



The National Training Institute
for Child Care Health Consultants

Injury Prevention in Child Care: Common Injury Risks



- Your name
- Your agency
- Date of training



Introductions

- On the front of the tent card, write your name.
- On the back of the tent card, write:
 - The # of years you have worked in child care
 - Any first aid or injury prevention training you have received
 - One potential hazard for childhood injury you can spot in this training room



Training Objectives

- Be familiar with injuries common in the child care environment.
- Help child care staff assess the child care environment for risks.
- Assist in developing policies to prevent injury.
- Help child care staff prepare to respond to an injury.



Self-Correcting Worksheet

- Working with a partner, take 5 minutes to complete the worksheet.



Airway Obstruction

- Occurs when blockage prevents air from getting in and out of the lungs.
- Is the leading cause of unintentional injury-related death among infants under age 1 and a particular risk for children up to age 4 (National Center for Health Statistics, 2005).



Four Principle Causes

- Choking
- Entrapment
- Strangulation
- Suffocation



Age-Related Risks

- Smaller upper airways
- Inexperience with chewing
- Explore the world orally
- For infants, inability to lift head or move out of dangerous positions



Choking

- Foods that are pliable and of a size and shape that can become lodged in and obstruct their airway pose the greatest risk.
- Children should not eat while walking, running, lying down, riding in motor vehicles, or other situations in which they might be distracted.



Preventing Airway Obstruction

- Always supervise mealtime and snack time.
- Offer food only when children are seated at a table.
- Avoid serving foods that are known to cause airway obstruction.
- Cut foods into pieces no larger than $\frac{1}{2}$ inch. Teach children how to chew their food well.



Preventing Airway Obstruction (continued)

- Serve small amounts of food at a time.
- Decrease distractions during meal/snack time.
- Use a choke tube to determine the safety of an object.
- Choose toys with the youngest user in mind.
- Conduct regular inspections of toys for broken parts.



Preventing Airway Obstruction (continued)

- Have a place for staff and visitors to store personal belongings out of reach of children.
- Use only one-piece pacifiers and rattles.
- Ensure that all toys have cords of less than 12 inches; crib toys should not have cords longer than 7 inches.
- Remove drawstrings from children's clothing.



Preventing Airway Obstruction (continued)

- Always supervise children during outdoor play.
- Cut or tie up cords from drapery and blinds.
- Read and post Consumer Product Safety Commission Recall Alerts.
- Keep cribs free of soft toys, pillows, and excess bedding.



Preventing Airway Obstruction (continued)

- Ensure crib slats are no more than 2 3/8 inches (60 mm) apart. Crib corner posts should be no higher than 1/16 inch.
- Safely dispose of all plastic bags.
- Check under furniture and between cushions for small items.
- Ensure that fridges, freezers, and toy chests are securely closed.

(Adapted from Healthy Child Care,
2008, and AAP, 2006)



Signs of Airway Obstruction

- Difficulty speaking or breathing (making wheezing sounds)
- Unable to cough
- Clutching throat or gesturing to throat
- Bluish facial tinge
- Appearance of discomfort, strain, or agitation
- Unexplained loss of consciousness

Responding to Airway Obstruction



- If child is coughing, allow him/her to clear the obstruction without assistance. Do not pat a child on the back or use fingers to clear the airway.
- Use the Heimlich maneuver and/or CPR as indicated.
- If a child is unconscious, call 911.
- After a choking incident, the child's parents should be contacted with instructions to contact their child's medical care provider since food or other objects may still remain in the airway.



Action Items for the CCHC

- Provide training in prevention of choking, suffocation, strangulation, and entrapment and how to reduce the risks.
- Assist in educating parents about airway obstruction hazards.
- Assess and identify potential airway obstruction hazards in the child care facility. Offer recommendations for reduction of risks.
- Provide educational materials for child care staff and parents about emergency procedures.



Poisoning

- In 2006, over 50% of the 2.5 million unintentional poisoning reports involved children under the age of 6 (National Safety Council, 2008).



