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Suggested Citation


Supported in part by grant U46MC00003 from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.
NOTE TO TRAINER

This Trainer’s Guide is part of a Toolkit intended to accompany the Injury Prevention in Child Care Part B: Common Injury Risks Training Module. The Toolkit includes a Trainer’s Guide to leading training sessions, a Slide Presentation, and materials for participants’ packets.

For more information about using the NTI materials, please read “Guidelines for Using the NTI Curriculum Materials,” available in the “Curriculum” section of the NTI Resources Website (accessed by entering your NTI username and password at http://sakai.unc.edu).
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PREPARATION CHECKLIST

Curriculum Materials:
Download the following from the “Curriculum” section of the NTI Resources Website:
☐ Injury Prevention in Child Care Part B: Common Injury Risks Training Module
☐ Injury Prevention in Child Care Part B: Common Injury Risks Trainer’s Guide
☐ Injury Prevention in Child Care Part B: Common Injury Risks Slide Presentation
☐ Training Checklists

Preparation:
☐ Read the Injury Prevention in Child Care Part B: Common Injury Risks Training Module.
☐ Read the Injury Prevention in Child Care Part B: Common Injury Risks Trainer’s Guide.
☐ Review the Injury Prevention in Child Care Part B: Common Injury Risks Slide Presentation:
  ☐ Customize slide #2 to include your name, agency, and the date of your training.
  ☐ Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
☐ Create a participant’s packet (one per participant) per copyright guidelines:
  ☐ Copy activities, worksheets, and the evaluation form provided in this Trainer’s Guide under “Materials for Participant’s Packet”.
  ☐ Copy the Slide Presentation as a handout.
☐ On a flip chart sheet, write out the Overview of Training Session to display in the training room (you may prefer to leave off the estimated time and training technique).
☐ On a flip chart sheet, write out the Training Objectives to display in the training room.
☐ See “Training Implementation and Logistics Checklist” (located in the document titled Training Checklists) for set-up tasks to do the day of the training.
☐ Other: __________________________________________

Equipment and Supplies:
☐ See “Equipment and Supplies Checklist” (located in the document titled Training Checklists) for general supplies
☐ Laptop, slide presentation, and LCD projector or overhead projector
☐ Flip chart sheet for posting Overview of Training Session
☐ Flip chart sheet for posting the Training Objectives
☐ One tent card for each participant
☐ One index card for each participant
☐ One small prize for the Blackout Bingo activity
☐ Other: __________________________________________
OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

<table>
<thead>
<tr>
<th>Estimated Time</th>
<th>Topic</th>
<th>Training Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-15 minutes prior to session</td>
<td>Registration</td>
<td>-----</td>
</tr>
<tr>
<td>Optional</td>
<td>Introductions/Icebreaker</td>
<td>Individual and large group</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Overview of Training Session and Objectives</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Opening: Self-Correcting Worksheet</td>
<td>Individual</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Presentation: Airway Obstruction, Poisoning, and SIDS</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Activity: 6-5-4-3-2-1 Worksheet</td>
<td>Partner work</td>
</tr>
<tr>
<td>20 minutes</td>
<td>Presentation: Biting, Emergencies, and Vehicle-Related Injuries</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Activity: Blackout Bingo</td>
<td>Large group</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Closing</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Learning Assessment</td>
<td>Individual and large group</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Evaluation of Trainer</td>
<td>Individual</td>
</tr>
</tbody>
</table>

**Estimated Total Time:** Approx. 1 hour and 30 minutes

---

1 Not included in total time.
2 Not included in total time. Develop activity based on participants’ training needs.
3 Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI’s *Building Curriculum Development and Training Skills* Training Module.
## TRAINER’S OUTLINE

### Introductions/Icebreaker

<table>
<thead>
<tr>
<th>Time</th>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Individual and large group</td>
</tr>
</tbody>
</table>

### Supplies

- One tent card for each participant
- Markers

### Instructions

- Show slide 1 (placeholder slide not printed here) as participants enter the room. Show slide 2 (placeholder slide not printed here) as you introduce yourself.
- Show slide 3.
- Distribute a tent card to each participant.
- Ask each participant to write their name on the front of the tent card, in lettering large enough to read from the front of the room.
- On the back of the tent card, have each participant write:
  1. the number of years they have worked in the field of child care
  2. any first aid or injury prevention training they have received
  3. one potential hazard for childhood injury that they can spot in the training room (for example, exposed outlets, choking hazards, cleaning supplies, clutter on the floor, etc.)
- Ask participants to place the tent card on the table in front of them when they have finished writing.
- If time allows, have each participant share this information with the person sitting to their right and left sides. If time is tight, ask for volunteers to share this information. As participants share the number of years they have worked in child care, write the numbers on a flip chart sheet.
- Go around the room until everyone has had a chance to share, then add up the total number of years everyone has working in the field of child care. Share this number with the group. If the participants have experience with injury prevention in child care, acknowledge that expertise.

