

Child Care Supplemental Handouts

for
Injury Prevention and Infection Control



AMERICAN SAFETY & HEALTH INSTITUTE

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Child Care Supplemental Handouts

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American Safety & Health Institute

Child Care Supplemental Handouts

All across the United States and in many foreign countries, government regulatory agencies license child day care facilities to meet various standards concerning the health, educational and social needs of children. In the past, many child care providers have attended basic CPR and first aid training programs that did not accentuate injury prevention or infection control.

The old adage “An ounce of prevention is worth a pound of cure” is truly a wise expression. It also best describes the rationale for this new collection of American Safety & Health Institute (ASHI) Child Care Supplemental Handouts. These handouts contain information on injury prevention for child care settings, common childhood illnesses, diapering procedures, proper handwashing steps, and more. They may be incorporated into ASHI CPR and basic first aid programs when necessary to meet licensing standards or as desired to help ensure the well being of the children and child care workers.

To ensure practical, widespread dissemination to all ASHI Authorized Instructors, these handouts are being provided as a free, downloadable (Adobe® PDF) document. Printed versions are also available at a reasonable price for those who wish them.

Thank you for doing all you can to educate others and provide for the safety and well being of all children.

Cordially,

Gregg A. Rich
Executive Program Director
ASHI

PART 1. Injury Prevention for Child Care Providers

Rationale:

Unintentional injuries threaten the well being of American children. Most injuries can and should be prevented. Injury prevention training should precede CPR/first aid training. Working to eliminate potential hazards in a childcare setting is the logical way to reduce the need for first aid care. Developing safety strategies and emergency actions plans is a proactive step towards reducing the possibility for injury.

Program Goal:

The goal of the ASHI Injury Prevention module is to reduce the frequency and the severity of injuries in the childcare setting.

Module Objectives:

Upon completion of this module participants should be able to:

- Conduct regular safety checks
- Modify the childcare environment to reduce hazards
- Provide and understand effective methods of visual supervision of children
- Effectively enforce rules for safe playing activities
- Adhere to the designated emergency action plan

Length of Injury Prevention module:

60 minutes (1 hour) or more

Target Audience:

Child care providers

Class Size:

Ideally, a ratio of 1-20 should not be exceeded

Instructor Criteria:

American Safety & Health Institute Instructors

Materials Required:

- Module handouts (can be copied and utilized for overhead transparencies)
- Overhead projector (if using transparencies)
- Chalkboard/flipchart/newsprint/markers
- Sample first aid kit
- Disposable gloves
- Roster

Section Segments: (3 segments)

- I. Indoor Safety
- II. Outdoor Safety
- III. General Information

Topic/Time Guide:

Instructors must follow this topical time guide for the course of instruction. The Injury Prevention module for the child care setting is 1 hour in length.

I. Indoor Safety

30 minutes

- ☐ Understanding injuries in childcare setting
- ☐ Regular safety checks (indoor)
- ☐ Safety stickers/posters
- ☐ Emergency exits
- ☐ Fire escape (including-stop, drop and roll)
- ☐ Facility layout (Identification and safety measures)
- ☐ Facility contents (Identification and safety measures)
- ☐ Indoor activities (Identification and safety measures)

II. Outdoor Safety

10 minutes

- ☐ Playground
- ☐ Field trip/Travel/Pet Safety/Stranger Danger

III. General Safety Information

20 minutes

- ☐ Supervision
- ☐ Recognition of emergency
- ☐ Emergency Action steps

Delivery

In order to effectively deliver this content during a 60-minute framework, you (Instructor) must spend time prior to program delivery becoming familiar with the daycare layout and policy. This should not be considered as an official safety inspection, but as a method for you to identify potential hazards that may exist on and within daycare premises. If during your inspection you find a safety hazard that you feel may need to be addressed with daycare management, do so ... they may not be aware of the potential danger. Take notes during your inspection to use during Injury Prevention presentation. Notes will help you to quickly reference specific hazards or safety concerns during your program delivery.

You should utilize the time guide to keep yourself on track. Follow course sequence and briefly speak on each topic, issue suggested ASHI handout, make appropriate safety suggestions and if there is enough time field a question or two. Remember that injury prevention and first aid care for specific injuries will be reviewed throughout the entire first aid segment.

Now You Are Ready!

You may include other appropriate handouts in addition to the ones this supplement provides.

Section I

INDOOR SAFETY & HEALTH

Rationale: Each room and area of your child care facility contains potential dangers. Examining the indoor environment for safety and health hazards allow the child care provider to offer protection for the children and prevent unnecessary injuries and illness.

Learning Objectives:

Participants will be able to:

1. Discuss the importance of safe and healthy environments and describe a safe and healthy environment for all children
2. Realize potential hazards in the indoor environment
3. Take actions to eliminate or reduce those hazards

Teaching Methods/Suggested Activities:

- Brainstorming: Ask participants to list some of the hazards in a child care setting.
- Lecture: Review the need for regular safety and health related checks of indoor environment.
- Question/Answers: Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #:1-7
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Most accidents are preventable.
- Stress that the child care setting is not a place for weapons or firearms. Providers should explore other means of protecting their facility rather than with firearms.
- Emphasize that childproofing a room does not make that room 100% safe. Childproofing does not replace supervision; it enhances it.
- Clean, sanitary conditions must be provided and maintained.

Handout # 1

UNDERSTANDING INJURIES IN THE CHILD CARE SETTING

Injuries occur as a result of unsafe conditions in the environment, participation in activities, which are not developmentally appropriate, and/or a lack of adult supervision. Age and sex of children, size of the facility, adult-to-child ratio, specific program offerings (e.g., swimming, field trips), playground equipment, supervision, and enforcement of policies and regulations are some of the factors that may influence the risk of injury in child care settings.

Successful strategies for preventing child care injuries require a better understanding of injuries - what injuries happen, to whom, where, how and when.

What types of injuries are common? Children attending child care are most likely to face the following types of injuries:

- Minor injuries such as cuts, scrapes and bruises
- Severe injuries such as head injuries, broken bones, internal injuries, dislocations or dental injuries
- Poisoning
- Drowning
- Burns
- Choking and suffocation

Who gets injured? Studies show that:

- Injury rates are low for infants and increase with the age of the child. Injuries are most frequent among two to five year olds.
- The difference for boys and girls in preschool is small. At age five, the number of injuries increases among boys, as they are more often involved in active physical play.

How are children injured? The following factors contribute to injuries and may be divided between child-related factors and environment-related factors:

- Falls are the leading cause of serious injuries. The playground is the major site of injury in the child care setting and accounts for 50% to 60% of all child care injuries. Sometimes furniture, stairs or windows are also involved.
- Another child is involved (fighting, pushing, colliding, throwing, biting, etc.).
- The child collides with objects such as moving playground equipment, furniture, part of the building, plants, toys, a fence or gate, etc.
- The child is cut by a sharp edge, burned by a hot surface, hot tap water or heater, or poisoned by toxic materials.

When do injuries happen?

- Late in the morning and late in the afternoon, when children are hungry or tired, and when providers are busy or unavailable to supervise

Why are children injured? Children may be injured due to:

- Lack of safety knowledge
- Lack of ability, imitation of others more physically advanced
- Hazards in the environment and access to toxic materials
- Lack of safety precautions and supervision, and not paying attention to the importance of safety devices

Handout # 2

INJURIES IN THE CHILD CARE SETTING

What	<ul style="list-style-type: none">• Minor injuries (such as cuts, scrapes, and bruises)• Severe injuries (such as head injuries, broken bones, internal injuries, dislocations, dental injuries)• Poisoning• Drowning• Burns• Choking and suffocation
Who	<ul style="list-style-type: none">• Most frequent among 2 to 5 year olds• More boys than girls after age five
How	<ul style="list-style-type: none">• Falls• Involvement with another child• Colliding with objects• Contact with objects• Motor vehicle accidents• Bicycle accidents• Drowning
When	<ul style="list-style-type: none">• In the summer and spring• Late in the morning and late in the afternoon
Why	<ul style="list-style-type: none">• Lack of safety knowledge• Lack of child's ability, imitation of others more physically advanced• Hazards in the environment and access to toxic materials• Inattention to the importance of using safety devices• Lack of safety precautions and supervision

Handout # 3

Indoor Safety/Cleanliness Check List

Clean, safe facilities

A good center should be safe, clean and sanitary.

How Do I know My Day Care Center is Safe and clean?

