Keeping Children Safe in Early Care and Education Settings

Introduction to Safety and Injury Prevention in Early Care and Education Settings
Welcome

- 8/6/2018
- NJAAP
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Learning Objectives

• State most common injuries in early care and education
• Recognize safety hazards
• Prevent most common injuries
• Know requirements for injury reporting
• Partner effectively with community
“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 With Other Leading Causes of Death for People Ages 1 – 44, United States, 2013

http://www.cdc.gov/injury/overview/leading_cod.html
Injury

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 an early care and education settings

• Not accidents
  – Preventable and predictable
Safe Kids USA

SAFE
KIDS
WORLDWIDE™
safekids.org
The Early Care and Education Provider

• Relationship with family and child

• Model safety for children and families
Caring for Our Children Standards

- **Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Early Care and Education Programs**
- 3rd edition
- Available at [http://cfoc.nrckids.org](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
Case Presentation: Bobby

• 3-year-old boy on playground
• Phone rings
• You turn away and answer it
• Bobby starts crying
• He fell off slide onto pavement
Case Presentation: Bobby

What do you do next?

What could have prevented this?

How should you document and report any injuries?
Case Presentation: Bobby

What do you do next?

• Make sure child is alert
• Check for injuries
• Give first aid, if needed
Case Presentation: Bobby

Preventing future incidents and injuries

- Ensure adequate supervision
- Limit distractions (e.g., cell phones)
- Never leave children unattended
- Make sure shock-absorbing surface is under equipment
Case Presentation: Bobby

Reporting and Documentation

• Use a standard reporting form and provide details
• Call parents
• Discuss how to prevent this from happening again
1. What is the most common injury among 0-5 year olds?
2. What is the most common preventable cause of death for children age 1-4?
3. Is there a requirement to report injuries?
4. Where do the most infant drowning deaths occur?
5. What object causes the highest rate of death from choking?
Preventable Injury

Preventable Injuries are:
• Unintentional (not on purpose)
• Not accidents
• More common among children
Preventable Injury

These injuries can be prevented by:
• Creating/maintaining safe areas
• Providing adult supervision at all times
• Keeping maximum child:staff ratio
Types of Preventable Injuries

- Falls from playground equipment
- Ingestions/Poisonings
- Drownings
- Burns
- Motor vehicle accidents
- Suffocation
- Injuries from wheeled toys
Causes of Nonfatal Injuries in Young Children

Most common nonfatal injuries seen in the ER in young children

• Falls
  – 50% of injuries in children <1 year
• Struck by or against an object
• Animal bites/insect stings
Causes of Fatal Injuries in Children

Main cause of death for children
Ages 1-4: Drowning
Under age 1: Suffocation (while sleeping) or strangulation

Boys vs. Girls
Boys are twice as likely to have an injury-related death than girls
Safety/Injury Hazards

General Physical Environment

• Elevated surfaces (steps, stairs, stage)
• Strangulation (straps, strings)
• Furniture (can tip over)
• Sharp corners or points
• Electrical outlets
• Protruding nails/bolts/other small objects
• Unsafe sleeping environments
Safety/Injury Hazards

Prevention of these hazards

- Put gates at stairways
- Remove straps/strings
- Secure furniture
- Cover sharp corners
- Install tamper-resistant electrical outlets/outlet covers
Choking

• Choking rates highest among infants
  – 140 per 100,000
  – Risk decreases with age

• 90% of choking in children under 4 years of age

• Objects less than 1.5 inches in diameter have higher choking risk
Common Choking Hazards

- Latex Balloons
  - Leading cause of choking death

- Round or Cylinder shapes

- High Risk Foods
  - Hot dogs, hard candy, peanuts, seeds, whole grapes, popcorn, marshmallows, gum
Choking Signs

• Inhaled objects or food
  – Coughing
  – Drooling
  – Trouble breathing/noisy breathing
  – Turning blue

• Ingested objects or food
  – Drooling
  – Vomiting
  – Abdominal pain/refusal to eat
Choking Prevention

