Keeping Children Safe From Injuries in Early Care and Education Settings

Playground Safety
Welcome

- Date
- Location
- Name
Learning Objectives

• Identify the #1 cause of playground injuries
• Understand the importance of active supervision
• Understand the dos and don'ts for playground surfaces
• Identify at least 1 place to get more information about playground safety
“If a disease were killing our children in the proportions that injuries are, people would be outraged and demand that this killer be stopped.”

C. Everett Koop, MD
Former US Surgeon General
Injury Deaths Compared to Other Leading Causes of Death
(Ages 1–44, United States, 2013)
The #1 Killer of Children in the U.S.

For every 1 child that dies from injury there are...

- 25 hospitalizations
- 925 treated in ER
- Many more treated in doctor’s offices
Injuries Among Children

• Leading cause of death and disability
  – 10% of injuries in preschoolers happen in early care and education settings
• Not accidents
  – Preventable and predictable
Caring For Our Children Standards

- Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Early Care and Education Programs (CFOC)
- 3rd edition
- Available at http://cfoc.nrckids.org (free download and purchase options)
Injuries

- Pediatric first aid kit
- Pediatric CPR and first aid training
- Communication device for emergencies (911)
- Document and notify parents and state licensing agency
- Report serious injuries to appropriate authorities
The Early Care and Education Provider

- Relationship with family and child
- Model safety for children and families
THE PROBLEM
Playground Injuries

- 200,000 children injured yearly
- #1 cause of injury: FALLS
- Half of injuries = lack of proper supervision
- Children and risk:
  - Developmental variations
  - Test skills & abilities
  - Unaware of dangers
Common Playground Injuries

- Fractures 36%
- Lacerations 17%
- Bruises/abrasions 21%
- Strains/sprains 12%
- Internal/organ damage 5%
- Concussions 2%
- Other 3%
Playground-related injuries by equipment, 2001-2008

Monkey bars/playground gyms are the equipment most likely to cause injury

- Monkey bars/playground gyms: 644,932 injuries (36%)
- Swings or swing sets: 504,334 injuries (28%)
- Slides or sliding boards: 336,189 injuries (21%)
- Playground equipment not specified: 148,111 injuries (8%)
- Other playground equipment: 88,034 injuries (5%)
- Seesaws/teeter totters: 41,094 injuries (2%)
Certified Playground Safety Inspectors (CPSIs)

- Training: National Recreation and Park Association (NRPA)
  - Locate a CPSI at [www.nrpa.org](http://www.nrpa.org)
- Looking for hazards = preventing injuries
- New playground installs
- Yearly inspections
Play Space and Equipment

• All areas visible at all times
• No access to standing water
• Shade
• Accessible to all
• Properly spaced and arranged
• Equipment:
  – Separate play areas
  – Appropriate for age
Secured Space

• Goal: keep child in the space
  – Prevent getting over, under, or through
• Design: discourage climbing
• Layer of protection
• Self-closing/self-latching
Trampolines/Mini Trampolines

- American Academy of Pediatrics does NOT recommend use
- Not playground equipment
- Injuries are very common
- Insurance coverage may be denied
Play Area Inspection

- Daily and monthly safety checks
  - file and document
- Equipment:
  - Anchored
  - No missing or broken pieces, sharp edges, parts sticking out
  - No signs of wear and tear
- Surface:
  - No tripping dangers
  - Proper coverage
Surfacing

• 3 out of 4 playground injuries = falls
• Not acceptable:
  – Asphalt, cement, dirt, and grass
• Shock-absorbing:
  – Stationary
  – Loose fill
Stationary: Shock Absorbing

- Rubber mats
- Tiles
- Poured-in-place
Loose-Fill Material: Shock Absorbing

Wood chips, mulch, and sand:

- Caution: choking hazards
- Maintenance
- Depth: at least 12 inches
- Area: at least 6 feet in all directions
  - Swings: 2 times height of top bar
ENVIRONMENT
Outdoor hazards

- Insects
  - Inspect areas before use
- Plants
  - Remove unknown plants
  - Children should not eat berries, mushrooms, or other vegetation
- Sun
- Weather conditions
Active supervision

- No substitute for supervision
- Half of injuries = lack of proper supervision
- More active = more supervision
Six Active Supervision Strategies

1. Set Up the Environment
   - Keep small spaces clutter-free
   - Clear play space for big spaces
Six Active Supervision Strategies

2. Position Staff
   - Always be able to see and hear children at all times
   - Make sure there are clear paths to where children are playing
3. Scan and Count
   – Continually scan environment
   – Regularly count children (name to face)
   – Same caregiver/child ratio indoors and outdoors
Active Supervision Strategies

4. Listen
   – For sounds or absence of sounds
5. Anticipate Child’s Behavior
   – Know each child’s interests and skills
   – Know when child might wander or get upset
6. Engage and Redirect
   – Offer support to children
   – Get involved if needed
TEACHING KIDS
Playground Rules