Providers (Checklist)

Make sure your home or center lives up to these standards

- ☐ Running water, soap and paper towels are readily available
- ☐ Diapering is done at a changing table, never in an area where children play
- ☐ Baby toys are washed daily and disinfected twice a week
- ☐ Children and caregivers wash their hands before and after handling food, using the bathroom, and changing diapers
- ☐ Floors, walks, walls, and the kitchen area should be clean
- ☐ Food preparation areas should be far from toilets and diaper changing stations
- ☐ Trash shouldn't be left sitting un-emptied
- ☐ The building should be adequately heated, lit, and ventilated
- ☐ Daily cleaning includes disinfecting bathroom fixtures, removing trash and cleaning kitchen area.
- ☐ All play equipment is in good repair and clean, with no sharp edges, rusty nails, etc.
- ☐ Emergency and fire escape exits identified
- ☐ Emergency evacuation route posted throughout center
- ☐ First aid kit and fire extinguisher should be close at hand
- ☐ Toys and play equipment should be clean and in good repair (no small part toys)
- ☐ Small, easy to swallow objects are completely out of reach.
- ☐ Toys and play equipment are age appropriate.
- ☐ Book shelves and cabinets securely fastened to walls
- ☐ All overhead storage secure and protected
- ☐ Wide walkways throughout center
- ☐ Bedding should be fresh and firm (to reduce the risk of SIDS for babies).
- ☐ Smoke detectors should be in place and working
- ☐ Radiators and heaters should be covered or otherwise protected

- ❑ All electrical outlets are covered with protective caps and all potentially dangerous products including medicines and cleaning supplies, are stored in original, labeled container in locked cabinets. All standard childproofing techniques should be used (covered outlets, safety gates, door latches, etc.). The center should be secure, as well, so strangers can't just walk in off the street.
- ❑ Staff should know the Choking and rescue breathing procedure and be certified in emergency first-aid and CPR for Adult, child and infants.
- ❑ Perishable foods are stored in refrigerator at temperatures low enough to prevent spoilage, other foods are kept in containers on shelves at least six inches above the floor and lunches from home are kept in the fridge.
- ❑ In addition to these guidelines:
- ❑ The home or center must conduct periodic fire drills.
- ❑ Parents are given written procedure guidelines if their child becomes ill or is injured while in day care and instructed about when to keep a sick child home.
- ❑ The kitchen area is closed off.
- ❑ Stairwells are closed off from children yet are easily accessible for emergency evacuation.
- ❑ Windows have guards that prevent them from being opened more than 5 inches.
- ❑ Upstairs windows (if any) should have screens or bars
- ❑ Centers should have at least 35 square feet of indoor space per child and 75 square feet per child outside.
- ❑ Make sure the center follows the basic rules of safety
- ❑ All entries and exits clearly identified

Handout # 4

REGULAR SAFETY CHECKS OF INDOOR ENVIRONMENT

Each room and area of your child care facility contains potential hazards. Sometimes hazards are not observed by the untrained eye, but children always find them. Examining the indoor and outdoor environment for safety hazards allows the child care provider to offer protection for the children and prevent unnecessary accidents. When we modify an environment for increased safety, we call it "childproofing."

In your facility, many environmental changes can and do occur almost daily; new children enter, others leave, you purchase new furniture and equipment, bring in pets, seasons change. Every change in your facility's environment should initiate an evaluation to see if it is safe and effective. This process is called "monitoring."

The indoor child care environment can include many physical hazards that pose risk through choking, poisoning, burns, falls, and others. Many of you control environmental hazards in your facility by instinct, but monitoring your facility for safety should be a deliberate and serious task. One way to accomplish this is by regularly using your safety checklists to insure that your environment is still childproof.

Remember! Childproofing a room does not make that room 100% safe. Childproofing does not replace supervision; it enhances it.

Your program must follow certain safety standards and practices in order to be licensed. Local building, sanitary and fire safety codes must also be observed. You can create a safe environment by carefully following these additional guidelines:

- Know licensing regulations for your child care setting.
- Know all applicable safety practices for the child care environment (such as not shaking a baby, always checking water temperature, putting babies on their back to sleep, keeping hot food and liquids out of reach).
- Be alert to hazards both indoors and outdoors, and eliminate or avoid them.
- Use safety devices where applicable (e.g., use of smoke alarms, safety guards around hot surfaces, etc.).
- Using the checklists, conduct safety checks of outdoor areas, indoor areas and first aid kits, etc. on a regularly scheduled basis. Some features need to be checked daily, others weekly or monthly. Programs need to build safety checks into their daily, weekly and monthly schedules.
- Encourage all staff to participate in conducting the checks and planning ways to deal with the hazards.

- Be aware of conditions that contribute to injuries. Whenever a hazard is found, fix it if you can. If you cannot fix it, make a note of it and follow up with plans to get it fixed.

Know what you are buying or what is being donated to your program. Read labels and instructions carefully. If you have any questions or complaints about the safety of any product, call the Consumer Product Safety Commission (CPSC) at its toll-free number: 800-638-2772.



Safety Stickers/Posters

Safety stickers and safety-related posters should be utilized throughout the center. Every phone should have 911 stickers.

1-800-222-1222 is the telephone number for every poison center in the United States. Call this number 24 hours a day, 7 days a week to talk to a poison expert.

When you call, you are automatically connected to the poison center for your area. Your call is routed according to the area code and exchange of the phone number you are calling from.

You may also call this number to request free magnets and stickers that display the poison hotline number.

Handout # 5

Age Appropriate Toys

Age Group	Suggested Toys
Up to 1 year	Large blocks of wood or plastic, pots and pans, soft washable animals and dolls or balls, toys that make noises, busy boards, squeeze toys, and bright movable objects that are out of baby's reach.
1 to 2 years	Cloth or plastic books with large pictures, stacking toys, balls, large blocks, push or pull toys but without long strings, toy telephone but without long cord, tapes with simple stories or music
3 to 6 years	Books (short stories or action stories), building blocks, crayons, nontoxic paints, hammer and bench, housekeeping toys, outdoor toys (e.g., sandbox with lid, slide, swing, playhouse), transportation toys (e.g., tricycles, cars, or wagons), tape or record player, puzzles with large pieces, chalkboards, balls, simple board games, dramatic play toys

Handout # 6

TOYS SAFETY CHECKLIST

Yes No

- ☐ ☐ Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts.
- ☐ ☐ All toys are painted with lead-free paint.
- ☐ ☐ Toys are put away when not in use.
- ☐ ☐ Toys that are mouthed are washed and disinfected between users.
- ☐ ☐ Children are not permitted to play with any type of plastic bag or balloon.
- ☐ ☐ Toys are too large to fit completely into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins or marbles for children under four years of age.
- ☐ ☐ Infants and toddlers are not permitted to eat small objects and foods that may easily cause choking, such as hot dogs, hard candy, seeds, nuts, popcorn, and uncut round foods such as whole grapes and olives.
- ☐ ☐ Toy chests have air holes and a lid support or have no lid. A lid that slams shut can cause head injuries or suffocation.
- ☐ ☐ Shooting or projectile toys are not present.
- ☐ ☐ Commercial art materials are stored in their original containers out of children's reach. The word nontoxic appears on the manufacturer's label.
- ☐ ☐ Rugs, curtains, pillows, blankets, and cloth toys are flame resistant.
- ☐ ☐ Toys are not hung across the cribs of infants who can sit up. Rattles, pacifiers, or other objects are never hung around an infant's neck.
- ☐ ☐ Infant walkers are not used.

Handout # 7

SAFETY POLICIES AND BEHAVIOR MANAGEMENT

Because of developmental factors that limit children's physical, mental and emotional abilities, they may lack the capacity to judge whether or not an activity is safe. It is the responsibility of child care providers to provide children with a safe environment and to ensure their well being and protection. Safety policies for modifying the environment, modifying behavior, monitoring children and teaching injury-preventive behaviors to children will help the provider offer more safety protection and prevention in every child care situation.

The action of a child is the most common behavior leading to injury. The majority of behaviors the child displays are related to the developmental level of the child. The adult behavior that can contribute to a child's injury can be active (such as child abuse or violence) or inactive (such as lack of supervision, knowledge, communication, etc.).

In designing safety policies, understand the safety hazards in the child care environment, and know what hazards are addressed by local licensing regulations and fire prevention boards. Providers need to check both inside and outside for hazards while applying special safety considerations concerning small children. Viewing the environment through the eyes of a child will help the provider find safety hazards and create safety checklists that offer maximum protection. Get down at the child's level so you can see what the child sees.

Each type of safety hazard should have steps to follow to avoid risk. For example, if a field trip is scheduled, there should be a definite policy for travel with children. This would include trip planning and preparation, assuring enough adults for proper supervision, and procedures to follow during the trip and at its completion.

It is essential to have knowledge of the developmental abilities of the children in care. The abilities of the children will affect the types of safety policies. These policies should be clearly written, based on standard safety practices and licensing regulations, specific to the hazard involved, and applicable to the specific child care environment.

Safety policies include guidelines, checklists and charts that help to protect the child care environment from hazards. These policies would guide the child care providers in methods of practicing safety and should name the provider who is responsible for carrying out the safety process that is developed. The guidelines will address the areas where risks are anticipated, and the environment is modified and monitored for safety. Be sure you consider children who have sight or mobility restrictions.

