



HLTH107: CCDBG Health and Safety Basics Handout

Welcome to HLTH107

This course covers the basics of the 10 Health and Safety sections covered in the [Child Care and Development Block Grant Act of 2014](#). It also provides basic information and recommended practices for the following core health and safety content areas from the Child Care and Development Block Grant (CCDBG):

- Indoor/Outdoor Safety
- Handling and Storage of Hazardous Materials
- Transportation and Field Trip Safety
- SIDS and SUID Prevention
- Shaken Baby Syndrome
- Preventing and Managing Infectious Diseases
- Food Allergies
- Medication Administration
- Emergency and Disaster Preparedness

Objectives:

By taking notes on the handout and successfully answering assessment questions, participants will meet the following objectives as a result of taking this course:

- Define key terms and identify recommended practices for reducing risks in the indoor environment
- Identify potential hazards in the indoor environment
- Identify recommended strategies and practices for promoting toy safety
- Identify recommended practices for promoting safe, appropriate behaviors through positive child-teacher interaction
- Identify important safety factors specific to the infant-toddler environment, including choking hazards and equipment safety
- Identify basic practices for reducing the risk of Sudden Unexpected Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS)
- Identify best practices for storing and reducing the risk of poisoning or other exposure to hazardous chemicals
- Identify causes, symptoms, effects, and strategies for preventing Shaken Baby Syndrome
- Identify key terms and recommended best practices for reducing risks in the outdoor play environment
- Recognize recommended practices for supervising and interacting with children in the outdoor environment
- Identify and demonstrate an understanding of safe transportation practices in the early care environment, including entering, riding in, and exiting vehicles and proper use of child restraint systems
- Identify recommended practices for planning and managing field trips with young children
- Define and/or identify key terms and facts related to infectious disease
- Identify rationale and recommended policies regarding childhood and staff vaccinations
- Recall recommended handwashing procedures and the importance of handwashing as a means to control or prevent the spread of infectious disease
- Identify purpose and basic procedures of the Daily Health Check

- Identify recommended practices for managing illness in the early care environment, including policies for excluding children from group care
- Define the major food allergens
- Recognize best practices for preventing food-allergy reactions
- Identify differences between cleaning, sanitizing, and disinfecting and relevant practices related to each
- Define various types of medications
- Identify basic policies and procedures for administering medication in the early care environment
- Identify recommended practices for safe handling, storage, dispensation, and disposal of medications
- Recall the Seven Rights of Medication Administration
- Identify policies for managing errors, accidents, and adverse reactions related to medication administration
- Identify recommended policies, procedures, and practices for conducting evacuation drills in the early care environment
- Identify recommended policies and practices for mitigating and/or managing disasters in the early care environment
- Identify staff roles and responsibilities with regard to disaster preparation

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Course Notes:

Use the space provided to record important notes about each section of the course.

Part 1: Safe Environments

Environments:

- *Physical environment*

- *Social-Emotional environment*

Basic Indoor Safety

Safe Space and Room Arrangement

Traffic areas

Common hazards include:

- Toys that were not picked up.
- Rugs that are wrinkled or with folded corners.
- Water on the floor.
- Any obstacle that might restrict the flow of traffic.
- Unused chairs that were not placed under tables.

Play Space

Common hazards in the play space include:

- Children slipping on toys left unattended.
- Children running into other children as they move about.
- Children bumping into furniture.

Room Arrangement

To make sure you have a safe design:

- There should be a variety of activity centers along with space for the children to explore.
- There should be adequate space in play areas for children to explore materials.

- Arrange storage areas close to play surfaces (puzzles and manipulatives next to a table; blocks near an open floor space; art materials near a table and a sink).
- To avoid clutter, rotate materials regularly. Store unused materials in a closet or share with other classrooms.

General Facility Safety

Doors

Additional ways to avoid injuries from doors and gates:

- Make sure that doors and gates are closed when not in use.
- Never leave an open door unattended, as children may slam doors shut and hurt other children.
- Open doors slowly, as children may be playing on the other side.
- Teach children that doors should be opened carefully and slowly.
- Post an "Open Slowly" sign on each door as a reminder for people entering the room.
- If a window is available, encourage families and children to look through the window to check for children playing within the swing of the door before opening it.

Stairways

Window Treatments

Kitchen and Cooking Facility

Electricity

Toy Safety

Common Toy Hazards

Common toy hazards include:

- Choking hazards due to small parts.
- Children being cut by sharp or broken toys.
- Hearing damage from loud toys.

Toy Selection

Here are some other things to avoid when selecting toys:

- Avoid toys with sharp points or edges.
- Avoid toys that produce loud noises.
- Make sure straps or strings are less than 7 inches long to avoid the risk of strangulation.
- Stuffed or cloth toys should be machine washable and preferably flame retardant.

Age-Appropriate Toys

These are examples of safe and age-appropriate materials for infants (newborn to 12 months):

- Large plastic blocks
- Rattles
- Soft, washable dolls, balls, or animals
- Busy boards
- Squeeze toys
- Vinyl or board books
- Nesting toys
- Push toys

These are examples of safe and age-appropriate materials for toddlers (1 to 2-Year-Olds):

- Board books
- Sturdy dolls
- Housekeeping props
- Nesting blocks
- Push and pull toys (no long strings)
- Stacking toys
- Tunnels and climbers
- Wooden puzzles with knobs
- Vehicles
- Shape sorters

These are examples of safe and age-appropriate materials for preschoolers (3 to 5-Year-Olds):

- Picture books
- Crayons, chalk, markers
- Sand and water table toys
- A variety of dramatic play props
- Building blocks
- A variety of puzzles (wooden, floor, 12-24 pieces)
- Stringing and sorting materials
- Interlocking blocks
- Transportation props
- Dough and soft clay

These are examples of toys and materials that are appropriate for school-age children (5 to 9-Year-Olds):

- Chapter books
- Card games
- Sports equipment
- Table and board games
- Hobby collections
- Science experiment materials
- Craft materials for knitting, sewing, etc.
- Molding clay
- Woodworking materials
- Small interlocking blocks

Toy Maintenance

Toy Storage

Art Material Safety

Make sure your art materials conform to:

Selecting Art Materials

The following pages describe materials that should be avoided as well as materials that can be used in the early childhood setting:

- **AVOID** powdered clays, as they contain silica which is easily inhaled and harmful to the lungs.
 - **USE**
- **AVOID** permanent markers that may contain toxic solvents.
 - **USE**
- **AVOID** paints that are not certified as nontoxic.
 - **USE**
- **AVOID** the use of color print newspaper or magazines with water.
 - **USE**
- **AVOID** aerosol sprays.
 - **USE**
- **AVOID** epoxy, instant glues, or other solvent-based glues.