### Talking Points

**Introductions**

- Thanks very much for coming today. I’m going to hand out tent cards to use during our icebreaker activity. Please let me know if you don’t have a tent card.
- I’d like you to write on the front and back of the tent card. On the front, write your name in large letters. On the back, write:
  - the number of years you have worked in the field of child care
<table>
<thead>
<tr>
<th>For More Information</th>
<th>See NTI’s <em>Building Curriculum Development and Training Skills</em> Training Module for ideas about introductions and icebreaker activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td></td>
</tr>
</tbody>
</table>

- any first aid or injury prevention training you have received
- one potential hazard for childhood injury that you can spot in the training room (for example, exposed outlets, choking hazards, cleaning supplies, clutter on the floor, etc.)
- When you have finished writing, place the tent card on the table in front of you.
- Who would like to share the information on their tent card?
- Can anyone spot any other injury hazards that haven’t been mentioned yet?
Overview of Training Session and Objectives

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Slides/overheads</td>
</tr>
</tbody>
</table>
| Supplies   | • Flip chart sheet with Overview of Training Session written on it  
            | • Flip chart sheet with Training Objectives written on it |
| Instructions | • Direct participants’ attention to the posted Overview of Training Session.  
              | • Show slide 4. |

Talking Points

Training Objectives

There are several things that I want you to be able to do by the end of the training today. I designed the material and the activities we’ll be doing around four main training objectives. By the end of today’s training session, I’d like you to be able to:

- Be familiar with the kind of injuries common 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 to prevent these injuries
- Help child care staff prepare to respond in the event that an injury does occur

For More Information

See NTI’s *Building Curriculum Development and Training Skills* Training Module to learn more about training objectives.

Notes
Opening: Self Correcting Worksheet

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Individual or partner work</td>
</tr>
<tr>
<td>Supplies</td>
<td>One copy of the Self Correcting Worksheet for each participant</td>
</tr>
</tbody>
</table>
| Instructions   | • Show slide 5.  
• Direct participants to the Self-Correcting Worksheet in their Participant’s Packets. Ask all participants to find a partner. Let them know that they will have 5 minutes to complete the Self-Correcting Worksheet.  
• After 5 minutes, ask participants to share the answers to the questions on the worksheet. |

Talking Points

**Self-Correcting Worksheet**

• Please find the Self-Correcting Worksheet in your Participant’s Packet.  
• Choose a partner to work with. Make sure everyone has someone to work with, so if one group needs to have three people that is OK.  
• Take a few minutes to complete sentences on the Worksheet using the phrases on the list on the bottom of the page.  
• After a few minutes, we will come back together to share ideas.

For More Information

Presentation: Airway Obstruction, Poisoning, and SIDS

<table>
<thead>
<tr>
<th>Time</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>Instructions</td>
<td>Show slides 6 - 36.</td>
</tr>
</tbody>
</table>

Talking Points

**Airway Obstruction**

Airway obstruction occurs when some type of blockage prevents air from getting in and out of the lungs. Airway obstruction leads to asphyxiation, which occurs when air cannot get into and out of the lungs for several minutes, causing a lack of oxygen to the brain and other tissues. Airway obstruction 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**

There are four main causes of asphyxiation in children.

- **Choking** – occurs when a child’s airway is blocked.
- **Entrapment** – occurs when a child’s body slips through a space that is too small for his/her head and the weight of the body bends the neck and leaves the head trapped.
- **Strangulation** – occurs when a child’s neck becomes constricted, usually by a ligature such as a drawstring that becomes tightly wrapped around his/her neck.
- **Suffocation** – occurs when the child’s external air passage is obstructed either by pressure on the throat or chest or covering of the nose and mouth.

**Age-Related Risks**

- In 2002, more than 80% of children treated in hospital emergency rooms for airway obstruction injuries were under age 4 (Safe Kids USA, 2004).
- The developmental characteristics of children under 4 make them especially vulnerable to airway obstruction injury and death. These characteristics include:
  - Smaller upper airways
  - Relative inexperience with chewing
  - Natural tendency to explore the world by putting things in their mouths
- For infants, their inability to lift their heads or move themselves out of dangerous positions

**Choking**
- Food and objects that pose the greatest risk are usually pliable and of a size and shape that can become lodged in and obstruct their airway. Firm, round foods are the most common choking hazard.
- Children should not eat while walking, running, lying down, riding in motor vehicles, or other situations in which they might be distracted.

*Trainer: Instead of reading the lists of food and items that can cause choking, consider asking the participants for their ideas. You might write their suggestions on a flip chart sheet, then fill in any they didn’t mention.*

**Common Foods and Items that Cause Choking**
What common foods can you think of that could cause choking?
- Hot dogs
- Chunks of peanut butter
- Chunks of meat or cheese
- Popcorn
- Whole grapes
- Chewing gum
- Raisins
- Raw vegetables
- Hard or sticky candy
- Nuts or seeds

What common household items can you think of that could cause choking?
- Balloons (inflated or deflated)
- Coins
- Marbles
- Toys or games with small parts
- Buttons
- Pens and marker caps
- Small button-type batteries
- Medicine syringes
- Small balls
- Safety pins
Preventing Airway Obstruction

A caregiver/teacher can take action to prevent the risk of airway obstruction. She should:

- 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.
- Prepare and cut foods into pieces no larger than ½ inch.
- Teach children how to chew their food well.
- Serve small amounts of food at a time.
- Decrease distractions during meal/snack time (including television).
- Use a choke tube (a toilet paper roll works!) to determine the safety of an object.
- Choose toys with the youngest user in mind, and supervise older children who might bring toys that present choke hazards into the child care setting.
- Conduct regular inspections of toys for broken parts.
- 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 (including pull toys and toy telephones) have cords of less than 12 inches; crib toys should not have cords longer than 7 inches.
- Remove drawstrings from children’s clothing.
- Always supervise children during outdoor play.
- Cut or tie up cords from drapery and blinds.
- Keep cribs free of soft toys, pillows, and excess bedding (see the section in this Module on SIDS for more about ensuring a safe sleeping environment).
- Ensure that crib slats should be no more than 2 3/8 inches (60 mm) apart. Crib corner posts should be no higher than 1/16 inch to prevent entanglement of babies’ clothing.
• 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)

Preparing to Respond to an Airway Obstruction
• All child care staff should be trained in cardio-pulmonary resuscitation (CPR) and the Heimlich maneuver for infants and children.
• In addition, a chart showing the steps to respond to choking and how to conduct CPR may be displayed in the child care setting.
• Staff should receive training on the signs of airway obstruction.