Be a positive role model: keep in mind that your own attitudes and behaviors are as important as the physical environment of your facility. Role modeling should reflect the behaviors the child care provider wishes to pass on to the children. Education and supervision also help providers maintain a safe child care environment.

To prevent injuries in the child care setting, a safety policy and plan should be implemented.

EXAMPLES OF SAFE PRACTICES THAT CAN BE USED FOR SAFETY POLICIES

- Explanation of safety actions to the children
- **Practicing safe activities in the child care and community environment**
- Using safety devices such as smoke alarms and electrical outlet plugs
- Being sensitive to unsafe conditions
- Having daily routines for safety checks
- Removing hazards to ensure a safe physical environment
- Educating oneself on safety issues and practices
- Communicating with parents about safety measures
- Teaching what to do in an emergency, and clarifying provider's safety behavior during practice drills and role play.

Section II

OUTDOOR SAFETY / TRAVEL SAFETY

Rationale: The outdoor area of your child care facility contains potential dangers. Examining the outdoor environment for safety hazards allows the child care provider to offer protection for the children and prevent unnecessary injuries.

Learning Objectives:

Participants will be able to:

1. Discuss the importance of safe outdoor environments.
2. Realize potential hazards in the outdoor environment.
3. Take actions to eliminate or reduce those hazards.
4. Recognize that falls are a leading cause for child injury inside and outside childcare center.
5. Protect children from situations that may create falls.
6. Recognize the proper method of securing children in vehicles when going on field trip.
7. Discuss additional safety measures that must be taken during field trip activities.
8. Discuss ways to safeguard children in regards to stranger danger.

Teaching Methods/Suggested Activities:

- Brainstorming: Ask participants to list some of the hazards in a child care outdoor setting.
- Lecture: Review the need for regular safety checks of outdoor environment.
- Question/Answers: Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout #: 8-16
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Most accidents are preventable.
- Emphasize that childproofing a playground does not make that area 100% safe. Childproofing does not replace supervision; it enhances it.

Handout # 8

10 Steps to Safer Playgrounds for Children

Going to the playground is a fun-filled, memory-provoking experience for both providers and children. However, there has been a dramatic increase in playground-related injuries over the past two decades. According to United States Consumer Product Safety Commission (CPSC) statistics, it is estimated that nearly 200,000 playground-related injuries requiring emergency room visits are now occurring each year. About 150,000 of those injuries occur on playgrounds.

Because many injuries are associated with inadequate supervision on playgrounds, it is imperative that child care providers become proactive in playground supervision. Although all providers are not expected to be trained inspectors of playgrounds, they should visually inspect the equipment for potential safety problems and make sure that children do not play on any unsafe equipment.

10 ways you can make Daycare playgrounds safer

1. Make sure staff supervision is present at the playground.

It is estimated that more than 40 percent of playground injuries may be in some way related to inadequate supervision. Children should always be observed when playing on playground equipment. Adults need to watch for potential hazards, observe children playing, intercede and facilitate play when necessary and be available in case an injury occurs.

2. Guide children to play on age-appropriate equipment.

Children are developmentally different. Therefore, equipment designed for children ages 5 to 12 is too big for children ages 2 to 5. Different playing areas for each of the age groups should be available and children should only play on their age-appropriate equipment.

3. Survey the play area and make sure it is free of apparent hazards.

When visiting outdoor play area, first visually survey the area and check to see that there are no apparent immediate hazards. Hazards range from broken glass or metal pieces lying around to playground design that creates congestion among the play equipment where children could collide or fall on each other. If the area is near a street or parking lot, make sure there is fencing to prevent the children from running in front of cars. Look for signs designating the separate play areas for 2 to 5 and 5 to 12 year olds. Be sure that metal equipment is in shaded areas or has a protective surface to prevent burns.

4. Check the playground surface for cushioned surfacing beneath equipment and its fall areas.

Falls to surfaces are responsible for more than 70 percent of the injuries sustained on playgrounds. Improper surfacing is the leading cause of many of those injuries. Hard surfaces such as asphalt, blacktop, concrete, and grass, packed dirt or rocks should not be used. A fall to those surfaces could be life threatening. Acceptable surfaces include hardwood fiber/mulch, pea gravel and sand. Other options include synthetic surfaces such as rubber tiles, mats or poured surfaces.

Surfaces should be maintained to a depth proportionate to the height of equipment. A good guideline would be to use 12-inches of loose fill, such as mulch, pea gravel or sand, for equipment up to eight feet in height. Manufacturers of synthetic surfaces should make recommendations of the depth of their products depending on equipment height.

Loose-fill surfaces may need to be pushed back underneath equipment for adequate cushioning if the material has been moved or pushed to the edge of the play area. Cushioned surfacing should be provided under all equipment and its fall zones. Therefore, it should be extended a minimum of six feet in all directions from the perimeter of the equipment.

5. Examine equipment such as ladders, platforms and steps.

Climbers and monkey bars are popular equipment that promotes strength and coordination skills. However, they also have the highest incidence of injury on public playgrounds and need to be closely supervised. Check to see if steps on climbers are in good condition and that handrails have appropriate grip sizes for children.

If the climber has a platform, it should be surrounded with a guardrail or protective barrier. The choice of protection depends on the age level of children using the equipment and the height of the platform. For platforms for younger children, the guardrails and protective barriers should be at least 29" high; for school-aged children, the barriers should be at least 38" high.

6. Survey types and quality of swings.

Swings also are favorite equipment that need close observation. They are the pieces of moving equipment that are most likely to cause injuries. For preventative measures, the following changes are suggested: remove animal swings; remove metal or wooden seats and replace with soft seats; make sure swings are on a separate framework rather than attached to other equipment.

Only two swings should be placed in each bay (or framework) that supports the swings. Swings should be positioned at least 24" apart at the base of the seats and 30" from any supports.

Swings should have a fall zone that is twice the height of the pivot or swing hanger in front and in back of the swing seats. For example, if the hanger pivot height is 10 feet, the fall zone must be 20 feet in front and 20 feet in back of the swing seat. The fall zone also should extend six feet to each side of the support structure.

7. Check out the slides.

Slides should be well anchored, have firm handrails for gripping and steps with good traction. Steps should have drainage holes to make them less slippery. There should be no spaces between the slide platform and the slide bed where strings from clothing could catch and cause strangulation. Make sure metal slides are shaded or covered to prevent burns in hot sun.

8. Review the seesaw area.

Make sure the handles of the seesaw are secure and of a size and design that children can grip easily. Check to see if there is a soft bumper under the bottom of the seat to cushion the hit to the surface and that all pivot points are covered to prevent pinched fingers.

9. Inspect the action of merry-go-rounds.

Merry-go-rounds should be firmly anchored into the ground and have handles for children to grasp easily. The surface under the bed of the merry-go-round should be positioned so that children cannot slide underneath. The gearbox should be covered so fingers cannot get caught. Finally, a governor should be attached to control the ultimate speed of the unit.

10. Leave the area safe for next use.

Be sure to leave the area in as good a condition as you found it (or better, if you have spotted problems). Have the children help you redistribute any loose surfacing that may have been pushed aside by play back under swings and the bottom of slides. Close any gates that may be open.

Handout # 9

SAFE PLAYGROUND HABITS

Swings

- Sit in the center of the swing. Never stand or kneel.
- Hold on with **both** hands.
- **Stop** the swing before getting off.
- Stay **far away** from moving swings.
- Be sure only **one** person is in on a swing at a time.
- Do not swing empty swings or twist unoccupied rings.
- Keep head and feet out of the exercise rings.

Slides

- Wait your turn. Give the person ahead lots of room.
- Hold on with **both hands** when climbing up.
- Before sliding down, make sure no one is in front.
- Slide down feet first, sitting up, one at a time, unless the slide is double or triple width.
- After sliding down, **get away from** the front of the slide.

Climbing Apparatus

- Only ___ people at a time. (Fill in your limit.)
- Use both hands and use the lock grips (fingers and thumbs).
- Stay away from other climbers.
- Do not use when wet or hot.

Horizontal Ladders and Bars

- Only ___ people at a time. (Fill in your limit.)
- Everybody starts at the same end and goes in the same direction.
- Use the lock grips (fingers and thumbs).
- Keep a **big space** between you and the person in front.
- Do not use when wet or hot.
- Drop down with knees bent. Try to land on both feet.

Handout # 10

FALLS

What a child care provider needs to know

Falls are the single greatest cause of injury in the child care environment and the most common injury requiring medical care. Thus, prevention of falls will pose one of your greatest challenges to a safe environment.

Although many injuries resulting from falls are minor (cuts and scrapes), many others such as heavy bleeding, broken bones, head and eye injuries, will be more severe and could be potentially life threatening.

The most common type of fall leading to hospitalization is a fall from one level to another, such as from playground equipment, beds, tables, chairs and stairs. Falls resulting in severe or fatal injuries are usually due to falls from second story (or higher) windows.