- **USE**

Supervision and Interaction

Infant-Toddler Safety

Cribs

Here are some additional safety tips regarding cribs in the infant/toddler room:

- Do not place cribs near windows as children may play with drapery cords or push up against screens and fall out of the window.
- Do not use plastic materials as mattress covers. These materials may cause a child to suffocate.
- Do not use mobiles that the children can reach. Possible choking or strangulation may result.

Playpens

Playpen safety guidelines:

- If playpens are allowed, make sure the slats in playpens are not more than 2 3/8 inches apart.
- If the playpen is made of mesh, make sure the mesh is small enough so that a child cannot get a button or toe caught in it.
- Make sure all hinges and latches on playpens are secure and will not catch fingers.
- Make sure the floor of the playpen provides adequate support and will not collapse when a child is placed in it or leans against the sides.

High chairs

Walkers

Diaper Changing Tables

Sudden Unexplained Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS):

Accidental Suffocation and Strangulation in Bed:

Instances include:

- Suffocation:
- Overlay:
- Wedging:
- Strangulation:

Unknown Cause:

Infants should be placed:

Essential SIDS Prevention Practices:

- Use a firm mattress that is safety-approved.
- Use tight-fitting bedding.
- Nothing should be in the crib with the child while sleeping.
 - **Stuffed animals, blankets, and comforters should NOT be placed in the crib with infants.**
- Sleep sacks are recommended over bedsheets, which could become untucked and cover a child's face.
- Do not expose the child to smoke in the air or on your clothing.

Emergency procedures if an infant is found unresponsive:

- Start CPR.
- Dial 911.
- Remove the other children from the area. Calm them and continue to meet their social, emotional, and physical needs.
- Notify the infant's parents/guardian or emergency contact.
- Notify law enforcement and follow all instructions they provide.
- Try not to disturb the area until cleared by investigators.
- Contact your licensing agency.
- Inform families of the situation while maintaining confidentiality.
- Do not speak to the media until a statement approved by the authorities and the family has been created.

Understanding and Preventing Shaken Baby Syndrome

Abusive Head Trauma (AHT):

Shaken Baby Syndrome (SBS):

Causes of Shaken Baby Syndrome

The Symptoms of Shaken Baby Syndrome

In less severe cases, a baby who has been shaken may experience:

- Change in sleeping pattern or inability to be awakened
- Confused, restless, or agitated state
- Convulsions or seizures
- Loss of energy or motivation
- Slurred speech
- Uncontrollable crying
- Inability to be consoled
- Inability to nurse or eat
- Irritability
- Vomiting
- Poor sucking or swallowing
- Decreased appetite
- Lack of smiling or vocalizing
- Rigidity
- Difficulty breathing
- Unequal pupil size
- Inability to lift the head

Long-Term Effects of Shaken Baby Syndrome

Approximately _____% of all babies who experience Shaken Baby Syndrome die.

Survivors of Shaken Baby Syndrome often suffer irreversible damage, they may suffer from:

- Partial or total blindness
- Hearing loss
- Seizures
- Developmental delays
- Impaired intellect
- Speech and learning difficulties
- Problems with memory and attention
- Severe intellectual disability
- Paralysis
- Coma

Preventing Shaken Baby Syndrome in the Child Care Setting

Shaken Baby Syndrome prevention tips for caregivers:

- Know the dangers associated with shaking babies.
- Have options for dealing with crying babies.
- Have a plan for early care professionals to follow if they become frustrated with a crying infant.

If a baby is crying inconsolably, consider the following:

- Are the baby's needs met? For example, is the baby hungry, or does the baby's diaper need to be changed?
- Is the baby sick or hurt? Are there any other signs of illness or distress?
- Try to sing or talk to the baby.
- Offer the baby a pacifier.
- Walk with the baby.

Additional tips for calming a baby:

- Try to distract the baby with a familiar toy.
- Try holding the baby closely while breathing calmly.
- Try introducing white noises or rhythmic sounds that mimic the noise in the womb.
- Rock the baby gently to mimic the motion that the baby felt in the womb.

Reducing the caregiver's _____ significantly reduces the risk to the child.

If you begin to feel frustrated with an infant:

- Remind yourself that crying is normal infant behavior, and you are not doing anything wrong.
- If possible, ask a coworker to take the baby while you step away.

- Place the baby in a safe place, and walk away until you have calmed down (be sure the infant is still supervised).
- Never shake a baby as a way to stop the crying.

Choking Hazards

Do not offer children _____ than _____-years-old any round, firm food unless it is chopped up completely.

The following are some of the more common foods that cause choking:

- Hot dogs (okay if cut into small pieces)
- Grapes and cherries (okay if cut in quarters)
- Raw vegetables (okay if cut into small pieces)
- Nuts (including nut butters) and seeds
- Chunks of meat or cheese
- Popcorn
- Hard, gooey, or sticky candies
- Chewing gum
- Raisins

The following non-food items are also considered dangerous choking hazards around young children:

- Coins
- Marbles
- Pen or marker caps
- Small batteries
- Small compressible toys
- Latex balloons
- Small parts from toys

Jewelry and accessories, including those worn by either children or adults, may also present choking hazards. These include:

- Earrings
- Rings
- Buttons
- Hair barrettes

Poisons

Potentially Poisonous Items

It is your responsibility to keep potentially poisonous items in an area _____ to children.

Some examples of potentially poisonous items are:

- Medications and vitamins.
- Alcoholic beverages.
- Tobacco, matches, lighters, etc.
- Pesticides and insect repellents.
- Cosmetics, hygiene supplies, lotions, etc.
- Laundry and cleaning supplies.
- Candles, oils, and air fresheners. They are also dangerous to lung health.

In case of emergency, memorize, program into your phone, and post the contact number for the American Association of Poison Control Centers (1 (800) 222-1222) next to any phone.

Inhalation

Absorption

Ingestion

Additional tips to avoid poisoning through ingestion:

- Never tell children that medicine is candy.
- Keep chemicals in their original containers (e.g., do not store paint thinner in an empty cola bottle).
- Use child locks on cabinet doors and drawers that contain chemicals or medications.