• No shoving, pushing or crowding
• Swing:
  – Sit
  – One at a time
  – Keep clear (people and things)
• Slide:
  – Feet first
  – One at a time
  – Down, not up
Strangulation Hazards

Avoid:
• Scarves
• Clothes with drawstrings
• Bike helmet straps
Document All Injuries

- Prevent future injuries:
  - Review past reports
  - Look for patterns
  - Figure out the causes
Describe something you’ve learned during this session that you can implement **today** to prevent children you care for from being injured while playing on a playground.
Summary

- Falls - #1 cause of injury
  - Check equipment
  - Teach children safe play
  - Document injuries
- Use active supervision
- Install shock absorbing surfaces
- Use local resources/experts
Resources

- Early Childhood Learning and Knowledge Center (ECLKC): Administration for Children and Families. Health and Human Services
- ASTM International: [www.astm.org](http://www.astm.org)
- Injury Free Coalition for Kids: [www.injuryfree.org](http://www.injuryfree.org)
Resources

- National Recreation and Park Association (www.nrpa.org)
  - Certified Playground Safety Inspector
- Safe Kids Worldwide: www.safekids.org
  - Coalitions across the United States
- National Program for Playground Safety: www.playgroundsafty.org
  - Online safety courses available
Acknowledgements

• This curriculum has been developed by the American Academy of Pediatrics (AAP). The authors and contributors are expert authorities in the field of pediatrics.

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• Web site addresses are as current as possible, but may change at any time.

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Keeping Children Safe in Early Care and Education Settings

Helmet Safety
Imagine

SAFE KIDS WORLDWIDE™

safekids.org
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• Relationship with family and child
• Model safety for children and families
THE PROBLEM
Tricycle-Related Injuries

Among tricycle-related injuries, the _____ is the most commonly injured body part.

A. hand  
B. knee  
C. ankle  
D. head
Among tricycle-related injuries, the **head** is the most commonly injured body part.

- A. hand
- B. knee
- C. ankle
- D. head
Wheeled Toys

• Helmets: most effective safety device to prevent injury
• Wheeled toys (eg, bicycles/tricycles, skates): leading cause of head injuries for children
• 600 children injured per day
• Only ½ of children wear helmets
2015 Study: Tricycle Injuries

- 2012: Most common cause of toy-related deaths
- ~5,000 tricycle-related injuries per year
- The head is the most frequently injured body part
  - Most likely part to endure internal organ damage
2015 Study: Tricycle Injuries

- Most common
  - Type: Lacerations
    - 3 to 5-year-olds: internal organ damage
  - Body part: Head
  - Fracture: Elbow
American Academy of Pediatrics

- Tricycles
  - Age 3: Balance and coordination to ride
  - Low to ground + big wheels = safest
- Supervision: Away from pools and streets
- Older than age 1 + riding wheeled toys = helmet
Helmet

- Most effective way to reduce injury
- Recommended: Older than age 1
- Remove after use
  - Strangulation risk
    - Playground equipment
    - Climbing trees
    - Worn incorrectly
Wearing a Helmet

- A child should wear a helmet when riding any wheeled toys
  - Bicycles
  - Tricycles
  - Scooters
  - Training skates

*Skateboards are **NOT** recommended for young children*
Fit Test: Eyes

**Eyes**
No more than 2 fingers above eyebrows
Fit Test: Ears

**Ears**
Straps should form a V under ears
Fit Test: Mouth

**Mouth**
No more than 1–2 fingers between chin and strap (buckled)
When to Replace

- Crashed
- Cracked
- Broken straps
- Recommended by manufacturer
Cleaning

• Brain injury vs head lice
• Best practice: Use own helmet
  – If shared: Clean between users (mild detergent)
  – Can use surgical hats
TEACHING KIDS AND FAMILIES
Wheel Safety

• Role model
• Wear helmets
  – Start habit early
• Stay alert
Rules of the Road: Simulating Safety

- Set up pretend “roads” (chalk) and stop signs/signals:
- Teach kids to stay to the right
- Use sidewalks
- Cross at intersections
- Stop at lights and stop signs
- Stop: Look left, right, and left again
Develop Policies and Know Local Resources

- Use best practices
- Work with local experts
- Pediatrician
- Safe Kids Coalition
- Bike shops or clubs
- Schools
- Find discounted or free helmets
Document All Injuries

- Prevent future injuries:
  - Review past reports
  - Look for patterns
  - Figure out the causes
Summary

- Wheeled toys: Leading cause of head injury
- Helmet use with any wheeled equipment
- Helmet fit: Eyes, ears, mouth
- Role model and teach children about helmet safety
Resources

• American Academy of Pediatrics: http://www.healthychildren.org
• Safe Kids Worldwide—A global organization dedicated to preventing injuries in children: http://www.safekids.org
• Centers for Disease Control and Prevention: http://www.cdc.gov/motorvehiclesafety
• Children’s Safety Network (CSN)—A national resource center for the prevention of childhood injuries and violence: http://www.childrenssafetynetwork.org
• Consumer Product Safety Commission: https://www.cpsc.gov/
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