Children are capable of falling or hurting themselves at any age. A tiny baby can wiggle and move and push. An older baby can roll over, crawl and creep. Toddlers can climb to get to places that were formerly inaccessible.

Indoor furniture and playground equipment are frequently related to the injuries from falls. Changing tables vary greatly and can be the cause of an infant's fall if the infant is left unattended. Although baby walkers are tested, they are the cause of more injuries than any other infant equipment. Injuries occur when young children in walkers fall down stairs or off porches. (Walkers are outlawed in child care.)

What a child care provider can do to reduce this type of injury

As you well know as a child care provider, there is not much you can do to block the activity levels of children in your care. However, you can reduce the risk of injuries through control of the child's environment, by teaching appropriate behaviors (both indoors and outdoors) and by careful supervision.

Modification of equipment and environment:

- Use infant and child equipment that are in good repair and inspected for safety.
- Use durable, balanced furniture that will not tip over easily.
- Get rid of baby walkers.
- Place safety gates at the top and bottom of stairs. Remove all objects from stairs.
- Keep windows screened and latched. Install window guards on upstairs windows.
- Pick up toys when play is finished.
- Pick up other objects from the floor and clean up spills quickly.

- Avoid highly waxed floors and stairways.
- Secure or remove loose mats and rugs.
- Use skid-proof mats or stickers in the bath.
- Keep area well lit.
- Maintain safe playgrounds. The surface under and around play equipment where children can fall should be shock absorbent and soft (e.g., rubber, sand, pea gravel or wood chips).

Change of behavior through education and supervision:

- Do not allow climbing on furniture, stools or ladders.
- Never leave toddlers and infants on beds, a changing table, play areas or other high places unattended.
- Discourage indoor running.
- Teach children how to play safely, involve them in making rules for playground behavior, and enforce these rules consistently.

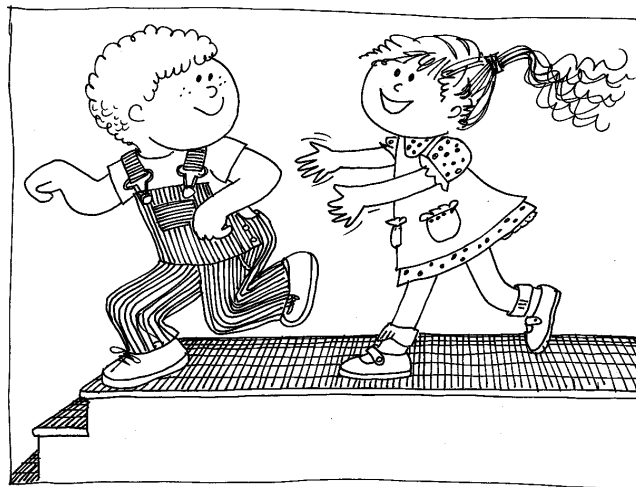
FALL PREVENTION

Modification of equipment and environment:

- Use child and playground equipment that are safe and well maintained.
- Use durable, balanced furniture that will not tip over easily.
- Get rid of baby walkers.
- Place safety gates at the top and bottom of stairs.
- Keep windows screened and install window guards on upstairs windows.
- Pick up toys and other objects from the floor and clean up spills quickly.
- Secure or remove loose mats and rugs.
- Use skid-proof mats or stickers in the bath.
- Keep area well lit.
- Use safe playgrounds. The surface under and around play equipment where children can fall should be shock-absorbent and soft.

Change of behavior through education and supervision:

- Do not allow children to climb on furniture, stools or ladders.
- Never leave toddlers and infants on beds, a changing table and play areas unattended.
- Discourage indoor running.
- Teach children how to play safely, involve them in making rules for playground behavior, and enforce these rules consistently.
- Remove a misbehaving child from play, and explain how her or his actions could hurt someone.



Handout #12

MOTOR VEHICLE, TRANSPORTATION, AND PEDESTRIAN SAFETY

Motor vehicle accidents are the number one cause of deaths and disabilities among children in the United States. Motor vehicle injuries to children occur when they are riding in a car that stops suddenly or crashes, when they are pedestrians and hit by a car, or when they are riding bicycles. As a child care provider, you can make a difference by practicing preventive measures for car travel, field trips, and what you teach your children about traffic.

If used properly, child safety seats and safety belts protect children from death and severe injuries during collision. Seat belts can reduce death and severe injuries due to car crashes by 40-55%.

Eighty percent of all bicycle deaths are due to head injury and brain damage. Bicycle helmets reduce the risk of head injury by 85% and brain injury by 88%. Helmets are also needed when children use skateboards, roller skates or in-line skates.

Young children walking to child care are also at risk of traffic injuries. Many children are also killed when adults back over them with a car.

Children of all ages can be the unfortunate victims of car crashes, but those between the ages of two to six pose a special challenge because their levels of curiosity, activity and need for constant reinforcement are at a peak.

As a child care provider, you can make a difference by practicing preventive measures for car travel, field trips and what you teach your children about traffic.

- Emphasize the importance of using car seats and seat belts every time.
- You are responsible for making sure that children are appropriately seated with car seats when they come and go from child care center.
- Infants ride facing backwards when they weigh less than 20 pounds.
- Look for parents to be volunteers to assist on the field trip.
- Involve children in teaching younger children.

Knowing and following the state's laws and licensing regulations

Child care providers are required to know their state's child restraint laws. Most law state that children under the age of four years (regardless of weight) and forty pounds (regardless of age) must be in a child safety seat that meets federal safety standards. Older children and adults must wear vehicle safety belts, and pickup truck passengers also must be correctly buckled up.

Developing and following safe transportation policies

Develop a written policy that clearly states the rules, the responsibilities of staff, children and parents, and the emergency procedures to be followed. The policy should fit into your program's particular needs and be consistently used. Make everyone aware of the policies and procedures as well as the reasons for their existence.

Providing safety education

For children: Children should be "Street Smart" as soon as they are ready to walk outdoors. Preschoolers are old enough to learn simple concepts of auto and traffic safety. Children learn traffic safety by watching and doing. Teaching children healthy habits and consistent use of safe behaviors helps them to practice these habits in later years. Include child passenger and traffic safety awareness in daily curriculum activities. Include safety education in planning trips. Explore safety issues and use teachable moments whenever they occur. Be a positive role model.

Handout # 13

Singing Buckle-Up Songs

Introduce either or both of these songs. "Buckle, Buckle, Buckle Up" reminds children always to wear their safety belts and to ride in the back seat. "Where's Your Safety Belt?" is a reminder of the correct way to wear safety belts. Older children can be divided into two groups so some can sing the questions and others can sing back the answers. Then repeat the song, with children trading parts.

<p>"Buckle, Buckle, Buckle Up" (Sung to the tune of "Row, Row, Row Your Boat")</p> <p>Buckle, buckle, buckle up Riding in the car. Always put your safety belt on Going near or far.</p> <p>I am very special, and I take care of me. Riding safely in the back's The safest place to be.</p> <p><i>Suggested motions:</i></p> <ol style="list-style-type: none">1. Hold two ends of safety belt and buckle up.2. Hug self.3. Thumb over shoulder, point to back seat.	<p>"Wear Your Safety Belt" (Sung to the tune of "Allouette")</p> <p>Wear your safety belt Always wear your safety belt Wear your safety belt Riding in the car When I'm riding in the car, If I'm going near or far, I buckle up I buckle up I buckle up I buckle up Oh - oh - oh - oh</p> <p><i>(Repeat above)</i></p>
<p>'Where's Your Safety Belt?' (Sung to the tune of "Where is Thumbkin?")</p> <p>Where's your safety belt? Where's your safety belt? Here is mine! Here is mine! Buckled 'round my hips Buckled 'round my hips Where is yours? Where is yours?</p> <p><i>Suggested motions:</i></p> <ol style="list-style-type: none">1. Hand against forehead searching.2. Pat front of belt.3. Pat hips.4. Palms up, questioning.	<p>"Always Buckle Up" (Sung to the tune of "The Farmer in the Dell")</p> <p>I always buckle up I always buckle up Whenever riding in the car I always buckle up My () * buckles up My () * buckles up Whenever riding in the car My () * buckles up</p> <p><i>* Add Daddy, Mommy, puppy, etc.</i></p>

Handout #14

Proper Child Safety Seat Use Chart Buckle Everyone. Children Age 12 and Under in Back!			
	INFANTS	TODDLER	YOUNG CHILDREN
WEIGHT	Birth to 1 year up to 20-22 lbs.	Over 1 year and Over 20 lbs.-40 lbs.	Over 40 lbs. up to 80 lbs.
TYPE of SEAT	Infant only or rear-facing convertible	Convertible / Forward-facing	Belt positioning booster seat
SEAT POSITION	Rear-facing only	Forward-facing	Forward-facing
ALWAYS MAKE SURE:	Children to one year and at least 20 lbs. in rear-facing seats Harness straps at or below shoulder level	Harness straps should be at or above shoulders Most seats require top slot for forward-facing	Belt positioning booster seats must be used with both lap and shoulder belt. Make sure the lap belt fits low and tight across the lap/upper thigh area and the shoulder belt fits snug crossing the chest and shoulder to avoid abdominal injuries
WARNING	All children age 12 and under should ride in the back seat	All children age 12 and under should ride in the back seat	All children age 12 and under should ride in the back seat

Handout # 15

Safety & Fieldtrips

Field trips can provide wonderful learning experiences for children of all ages. In order to make the most of this experience, it is important to keep safety as a top priority.