Injection

Recommendations for the Storage of Hazardous Materials

Outdoor Safety

Most playground injuries are due to _____.

Over half of playground deaths are a result of _____.

Surfaces

Concrete

Grass

Grassy areas are great for picnics, ball games, and just lying around. Grassy areas should be:

- Mowed frequently.
- Free from debris (broken limbs).
- Checked for insects (ants, etc.) and properly treated with safe pesticide.
- Landscaped for proper drainage.
- Monitored for poisonous and hazardous plants.

Protective Surfaces

Fall zones

Acceptable forms of protective surfacing in **fall zones** include:

-
-
-
-
-
-

Unacceptable forms of protective surfacing in fall zones include:

-
-

Playground Maintenance

Taking Weather Precautions

Here are other precautions that should be taken to prevent weather-related injuries:

- When necessary, limit outdoor play during the hours of 10:00 AM and 4:00 PM, when the sun is at its highest.
- Children should wear lightweight clothing in warm months and have hats, gloves, and coats to play outside during cold weather.
- Provide access to clean drinking water on the playground during warm months and encourage children to take frequent water breaks.
- Providers should check children often for signs of weather-related injuries such as overheating or frostbite.
- Staff should be on the lookout for signs of thunderstorms or lightning strikes. In addition, children should return to the building when signs of a thunderstorm are detected.
- The program should have a plan to provide indoor gross motor play opportunities if it is unsafe to use the playground. For example, events such as heatwaves may prevent outdoor play for several days, but children still need to run, jump, and move their bodies daily.

Outdoor Supervision

Blind spots

Water Safety

Even if children can swim, they must know and practice good swimming rules, including:

- Swim with a buddy.
- Obey the lifeguard.
- Walking feet in the pool area.
- Keep food and gum away from the pool area.

Lightning

Additional Tips for Promoting Safe, Appropriate Outdoor Behaviors

Transitioning to the Outdoors

Smooth transitions from inside to outside play are essential for overall safety. The following suggestions may help children transition more smoothly:

- Sing a transition song to indicate the change in routine.
- Dim the lights to signal the change.
- Ensure children have the support they need to put on coats and cold weather gear.
- Create a special line-up ritual.
- Remind children of safety rules for outside play area.

Setting Limits

Some sample playground rules are:

- Go down the slide feet first.
- Wear a helmet when riding tricycles or bicycles.
- Walk carefully around the swings.
- Stop the swing completely before getting off.
- Climb ladders one person at a time.

Dealing with Distractions

First things first: _____.

Engaging Children in Outdoor Play

Appropriate Clothing

Transportation and Field Trip Safety

Center Transportation Policy

Staff Roles in Transportation

Transportation Supervisor

While all center staff should be trained on transportation policies, the transportation supervisor is generally responsible for the following:

- Developing and maintaining the center transportation policy in compliance with state regulations.
- Selecting an appropriate vehicle and safety equipment.
- Establishing and ensuring compliance with loading and unloading procedures.
- Overseeing vehicle maintenance routines.
- Establishing emergency policies and procedures and facilitating evacuation drills.
- Establishing and overseeing staff training in all transportation-related areas.
- Ensuring that the needs of children with disabilities are met.

Drivers

It is also recommended that drivers have full knowledge and understanding of the following:

- All equipment, including safety restraints, power lifts, wheelchair tie-downs, etc.
- Loading and unloading procedures.
- Emergency and evacuation procedures, including regular evacuation drills.
- Relevant child development characteristics to establish age-appropriate rules, behavior expectations, and physical handling.
- Child abuse and neglect laws, including responsibilities as a mandated reporter.
- Effective communication skills for dealing with staff, parents, law enforcement, and other motorists.

Support Staff and Chaperones

Passenger Restraints and Safety

Child Passenger Safety

The following information is essential for anyone transporting young children in regular vehicles (i.e., non-school buses). Parents should be made aware of these safety tips as needed. The following practices can save lives.

- Make sure to use the right restraint for the child and install it correctly.
- Children should ride in a rear-facing car safety seat **for as long as possible**, up to the limits of their car safety seat. This will include virtually all children under 2 years of age and most children up to age 4.
- Once children outgrow the rear-facing car seat, they should be in a forward-facing child safety seat until they outgrow the seat's specifications.
- Once they outgrow the forward-facing car seats, child passengers should ride in a **belt-positioning booster seat** until they can use a seat belt that fits correctly. This typically occurs once a child reaches 57 inches in height.
- Children under age 13 should sit in a rear seat if available; this reduces the risk of injury by 33%.
- All children should use seat belts after they outgrow booster seats.

What else can you do to protect young children riding in vehicles?

- Be sure all children in your vehicle are properly restrained for their age, height, and weight.
- Have child safety seats inspected at a fitting station by a trained technician (see this website for locations in your area).
- Subscribe to safety websites such as those listed below to stay up-to-date on safety recommendations, and product recalls.

Understanding How to Use Child Safety Restraint Systems

First Aid and Emergency Preparation

Cell Phones and GPS Devices

Supervision Ratios

Entering the Vehicle

Riding in the Vehicle

The following safety rules for the ride can be adapted for different ages:

- Get into the vehicle one person at a time.
- Stay in your seat for the entire ride.
- Always keep your seat belt fastened.
- Talk quietly while the vehicle is in motion.
- Always obey the driver or teacher.

Exiting the Vehicle

Checking Vehicle after Use

Field Trip Safety

Site Evaluation

During the onsite evaluation, the staff member should:

- Inform appropriate personnel of the planned arrival and departure times.
- Observe any potential hazards, such as high traffic areas or hazardous walkways.
- Locate bathrooms and exits.
- Identify safe loading and unloading sites.
- Make sure the children will be able to enter and leave the field trip area without crossing the street or parking lots.

Parental Permission

Communication with Child Care Facility

Additional Field Trip Safety Considerations

Other considerations that the trip organizer needs to consider include:

- Making sure that there is adequate staff to support licensing regulations.
- Making sure children have appropriate name tags and other identification.
- Arranging for adequate food and water for the children.
- Checking the first-aid kit for appropriate supplies.
- If necessary, bring the child's EPIPEN and/or any medication required to treat a child's allergic reaction as indicated by their doctors.

Child-Staff Ratios

Identification

Snacks and Water

The First-Aid Kit

Safety at the Field Trip Site

counts are required frequently while on the trip.

