| **Staff Involved** |
| **Name(s) and role(s):** |  |
| **Manager Review** |
| **Reviewed by:** |  | Date: |  |
| **Signature:** |  |