How Poisoning Occurs

- Bites and Stings
- Ingestion
- Inhalation
- Skin/eye contact
- Puncture injection

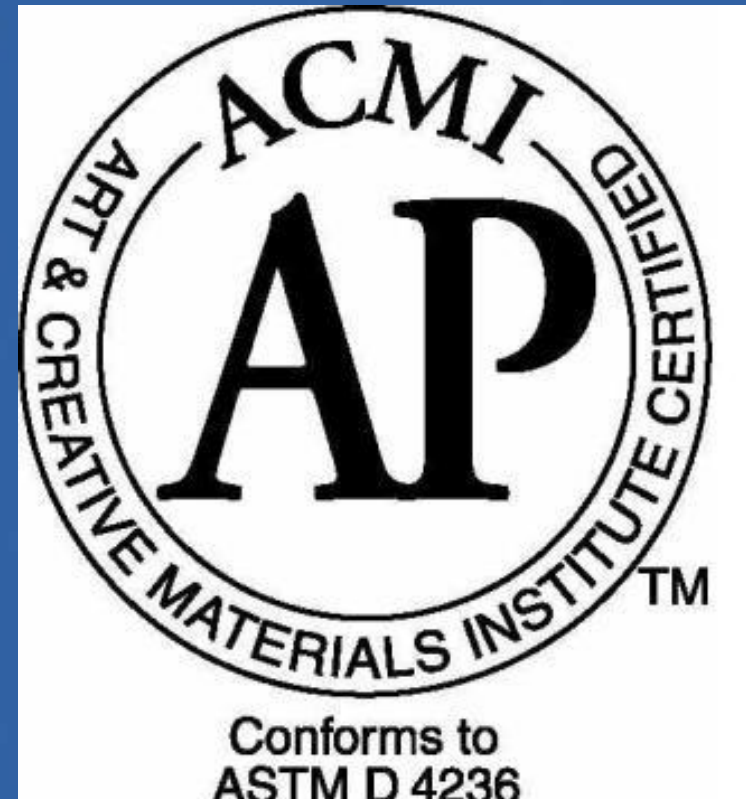


Assessing Poisoning Risk

- Small children are more at risk for poisoning than adults because they
 - are curious about their environment
 - tend to be at ground level where poisonous substances can be found
 - tend to explore by putting things in their mouths
 - absorb toxins more quickly and in greater quantities
 - excrete toxins more slowly than adults



Safe Art Materials are Marked





Preventing Poisoning in the Child Care Facility

- Replace toxic substances with non-toxic alternatives whenever possible.
- Lock all toxic substances, in original containers and clearly labeled, so they are inaccessible to children.
- Store toxic items away from food items.
- Only use chemicals approved by EPA as non-restricted.



Signs of Possible Poisoning

- Unusual stains/odors on skin and clothes
- Unusual breath odor
- Nausea, drooling, vomiting, or sudden stomach pain
- Skin or eye irritation
- Coughing or shortness of breath
- Cold, clammy skin
- Burns around the mouth
- Disoriented, slurred speech
- Dizziness or drowsiness



Signs of Serious Poisoning

- Fever
- Muscle twitches or weak, uncoordinated muscles
- Intense thirst
- Fast breathing or difficulty breathing
- Unexplained convulsions
- Unconsciousness

(National Agriculture Safety Database,
2006)



Responding to Poisoning

- Call the National Poison Control Center at 1-800-222-1222.
- Describe the situation.
- Follow the instructions given by the Poison Control operator.

*Syrup of Ipecac should NOT be used to induce vomiting.



Action Items for the CCHC

- Educate child care staff and parents about how poisoning occurs, and about the environmental and developmental risks for children.
- Teach how to respond in a poisoning emergency.
- Assess poison hazards in the child care setting. Make recommendations to reduce risk.
- Help establish emergency plans.



Sudden Infant Death Syndrome (SIDS)

- Defined as “the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history” (Beckwith, 2003).
- SIDS is the major cause of death in infants 1 month to 1 year of age. Most SIDS deaths occur between ages 2 and 3 months (AAP, 2005).



Back to Sleep

- In 1992, the AAP recommended placing infants on their backs to sleep. Subsequently, the rate of SIDS dropped over 50% (AAP, 2005).
- Approximately 20% of all SIDS deaths occur with non-parental caregivers.
- Being placed to sleep on the tummy when an infant is used to sleeping on the back results in an 18-fold increased risk of SIDS (AAP, 2005).