They should be done:

- When entering the vehicle at the center.
- Inside the vehicle.
- After exiting the vehicle at the field trip site.
- Inside or at the field trip site.
- After any trips to the bathroom.
- When returning to the vehicle.
- Inside the vehicle.
- When exiting the vehicle at the center.
- At other times as required by local regulatory requirements.

Lost Child Situations

Programs should have a plan for responding if a child is missing (on field trips or from the facility). The plan should include instructions for:

- **Conducting a search of the area:**
- **Conducting a lockdown of the area:**
- **Contacting authorities:**
- **Maintaining supervision of children:**
- **Communicating with other staff members:**
- **Contacting the child's parents/guardians:**
- **Reporting of the incident:**

Part 2: Practices and Policies for Basic Health and Hygiene

Infections 101

Pathogen:

Infection:

Infectious disease:

Types of Pathogens

Bacteria

Many are good for us; we depend on them for survival:

- Bacteria help us digest food and cleanse toxins from the bloodstream.
- They help to protect and moisturize our skin.
- They help direct our immune systems and ward off disease.

Viruses

Parasites

Fungus

How Infections Spread

Contact

Droplet

Airborne

Immunization

Immune system:

Immune:

Vaccines

Vaccines/Immunizations/Inoculations:

Vaccine Risks and Rumors

Unimmunized Children

Vaccines and Autism?

Immunization of Caregivers/Teachers

The following vaccines are recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection):

- Tdap/Td;
- Varicella-zoster;
- MMR (measles, mumps, and rubella);

- Seasonal influenza;
- Human papillomaviruses (HPV) (eleven through twenty-six years of age);
- Others as determined by the ACIP and state and local public health authorities.

The following vaccines are recommended if a specific risk factor is present:

- Pneumococcal;
- Hepatitis A;
- Hepatitis B;
- Meningococcal;
- Others as determined by the ACIP and state and local public health authorities.

Basic Health and Hygiene Policy

Handwashing

How to Wash Your Hands Effectively

The following recommended handwashing practices apply to both children and adults.

Step 1

Turn on the water. This sounds simple, but **health experts consider the sink and faucet to be contaminated areas**. Therefore, for maximum protection, it is recommended that you avoid touching the sink directly. Use a piece of paper towel to turn on the water. This also helps ensure that others will not be exposed to whatever happens to be on your hands.

Step 2

Wet your hands and wrists with clean running water (warm or cold) and apply soap.

Step 3

Rub your hands together to make a lather and scrub them vigorously. Be sure to scrub the backs of your hands, between your fingers, and under your nails. Also, wash around and under your rings. (You don't have to remove your wedding band or other special rings; however, it is neither safe nor sanitary to wear multiple rings or bracelets. These objects are a haven for germs and pose an injury risk for children in your care, so only "must wear" rings are allowed.)

Step 4

CDC recommends that you continue scrubbing your hands for at least 20 seconds. Clean under fingernails, between fingers, and on the backs of hands.

Step 5

Rinse hands thoroughly under running water. The water carries away the germs and dirt, so point your fingers downward to avoid having the contaminated water run onto your wrists and arms.

Step 6

Dry hands thoroughly using a clean paper towel. Then use the paper towel to turn the faucet off. You can use the same towel to open the door before throwing it away. Children can be taught to leave the faucet running if another child is waiting to use the sink.

Antibacterial Soap

Hand Sanitizers

How should hand sanitizer be used?

- If available, use a wipe to remove dirt.
- Apply the product to the palm of one hand. (Read the label to learn the correct amount.)
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.

When Should Staff Wash Their Hands?

In addition, the CFOC recommends washing your hands:

- **Before, during, and after** preparing food.
- **Before** and **after** eating food.
- **Before** and **after** administering medication.
- **Before** and **after** caring for someone who is sick.
- **Before** and **after** treating a cut or wound.
- **Before** and **after** playing in water or sensory tables.
- **After** using the toilet.
- **After** coming in contact with bodily fluids.
- **After** changing diapers or cleaning up a child who has used the toilet.
- **After** blowing your nose, coughing, or sneezing.
- **After** touching an animal, animal feed, or animal waste.
- **After** touching garbage.

When Should Children Wash Their Hands?

Handwashing should be a regular part of the daily routine. As a matter of habit, children should wash their hands:

- Upon their arrive at the center.
- **After** a diaper change or bathroom break.
- **Before** and **after** meals and snacks.
- **After** playing outdoors.
- **Before** and **after** any water activity.
- **After** handling animals or animal cages.
- **After** handling playdough.
- Whenever hands appear visibly soiled.
- **After** wiping their noses or touching any bodily fluids.

Daily Health Check

The health check should address:

- Reported or observed illness or injury affecting the child or family members since the last date of attendance.
- Reported or observed changes in the child's behavior (such as lethargy or irritability) or the child's appearance (e.g., sad) from the previous day at home or the previous day's attendance at child care.
- Skin rashes, impetigo, itching or scratching of the skin, itching or scratching of the scalp, or the presence of one or more live crawling lice.
- A temperature check if the child appears ill (a daily screening temperature check is not recommended).
- Other signs or symptoms of illness and injury (such as drainage from eyes, vomiting, diarrhea, cuts/lacerations, pain, or feeling ill).

Managing Illness

Most illnesses do not require _____.

The caregiver/teacher should determine if the illness:

- Prevents the child from participating comfortably in activities.
- Results in a greater need for care than the staff can provide without compromising the health and safety of other children.
- Poses a risk of spread of harmful diseases to others.

If any of the above criteria are met, the child should be _____, regardless of the type of illness.

A Clean, Healthy Environment

Program Policy

NRC standards recommend that child care facilities develop written policies and procedures for each of the following:

- Maintaining equipment used for hand hygiene, toilet use, and toilet learning/training in a sanitary condition;
- Maintaining diaper changing areas and equipment in a sanitary condition;
- Maintaining toys in a sanitary condition;
- Managing animals in a safe and sanitary manner;
- Practicing proper handwashing and diapering procedures (the facility should display proper handwashing instruction signs conspicuously);
- Practicing proper personal hygiene of caregivers/teachers and children;
- Practicing environmental sanitation policies and procedures, such as sanitary disposal of soiled diapers;
- Maintaining sanitation for food preparation and food service.