Signs of Airway Obstruction
Because brain damage can occur within four minutes of oxygen deprivation, and death can occur within six minutes, it is critical that staff recognize the signs of airway obstruction quickly and immediately take steps to help the child. The most common signs include:
• 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
(Consider airway obstruction as a possible cause, and check the mouth for a visible object.)

Responding to Airway Obstruction
• If the 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. This can push the object further into the throat.
• 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.
(Adapted from Healthy Child Care, 2008)
**Action Items for the CCHC**

- Ensure that child care staff receives training in the prevention of choking, suffocation, strangulation, and entrapment and how to reduce the risks.
- Assist staff in educating parents about airway obstruction hazards and how to reduce the risks at home.
- Assess and identify potential airway obstruction hazards in the child care facility and offer detailed recommendations for reduction/elimination of the risks.
- Provide educational materials for the caregiver/teachers and parents about emergency procedures to follow in cases of compromised airflow.

**For More Information**

See the Airway Obstruction section of the NTI *Injury Prevention in Child Care Part B: Common Injury Risks* Training Module.

**Notes**
Talking Points

Poisoning
In 2006, over 50% of the 2.5 million unintentional poisoning reports involved children under the age of 6 (National Safety Council, 2008). Most poisoning occurs at home with common household substances such as cleaning supplies, pesticides, and medicines.

How Poisoning Occurs
Poisoning results from exposure to a harmful chemical substance. Exposure can be brief or long-term and can be caused by injection, ingestion, inhalation, or skin contact.

- Bites and Stings – The substance emitted in stings can cause an allergic reaction in children and can lead to death. Bites from animals such as snakes may inject toxic substances directly into the blood stream.
- Ingestion – Toxic substances that are swallowed are absorbed directly into the blood stream through the gastrointestinal tract.
- Inhalation – Toxins such as carbon monoxide, chlorine and other gases, ammonia, and aerosol can fumes can be inhaled into the lungs and absorbed into the blood stream.
- Skin/eye contact – Poisons can be absorbed into the blood stream through contact with the skin or eye.
- Puncture injection – A puncture of the skin can bring a toxic substance into direct contact with the bloodstream.

Assessing Poisoning Risk
Small children are more at risk for poisoning than adults for several reasons. Children are curious about their environment, tend to be at ground level where poisonous substances can be found, and tend to explore by putting things in their mouths. Because children have smaller bodies they absorb toxins more quickly and in greater quantities and they excrete toxins more slowly than adults.

Trainer: Before showing the next slide, ask participants to share what they think are common household items that might be poisonous. Write their ideas on a flip chart sheet. When they are out of ideas, ask participants to share what they think are common art materials that might be poisonous. Write their ideas on a flip chart sheet. When they are out of ideas, fill in any that they have missed.
### Common Poison Household Items
- Medicines, including iron pills (Many pills look like candy to children.)
- Furniture polish
- Lighter fluid
- Antifreeze
- Windshield washer fluid
- Drain opening fluid
- Toilet bowl cleaner
- Oven cleaner
- Rust remover
- Carbon monoxide (such as that released from common appliances)
- Pesticides (including rat poison, weed killer, and insecticides)
- Wild mushrooms
- Paint thinner
- Turpentine
- Toiletries (such as nail polish remover and hairspray)
- Alcohol (all kinds)

(American Association of Poison Control Centers, 2004)

### Common Poison Art Materials
- Powdered clay
- Ceramic glazes or copper enamels
- Solvents (turpentine, toluene, rubber cement)
- Aerosol sprays
- Commercial dyes
- Permanent felt tip markers
- Epoxy or powdered glues
- Powdered tempura paints
- Pastels, chalks, or dry markers that create dust
- Instant paper mache

(Canadian Child Care Federation, 2001)

### Safe Art Materials are Marked
All art materials must be reviewed for the presence of hazardous substances and warning labels must be placed on those materials that may pose a chronic health threat (CPSC, 1996). Child care staff and parents should only purchase art materials that have the —Conforms to ASTM D-4236 label, as recommended by the U.S. Consumer Product Safety Commission (CPSC, 1996) or the Approved Product label by the Art and Creative Materials Institute (ACMI, 2004).
Preventing Poisoning in the Child Care Facility

There are a number of steps than should be taken to prevent poisoning in a child care facility.

- Whenever possible, replace all toxic (poisonous) substances with non-toxic alternatives—effective non-toxic alternatives are available for cleaning supplies, plants, art materials, pesticides, and toiletries/cosmetics.
- Lock all toxic substances in a cabinet that is inaccessible to children. 5.2.9.1
- Make sure all toxic substances are clearly labeled. 5.2.9.1
- When toxic substances must be stored in the same room as food items, store them in a separate and clearly labeled cabinet away from food items. 5.2.9.1
- Use only chemicals approved by the EPA as non-restricted. Store chemicals as any other toxic material—in their original containers, clearly labeled, and under lock and key. 5.2.9.1

Signs of Possible Poisoning

Child care staff need to know the signs and symptoms of poisoning. These conditions suggest the possibility of poisoning.

- Unusual stains or 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

The signs of moderate or serious poisoning include:

- 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
If a caregiver/teacher observes a child with any of these symptoms, she should call the National Poison Control Center (1-800-222-1222) immediately, describe the situation, and follow the instructions of the Poison Control operator. Also,

- Try to identify the source of the poisoning.
- If skin or eyes are involved, try to wash the poison off the affected area.
- If fumes are involved, seek fresh air.