Before selecting a field trip site or event, teachers should consider why they are taking children on a field trip. Is this an activity that can only take place away from the center, such as a visit to a children's theater? Or could this experience occur just as well in the center? For example, if you want children to see and touch animals, you can visit a petting zoo, or you might ask a guest to bring baby goats, kittens, or puppies to the classroom.

Safety concerns can arise when children get bored because the event is too long for their attention span. Children also may lose interest if they can't perform the activity, either because it is developmentally inappropriate or because there are too many children for the number of activities. When children get bored - look out! They will find something else to do such as wandering off or climbing the stair railings. When planning the field trip, here are some points to consider:

The Site

Is this field trip appropriate for the age group? The age of your children can affect your safety considerations. For example, taking a group of 20 four-year-olds to a shopping mall to see a clown might not be a good idea because there are too many places for the children to "escape" and get out of your sight. However, other sites might be much better suited for a field trip such as visiting a fire station or dentist's office.

The Activities

Consider the developmental level of your children. Children enjoy hands-on and interactive activities rather than watching or listening to someone else. However, if it is hands-on, can the children perform that particular activity?

Is the activity safe for children? Consider a visit to a petting farm. This can be an enriching experience for children to see and touch baby lambs, goats, and ducks. However, there are still hazards. Some animals bite. A goose can give a mean pinch! Even a baby lamb that wants to "suck" on little fingers can hurt a small child. Some animals are too big for children. When visiting a petting farm, plan extra adult supervision and be sure children are separated from large animals and/or potentially dangerous animals.

Transportation

Transportation may occur by bus, van, or private vehicles driven by parents. All children should be securely buckled into car seats or booster seats approved for their age and weight. The safest place for all infants and young children is the back seat of a car. Older children should buckle the lap belt and shoulder belt. Never double-buckle children in seat belts as each child should have his or her own seat belt to provide the best possible protection.

Check out the loading and unloading area at the site. Children should exit the vehicle and enter the area without crossing traffic areas or parking lots.

Do head counts frequently. Count your children as you leave the childcare center, once they are in the vehicle, as they exit the vehicle, and when they get into the designated building or area.

Recommendations

Visit the site prior to the field trip. Look at the site from a safety standpoint, such as potential falls, entrapments, choking/poisoning hazards, etc. Remember, most field trip sites are not designed to be "children proof."

- Plan adequate adult supervision, both during transportation and during the field trip activities.
- Take a file containing parent authorizations, emergency contact information, and medical authorizations for each child.
- Take a well-equipped first aid kit.
- Notify someone at the field trip site of your expected departure and arrival.
- Have a two-way radio or cellular phone available in case of an emergency.

Basic Hygiene on Field Trips

While on a field trip, basic hygiene such as hand washing is important. One preschool classroom's trip to the zoo ended up with many cases of an intestinal virus when the children touched a railing that was part of a reptile exhibit and then ate their lunches without washing their hands.

Field trips are fun and educational and with the proper health and safety preparations, unnecessary problems can be avoided.

The Parent Connection

Field trips are an excellent opportunity to include parent volunteers. If you need to increase the ratio of adults to children on a field trip, invite parents or other center volunteers to join the outing.

Handout # 16

Stranger Danger

Child care providers should always be on the lookout for strangers that may be lurking around daycare facility and/or suspiciously close during field trip activities.

STRANGER TRICKS

Here are six tricks commonly used by strangers to lure children. Discuss these scenarios with children – and come up with a few more of your own. Role-playing exercises are a great way to teach your kids how to react properly to various situations.

1. *Asking for help.* Adults should ask other adults for help; they should not ask children. Teach your child to stand at arm's reach, say no and run away immediately.
2. *Offering gifts.* Children should be instructed to stay out of reach and never accept items from a stranger.
3. *Saying there is an emergency and that the child's parents have sent them.* In a real emergency, someone the child knows should be given that task. Have a secret family and daycare code word.
4. *Getting child to let them into the center/house/play area.* Only an adult should open a door or gate to a stranger. Child should be advised not to separate from group and not to talk to any strangers.
5. *Telling a child that his parents don't love him anymore.* No matter what happens, a child should know he or she is loved – always.
6. *Intermingle with group of children during playtime or fieldtrip.* As not to be noticed, a stranger may attempt to become part of your group during playtime or fieldtrip activities. Tell children to report all strangers immediately.

Section III

GENERAL SAFETY INFORMATION

Rationale: Children in the United States die and countless others are injured every year as a result of inadequate supervision and minimal safety planning. Child care providers need to take proactive safety steps to ensure that daycares are safe and well supervised at all times.

Learning Objectives:

Participants will be able to:

1. Understand the importance of constant supervision.
2. Prepare and inspect a first aid kit
3. Recognize an emergency
4. Identify ways of educating children and staff on how to follow emergency action steps.

Teaching Methods/Suggested Activities

- **Lecture:** Review and discuss importance of constant adult supervision in child care setting.
- **Display:** A proper and appropriate first aid kit.
- **Discuss:** recognizing a first aid emergency.
- **Demonstrate:** How to follow emergency action plan.
- **Question/Answers:** Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Materials and Equipment Required

- Handout # 17-20
- Flip Charts/Chalkboard/Whiteboard
- Overhead Projector (if using transparencies)

Questions/Comments

- Respond to any questions that the group may have. Ask questions and emphasize important points that highlight the main concepts.

Handout # 17

Supervision

No child should ever be left alone while in child care.

- ❑ You should supervise children at all times, including when children are sleeping and while they are using the bathroom.
- ❑ You should have a written policy regarding supervision and discipline of children. Your policy should describe the type of guidance you will provide to the children, based on their age, and should specify that the following are strictly prohibited: corporal punishment, emotional abuse, humiliation, abusive language, and withdrawal of food and other basic needs.
- ❑ Guidance should include positive, nonviolent, nonabusive methods for achieving discipline.
- ❑ The policy should also include any specific precautions to be taken during play in high-risk areas or while using high-risk equipment.
- ❑ Finally, your policy should state that any acts of aggression by children, such as fighting, biting, or hitting will result in the separation of the children involved; attention to any harmed individual, including medical attention, if necessary; and notification of parents of the children involved.
- ❑ After any incident you should review whether you were giving the children enough supervision and whether the activities in which the children were engaged are appropriate.
- ❑ You may need to change how you supervise the children and the activities you plan for them.
- ❑ Your policy should also state what will happen if such incidents recur.

Handout # 18

SUGGESTED CONTENTS OF FIRST AID KIT

ITEM	DATE CHECKED				
	(Restock after each use and inventory monthly)				
Disposable, nonporous gloves (use to protect hands from contact with blood or body fluids)					
Sealed packages of antiseptic (use for cleaning)					
Scissors (use for cutting tape or dressings)					
Tweezers (use to remove splinters)					
Thermometer (use for taking temperature)					
Bandage tape (hold gauze pads or splint in place)					
Sterile gauze pads (cleaning injured area and covering cuts and scrapes)					
Flexible roller gauze (hold gauze pad, eye pad or splint in place)					
Triangular bandage (supporting injured arm or hold a splint in place)					
Safety pins (pin triangular bandage)					
Eye dressings (cover both eyes if foreign body is present and can not be removed)					
Pen/pencil and note pad (writing down information and instructions)					
Syrup of ipecac (to be used only with instruction from or poison control center - check expiration date) (Check state regulation)					
Cold pack (for bumps and bruises when away from ice)					
Current American Safety & Health CPR and First aid resource or equivalent guide (instructions)					
Poison control telephone number					
Water (bottled or a water source for cleaning injured areas and handwashing)					
Small plastic metal splint (to immobilize an injured finger)					
Soap (washing hands or injured area)					
Bee/insect sting kit (if child with severe allergy is in care). Be sure to keep written instructions for use with the medication.					
INITIALS OF PERSON WHO CHECKED					

KEEP OUT OF THE REACH OF CHILDREN

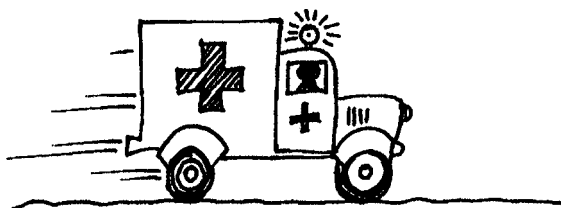
Courtesy of Model Child Care Health Policies

Handout #19

OUTLINE OF EMERGENCY PROCEDURES

In the event of a first aid emergency:

1. Remain calm. Reassure the victim and others at the scene.
2. Stay at the scene and give help until the person assigned to handle emergencies arrives.
3. Send word to the person who handles emergencies for your program. This person will take charge of the emergency, assess the situation, and give any further first aid as needed.
4. Do not move a severely injured or ill child except to save life.
5. If appropriate, phone for help. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, ***wait for the other party to hang up first***. Arrange for transportation of the injured person by ambulance or other such vehicle, if necessary. Do not drive unless accompanied by another adult. Bring the "Emergency Transportation Permission Form" with you.
6. Do not give any medication unless authorized by the local Poison Control Center (for poisoning) or physician (for other illness).
7. Notify parent(s) of the emergency and agree on a course of action with the parent(s).
8. If a parent cannot be reached, notify parent's emergency contact person and call the physician shown on the child's Emergency Transportation Permission Form.