• Cut food in small pieces
  – ¼ inch or smaller (infants)
  – ½ inch or smaller (toddlers)
• Avoid high risk foods (children under 5)
• Children should be seated while eating (no playing/running)
• Supervise children
• Check toys for small, loose pieces
• Keep magnets/batteries away from children
Most Common Fall/Crush Hazards

• Televisions
• Bookcases
• Furniture and dressers
• Stairs with poorly installed gates
• Unlocked windows
• Heavy objects on shelves
Fall/Crush Hazard - Televisions

- Every 3 weeks, a child dies from a television tipping over

- Over past 10 years, a child visited the ER every 45 minutes for injury related to a TV tipping over

- 36-inch TV falling 3 feet = 1-year-old falling 10 stories
Injuries from Falls/Crushes

- Broken bones
- Skull/brain injuries (can be life threatening)
- Concussions
Preventing Fall/Crush Hazards

- Secure televisions (to wall or on stable table)
- Secure heavy furniture (bookshelves) with brackets, braces, or wall straps
- Keep heavier items on lower shelves
- Don’t place items high – children will want to climb for them (eg, toys)
Preventing Fall/Crush Hazards

- Keep windows locked
- Use approved safety gates (top and bottom of stairs)
- Strap babies and young children in high chairs, strollers, and swings
- Never leave children unattended
- Adult supervision
Water Safety

- Bathtubs or Large Buckets
  - Majority of infant drowning deaths

- Swimming Pools
  - Most common place for drownings of 1-4 year olds
Drowning Prevention

- ALWAYS supervise children
- Make sure pools are fenced in with gates/latches
- Avoid distractions (e.g., reading, talking)
- Be aware of hazards (even in shallow water)
- Close bathroom doors and toilet lids
- Never leave a child alone in a bathtub
Training Requirements for Providers

• Early Care and Education Providers must have pediatric first aid and CPR training
• Valid certificate is required
Training Requirements for Providers

Early Care and Education Providers must:

• Have pre-service training in health management
  – recognize signs of illness
  – Know about infectious disease prevention
  – Know about safety/injury hazards
• Have knowledge about safe sleep practices (infants)
  – Reducing SIDS risk
  – Preventing shaken baby syndrome
Legal Reporting/Documentation Requirements

• Notify parent/guardian immediately if:
  – Injury or illness required first aid or medical attention
  – Child is lost or missing, fire, or closure of the center

• Document notification of parent/guardian and law enforcement

• Know and follow state notification regulations
Documentation Requirements

- An incident report form should be completed (Appendices CC and DD in Caring for Our Children)
- Injuries that need to be reported include:
  - Child maltreatment
  - Bites
  - Falls
  - Ingestions
Documentation Requirements

Complete 3 copies of injury report form
- Parent/Guardian
- Child’s folder at the Center
- Injury log book
  - Keep based on state regulations
  - Send copy to state licensing agency if medical attention required
Corrective Action

The center should take action based on logs

- Adjusting schedules
- Removing or limiting use of equipment
- Relocating equipment or furnishings
- Increasing supervision
- Review forms regularly for injury trends/patterns
Partnering with the Community

Community Resources for child safety information
Safe Kids Worldwide (www.safekids.org)
  – National/Local organizations
  – Offers classes and events
Healthy Children (www.healthychildren.org)
  – Educational articles and videos
  – Supported by the AAP
What is the most common injury among children age 0-5?

1. Broken bones
2. Falls
3. Choking
4. Burns
What is the most common injury among children age 0-5?

1. Broken bones
2. Falls
3. Choking
4. Burns
Post Quiz

What is the most common preventable cause of death for children ages 1-4?

1. Burns
2. Choking
3. Drowning
4. Bicycle accidents
5. Getting hit by a car
Post Quiz

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Post Quiz

Is there a requirement to report injuries?

1. Yes
2. No
Post Quiz

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1. Yes
2. No
Post Quiz

Where do the majority of infant drowning deaths occur?

1. Pools
2. Ponds/Lakes
3. Falling off a boat
4. Bathtubs/Buckets
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Post Quiz

What object is associated with the highest rate of death from choking?