Assessing Risks for SIDS

- Sleeping on the tummy
- Sleeping on soft bedding
- Maternal smoking during pregnancy
- Secondhand smoke
- Overheating
- Late or no prenatal care
- Young maternal age
- Preterm birth and/or low birth weight
- Male gender
- Black and American Indian or Alaska Native ethnicity (AAP, 2005)



Preventing SIDS

- Greatest risks for SIDS in the child care setting are:
 - Placing infants to sleep on their tummies or sides
 - Placing infants to sleep in cribs with soft bedding, pillows or stuffed animals
 - Placing infants to sleep on other soft surfaces such as a couch or bean bag chair



Creating a Safe Sleep Environment

- Use cribs that conform to the safety recommendations of the Consumer Product Safety Commission.
- Provide a firm sleep surface.
- Keep the crib free of comforters, quilts, sheepskins, pillows, stuffed animals, or cushions.
- Tuck the crib sheet firmly around the mattress.



Creating a Safe Sleep Environment (continued)

- Never cover an infant's face.
- If a blanket is used, position the infant's feet against the end of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- Bumper pads, if used, should be firm, flat, and well-secured.
- Only one baby per crib.



Creating a Safe Sleep Environment (continued)

- Encourage a smoke-free environment in the child care setting and home.
- Encourage staff to change into clean work clothes, free of cigarette smoke, on work premises.
- Set the thermometer to 68°-75°F.
- Avoid over-bundling of infants in clothes or blankets.



Responding to SIDS Death

- Start CPR and continue until relieved by another adult certified in CPR.
- Dial 911.
- Calm the other children and remove them from the area.
- Call the child's parents first, then call the parents of the other children.



Responding to SIDS Death

- Call the licensing agency.
- As much as possible, leave the area where the baby was found undisturbed. Do not clean or tidy anything in the room until the investigators say that it is okay to do so.
- Contact the local SIDS organization (National SIDS/Infant Death Support Center, 2007).



Action Items for the CCHC

- Assess sleep areas to ensure a safe sleep environment.
- Recommend bedding and sleep structures that comply with the *CFOC* standards.
- Provide educational materials on SIDS.
- Encourage communication between parents and child care staff on safe sleep positioning.
- Advise the child care staff on developing an action plan in the case of a SIDS death.
- Advise child care staff regarding emergency procedures.



Activity: 6-5-4-3-2-1 Worksheet

- Working with a partner, take 5 minutes to complete the worksheet.



Reasons for Biting Behavior

- Experimenting
- Teething
- Feeling frustrated or overwhelmed
- Responding to feeling threatened
- Seeking attention
- Imitating other biters
- Attempting to exert control over others



Preventing Biting Behaviors

- Help children understand the difference between positive and negative social interaction.
- Use dolls or stories to demonstrate cause and effect when one child hurts another.
- Model and praise positive social interactions.
- Provide cold (but not frozen) teething rings, bagels, or washcloths to relieve teething discomfort.
- Notice when a child is frustrated and help the child respond with words or helping the child leave the situation.



Preventing Biting Behaviors (continued)

- Ensure that toddlers feel safe around other children.
- Provide praise for positive behavior.
- Give toddlers plenty of opportunities to make the right choices throughout the day.
- Do not label children who have bitten others as “biters,” since labeling can lead to children taking on the identity assigned to them.



Responding to Biting

- Cleanse wound with mild soap and water. Apply ice to relieve any swelling.
- Provide comfort and attention to both the child who has been bitten and the child who did the biting.
- Acknowledge the feelings of the child who did the biting, but reinforce that hurting others is not acceptable.
- When the environment is calm, help the children practice assertiveness and communication skills.
- Try to determine how and why the biting occurred and consider prevention techniques for similar situations in the future.



Action Items for the CCHC

- Assist child care staff in developing policies regarding biting, other acts of aggression, and related behavior policies.
- Educate staff and parents about biting.
- Be prepared to recommend community mental health or child development resources if biting behaviors extend past age 3 ½ or if a child continues to bite others despite intervention.