NOTE that Syrup of Ipecac should NOT be used to induce vomiting. Previous recommendations related to the use of syrup of ipecac have changed. Syrup of Ipecac should not be kept available at a child care facility, in a first aid kit, or otherwise. Instead, caregivers should seek medical assistance by calling the National Poison Control Center or 911.

Action Items for the CCHC
- Educate child care staff and parents about the 5 ways poisoning may occur.
- Educate child care staff and parents about the developmental and environmental risks associated with poisoning.
- Provide educational materials and instructions for child care staff to share with parents on what to do in a poisoning emergency.
- Assess poison hazards in the child care setting and instruct the staff in ways to reduce/eliminate the risks.
- Assist the child care staff in planning an emergency procedure for contacting poison control.

For More Information
See NTI Modules *Environmental Health in the Child Care Setting* and *Environmental Health in the Child Care Setting: Lead*. Also see the Poisoning section of the NTI *Injury Prevention in Child Care Part B: Common Injury Risks Training Module.*

Notes
<table>
<thead>
<tr>
<th>Talking Points</th>
<th>Sudden Infant Death Syndrome (SIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- The National Institute of Child Health and Human Development (NICHD) defines SIDS 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, p. 288).</td>
</tr>
<tr>
<td></td>
<td>- SIDS is sometimes referred to as crib death and is the major cause of death in infants from 1 month to 1 year of age in the United States. Most SIDS deaths occur between ages 2 and 3 months (AAP, 2005).</td>
</tr>
<tr>
<td></td>
<td>- There is still some controversy over the definition and diagnosis of SIDS. Unlike other diseases, SIDS does not have a single unique cause. Instead it is a complex combination of predisposing factors, external stresses, and underlying vulnerabilities (Byard and Krous, 2003).</td>
</tr>
<tr>
<td></td>
<td>Back to Sleep</td>
</tr>
<tr>
<td></td>
<td>- In 1992, the American Academy of Pediatrics (AAP) recommended placing infants on their backs to sleep. As a result of the very successful “Back to Sleep” campaign, the rate of SIDS has decreased over 50% (AAP, 2005).</td>
</tr>
<tr>
<td></td>
<td>- Approximately 20% of all SIDS deaths occur with nonparental caregivers. Despite the overall decrease in SIDS since the 1990s, this rate has not changed over the years (AAP, 2005), indicating a need for greater education for nonparental caregivers about safe sleep.</td>
</tr>
<tr>
<td></td>
<td>- Many child care deaths have been associated with infants sleeping on their tummies, especially when the infants are unaccustomed to such a sleeping position. 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).</td>
</tr>
</tbody>
</table>

*Trainer: Before showing the next slide, ask participants to share what they think are risk factors for SIDS. Write their ideas on a flip chart sheet. When they are out of ideas, show the next slide.*
Assessing Risks for SIDS
The CCHC should be aware that there are consistent risk factors for SIDS. They are:

- Sleeping on the tummy (this includes infants who are put to sleep on their side but roll onto their tummy)
- Sleeping on soft bedding or other soft surfaces
- Maternal smoking during pregnancy and exposure to 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
- The greatest risks for SIDS in the child care setting are from placing infants to sleep on their tummies or sides, placing infants to sleep in cribs with soft bedding, pillows, or stuffed animals, or from placing infants to sleep on other soft surfaces such as a couch or bean bag chair.
- The most important thing child care staff can do to prevent SIDS is to always put infants to sleep all the way on their backs. Side-lying sleeping is not recommended because infants can easily roll over onto their bellies.
- A back sleep position is especially important if the infant is accustomed to sleeping on their back at home. Child care staff should discuss sleep patterns with parents to ensure consistency.
- If there is a medical reason that the infant should be put to sleep in a position other than on their back, the parent should provide a note from the medical provider to that effect.

Creating a Safe Sleep Environment
There are a number of things child care staff can do to promote a safe sleep environment.

- Infants should be placed in cribs that conform to the safety recommendations of the Consumer Product Safety Commission, not sofas, car seats, adult beds, or water beds, for sleep.
- Provide a firm sleep surface.
• Keep the crib free of comforters, quilts, sheepskins, pillows, stuffed animals, or cushions—a firm mattress with only a well-fitting crib sheet is best.
• Tuck the crib sheet firmly around the mattress.
• 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 (wearable sleep sacks are a good alternative to blankets).
• Bumper pads, if used, should be firm, flat, and well-secured.
• Only one baby per crib.
• 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.

Room sharing (having the infant sleep in the parent’s bedroom) and the use of a pacifier during sleep are also associated with a reduced risk of SIDS (AAP, 2005). Pacifiers introduced after the first month of life have not been shown to have a negative impact on breastfeeding or dental development (AAP, 2005). Pacifiers should never be coated in anything sweet to encourage use. If an infant does not want a pacifier, he or she should not be forced to take it.

Responding to a SIDS Death
Child care staff should provide the following emergency procedures for an unresponsive infant.
• 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.
• 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**

The CCHC Should:

- Routinely assess sleep areas to ensure a safe sleep environment
- Recommend bedding and sleep structures that comply with the CFOC (3rd edition, 2011) standards
- Provide educational materials to child care staff and parents on SIDS and creating a safe sleep environment
- Encourage communication between parents and child care staff on the safe sleep position of infants
- Advise the child care staff on developing an action plan in the case of a SIDS death in the facility
- Advise the child care staff regarding emergency procedures for an unresponsive child

### For More Information

See the Sudden Infant Death Syndrome (SIDS) section of the NTI *Injury Prevention in Child Care Part B: Common Injury Risks* Training Module.
Activity: 6-5-4-3-2-1 Worksheet

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Partner work</td>
</tr>
<tr>
<td>Supplies</td>
<td>One copy of the 6-5-4-3-2-1 Worksheet for each participant</td>
</tr>
</tbody>
</table>

**Instructions**
- Show slide 37.
- Direct participants to the 6-5-4-3-2-1 Worksheet in their Participant’s Packets. Ask all participants to find a partner. Let them know that they will have 5 minutes to complete the worksheet.
- After 5 minutes, ask participants to share the answers to the questions on the worksheet.