1. Grapes
2. Hotdogs
3. Latex Balloons
4. Marbles
5. Coins
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Review of Topic-Specific Modules

- Burn Prevention
- Transportation Safety
- Playground Safety
- Medication Safety and Poison Prevention
- Helmet Safety
Keeping Children Safe From Injuries in Early Care and Education Settings

Burn Prevention
Learning Objectives

• Explain why children are at risk for burns
• List the most common causes of burns in children younger than age 5
• List potential burn dangers in your environment
• List at least 3 key strategies to prevent burns
• List resources for preparing fire and burn prevention lessons
Fire and Burn Injuries

• Every **hour** 16 children are injured

• Every **day:**
  – 300 children are treated in emergency rooms
  – 2 children die
Burden of Burn Injuries

• Younger children
  – Scalds
    • Liquid or steam

• Older children
  – Contact burns
    • Fire or hot objects
Burden of Burn Injuries

- Lifelong care
  - Multiple surgeries
- Scars
  - Physical and emotional
- Limited movements
- Costly
- Good news
  - Preventable
Children and Burn Risk

• Developmental
  – Test their limits
  – May not recognize hazards

• Physical
  – Children’s skin is thinner than adults’ skin
    • Burns quicker and at lower temperatures
    • Larger and deeper burns
Causes of Burn Injuries

- 43% fire
- 34% scald
- 9% hot object
- 4% electrical
- 3% chemical
- 7% other

Scald Burns

• Most common in young children
• 3rd degree burn (severe)
  – 149°: 2 seconds
  – 120°: 2 minutes
• Prevention
  – Anti-scald devices
  – Temperature setting of hot water heater
To reduce risk of scalding, set your hot water heater no higher than:

- A. 100°F
- B. 110°F
- C. 120°F
- D. 150°F
Hot Water Heater

To reduce risk of scalding, set your hot water heater no higher than:

A. 100°F
B. 110°F
C. 120°F
D. 150°F
Hot Beverages

• NO hot beverages
  – Holding, caring for, or working with children
• Children = no access
• Spill-proof containers: False sense of security
Warming Devices

• Microwaves
  – Children = no access
  – Stir and test before serving
  – NO bottles

• Slow-cooking devices
  – Out of reach, including cords
  – Wipe dry

• Caution
  – Electrical cords
Kitchen

• Never hold child when preparing hot food or liquids
• Kid-free zone
• Restrict access
  – Safety gates
  – Visual markings
Kitchen

- Toddlers’ reach: 8–10 inches
- Keep handles turned to back
- Use back burners
Hot Liquids and Food

• Out of reach
  – Against wall
  – As far back as possible
• Avoid
  – Edge of surface
  – Tablecloth
  – Child’s level
Electrical Outlets

- 2,400 children injured each year
  - Most are under age 6
- At child’s eye level
- Insert objects into outlet
Outlet Safety Options

Tamper-Resistant Electrical Outlet
Safety Cover
Safety Plugs
Extension Cords

• Should not be used, if possible
• Children = no access
• Avoid
  – Across hallways
  – Under rugs and carpet
  – Near water source
  – Behind wall hangings
  – Frayed or overloaded
Sun Exposure

- Childhood sunburn = skin cancer risk
- Limit sun exposure between 10am and 2pm
- Play in the shade!
Sunscreen

• Infants under 6 months
  – NO direct sunlight
  – Protective clothing and wide brimmed hat

• Over 6 months
  – All exposed areas
  – 15 to 30 minutes before exposure
  – Reapply every 2 hours
On the Playground

- Check temperature of equipment surfaces
- Keep metal equipment in shade
How much time do you have to safely get out of a building once the smoke or fire alarm sounds?

A. 30 seconds
B. 2 minutes
C. 5 minutes
D. 10 minutes
Fire Escape

How much time do you have to safely get out of a building once the smoke or fire alarm sounds?

A. 30 seconds
B. 2 minutes
C. 5 minutes
D. 10 minutes
Fires

- 85% of fire-related deaths are from home fires
- Fire spreads rapidly
  - ~ 2 minutes to escape
- Death: Smoke inhalation
Fire Drills

- Fire drills
  - Practice monthly
  - Record them
  - Follow approved routes
- Attendance sheet
- Children with special needs
- Evacuation cribs
Fires

What is the leading cause of home fires and home fire injuries?