Even with thorough training and years of experience, it is always easy to forget all the steps and procedures necessary for maintaining a clean environment. Therefore:

- Handwashing procedures and reminders should be posted prominently in multiple areas of the room.
- All staff should receive thorough initial training and annual "refresher" training on all center policies and procedures for maintaining a healthy environment.
- Detailed, step-by-step instructions for cleaning and sanitizing procedures should be readily available in relevant areas of the classroom (e.g., procedures for maintaining the diaper changing area can be posted on the wall behind the changing table).

Cleaning vs. Sanitizing vs. Disinfecting

Cleaning

Sanitizing

Disinfecting

Routine Schedule for Cleaning, Sanitizing, and Disinfecting

Cleaning and Sanitizing Toys

Teaching Good Personal Hygiene and Healthy Habits

Do Not Just Teach Them *How*, Teach Them *Why*

Besides Handwashing

Food Allergy Awareness and Response

Allergen:

9 Major Food Allergens

_____ % of all food allergic reactions in the United States are caused by what are known as the **9 major food allergens**.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Food Allergen Sensitivity

Contact-sensitive:

Airborne sensitive:

Recommended Practices for Avoiding Accidental Exposure to Food Allergens

Strict Avoidance:

Cross-Contamination:

Cross-contamination may result from:

- **An innocent kitchen accident:**
- **Shared utensils:**
- **Improperly cleaned utensils:**
- **Shared manufacturing equipment:**

_____ should not be permitted in a childcare facility or program.

Food Labeling

Non-Typical Contact with Allergens at the Center

Examples of non-typical situations in which a child may come in contact with allergens are:

- Art projects (for example, making a bird feeder by putting peanut butter on a pine cone).
- Math (for example, counting or making patterns with candies).
- Science (for example, using foods to teach scent).

Maintaining an Allergen Safe Child Care Environment

Allergens and Special School Events

The Signs and Symptoms of an Allergic Reaction

Anaphylaxis:

Symptoms of an allergic reaction typically appear:

Some signs of an allergic reaction include:

- Tingling sensation in the mouth
- Swelling of the tongue and throat
- Difficulty breathing
- Hives (small bumps and redness on the skin)
- Vomiting

Signs of a **severe** allergic reaction include:

- Abdominal cramps
- Diarrhea
- A drop in blood pressure
- Loss of consciousness

A child may describe an allergic reaction as:

- My tongue is hot or tingling.
- Something is poking at my tongue.
- My tongue itches.
- My mouth feels funny.
- Something is stuck in my throat.
- My lips feel funny.
- My throat feels thick.

A child may react by:

- Putting their hand in their mouth to scratch or pull at their tongue.
- Holding their throat.
- A change in their voice.

Treatment of Allergic Reactions

Epinephrine:

How to Use an EpiPen on a Child

HealthyChildren.org recommends the following steps for administering an Epinephrine Auto-Injector:

1. Take the epinephrine auto-injector out of its package.
2. Remove the blue safety cap.
3. Hold the auto-injector in your fist. The needle comes out of the orange end, so be careful not to hold your hand over the end.
4. Push the end with the needle firmly against the side of the child's thigh, about halfway between the hip and knee. Inject the medicine into the fleshy outer portion of the thigh. Do not inject into a vein or the buttocks.
5. You can give the injection through clothes or on bare skin.
6. Hold the auto-injector in place until all the medicine is injected, usually no more than 3 seconds.
7. Remove the needle by pulling the pen straight out. A protective shield will cover the needle as soon as it is removed from the thigh. Put the injector back into its safety tube. Give it to EMS when they arrive.

8. Massage the area after the injection.

For more information on using an Auvi-Q or Adrenaclick, check out this [article](#). Additionally, [here](#) is a printable that you can keep around as a helpful resource.

Basic Emergency Procedures for Unresponsive Children

Unresponsive Child or Staff Member

Basic procedures for unresponsive children or adults are as follows:

1. Check for alertness. Shake or tap the person gently. Do not shake infants.
2. If there is no response, call for help.
3. Begin appropriate CPR procedures
4. Order someone else to call 911. If you are alone, begin CPR procedures before calling 911.
5. Remove the other children from the area and meet their emotional needs.
6. Notify the child's parents or the adult's emergency contact. Be prepared to inform them of which hospital the person is being taken to.
7. Notify law enforcement and follow all instructions
8. Do not disturb the area or allow anyone in the area until the scene has been cleared.
9. Notify your licensing agency about the event.

Medication Administration

Why Are Medications Used?

- 1.
- 2.
- 3.

Basic Categories of Medication

Prescription Medications

Over-the-Counter (OTC) Medications

Common OTC medications include:

- Fever reducers/pain relievers (ibuprofen, Tylenol, aspirin). NEVER use aspirin for children.
- Antihistamines (for treatment of cold or allergy symptoms) and Decongestants are NOT recommended for children under 6-years-old.
- Cough suppressants, expectorants, and other cold remedies are also NOT recommended for children under 6-years-old.
- Nasal sprays: Saline only; otherwise, it should have a prescription.
- Eye drops: Saline only; otherwise, it should have a prescription.
- Ear drops: Should always have a prescription.
- Medications for gastrointestinal issues: many of these medications are not recommended for children, and it is best practice to require a physician's order when their usage is needed.
Note: Children should not be in school or childcare with recurrent diarrhea unless a medical professional has written a notice that the child is not contagious.

Forms of Medication

Oral Medications

Oral administration is the common route for both prescription and OTC medications, and they come in many forms:

- **Tablets:**
- **Capsules:**
- **Liquids:**
- **There are also:**

Topical (creams, oils, and patches to the skin)

Inhalants

Injections

Suppository

Brand Name vs. Generic Medications

Why Administer Medication in the Child Care Environment?

Furthermore:

- No prescription or non-prescription medication (OTC) should be given to any child without written orders from a prescribing health professional and written permission from a parent/guardian.
- Exception: Non-prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child's prescribing health professional. Again, your organization's policies may require more rigor than the state requirements.
- ***The best practice is that all medications administered in the child care environment should occur only with written orders from a health care professional with prescriptive authority and written parental consent.***

Vitamins:

Homeopathic and Herbal Medications:

Best Practices and Procedures for Medication Administration

Receipt of Medication

Authorization to Give Medication

The Authorization to Give Medicine Form should include:

- Medication name
- Dosage amount
- Time(s) per day/Time of day
- How to administer (instructions)
- Duration (start and end date)
- Signatures

Order from Health Care Professional

As Needed?