**Talking Points**
- Activity: 6-5-4-3-2-1 Worksheet
  - Let’s take a few minutes to review some of the material we just learned. Please find the 6-5-4-3-2-1 Worksheet in your Participant’s Packet.
  - Choose a partner to work with. Make sure everyone has someone to work with, so if one group needs to have three people that is OK.
  - Take 5 minutes to fill in the answers to the worksheet using information we just learned.
  - After a few minutes, we will come back together to share ideas.
Presentation: Biting, Emergencies, and Vehicle-Related Injuries

<table>
<thead>
<tr>
<th>Time</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>Instructions</td>
<td>Show slides 38 - 55.</td>
</tr>
</tbody>
</table>

**Talking Points**

**Human Biting**
It is not uncommon for small children to bite. Research indicates that 1 out of 10 toddlers engages in biting behaviors. Repeated biting has negative consequences for everyone involved.

**Reasons for Biting Behavior**
Children bite for a variety of reasons. It is important to understand the motivation behind the biting so that the appropriate intervention can be chosen. The most common reasons for biting are:

- **Experimenting** – In this situation, the child bites as a way of exploring the world through his or her mouth. This is normal developmental behavior.
- **Teething** – Infants and toddlers feel discomfort when teething and may try to relieve their pain by biting down on objects or people.
- **Feeling frustrated or overwhelmed** – A small child may bite out of frustration, especially if the child lacks the social or language skills to express themselves.
- **Responding to feeling threatened** – A child may use biting as a self defense mechanism.
- **Seeking attention** – Toddlers may bite as a way to get attention from adults.
- **Imitating other biters** – A child may learn to bite by watching and imitating others.
- **Attempting to exert control over others** – Biting may be a way for a toddler to attempt to exert independence and control.

**Preventing Biting Behavior**
Although biting is a common behavior for infants and toddlers, it is preventable. Because biting may have multiple causes, multiple solutions may be required. The most important part of biting prevention is close observation of children and reaction before the biting occurs. Ways to prevent biting include:
- Helping children understand the difference between positive and negative social interaction.
- Using dolls or stories to demonstrate cause and effect when one child hurts another.
- Modeling and praising positive social interactions.
- Providing cold (but not frozen) teething rings, bagels, and washcloths to relieve teething discomfort.
- Noticing when a child is feeling frustrated and helping the child respond with words or helping the child leave the situation.
- Ensuring that toddlers feel safe around other children.
- Providing praise for positive behavior.
- Giving toddlers plenty of opportunities to make the right choices throughout the day.
- Not labeling children who have bitten others as “biters,” since labeling can lead to children taking on the identity assigned to them.

Responding to Biting
If biting occurs in the child care setting, the caregiver/teacher should immediately
- Cleanse the wound with mild soap and water. Use an ice pack to relieve any swelling.
- Provide comfort and attention to both the child who has been bitten and the child who did the biting.
- Use the experience as an opportunity to discuss positive and negative social interaction.
- Acknowledge the feelings of the child who did the biting, but reinforce that hurting others is not acceptable. For example, one might say “I know you are angry that Joe took your truck, but I can’t let you bite other people.”
- When the environment is calm, help the children practice assertiveness and communication skills.
- Never use biting or other physical violence to show how it feels to be bitten.
- Try to determine how and why the biting occurred and consider prevention techniques for similar situations in the future.

Disease Transmission
If a bite results in blood exposure to either person involved, the US Public Health Service recommends post-exposure follow-up, including consideration of post-exposure prophylaxis.
**Action Items for the CCHC**
The Child Care Health Consultant can get involved in prevention and responding to biting. She might

- Assist 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

**For More Information**
See the Human Biting section of the NTI *Injury Prevention in Child Care Part B: Common Injury Risks* Training Module.

**Notes**
Talking Points

Emergencies
An emergency can occur at any time. Emergency preparedness is essential to ensuring the safety and well-being of children and staff. Emergencies are defined as:

- 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
Because it is impossible to predict what kind of emergencies might occur, child care facilities should develop an emergency plan framework that is adaptable to specific events. All child care facilities should have plans in place to respond to all of the following:

- 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
- bioterrorism/war emergencies (such as bomb threats)
- nuclear or radiation emergencies
- utility disruption
- hazardous materials
- chemical leaks

Trainer: Consider asking participants what they think should be in an emergency supply kit. You can write their answers on the flip chart sheet (or ask for a volunteer to write their answers on a flip chart sheet). When they are out of ideas, show the next slide.

Emergency Supplies Kit
All emergency supplies should be assembled and stored in an easy-to-grab container such as a backpack or bag. The location of the kit should be known by all staff and also clearly posted. The kit should include these supplies:
• List of emergency phone numbers, including parent contact information
• A charged cell phone or calling card or “walkie talkies”
• Water (an amount equal to what is used in a day)
• Non-perishable food, manual can opener
• First aid kit
• Blankets
• Radio, flashlights, extra batteries
• 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
Depending on the type and circumstances of an emergency, evacuation may be necessary. There are three different types of evacuation: on-site, off-site, and shelter-in-place.

• On-site evacuation involves leaving the building and gathering in a predetermined location within walking distance. This type of evacuation might be necessary if there is a bomb threat, fire, flood, or other major building problem.