A. Space heaters
B. Fireplaces and wood burners
C. Extension cords and other types of electrical cords
D. Cooking
What is the leading cause of home fires and home fire injuries?

A. Space heaters
B. Fireplaces and wood burners
C. Extension cords and other types of electrical cords
D. Cooking
Heating Equipment

- Fireplace and wood stove
- Children = no access
  - Barriers and screen
- Doors
  - Can reach 1300°F
  - Stay hot for 1 hour +
  - Serious burn: Less than 1 second
Fire and Burn Risk

- Matches and lighters
  - Children = no access
  - Not childproof

- Candles and space heaters
  - Children = no access
  - Consider policy
Smoke Alarms

• Cut risk of dying in half
• Install smoke alarms
  – Every level
  – Inside and outside bedrooms
• Make and practice fire escape plan
• Test monthly
First Aid: Burn Injuries

• As quickly as possible
  – Cool burn with cool water
  – Cover with dry cloth or gauze
  – Call parents
• No butter, grease, or powder
• No ice
Teaching Kids

- Firefighters are our friends
- Crawl low under smoke
- Stop, drop, and roll
- Tools not toys
- What’s hot and what’s not
- Smoke alarm
  - Recognize sound and respond
Reinforce Lessons

- Fire drills
- Sunscreen
- Children: Spot dangers
- Visit fire station
- Books
- Involve parents
  - In-person meeting
  - Homework
  - Handouts
Local Resources

- Hospital
- American Red Cross
- Fire and police
- Physicians
Summary

- Deaths and injuries from fires and burns are absolutely preventable
- Children are more likely than adults to get injured
- Childproofing is only a layer of protection
- Teach children and families and model safe behaviors
- Use community resources
Online Resources

• Safe Kids Worldwide (http://www.safekids.org/)
• American Burn Association (http://ameriburn.org/)
• National Fire Protection Association (http://www.nfpa.org/)
• US Fire Administration (http://www.usfa.fema.gov/)
Keeping Children Safe From Injuries in Early Care and Education Settings

Transportation Safety: In and Around Cars
Learning Objectives

• State how long a child should remain rear-facing
• State how tall a child should be before transitioning to seat belt
• Explain how tightly a car seat should be installed
• Know when harness is properly secured on a child
• State 2 key points to teach children about pedestrian safety
• List steps to prevent children from being left in vehicles
Children: In Cars

Crashes: Leading cause of death in this age group

Deaths:
• 450 classrooms (12 and younger) per year
• 1 in 3 were not buckled up
Children: In Cars

- Low rates of appropriate restraint use in the child care settings have been reported.

- Facilities transporting children or with cars in driveway
  - Know best practices in transporting kids safely
  - Liability issues
Children: In Cars

• Heatstroke: Leading cause of noncrash, vehicle-related deaths
  – Death every 8 days
• In 2014
  – 30 deaths: Heatstroke (suspected)
  – Ages 1 month–5 years
Children in Cars: Laws

- Different laws in each state
  - Know your state’s laws

- May not reflect “gold standard” of safety
  - American Academy of Pediatrics: Follow best practice guidelines

Source: CDC
Policies should address:

- Use of car safety seats, seat belts, and booster seats
- Drop-off and pick-up plans
- Vehicle check for children
- Vehicle selection for safe transport
- Backup arrangements for emergencies
Transportation Policies: (2)

- Vehicle operation and maintenance
- Driver selection, training, & supervision/licensing
- Child/staff ratio during transport
- Accessible first aid kit, emergency ID, contact and health information
- Communication plan: driver and facility
- Maximum travel time for children
Car Seats, Boosters, and Belts

- Correct use saves lives and prevents injury
- Misuse and nonuse: Leading factor in death and injury
4 Phases of Child Passenger Safety

- **Rear-Facing Car Seat**
- **Forward-Facing Car Seat**
- **Booster Seat**
- **Seat Belt**

**Age (Years):**

BIRTH 1 2 3 4 5 6 7 8 9 10 11 12 13+

*Source: CDC*
Phase 1: Rear-Facing Car Seats

- Until age 2 OR reach height/weight limit of seat
  - Check labels
- 5 times safer
- Best support: Head, neck, and spine
  - Prevent head from being thrown away from body
Why Rear-Facing?