Safe Handling and Storage

Handling

-
-
-
-

Storage

Guidelines for Refrigeration

Designated Medication Administration Area

The Seven “Rights” of Medication Administration

The ***Seven Rights of Medication Administration*** are helpful for anyone administering medication in any environment and should be memorized:

1. Right child
2. Right medication
3. Right dose
4. Right time
5. Right route

6. Right to refuse

7. Right documentation

Administering the Medicine

Prepare Yourself

Prepare the Medicine

Prepare the Child

Administering Oral Medication

For infants:

- Administer before feeding unless otherwise instructed.
- Hold the infant semi-upright, supporting the head.
- Keep their hands away from their faces.
- Press chin gently to open mouth.
- Rock and reassure the infant.
- Using a syringe or dropper, position it on one side of the mouth along the gums and squirt slowly, allowing time for the child to swallow the entire dose.

For toddlers:

- Get advice from parents on what works best for the child.
- Set expectations that they are expected to cooperate and follow instructions, just like you follow the doctor's instructions.
- Offer some control, such as a choice whether to sit or stand.
- Be honest but use appropriate language. For example, let them know that they can have juice after they take the medicine.
- Thank them for their help and cooperation.

For older children:

Administering Eye Drops

Here are some key pointers:

- Make sure your hands are clean.
- Avoid direct contact with the dropper.
- Do not worry about missed drops.
- Older children should sit in a chair and look upward with both eyes open.
- Gently pull down the lower eyelid and administer drop(s) directly onto the eye.
- Or, to a child's relaxed closed eyes, administer drops to tear ducts and encourage the child to blink.
- Older children may be taught to self-administer drops when they feel ready (with supervision, of course).
- With younger children (infants and toddlers), cradling them or having them lie down as you carefully administer drops to each eye is usually necessary. It may take some patience and several tries or assistance from another adult to keep the child still and compliant during the process.
- In any case, get it over with quickly but also as safely and effectively as possible.

Administering Inhaled Medication

Complete the Progress

Once the child returns to play or is resting in an appropriate supervised area, complete the process in the following sequence:

- Return the medication to storage following proper procedures (inspect the packaging, check lid, etc.)
- Clean the measuring device or other reusable and store it properly.
- Record time, date, and other info in the Medication Log.
- Properly dispose of all waste.
- Wash your hands thoroughly.
- Sanitize the area.
- Continue to observe the child for possible side effects.

Sanitation:

Disposal

Identifying Side Effects

_____ is key to identifying side effects

Common side effects of various medications can include:

- Upset stomach
- Diarrhea or loose stools
- Dry mouth
- Drowsiness
- Change in activity or mood
- Dizziness
- Flushing, sweating
- Rashes
- Rapid heartbeat
- Nausea

Allergic Reactions

_____ are a potential source of serious or life-threatening side effects. Symptoms for medication allergies may differ from food allergies. However, a child exhibiting the following symptoms may be suffering from a severe condition known as _____ and requires immediate medical attention.

Call 911 if a child exhibits **two or more symptoms**:

Lungs:

- Trouble breathing or noisy breathing
- Coughing, wheezing
- Sneezing
- Congestion
- Tightness in the lungs
- Hoarseness

Heart and Blood Vessels

- Chest pain
- Low blood pressure
- Weak, rapid pulse
- Dizziness, fainting

Skin

- Pale or flushed skin
- Hives or welts
- Itchy skin
- Sweating

Mouth

- Swelling of the throat, face, lips, or tongue

Stomach and Digestion

- Abdominal pain
- Nausea, vomiting

- Diarrhea

Checklist: When to Call 911

- When you see signs of distress.
- When there is a loss of (or change in) consciousness.
- Blue color or difficulty breathing.
- Difficulty swallowing.
- Swelling of lips, tongue, or face, or drooling.
- Seizure activity.
- Rapidly spreading rash or hives.
- Impaired speech or mobility.
- Getting worse quickly.
- When in doubt.

Checklist: When to Call Poison Control

- When medication is given to the wrong child.
- When the wrong medication is given to a child.
- When the wrong dose is given (overdose).
- When a medication is given by the wrong route.
- When a medication is given at the wrong time (and it results in an extra dose).
- When an expired medication is given.

Checklist: Minor Incidents

After any error, mistake, or other negative incident involving medicine, do the following:

- Notify the program manager.
- Notify the parents.
- Fill out Medication Incident Form.
- Reflect on cause of error/incident and develop follow-up plan to avoid it in the future.

must be recorded and reported to the parent and the healthcare professional.

Recommended Procedures for Ensuring Safety and Efficacy

Safety:

Efficacy:

Avoidable Hazards

Here are the most common errors:

- Takes medicine twice.
- Takes the wrong medicine.
- Incorrect dosage.

- Missed dose.

Errors in medication administration can also be caused by:

- Poor handwriting or otherwise unclear instructions from a parent or healthcare professional.
- Poor lighting, which can cause misreading of instructions or measurements.
- Use of improper measuring devices, such as using a kitchen spoon instead of proper medicine measuring device.
- Misinterpretation of symbols, e.g., a lack of leading zero before the decimal (.2 mg versus 0.2 mg), may lead to overdose. The decimal may not be apparent, so 2 mg might be dosed. Likewise, mistaking tbsp. for tsp. since tablespoon is often capitalized, Tbsp.

Communication

When Children Refuse

Part 3: Emergency Preparedness

Emergency:

Disaster:

Disaster Mitigation

Mitigation:

According to [ChildCare Aware](#), the following are **general steps** all child care programs should take to reduce the impact of different type of disasters:

- Regularly monitor for possible threats and hazards.
- Regularly clean and check heating, cooling, gas, and electrical systems. Determine that they are in good working order.
- Have one or more carbon monoxide detectors, as well as regular maintenance and checks of smoke detectors.
- Ensure fire extinguishers are properly charged, mounted, and easy to reach in case of fire.
- Be sure key staff members know how to use a fire extinguisher properly and other staff or family members are trained in its proper use.
- Ensure there are no barriers that prevent safe exit from the center or family child care home.
- Keep an NOAA weather radio with tone alert and battery backup somewhere centrally located and always on.

- Keep a pipe or crescent wrench near all water and gas sources if you need to turn them off unexpectedly.
- Consider buying a generator for backup power. A licensed electrician must install a generator.