Emergencies

- Emergencies are:
 - Illnesses or injuries that may threaten a child's life
 - Situations that can cause permanent harm if action is not taken right away (EMSC, 1997)



Emergencies in Child Care Facilities

- General emergencies
- Missing children
- Disgruntled or impaired parents/guardians or their authorized representatives
- Medical emergencies
- Natural disasters, including hurricanes, tornados, and severe storms
- Fire/smoke emergencies



Emergencies in Child Care Facilities (continued)

- Bioterrorism/war emergencies (such as bomb threats)
- Nuclear or radiation emergencies
- Utility disruption
- Hazardous materials
- Chemical leaks



Emergency Supplies Kit

- List of emergency phone numbers, including parent contact information
- A charged cell phone or calling card or “walkie talkies”
- Water
- Non-perishable food, manual can opener
- First aid kit
- Blankets
- Radio, flashlights, extra batteries



Emergency Supplies Kit (continued)

- Handwashing solution that does not require running water
- Extra clothing/shoes
- Diapers, baby food and formula
- Prescription medicines for children and staff
- Other items as needed for safety and comfort
- Child records and attendance sheets



Evacuation

- Three types of evacuation:
 - On-site
 - Off-site or local
 - Shelter-in-place

Emotional Needs After Emergency



- Limit further exposure to trauma.
- Address concerns about safety.
- Find out what children are thinking and feeling.
- Find activities to help children and staff deal with the trauma (Project Cope, 2001).
- Gradually return to normal daily activities.
- Seek help from local medical and mental health agencies, such as the American Red Cross.



Action Items for the CCHC

- Assist in developing an emergency preparedness policy.
- Review emergency and evacuation plans.
- Assess availability of emergency equipment and safety supplies.
- Be knowledgeable about local emergency preparedness resources.
- Assist in training staff to recognize child and adult trauma symptoms.
- Be knowledgeable about local mental health resources.



Vehicle-Related Injuries

- Children might experience vehicle-related injuries at child care:
 - On field trips
 - During pick-up or drop-off service
 - In emergency situations
 - While on foot in the pick-up/drop-off area
 - While taking walks outside near vehicles
 - While riding bicycles, tricycles, scooters, and skateboards



Car Safety Seats

Age	Type of Seat	Guidelines
Infants	Infant only and rear-facing convertible	Rear-facing until 1 year of age and 20 lbs
Toddlers	Convertible, combination, and forward facing	After 1 year of age and 20 lbs, can ride forward-facing
School Age Children	Booster	Should be used until seat belts fit correctly (4'9" and 8-12 years)
Older Children	Seat belt	Use lap and shoulder belts, back seat until 13 years of age <small>*Adapted from the AAP, 2008.</small>



Pedestrian Safety Tips

Teach children to:

- Walk and cross the street with an adult
- Wear bright colored clothing during daytime and reflective clothing at dusk or nighttime
- Cross at designated crosswalks only
- Walk on the sidewalk if there is one, and on the side of the street facing traffic if no sidewalk
- Walk, do not run, near traffic and in parking lots
- Play with balls or toys away from traffic



Bicycle Safety Tips

- Always wear a properly fitted helmet.
- Ride only on something the right size.
- Ride on the same side of the road as the cars traveling in the same direction.
- Use hand signals to let others know when stopping or turning.
- Stop before crossing any street to look left-right-left, scanning for cars.



Action Items for the CCHC

- Assist in developing policies for transporting children
- Provide resources and assistance with selecting and installing child safety seats
- Provide education about loading zone, pedestrian, and bicycle safety



Blackout Bingo

- Find the Blackout Bingo worksheet.
- Think of one fact about biting, emergencies, or vehicle-related injury prevention that you learned. Stand up and begin “trading” your fact with others.
- Write the facts that you learn from others in the boxes on the Bingo sheet.
- When you have filled in all the boxes, shout “BINGO.”



The Role of the CCHC

- Educate staff about injuries possible in the child care environment.
- Help child care staff assess the child care environment for risks associated with these injuries.
- Assist child care staff in developing policies and practices to prevent these injuries.
- Support child care staff as they prepare to respond in the event that an injury does occur.



Training Objectives

- Be familiar with injuries common in the child care environment.
- Help child care staff assess the child care environment for risks.
- Assist in developing policies to prevent injury.
- Help child care staff prepare to respond to an injury.



Learning Assessment

- On the front of the card, write one thing you or your facility are already doing well related to child injury prevention.
- On the back of the card, write one thing you will do or change related to child injury prevention that you learned today.
- When you are done writing, bring your card to the front of the room.



Evaluation

- Please take 5 minutes to complete.