Source: University of Michigan
Phase 2: Forward-Facing Car Seats

- Use until height/weight limit is reached
  - Check labels
- Always in the back seat
1. Car Seat Into Vehicle

• Refer to car seat and vehicle manuals
• Seat belt OR latch (not both)
• Less than 1 inch of movement
2. Child Into Seat

- Refer to manual
- Harness snug: Pinch test
- Chest clip: Armpits
- Proper harness slots
Age and Abdominal Injury

Nance ML, Lutz N, Arbogast KB, Cornejo RA, Kallan MJ, Winston FK, Durbin DR. Department of Surgery, Children's Hospital of Philadelphia
Most children can use a vehicle seat belt (without needing a booster seat) once they are how tall?

A. 3 feet 10 inches
B. 3 feet 6 inches
C. 4 feet
D. 4 feet 9 inches
Activity Quiz

Most children can use a vehicle seat belt (without needing a booster seat) once they are how tall?

A. 3 feet 10 inches  
B. 3 feet 6 inches  
C. 4 feet  
D. 4 feet 9 inches
Phase 3: Booster Seat

- Raises child for proper belt fit
- Lap and shoulder belt
  - Across hips and shoulder (hard bones)
  - Away from belly and neck (soft tissue)

Until 4 feet 9 inches: ages 8–12
Seat Belt Placement

• Proper placement
  – Below hip bones
  – Fits low across the hips
  – Shoulder belt across shoulder

Source: Partners for Child Passenger Safety Study
All children should ride in the back seat until they are ____ years old.

A. 8  
B. 10  
C. 13  
D. 15
Activity Quiz

All children should ride in the back seat until they are ___ years old.

A. 8
B. 10
C. 13
D. 15
Phase 4: Seat Belt

• Designed for adults
• Seat belt too soon: 4 times more likely to suffer serious head injury
• 9 out of 10 parents: Transition too soon
Seat Belt Alone

Must pass seat belt test

- In all positions
- In all vehicles
Educate Parents

• Parents move to seat belt too soon
  – 4–8-year-olds: Increased risk of injury
  – Focus on FIT not age
• 5-step test
  – Fit differs in each vehicle
Children with Special Needs

- Access to resources for safe transportation.
- Not exempt from state laws for seat belt use.
- Develop policy for special transportation needs.
- Collaboration of parents, physicians and child care providers (MEDICAL HOME)
• National Center for the Safe Transportation of Children with Special Needs (www.preventinjury.org)
  – Automotive Safety Program
Children and Heatstroke Risk

- Children and risk
  - Overheat 3–5 times faster than adults
  - Unable to communicate
  - Can’t get out of car seat
  - Can’t open car doors
- Child “forgotten” in vehicle
Activity Quiz

How long does it take for a vehicle to heat up to a deadly temperature on an 80 degree summer day?

A. 10 minutes
B. 20 minutes
C. 1 hour
D. 2 hours
Activity Quiz

How long does it take for a vehicle to heat up to a deadly temperature on an 80 degree summer day?

A. 10 minutes
B. 20 minutes
C. 1 hour
D. 2 hours
Simulation Video

- **Temperature**
  - Outside: 80°F
  - Inside: 109°F
- **Elapsed Time**
  - 20 minutes
Prevention: ACT for early learning providers

- **Avoid Heatstroke**
  - Never leave child alone in vehicle
  - Keep vehicle locked

- **Create Reminders**
  - Signs or checklist in vehicle
  - Confirm head count

- **Take Action**
  - Check backseat & confirm headcount
  - “Look before you lock”
Safety: Transportation

• Facilities providing transportation – must have written policies

• Drivers – minimize distractions (no texting, music, radio/CD’s)
  – Post sign in vehicle

• Phones only for emergencies and when vehicle is stopped.
Plan: Drop-Off and Pick-Up

- Parents/guardians and staff
- Curb or off-street
- Supervised
  - Confirm children are clear of vehicle
  - Keep attendance and time records
Teach Kids: In Cars