• Off-site or local evacuation involves transporting children and staff to a safe and accessible building in a different location. This might be in response to a widespread threat such as a chemical spill or fire.

• Shelter-in-place may be required during a natural emergency such as a tornado or severe storm. It could also be used in an emergency where the air quality is threatened. Shelter-in-place means making a shelter area or safe spot within the facility.

Child care facilities should practice evacuation techniques with regular drills. In all cases in which evacuation is used, parents/guardians should be notified using a phone tree and posted signs at the child care location.
Emotional Needs After an Emergency

- Experiencing a traumatic event can cause anxiety and psychological stress among children, parents, and staff of a child care facility. After a traumatic event it is important to:
  - limit further exposure to trauma
  - address concerns about safety
  - find out what children and staff are thinking and feeling
  - find activities to help children and staff deal with the trauma (Project Cope, 2001)
- Gradually returning to normal daily activities helps children and staff to cope in the aftermath of an emergency. Local medical and mental health agencies such as the American Red Cross offer resources to help people respond to stress.

Action Items for the CCHC

The CCHC should:

- Assist the child care staff in developing an emergency preparedness policy
- Review the facility’s emergency and evacuation plans
- Assess the 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

For More Information

See the Emergencies section of the NTI Injury Prevention in Child Care Part B: Common Injury Risks Training Module.
Talking Points

**Talking Points**

**Vehicle-Related Injuries**
- Children may need to be transported by child care staff while on field trips, during pick-up or drop-off service, or in emergency situations. Injuries might also involve children on foot in the pick-up/drop-off area, or children who are near vehicles while taking walks. Children might also be injured while riding bicycles, tricycles, scooters, and skateboards.
- Vehicle-related injuries are the leading cause of death for children over six months of age and can occur when child care staff are transporting children in cars, vans, or buses (CDC, 2008).

**Guidelines for Safe Transportation**
All child care facilities should have written guidelines for when and how children will be transported in motor vehicles. A list of safe transportation guidelines is in your participant’s packet.

**Selecting the Appropriate Child Safety Seat**
- Infants – Infants should ride in ‘infant only’ and rear-facing convertible seats. Infants should always ride rear-facing until they are 1 year of age and weight at least 20 pounds.
- Toddlers – Toddlers should ride in convertible, combination, and forward-facing seats. Toddlers 1 year of age and at least 20 pounds can ride forward-facing, although it is best to ride rear-facing as long as possible.
- School-Age Children – Older children who have outgrown their forward-facing safety seats should use booster seats until they are at least 4’9” in height and between 8 and 12 years of age.
- Older Children – Older children should ride in a lap and shoulder belt and should be in the back seat until 13 years of age.

**Pedestrian Safety Tips**
What can you do to help keep children safe while walking near traffic? Teach them to:
- Always walk and cross the street with an adult.
- Remember that bright colored clothing during daytime and reflective clothing at dusk or nighttime can help drivers see
children.
- Cross at designated crosswalks only.
- Walk, do not run, near traffic and in parking lots.
- Walk on the sidewalk if there is one, and on the side of the street facing traffic if there is no sidewalk.
- Play with balls or toys away from traffic.
- Take time during indoor activities to teach pedestrian safety, including how to recognize street signs and traffic lights. (Seattle and King County Public Health, 2007).

**Bicycle Safety Tips**
Whether riding on a bicycle, tricycle, scooter, or skateboard, all children should follow these safety recommendations:

- Always wear a properly fitted helmet. 6.4.2.2
- Ride only on something the right size for them. 6.4.2.1
- 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. 6.4.2.3

**Action Items for the CCHC**
The CCHC might:

- Assist in developing policies for safely transporting children in vehicles, including children with special needs 5.6.0.1, 9.2.5.1, 9.2.5.2
- Provide resources and assistance with selecting and installing child safety seats
- Provide education to child care staff, parents/guardians, and children about loading zone, pedestrian, and bicycle safety 5.4.1.1

**For More Information**
See the Vehicle-Related Injuries section of the NTI *Injury Prevention in Child Care Part B: Common Injury Risks* Training Module.
## Activity: Blackout Bingo

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<tr>
<th>Time</th>
<th>10 minutes</th>
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<tbody>
<tr>
<td>Training Technique</td>
<td>Large group</td>
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<tr>
<td>Supplies</td>
<td>One copy of the Blackout Bingo worksheet for each participant</td>
</tr>
</tbody>
</table>

### Instructions
- Show slide 56.
- Direct participants to the Blackout Bingo worksheet in their Participant’s Packet.
- Ask participants to stand up and talk to each other about facts that they learned about biting, emergencies, and vehicle-related injuries. Ask each person to think of one fact that they can share with others. Participants should write down the facts that they learn in the spaces on the worksheet. The first person to fill in all the spaces on the worksheet should shout out “Bingo!”
- Allow five minutes for fact-sharing. If no one has shouted “Bingo” at that point, ask the person with the most spaces filled in to raise their hand.
- Consider giving that person a small prize, such as fruit or candy, a pencil, or magnet.

### Talking Points

**Blackout Bingo**

Please stand and collect as many facts about biting, emergencies, or vehicle-related injuries as you can from others in the room. Write one idea per square. Move around the room to get ideas from more than one person. You will have five minutes to fill in as many squares as you can. If you get all the squares filled in before the time is up, shout “Bingo!”

### Notes
Closing: The Role of the CCHC

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
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<tbody>
<tr>
<td>Training Technique</td>
<td>Large group</td>
</tr>
</tbody>
</table>
| Instructions | • Show slides 57 and 58.  
• Address any questions that participants may have, then wrap up by discussing the role of the CCHC in preventing injuries in the child care environment. Review Training Objectives. |

Talking Points

Does anyone have any questions about any of the material presented today?