9. Be sure that a responsible individual from the program stays with the child until parent(s) takes charge.
10. Fill out the accident report within 24 hours. File in the child's folder. Give parent(s) a copy, preferably that day. Note injury information in central injury log.

In the event of a fire:

Fires can happen quickly and become out of control in a short period of time. You must be prepared to handle this emergency. Childcare center should practice fire drills routinely!

- Plan ahead. Always have at least two escape routes out of each room of facility. If one route is blocked due to the fire, you have an alternate route.
- Do not hesitate. Leave immediately.
- Gather all the children and get them out safely. Call for help from a neighbor's location.
- NEVER go back into the center once you and the children are outside and safe.
- Don't stop to gather toys or valuables. Only take pets if you can on the way out.
- If the Center is filled with smoke, stay low to the ground and crawl.
- Don't open any doors if the handle is hot. This means the fire is on the other side of the door.
- If you are trapped in a room, keep the door closed and shove clothes or towels under the door to keep smoke from entering.
- If you can, break a window and climb out. If it is too high to jump, wave a towel or sheet to attract attention.
- If you are providing childcare in an apartment and the building is on fire, use the stairway instead of the elevator.
- Make a thorough head count and keep children as safe as possible.



Handout # 20

General plan for an emergency event:

SAFETY FIRST!

- Remain calm, reassuring. Alert other staff to potential hazards.
- Account for children.
- Look for loose or downed power lines. Avoid area. Report problems to local utility.
- Look for electrical system damage: sparks, broken/frayed wires, smell of burning insulation. Turn off electricity at main switch if you can without risk.
- Shut off water.
- If you smell gas or hear blowing or hissing, open a window and immediately leave the building. Turn off gas at main valve if trained to do so. Call gas company at once.
- DO NOT REENTER THE BUILDING until declared safe by security or emergency management officials.
- Do a thorough head count and lead children to safety.

PART 2

Childhood Illnesses That May Require Special Care

Rationale:

There are many childhood illnesses that childcare workers may observe during their career. We have listed the most common ones. We provide basic information on the illness, signs and symptoms and suggested action steps. By increasing a childcare workers awareness of these illnesses, the potential for spreading an illness to others may be decreased. Through timely recognition the appropriate care or action can be rendered sooner, thereby increasing the chances of a better outcome.

Objectives

Upon completion of this section, participants will be able to:

1. Recognize signs and symptoms for certain problematic childhood illnesses.
2. Describe necessary first aid for certain childhood illnesses discussed in this section.

Review

Instructor should review the handouts included in this section with participants.

Time

This section should take approximately 45 min.

Handout #21

Childhood Illnesses That May Require Special Care

• Abdominal Pain

Children are susceptible to abdomen pain. These pains are usually the result of a **gastrointestinal infection**. Symptoms of a gastrointestinal infection are diarrhea and/or vomiting for a prolonged period of time. If these symptoms are present, dehydration may occur. Symptoms of dehydration are dryness of the mouth, nose and skin as well as weakness and lethargy. If these signs are present, physician care is required. Hospitalization may be required to replace fluids intravenously.

The other most common cause of abdomen pain in a child is **appendicitis**. Symptoms are pain that is crampy and moves from the belly button area towards the lower right quadrant of the abdomen. The pain from appendicitis will become steady and severe and is highly dangerous. Medical attention must be sought immediately.

Every child that is suffering from a sore or tender abdomen should be monitored closely and checked by a doctor.

• Asthma ** (includes hyperventilation

A condition of respiratory distress caused when the bronchioles become narrowed and there is an overproduction of mucus causing reduction in airflow upon exhalation.

Asthma is an episodic condition. When an asthma attack occurs it may be triggered by an allergic reaction to something inhaled, swallowed, or injected into the body. Insect stings, air pollutants, infections, strenuous exercise, or emotional stress may precipitate an asthma attack.

Signs and Symptoms

- Wheezing (high-pitched) sounds.
- Difficulty exhaling.
- Rapid heart rate.
- Panic, tenseness and anxiety. Obviously frightened.
- Bulging neck veins.
- Shoulders hunched and chest pulled up by efforts to breath.
- Coughing...Possibly coughing up mucus.
- Lips bluish color (cyanosis), is usually a later sign.

Warning: All cases of asthma must be taken seriously. Asthma can be fatal. Always watch the asthmatic who gets tired and quiet. This person may be about to suffer from an attack.

First Aid Care

- Introduce yourself and offer help.
- Try to reassure and calm the person.
- Check airway for obstruction.
- Assist victim with prescribed medication. Call EMS.
- Help position individual so that breathing may be easier.
- Monitor vital signs until trained rescuers arrive.
- If the attack was a result of a bite or sting, watch for signs of anaphylactic shock and treat accordingly (Check severe allergic reaction and anaphylactic shock). This is a life-threatening emergency and the EMS should be contacted immediately!

• Hyperventilation

A condition that is temporary in which respirations are too rapid and too deep. When this happens, the child will be getting rid of carbon dioxide at a faster rate than he or she should. Although this is a waste product, the loss of it too quickly can adversely affect the child.

Hyperventilation is most often brought on by excitement, fear or changes in oxygen intake levels.

Signs and Symptoms

- Rapid breathing
- Light headed or dizzy
- Chest tightness
- Numbness in the fingers and toes
- Anxiety

First Aid Care

- Calm and reassure the individual.
- Help into a comfortable position that makes breathing easier
- Coach the individual into a more relaxed breathing pattern.
- Always do a thorough assessment: check and ask about specific medical conditions. Ask about bites or stings that may have preceded this condition. Treat accordingly.

*Usually if a child hyperventilates, calming and reassuring them is the best first aid that you can provide. If the child's condition deteriorates, call EMS.

• Bronchitis

Inflammation of the bronchial tree, trachea and/or windpipe caused by microorganisms or bacteria.

Signs and Symptoms

- Cold symptoms
- Cough
- Fever
- Vomiting
- Green or yellow sputum
- Wheezing or whistling on exhale
- Bluish nailbeds

First Aid Care

- Physician care if cough lasts 3 or more days
- Physician care if fever over 102°F
- Rest and proper nutrition

• Croup

Croup is an infection of the upper airway. It usually occurs in children six months to four years of age.

The child will typically exhibit cold like symptoms that gradually develop into hoarseness and bark-like coughs, noisy, labored breathing and retracting skin between the ribs during inhaling. A fever may or may not be present. Most often he or she will be willing to lie down and will not be showing any of the anxiety signs that can be related to other respiratory problems. The worst croup episodes usually occur during the night.

If you recognize these signs, contact your pediatrician for instructions. Depending on the severity of the symptoms you may need to contact EMS, or transport the child to the emergency room. The most common treatment of Croup is steam therapy. This is accomplished most easily by turning on the shower to the hottest setting with the bathroom door shut. Do not leave the child alone in the bathroom and the hot water. Sit in the room with the child. The inhalation of the steam will help to relax the vocal cords and lessen the croupy noise. This in turn will help you and the child relax until professional medical care is provided if needed.

- **Chickenpox**

The cause of chickenpox is the varicella-zoster virus. It has an incubation period of 11-20 days. This virus is transmitted through person-to-person contact and through airborne droplets that are secreted from the respiratory tract. The first vesicles crust in 6-8 hours, scab in 24-48. Scabs can last 5-20 days. Watch for flat red spots that turn into pimples, then blister, crust and scab. Immediately consult your doctor for care.

- **Encephalitis**

Encephalitis (inflammation of the brain) is caused by bacteria or viruses often as a complication of another disease. Encephalitis is very serious and should be treated as a medical emergency.

Encephalitis is most often brought on as a result of a viral infection.

Signs And Symptoms

- Fever
- Headache
- Drowsiness
- Neurological impairment
- Confusion
- Muscle weakness
- Coma at later stage

First Aid Care

If you recognize these signs, call EMS immediately. If untreated, neurological damage and/or death may result.