In addition, be aware of these types of hazards as a part of the planning process:

- Objects that could fall during an earthquake or tornado, especially bulky objects stored on high shelves.
- Large items that could tip over during high winds, an earthquake, or a similar event.
- Potential plumbing breaks during earthquakes and tornadoes.
- Materials that could easily ignite during a wildfire or other fire.
- Areas that will drain poorly during heavy rains and flooding.
- Windows or doors that are obstructed and from which adults and children could not evacuate during a fire or other disaster.

Basic Disaster Preparation

Supply of Food and Water for Disasters

First-Aid and Emergency Supplies

Additional First-Aid Kit Policies

- First-aid kits or supplies should be restocked after use.
- An inventory of first-aid supplies should be conducted **monthly**.
- A log should be kept that lists the date that each inventory was conducted, verification that expiration dates of supplies were checked, location of supplies (i.e., in the facility supply, transportable first-aid kit(s), etc.), and the legal name/signature of the staff member who completed the inventory.

For a complete list of recommended first-aid supplies, click [here](#).

Disaster Planning, Training, and Communication

Written Emergency/Disaster Plan

Communicating with Parents/Guardians

Facilities should share detailed information about facility disaster planning and preparedness with parents/guardians when they enroll their children in the program, including:

- a. Portions of the Emergency/Disaster Plan relevant to parents/guardians or the public.
- b. Procedures and instructions for what parents/guardians can expect if something happens at the facility.
- c. Description of how parents/guardians will receive information and updates during or after a potential emergency or disaster situation.
- d. Reunification procedures that will be followed in the event of a building evacuation.
- e. Situations that might require parents/guardians to have a contingency plan regarding how their children will be cared for in the unlikely event of a facility closure.

Continuity of Operations

Continuity of operations:

Programs can ensure continuity of operations by creating plans to address the following areas:

- Roles and responsibilities for responding to and recovering from a disaster.
- Building repair and maintenance.
- Meeting financial obligations.
- Replacing damaged furniture and restocking materials.
- Managing and backing up vital records and computer systems.
- Maintaining employee wellness, including payroll, counseling, etc.
- Continuing open communication with the community, both electronically and in person.

Emergency and Evacuation Drills/Exercises Policy

Basic Evacuation Procedures

1. Before the Drill or Emergency

2. When the Alarm Sounds

3. Evacuate to Assigned Assembly Area

Assembly Area Policies and Procedures

Staff should conduct full headcount and _____ upon arrival in the assembly area.

Everyday Safety

The director or a designated **safety coordinator** should inspect the following every morning:

- All exit doors are unlocked and accessible.
- All exit and emergency lights are working properly.
- All corridors and doors leading to exits are clear.
- No items are hanging from sprinkler heads or fire alarm devices.
- Fire alarm devices, extinguishers, and sprinkler heads are not obstructed.
- All evacuation maps are in place and current.

Parent Volunteers and Substitute Teachers

Infants and Other Non-Ambulatory Children

Prevent Cooking Fires!

Therefore, never leave _____ unattended on the stove or in the oven.

Items that can and often do catch fire in the vicinity of a stove include:

- Oven mitts
- Towels and rags
- Food packaging
- Wooden utensils

Never leave these items within _____ of the stove.

Any time you fry food (in the pan or a deep fryer), there is a risk of a _____, which can occur when cooking oil is overheated. All cooking oils have a _____ and a _____.

Never throw _____ on a grease fire. A grease fire must be _____ and deprived of oxygen.

Shelter-in-Place

Steps for sheltering in place include the following:

- Gather children in predetermined locations within the building, away from windows and vents, whenever possible. Conduct a face to name attendance check.
- Close all windows and doors. In the event of chemical spills or radiation exposure, doors and windows should be sealed with tape and plastic sheets.
- Depending on the scenario, turning off facility heating and cooling systems, gas, electricity, or water may be necessary.
- Await for word from the proper authorities that it is safe to emerge from sheltering in place.

Preparing for Specific Types of Natural Disasters

Lockdown Procedures

Program staff should initiate lockdown procedures when there is a threat to the lives of the children and staff inside the building.

Lockdown procedures include the following responses:

- As soon as a threat is detected, lockdown procedures should be initiated using a pre-determined alarm or code. A code phrase that does not alert the intruder can be used when the danger is inside the building.
- Alert the police.
- Children should immediately move to the designated lockdown spot or safe areas in their classroom. These areas should be out of sight whenever possible.
- Conduct a face to name attendance check.
- All doors and windows should be shut and locked. Turn off lights and close blinds.
- Cell phones should be placed on silent.
- Keep children calm and quiet with a story or calming activity.
- Remain in place until you receive the pre-determined all-clear message from center management.

Attacks or Acts of Violence

Community Violence

Community violence includes:

If a violent event occurs, you will want to:

- Contact local law enforcement immediately.
- Initiate shelter in place or lockdown procedures.

- Offer comfort through play or conversation to children and families.
- Get the necessary health care for anyone who was injured.
- Consider the mental health needs of children, staff, and families afterward.

Family Violence

Family violence includes:

If you suspect family violence is occurring, you will want to do the following:

- Contact local law enforcement or Child Protective Services immediately. Remember, you are a mandated reporter.
- Collect information about the incident for Child Protective Services.
- Offer comfort through play or conversation to children and families.
- Consider the mental health needs of children, families, and staff.

Active Shooter

Active shooter situations include:

The [Guide for Developing High-Quality School Emergency Operations Plans](#) provides the following recommendations for situations when the shooter is within the building:

Students and staff should be trained to hide in a location where the walls might be thicker and have fewer windows. In addition:

- *Lock the doors;*
- *Barricade the doors with heavy furniture;*
- *Close and lock windows and close blinds or cover windows;*
- *Turn off lights;*
- *Silence all electronic devices;*
- *Remain silent;*
- *Hide along the wall closest to the exit but out of the view from the hallway (allowing for an ambush of the shooter and for possible escape if the shooter enters the room);*
- *Use strategies to silently communicate with first responders if possible, for example, in rooms with exterior windows, make signs to silently signal law enforcement officers and emergency responders to indicate the status of the room's occupants; and*
- *Remain in place until given an all-clear by identifiable law enforcement officers.*

Terrorism

Terrorism is any attack that causes:

-
-
-

Talking to Children about Disasters

These difficult and important conversations might be easier by following these suggestions, outlined by the [American Academy of Child and Adolescent Psychiatry](#):