• Always buckle up
• Be a good passenger
• Cars: Off limits
  – No playing in or around them
• Trapped: Honk horn
• Missing child? Search vehicles!
Community Partners

• Local Safe Kids Coalition
  – Car seat checks
• Local fire and police
• Community pediatricians
Summary

- Motor vehicle crashes: A leading cause of death and disability among children in the United States
- Children should ride rear-facing until age 2 or reach the height/weight limit of the car seat
- Use car seat and vehicle manuals
- Check for tight car seat installation: Less than 1 inch of movement
Summary

- Snug harness: No pinch or slack
- Children should stay in a booster seat until they are approximately 4 feet 9 inches, unless seat belt fits properly
- Teach children safety in and around cars
- Prevent vehicle heatstroke: Head count, keys out of reach, and arrival plan policy
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
Keeping Children Safe From Injuries in Early Care and Education Settings

Playground Safety
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
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%
Common Playground Equipment

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
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
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
Active Supervision Strategies

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
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
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
Keeping Children Safe From Injuries in Early Care and Education Settings

Medication Safety and Poison Prevention
Learning Objectives

• Explain why children are at risk for medication poisonings
• Identify ways to prevent poisonings in early care and education settings
• Learn what to do when a poisoning has occurred or is suspected in early education and child care settings
• Today’s presentation is focused on medication safety

• Check state regulations around medication administration requirements for early care and education providers

• Medication Administration trainings are available
How Busy Is Poison Control?

Of the 1.34 MILLION calls made to Poison Control Centers for children, what percentage were medicine related?

A. 10%
B. 29%
C. 33%
D. 49%
How Busy Are Poison Control Centers?

A. 10%
B. 29%
C. 33%
D. 49%
On average, how many young children are treated in the emergency department every day?

A. 10  
B. 50  
C. 100  
D. >150
Medication Safety

Every minute of every day, a poison control center answers a call about a young child getting into medicine.

Nearly 500,000 calls per year.

In 2012, more than 64,000 kids were treated in an emergency room for medicine poisoning.

That's one child every 8 minutes.

A. 10
B. 50
C. 100
D. >150
The Facts: Who

Greater than 50% of calls for poisonings were for what age group?

A. 0–12 months
B. 1–2 years
C. 3–4 years
D. 4–5 years
High Risk: What Age?

A. 0–12 months
B. 1–2 years
C. 3–4 years
D. 4–5 years

Percent of total calls that were for children ages 1 and 2 years.
Whose Medicine?

Of the medication poisonings, what percentage of the medicine belonged to someone the child knew?

A. 10%
B. 20%
C. 50%
D. >75%
Whose Medicine?

Children can get into early care and education providers’ medications, too!

In 3 out of 4 of these cases, the medicine belonged to a parent or grandparent.

- A. 10%
- B. 20%
- C. 50%
- D. >75%
Children and Medication Risk

Developmental
• Curious explorers
• Everything goes in mouth

Physical
• Medication weight based
• One pill can kill
Look-a-Like Medications

- Children don’t know difference between pills and candy
- Provider should be familiar with look-a-like medications and packaging
What Children Are Getting Into

- Younger than age 1: Diaper care/rash products
- Ages 1–4: Ibuprofen, vitamins, and diaper care/rash products
Methods of Poisoning

- Ingestion (eating or drinking) – ~85% of poisonings
- Absorption (skin or eyes)
- Inhalation (breathing)
- Animal and insect bites
- Injection (skin puncture)
Most Serious Household Poisons

• Drain openers and toilet bowl cleaners (chemical burns)
• Nail glue removers (cyanide poisoning)
• Windshield washer solution (blindness and death)
• Carbon monoxide (death)
Latest Trends

• Laundry packets
• Liquid nicotine
• Button batteries
Medications to Avoid

- Aspirin: NOT FOR CHILDREN
- Cough and cold medications
  - Side effects
  - Don’t work in young children
- Honey (younger than age 1)
- Teething medications
- Homeopathic or herbal

Risk: Combination medication
Child Safety Caps

- Prevent/delay access: Layer of protection
- Re-secure after use
- Caps are NOT childproof
  - They are child resistant
Flow Restrictors

- Used with child safety caps
  - Layer of protection
- Added to necks of liquid medication
- Limits liquid escape
Medication: Where Children Find It

Where are children finding medicine?