- **Epiglottitis**

Epiglottitis is a severe respiratory problem caused by an inflammation of the epiglottis, the small flap that covers the windpipe during swallowing. Along with the inflammation, swelling may reach a point that air movement into the trachea is blocked. This is a serious medical emergency that calls for the experience of someone who has been medically trained to handle this type of an emergency. It is vitally important that you learn to recognize the signs for this condition.

Signs and Symptoms

- The child cannot swallow
- The child is **not** coughing
- The child is drooling
- The child is anxious and may be frightened
- The child's chin is thrust forward. The child will most likely be sitting up (he or she does not want to lie down)

First Aid Care

****If you suspect epiglottitis, **do not** examine the child's throat, this may cause an increase in swelling which can completely block off airway. Make the child comfortable and handle them as little as possible. **Do not** transport the child yourself. Wait for EMS to arrive and transport the child.

• **Hand-Foot-Mouth Disease**

Also known as the Coxsackie virus is transmitted mouth to mouth, feces-to-hand-mouth. The incubation period is 3-6 days. Healing can take up to 2-3 weeks.

Signs and Symptoms

- Fever
- Sore throat and mouth, difficulty swallowing
- Lesions in mouth, fingers, feet, buttocks, arms and legs

First Aid Care

If you recognize these signs, call the doctor to confirm diagnosis. Treatment will be for symptoms.

• **Impetigo**

A bacterial infection of the skin. It can be caused by a “strep” or “staph” infection. Impetigo is transmitted from person to person.

Signs and Symptoms

- Lesions, blister or fluid bump often around nose, ears and mouth
- Yellowish brown crust around lesion or fluid bump
- Weeping fluid from blister
- Spreads to other areas

First Aid Care

Call doctor and get prescribed medication.

• **Measles**

Caused by the measles virus (rubeola virus). The virus is transmitted by contact with an infected individual's respiratory droplets. The infectious period ranges from 2 days before and 4 days after rash appears. The incubation period is usually 7-14 days following the exposure and the duration of this virus is typically 1 week.

Measles is one of the most contagious diseases known. It can affect all ages, but is most common in children.

The eyes, skin and upper respiratory tract are affected. If you recognize the signs and symptoms of the measles virus, contact your physician for medical care and advice.

General measures that should be advised are:

- **Don't read books or watch T.V. during the first days when the eyes are sensitive to light.**
- Use a cool-mist humidifier to soothe the cough and thin lung secretions so they may be coughed up more easily.
- **Take morning and evening temperatures and report back to your doctor.**

Signs and Symptoms

- Fever, often high
- Fatigue
- Appetite loss
- Sneezing and runny nose
- Harsh, hacking cough
- Red eyes and sensitivity to light
- Tiny white spots in mouth and throat
- Reddish rash that spreads from head to body

First Aid Care

Contact your physician for proper care.

• Meningitis

Bacteria or a virus can cause meningitis. Meningitis can be spread person to person by direct contact or through the inhalations of droplets from respiratory secretions. The duration and incubation time of meningitis varies. Incubation time is usually around 10 days. **If you recognize the following signs call your doctor. Treatment for viral meningitis is symptomatic treatment. Treatment for bacterial meningitis is hospitalization and antibiotics.**

Signs and Symptoms

- Fever
- High-pitched cry
- Drowsiness and irritability
- Loss of appetite
- Bulging fontanel
- Stiff neck
- Vomiting
- Sensitivity to light and blurred vision
- Possible neurological symptoms

****Viral meningitis usually does no long-term damage. However, bacterial meningitis can do lasting neurological damage and in some cases can be fatal.

• Mumps

Mumps is a mild, contagious viral disease that causes painful swelling of the salivary glands. It is caused by a paramyxovirus. The virus is transmitted by contact with an infected individual's respiratory droplets. The infectious period ranges from 1 - 7 days prior to onset and 9 days after. Mumps have a 5 - 7 day duration period and spontaneous recovery will occur unless there are complications. Mumps can affect all ages but is most common in children between the ages of 2 and 12. After having the disease, a person has a lifetime immunity to the mumps.

Signs and Symptoms

- Fever
- Headache
- Sore throat
- Swelling of the salivary glands, below and in front of ear
- No symptoms in about 30% of cases

****** If there is vomiting, drowsiness, headache, stiff neck or back, call your doctor immediately. These signs and symptoms may indicate that the individual may have developed encephalitis (see *Encephalitis*).

First Aid Care

During an occurrence of mumps, treatment will be based on symptoms. Avoid acidic and sour foods.

• Pinworm Infection

Pinworms are tiny grayish, thread-like parasitic worms. They are transmitted via hand-to-mouth. If swallowed, the eggs hatch and worms move down into the rectum. They are communicable as long as the female worm continues to lay eggs. Eggs remain infective up to 2-3 weeks. Without treatment, this cycle will persist (see signs and symptoms following).

Signs and Symptoms

- Eggs on anus and buttocks
- Itching around anus area
- Waking during the night due to excessive itching
- Raw and red anal area

First Aid Care

******* Call your physician if you suspect pinworms. Keep your hands clean! Using scotch tape around the anus area is the best way to pick-up eggs for doctor examination. The morning is the best time to locate these eggs.

• Reye Syndrome

Reye syndrome is a serious reaction that occurs most often in children who are given aspirin during a viral illness, such as the flu or chickenpox. Signs will typically appear 1-7 days following a viral infection. This condition can be fatal, but most survivors have no lasting health problems.

Signs and Symptoms

- Persistent vomiting, every hour or two all day
- Lethargy
- Rapidly deteriorating and changing mental state
- Rapid heartbeat
- Rapid respirations (breathing)

First Aid Care

*********If you suspect Reye Syndrome, go to the emergency room immediately, hospitalization will be necessary. Reye Syndrome is a severe and complicated illness of requiring transference to a medical facility that specializes in the treatment of this disorder.

Do not give children aspirin or products containing aspirin!

• Rocky Mountain Spotted Fever

This condition is usually the result of a tick bite. The most common tick is the dog tick. Occasionally the transmission occurs from a blood transfusion. The incubation period is between 1 and 14 days and the duration is up to 3 weeks.

Contact your physician immediately if you suspect RMSF or any tick bite. Do not attempt to remove a tick at home. An unsuccessful attempt may leave the head of the tick embedded in the skin. This situation can lead to dangerous life-threatening conditions.

Signs and Symptoms

- Fever
- Muscle pain and weakness
- Nausea and vomiting
- Flat red spots appear on palms of hands and soles of feet, spreading to wrist and ankles, legs, arms and finally to the trunk
- At later stage, pimples may develop

First Aid Care

**** Contact your physician if you recognize the signs. Protect children from ticks by covering exposed areas when in tick infested areas (For example, woods, heavy brush and foliage). Watch for signs of shock. If severe allergic reaction occurs, call EMS (see Severe Allergic Reaction).

• Roseola Infantum

Roseola Infantum is caused by the herpes virus 6. The transmission occurs from respiratory secretions. The incubation period is 9 days and the duration is usually 3 - 7 days.

Signs and Symptoms

- Irritability
- Loss of appetite
- Fever between 102F and 105F
- Runny nose and swollen glands
- After fever subsides, faint pink spots may develop on the neck, upper arms and sometimes the face and legs. In some cases, no rash will develop.

First Aid Care

****Call doctor to confirm diagnosis; call back if fever does not subside or if convulsions develop. The physician can only treat the symptoms. With any viral infection, it needs to run its course.

• Tonsillitis

A sore throat associated with the swelling of the tonsils. Years ago it was a common practice to remove tonsils whenever this condition developed, however, this is no longer the case. Tonsils are only removed when the condition becomes chronic. It has been found that tonsils often help a child prevent illnesses. The tonsils serve an important role in the immune system.

Chronic Tonsillitis is: repeated sore throats and ear infections, interference with swallowing or breathing, abscesses around tonsils or swollen glands. When this occurs, a doctor may recommend the removal of the tonsils.

If you recognize white or yellowish spots in the throat, you should contact your doctor. This is usually a sign of *strep throat*. Your doctor will need to take a throat culture. Strep throat can be eliminated by the use of antibiotics.

• Urinary Tract Infection

Urinary tract infections most often are caused by bacteria that enters through the urethra (the tube that carries urine from the bladder for excretion purposes). Girls have more UTI's than boys due to a shorter urethra tube and the proximity of the anus. The method of transmission is most often via contamination of the urethra by bacteria from the stool (especially in girls). Most cases clear up quickly on antibiotic therapy. It is also recommended that ample fluids are taken in during the time of infection. Cranberry juice has been found to prevent the adherence of bacteria on the urinary tract.

Signs and Symptoms

- Frequent urination
- Painful urination
- Blood in urine
- Pain above pubic region
- Fever
- Discharge

First Aid Care

**** Call Doctor for culture and antibiotic treatment. The longer you wait, the more severe the signs and symptoms will become, sometimes resulting in very serious complications.

• Child Abuse

Instructor should review the following information with program participants:

What is Child Abuse?