Today we talked about six common risks for injuries in child care environments: airway obstruction, poisoning, sudden infant death syndrome, biting, emergencies, and vehicle-related injuries.

The Role of the CCHC

• For each of these risks, the role of the CCHC is defined by four main tasks:
  ▪ Educating staff about the kind of injuries possible in the child care environment
  ▪ Helping child care staff assess the child care environment for risks associated with these injuries
  ▪ Assisting child care staff in developing policies and practices to prevent these injuries
  ▪ Supporting child care staff in preparing to respond in the event that an injury does occur

• The CCHC should also provide referrals and encourage all child care staff to attain up-to-date, comprehensive training in management of a blocked airway, rescue breathing, and other first aid procedures.

• The role of the CCHC also extends to educating parents/guardians, children, and the community about risks in child care. The CCHC should be aware of and, as much as possible, involved in community action to promote injury prevention for children.

Training Objectives

Let’s review our Training Objectives to see if we’ve achieved them.
<table>
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<tbody>
<tr>
<td>Notes</td>
<td></td>
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</tbody>
</table>

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## Learning Assessment

<table>
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<tr>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Individual and large group</td>
</tr>
<tr>
<td>Supplies</td>
<td>One index card for each participant</td>
</tr>
</tbody>
</table>

### Instructions
- Show slide 59.
- Have each participant take one index card.
- On the front of the index card, have them write one thing their child care facility is already doing well related to child injury prevention. On the back of the card, have them write one thing they will do or change at their child care facility that they learned at this training.
- When they are done writing, have them bring their index card to you at the front of the room. When you have received all the cards, mix or “shuffle” the cards and hand them back out (so participants will not have their own card).
- Ask for volunteers to read the information on the card that they have.
- Consider writing the information shared on two flip charts.

### Talking Points
- I’d like everyone to take one index card.
- On the front of the index card, write one thing your child care facility already is doing well related to child injury prevention. On the back of the card, write one thing you will do or change at the facility that you learned during this session.
- When you are done writing, please bring your card to me.
- I’m going to hand the cards back out, so that you won’t have your own card.
- I’d like volunteers to read the information on the card that they have.

### Notes
# Evaluation

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Technique</strong></td>
<td>Individual</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>One copy of the Evaluation of Trainer form for each participant</td>
</tr>
<tr>
<td><strong>Instructions</strong></td>
<td></td>
</tr>
</tbody>
</table>
  • Show slide 60. (Placeholder slide not printed here.)  
  • Ask participants to complete the “Evaluation of Trainer Form” at this time.  
  • Inform participants that the evaluations are anonymous.  
  • Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training.  
  • Allow participants 5 minutes to complete the evaluation.  
  • Collect forms. |

| **Talking Points** | Please fill out the evaluation form in your Participant’s Packet. Thank you! |
| **Notes** | |
MATERIALS FOR PARTICIPANT’S PACKET

Activities
The Self-Correcting Worksheet, the 6-5-4-3-2-1 Worksheet and the Blackout Bingo Worksheet are printed here. The answer key for the 6-5-4-3-2-1 Worksheet is also located here, as is the “Guidelines for Safe Transportation” handout.

All of these documents may be printed and included in a participant’s packet or as handouts to be distributed to the group. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants.

Evaluation of Trainer
The “Evaluation of Trainer Form” at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page
The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant’s packet. If your participant’s packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.
ACTIVITY: Self-Correcting Worksheet

Instructions: For each numbered sentence below, choose the correct phrase from the list and write it on the lines. Use each phrase only once – each sentence must make sense. You can work individually or collaboratively.

1. Child care staff and parents should only purchase art materials that clearly have __________________________ on the label.

2. In the child care environment, the greatest risks for SIDS are from __________________________, from placing infants to sleep in cribs with soft bedding, pillows, or stuffed animals, or placing infants to sleep on other soft surfaces.

3. __________________________ are examples of foods that may cause choking in young children, because they are pliable and of a size and shape that can become lodged in and obstruct the airway.

4. If a caregiver/teacher observes a child with fever, muscle twitches, intense thirst, fast breathing or difficulty breathing, unexplained convulsions, or unconsciousness, she/he should call the __________________________.

5. Child care staff should be trained in cardio-pulmonary resuscitation (CPR) and the __________________________ for infants and children.

6. The use of a _________ during sleep is associated with a reduced risk of SIDS.

List of Phrases:

a) Hot dogs, popcorn, and hard candy
b) National Poison Control Center (1-800-222-1222)
c) Placing infants to sleep on their tummies or sides
d) “Conforms to ASTM D-4236”
e) Pacifier
f) Heimlich maneuver
**ACTIVITY: 6-5-4-3-2-1 Worksheet**

**Instructions:** Work with a partner to answer the questions below. After 5 minutes, we will come back together to share ideas.

**A. List six common foods that can be a choking hazard.**
1. ________
2. ________
3. ________
4. ________
5. ________
6. ________

**B. List five common household items that can be poisonous.**
1. ________
2. ________
3. ________
4. ________
5. ________

**C. List four risk factors for Sudden Infant Death Syndrome (SIDS).**
1. ________
2. ________
3. ________
4. ________

**D. List three ways poisoning occurs.**
1. ________
2. ________
3. ________

**E. List two common household items than can cause choking.**
1. ________
2. ________

**F. List the one way that infants should be placed to sleep.**
1. ________
ACTIVITY: 6-5-4-3-2-1 Worksheet ANSWER KEY

Instructions: Work with a partner to answer the questions below. After 5 minutes, we will come back together to share ideas.