- 27% ground or misplaced
- 20% purse/bag/wallet
- 20% counter/dresser/table/nightstand
- 15% pillbox or bag of pills
- 12% other (known)
- 6% cabinet/drawer

(2011 emergency room visits; of the 14% of cases known.)
Storage: Up and Away

• In original container
• In designated area
  – Out of reach or locked/secure (except emergency medications)
  – Home: Empty medicine cabinets
  – NO cubby or diaper bag
• Risk: Staff and guest medications
  – Purses and diaper bags
• Visit http://upandaway.org for more information
Disposal

- Preferred: Return to parent
  - Document
- Do not dispose in sink or toilet
  - Local pharmacy
  - Community medication disposal
  - Trash disposal (if necessary)
Policy and Procedure

- Permission and documentation (log)
- Giving medications
- Medication error or incident
- Disposal
- Medication policy given to ALL parents
Medication Administration Training

The Medication Administration in Early Education and Child Care Settings is available from the Healthy Futures Website as a free online course!

www.healthychildcare.org/HealthyFutures.html
Adult Supervision = #1 Prevention

- ALL medication poisonings are PREVENTABLE
- Poisonings can occur in all settings
  - Home
  - Family child care settings
  - Early care and education centers
Supervision

- Most poisonings occur when children are unsupervised
- Never turn back to child taking medication
Teaching Kids

• An adult always gives medicine
• Medicine is not candy
• Child-free zone
  – Cabinets: Medicine, cleaning cabinet, kitchen, and bathroom
  – Garage
• Don’t share medicine
• Don’t know what it is?
  – Don’t smell, taste, or touch
Role Play

- For preschool-age children
- Role play
  - What to do when you find a pill or medicine on the floor
ALL early care and education settings should have emergency protocols in place in the event of medication poisoning.
Poison Control Center

• Call: Any potential poisoning
• Follow and document advice
• Be prepared to give information
  – Age and gender - Substance
  – Estimated amount - Child’s condition
  – Time since ingestion or exposure
What If?

• Swallowed
  – Call Poison Control Center **FIRST**
  – Do not try home remedies
  – **NEVER** try to make someone throw up

• Eyes
  – Rinse eyes with running water + call
What If?

• Skin
  – Remove any clothing that poison touched + rinse skin with running water + call

• Inhaled
  – Provide fresh air right away + call
Don’t Forget the Invisible Poison

• Carbon monoxide – invisible, tasteless, odorless gas
• Faulty furnace or heater
• Headache, nausea, and drowsiness
• Check detectors monthly, batteries yearly
• Alarm - go outside and call 911
Summary

- Curious children = Risk for poisoning
- Never call medicine “candy”
- Keep medicines in original containers
- Keep medicines locked up
- Always read label
- Teach children to ask an adult before tasting anything
- 1-800-222-1222: Save this number!
Resources

• Safe Kids Worldwide: http://www.safekids.org
• Up and Away and Out of Sight: http://www.upandaway.org
• National Capital Poison Center: http://www.poison.org
• Quills Up, Stay Away! http://www.poison.org/spike
• Online AAP Course—Medication Administration in Early Education and Child Care: http://www.healthychildcare.org
Keeping Children Safe in Early Care and Education Settings

Helmet Safety
Learning Objectives

• Understand the risks associated with use of wheeled toys by young children
• State when helmets should be used
• Explain how to check proper helmet fit
• State at least 2 concepts to teach children about wheeled toy safety
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
Brain injury vs head lice

Best practice: Use own helmet
  – If shared: Clean between users (mild detergent)
  – Can use surgical hats
Wheel Safety

• Role model
• Wear helmets
  – Start habit early
• Stay alert
• 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
• 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

- 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
Resources

Safe Kids Worldwide – www.safekids.org

Healthy Children – www.healthychildren.org

Centers for Disease Control and Prevention
www.cdc.gov/safechild
Acknowledgments

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

• The recommendations in this curriculum do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

• Listing of resources does not imply an endorsement by the AAP. The AAP is not responsible for the content of resources mentioned in this curriculum.

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