Child abuse can be non-accidental injuries or a pattern of injuries that are intentionally inflicted to a child. There are four categories of abuse that we must be aware of:

1. Physical Abuse

Beating, harmful restraint, use of an instrument or weapon, or any actions that result or could result in a serious injury.

2. Sexual Abuse

Any sexual behavior imposed on a juvenile. This involves a wide range of activities, including masturbation, oral sex, fondling of genital area, vaginal or anal penetration by a finger, penis or any other object. Additionally, exhibitionism, child pornography and or suggestive behaviors or comments.

3. Emotional Abuse

Emotional abuse is expressing attitudes or behaviors toward a child that create serious emotional or psychological damage or stress.

4. Child Neglect

Child neglect can be defined as any serious disregard for a juvenile's supervision, discipline or care.

Signs of possible child abuse or neglect include

(The signs listed below do not necessarily mean that a child is or has been abused. As an observer of these signs you should, however, pay close attention to the child and see if a pattern of signs emerge.)

Physical

- Unexplained bruises in various stages of healing.
- Unexplained burns, especially cigarette burns or glove-like burns
- Unexplained fractures, abrasions, or other injuries.
- Extreme nervousness, hyperactivity, aggressiveness, disruptive, or destructive behaviors.
- Child is unduly frightened of parent or caretaker.
- Child expresses little or no emotion when hurt.
- Child is unduly shy, withdrawn or passive.

Signs of Possible Sexual Abuse

- Engages in sexual activity not appropriate for the child's age.
- Has a detailed and sophisticated understanding of sexual behaviors.
- Reverts to behaviors such as bed-wetting or speech loss.
- Suffers sleep disturbances or nightmares.
- Has pain, itching, bruising, or bleeding in the genitalia.
- Has venereal disease.
- Has frequent urinary tract or yeast infections.

The sexually abused older child may:

- Exhibit delinquent or aggressive behavior.
- Show signs of depression.
- Display self-injurious behaviors such as substance abuse, self-mutilation, attempt at suicide, prostitution, and running away.

Signs of Possible Emotional Abuse

- Speech disorders.
- Delayed physical or emotional development.
- Ulcers, asthma, severe allergies.
- Habit disorders, sucking, rocking.
- Unduly passive and undemanding.
- Very low self-esteem.
- Extremely demanding, aggressive, and angry.
- Antisocial, destructive.
- Depressed and/or suicidal.
- Attention seeking.
- Delinquent behavior, especially in adolescents.

Signs of Possible Neglect

- Abandonment by parent or caretaker.
- Unattended medical needs.
- Consistent lack of supervision.
- Consistent hunger, inappropriate dress, poor hygiene.
- Lice, distended stomach.
- Poor social skills.

- Indiscriminate with affection.
- Pale, listless, begs or steals food, frequently absent from school.
- Falls asleep in class, regularly displays fatigue.
- Self-destructive.

If you or someone else observes these signs or patterns, you should report this information to your local child abuse hotline.

PART 3

Handwashing

Learn about proper handwashing.

Steps:

1. Demonstrate how germs are spread.
2. Demonstrate how germs can be stopped in their tracks through handwashing.

Activity:

Place glitter on volunteer's hand and have that person shake hands with the next volunteer, and so on and so forth. This is a great way to show how germs can spread.

Then have volunteers wash their hands. It will take approximately the same amount of time washing glitter from hands as it would to remove germs.

Diapering Procedures

- ✓ Learn the proper method for changing diapers.
- ✓ Recognize the need for handwashing.
- ✓ Recognize the safety concerns pertaining to diaper changing.

Steps:

1. Discuss safety concerns.
2. Show different style diapers.
3. Demonstrate diaper changing.
4. Conduct a skill practice for diaper changing.

Time

This activity should take approximately 1 hour

Activity:

Bring in dolls or manikins for diaper changing practice.

Handout #22

Handwashing

Washing your hands often will help reduce the spread of germs. Wash hands thoroughly before:

- Preparing food
- Eating

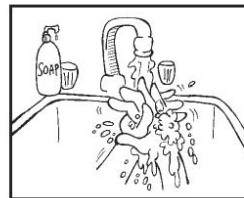


Wash Your Hands Properly

1. **Wet hands and use soap:** Use warm running water that drains out. Use soap, preferably liquid.
2. **Rub:** Rub your hands together for at least 10 seconds. Scrub all surfaces including back of hands, wrists, between fingers and under fingernails.
3. **Rinse:** Rinse hands well under running water until all the soil and soap are gone.
4. **Dry:** Dry hands with a hand towel, or preferably a paper towel.
5. **Turn off water with a paper towel if available.** You must turn off the faucet with a hand towel or paper towel, not with your clean hands.
6. **Discard the used paper towel** into a covered trash container with a foot pedal, lined with a fluid-resistant (plastic) bag if available.

Wash hands after:

- Changing a diaper
- Using the bathroom
- Handling food
- Playing with animals
- Coming in contact with blood (such as small scrapes, cuts, bloody noses)



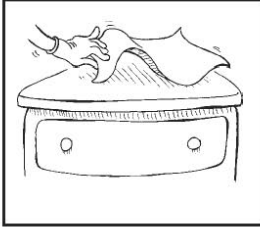
Wash, wash, wash your hands
Play our handy game.
Rub and scrub, and scrub and rub.
Germs go down the drain. HEY!

Wash, wash, wash your hands
Play our handy game.
Rub and scrub, and scrub and rub.
Dirt goes down the drain. HEY!

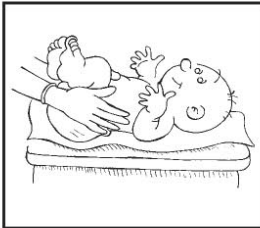
Ask children to wash their hands while singing this song to the tune of "Row, Row, Row Your Boat."

If children wash their hands with soap under running water the time it takes to sing this song, they will have thoroughly cleaned them.

Diapering Procedures



- Check to make sure supplies you need are ready. Place paper or other disposable cover on diapering surface.
- Put on a clean pair of disposable latex gloves, if available.
- Pick up the child. If the diaper is soiled, hold the child away from you.



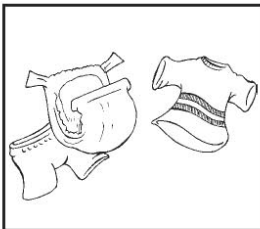
- Lay the child on the diapering surface. NEVER leave the child unattended, not even to reach for something.
- Remove soiled diapers and clothes.
- Put disposable diaper in a lined, covered can. Do not put diapers in toilet; bulky stool may be emptied into toilet.
- Put soiled clothes or cloth diaper in a designated container.



- Clean the child's bottom, front to back, with a moist disposable wipe. Wipe front to back using towelette only once. Repeat with fresh wipes if necessary. Pat dry with paper towel.



- Dispose of the towelette or towel in a lined can with cover.
- Remove your gloves.
- Wipe your hands with a moist disposable wipe. Dispose of it in the lined, covered step can.



- Diaper or dress the child. Now you can hold him or her close to you.



- Wash the child's hands.



- Wash your own hands thoroughly.

Important Rules About Diapering

- Ask the parent to show you how and where they diaper their child.
- Use the area only for diapering.
- Set up the diapering area as far away as possible from any food handling area.
- Wash hands immediately after a diaper is changed.
- Be sure the diaper area surface is clean, waterproof and free of cracks or crevices. Cover it with a disposable cover. Use inexpensive materials such as paper bags, used computer paper (on the "wrong" side), rolls of paper, etc., or buy disposable squares from discount medical supply companies.
- Keep all creams, lotions and cleaning items out of reach from children. Never give a child any of these to play with while being diapered since she/he could be poisoned.
- Make sure you use a belt or strap to restrain the child. Add a guardrail or recessed area as an extra safety measure. Even if you have a restraint, it is always a good idea to keep a hand on the child.

NEVER LEAVE THE CHILD, EVEN FOR A SECOND!

PART 4

Exposure to Bloodborne Pathogens

An exposure happens when you come in contact with another person's blood or other body fluids.

STOP - WASH - REPORT

If you are exposed, follow these steps:

1. **Stop whatever it is that you are doing as soon as possible and wash the exposed area immediately with soap and running water.**

Cleanse thoroughly by scrubbing vigorously and creating a good lather. Rinse mucous membranes (eyes, mouth) well with water.

2. **Attempt to save any contaminated object for testing purposes.**
3. **Report the incident to your employer promptly!**
4. **Seek medical help, treatment and counseling.**

Find out if your workplace is covered by OSHA's Bloodborne Pathogens Standard. If so, you must be sent to a healthcare professional familiar with the exposure process, and provided (at no cost) a confidential medical evaluation, counseling, testing and treatment.

5. **If you have not already been vaccinated against HBV...**

Ask about Hepatitis B Immune Globulin (HBIG). This is a treatment that can be administered even after you've been exposed.