A. List six common foods that can be a choking hazard.
   1. hot dogs
   2. chunks of peanut butter
   3. chunks of meat or cheese
   4. popcorn
   5. whole grapes
   6. chewing gum
   7. raisins
   8. raw vegetables
   9. hard or sticky candy
   10. nuts and seeds

B. List five common household items that can be poisonous.
   1. medicines
   2. furniture polish
   3. lighter fluid
   4. antifreeze
   5. windshield washer fluid
   6. drain opening fluid
   7. toilet bowl cleaner
   8. oven cleaner
   9. rust remover
   10. carbon monoxide
   11. pesticides
   12. wild mushrooms
   13. paint thinner
   14. turpentine
   15. toiletries
   16. alcohol

C. List four risk factors for Sudden Infant Death Syndrome (SIDS).
   1. sleeping on the tummy
   2. sleeping on soft bedding
   3. maternal smoking and exposure to secondhand smoke
   4. overheating
   5. late or no prenatal care
   6. young maternal age
   7. preterm birth and/or low birth weight
   8. male gender
   9. black or American Indian or Alaska native ethnicity

D. List three ways poisoning occurs.
   1. bites and stings
   2. ingestion
   3. inhalation
   4. skin/eye contact
   5. puncture injection

E. List two common household items that can cause choking.
   1. balloons
   2. coins
   3. marbles
   4. toys or games with small parts
   5. buttons
   6. pen and marker caps
   7. small button-type batteries
   8. medicine syringes
   9. small balls
   10. safety pins

F. List the one way that infants should be placed to sleep.
   1. On their back
Guidelines for Safe Transportation of Children at Child Care Facilities

1. All drivers must have an excellent driving record and a valid driver’s license, and the license must be valid for the type of vehicle being used.  

2. Vehicles should be well-maintained and inspected weekly.

3. Staff-to-child ratios must meet or exceed those required for the classroom. The driver is not included in the ratio.

4. All children should be supervised during transport, either by staff or a parent volunteer, so the driver can focus on driving.

5. Children should only be transported in an appropriate car safety seat or booster.

6. Staff and drivers should know what to do in an emergency, how to properly use car safety seats and seat belts, and be aware of other safety requirements. Drivers should know the quickest route to the hospital from all points on their trip.

7. A first aid kit and charged cell phone should be accessible in the vehicle.

8. Children should never be left alone in vehicles.

9. Adults driving or riding with children must always wear their own seat belts.

10. Young children should not ride in the front seat of vehicles, and a rear-facing safety seat must never be placed in the front seat of a car with a passenger air bag.

11. Child care staff should have a plan for how to transport children safely in the event of an emergency.

12. The temperature inside the vehicle should be comfortable (between 65 and 82 degrees). The vehicle should always be checked for passengers left behind and children should never be left in a vehicle regardless of the outside temperature.

13. When transporting many children at once, vehicles that meet standards for school buses are recommended – SUVs and 15-passenger vans are not recommended as they are more prone to rollover. (Adapted from AAP, 2008; Aird, 2007; and CFOC, 2011)
ACTIVITY: Blackout Bingo

Instructions: Stand and collect as many facts about biting, emergencies, or vehicle-related injuries as you can from others in the room. Write one idea per square. Move around the room to get ideas from more than one person. You will have five minutes to fill in as many squares as you can. If you get all the squares filled in before the time is up, shout out “Bingo!”
Trainer’s Name: __________________________ Date: __________________________

National Training Institute for Child Care Health Consultants  
Evaluation of Trainer Form

Using the rating scale below, please evaluate the Trainer’s presentation skills.  
1= unsatisfactory  2= below average  3=average  4=above average  5=outstanding  NA=non-applicable

<table>
<thead>
<tr>
<th>Training Content</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>• Introduction and opening</td>
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<td>• Accuracy of information</td>
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<td>• Clear presentation of training objectives</td>
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<tr>
<td>• Fulfillment of training objectives</td>
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<td>• Organization of training content</td>
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<td>• Closing</td>
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<th>3</th>
<th>4</th>
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<tr>
<td>Please rate the effectiveness of the Trainer’s use of the following:</td>
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<tr>
<td>• Flip chart</td>
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<tr>
<td>• Handouts</td>
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<td>• Overhead transparencies</td>
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<tr>
<td>• PowerPoint slides</td>
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<tr>
<td>• Video</td>
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<tr>
<td>• Other (specify):</td>
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<table>
<thead>
<tr>
<th>Training Techniques: Activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Please rate the Trainer’s use of training activities on the following characteristics:</td>
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<tr>
<td>• Clear instructions</td>
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<tr>
<td>• Usefulness</td>
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<tr>
<td>• Opportunities for interaction among participants</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivery of Content</th>
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<th>2</th>
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<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Please rate the Trainer on the following training dynamics:</td>
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<tr>
<td>• Enthusiasm</td>
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<tr>
<td>• Voice projection</td>
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<tr>
<td>• Clarity and professionalism of voice</td>
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<tr>
<td>• Word choice</td>
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<tr>
<td>• Pace of presentation</td>
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<tr>
<td>• Eye contact</td>
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</tbody>
</table>
Facilitation Skills

Please rate the Trainer on the following skills:

<table>
<thead>
<tr>
<th>Skill</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time management</td>
<td></td>
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<td>Manner of answering questions</td>
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<td>Manner of handling difficult behaviors of participants</td>
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<td>Ability to engage all participants</td>
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</tbody>
</table>

Please take a moment to answer the following questions:

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.
Injury Prevention in Child Care Part B: Common Injury Risks

Participant’s Packet