- Create an open and supportive environment where children know they can ask questions, but at the same time, it is best not to force children to talk about things unless they are ready.
- Give children honest answers and information. They will know or eventually find out if you are making things up, which will affect their ability to trust you or your reassurances in the future.
- Use words and concepts they can understand based on their age, language, and developmental level.
- Be prepared to repeat information several times as asking the same question repeatedly may be a way for a child to ask for assurance.
- Acknowledge and validate the child's thoughts, feelings, and reactions. Let them know that you think their questions and concerns are important and appropriate.
- Remember that children tend to personalize situations. For example, they may worry about their safety and the safety of friends and family.
- Be reassuring, but do not make unrealistic promises. It is fine to let them know that they are safe in their home or school, but you cannot promise that there will not be another disaster.
- Let children know that lots of people are helping the families affected.
- Be careful what you say about the event as children learn from listening to your conversations with other adults.
- Do not let children watch too much television with frightening images. The repetition of such scenes can be disturbing and confusing.
- Children who have experienced trauma or losses in the past are particularly vulnerable to prolonged or intense reactions to news or images of disasters. These children may need extra support and attention.
- Monitor for physical symptoms, including headaches and stomach aches. This may be a sign that they are feeling anxious or overwhelmed.
- Children who are preoccupied with questions and concerns about the event should be evaluated by a trained and qualified mental health professional, especially if they have ongoing sleep disturbances, recurring fears about death, or are afraid to leave their parents or go to school.
- Although parents and teachers may scrutinize the news and daily events, most children just want to play and move on.

Review of Staff Responsibilities

Helping Children Cope

Although stress disorders require diagnosis and treatment by a mental health professional, center staff can help by:

- Managing their own stress, so it does not compound children's anxiety.
- Providing a safe environment for children.
- Providing activities for creative expression.
- Observing and taking note of signs of stress disorders in children.
- Participating in referrals to mental health professionals.

Promote Resilience in Children

You can help children be more resilient by:

- Responding to children's needs and fears.
- Maintaining a daily routine.

- Role-modeling helpfulness, self-reliance.
- Helping children set and meet personal goals.
- Showing children how to form friendships.
- Being cheerful and having a hopeful outlook.
- Managing personal stress.

Infection Control

In the case of a disease outbreak, you will want to:

- Practice regular infection control measures such as good handwashing and disinfecting toys and surfaces.
- Stay at home if you are ill.
- Communicate to employees and families and provide regular updates so there is no miscommunication.
- Cooperate with mandatory closings and practice **social distancing** (the practice of voluntarily avoiding public spaces and large groups during epidemics to reduce contact between sick and uninfected persons).

First-Aid

Shelter-in-Place

Although firefighters, police officers, or other first responders will be responsible for rescuing children during or after a "shelter-in-place" incident, staff members at the center will need to:

-
-
-
-

Evacuations

Move children safely and quickly at a safe distance away from the building. You will need to:

-
-
-
-

Relocations

Move the children quickly and safely to another predetermined location. Much like that of a building evacuation, your responsibility is to:

-

-
-
-



HLTH107: CCDBG Health and Safety Basics Try This! Activities

Try This!

Support Successful Clean-Up Routines

There are several things you can do that will help children during clean-up routines:

- Provide an advanced warning so that children can bring their play to a close before it is time to clean up.
- Play or sing a special clean-up song that indicates that it is time for the clean-up routine to begin.
- Install picture labels on shelves and bins to help children recognize where items belong.
- Turn cleaning up into a cooperative game, where one child cleans up the blue blocks while another child cleans up the red blocks.
- If there is a large job to accomplish, be sure there are enough children to help to avoid frustration.
- Provide a picture of what each learning center looks like when it is cleaned up so that children can compare their results to the posted image.
- Create a class job of Clean-up Inspector, who is responsible for making sure learning centers and traffic areas are clean and safe.

Try This!

Indoor Safety Checklist

The following checklist is designed to be used in your center. Please check over the following items to ensure that you provide a safe indoor environment for the children. You can also check with your local health regulatory office to see if they have a checklist for your state.

- Are carpets and floors cleaned daily?
- Are toys and equipment maintained and repaired regularly?
- Are pins, buttons, coins, and filmy plastic out of reach?
- Is all large furniture securely anchored?
- Are bars and railings no more than 2 3/8 inches apart?
- Are there screens around hot radiators, floor furnaces, and stoves?
- Are all plants out of children's reach?
- Do toys have large pieces that cannot be swallowed?
- Are toys constructed well, with no sharp points or breakable parts?
- Are all unused electrical outlets covered?
- Are all electrical cords out of reach?
- Are high chairs, playpens, and infant seats away from hot surfaces?

Try This!

Outdoor Only Box

When children misbehave or show impulsive behavior on the playground, the teacher can often attract their attention with an "outdoor only" box of games and materials.

Such an activity box might include:

- Sidewalk chalk
- A parachute
- Hula hoops
- Beach balls
- Soft balls

Try This!

Name Recognition

It is good practice to have a way of recognizing children in case of an emergency. One recommendation for helping emergency personnel identify the children is to require all children to wear small name tags on their shoes or inside their shirts. Another way is to include photos of each child with their transportation profile.

Try This!

The Buddy System

In addition to the frequent face-to-name counts and close supervision, a good way to keep children safe is to pair them up with a buddy. The buddy system is not a substitute for close adult supervision. However, buddies can keep an eye on one another, helping to ensure that nobody falls behind and informing the chaperones if someone feels sick or exhausted.

Try This!

Handwashing Songs

Children can be taught to count out 20 seconds while washing their hands, but where is the fun in that?

Instead, you can have them hum or sing a song. For example, they can sing the ["Happy Birthday"](#) song from beginning to end twice. Or, to mix things up, they can hum one round of "Happy Birthday" followed by the first verse of ["Yankee Doodle."](#)

Some teachers like to make up their own songs, or you can find plenty of examples on the Internet. Here is a popular one, sung to the tune of ["If You're Happy and You Know It."](#)

*If you're dirty and you know it
Wash your hands
If you're dirty and you know it
Wash your hands
If you're dirty and you know it
Then your hands will surely show it
If you're dirty and you know it
Wash your hands*

Try This!

Cleaning Checklist

The only way to ensure that every detail on the cleaning schedule is followed is to maintain a detailed checklist. There should be a checklist of areas that need to be cleaned/sanitized at the end of the day and separate checklists for objects/areas that must be cleaned weekly or monthly. Reminders should be posted near objects or surfaces that need to be cleaned after every use.

You can use [Appendix K of the CFOC](#) to help you create a cleaning schedule.

Try This!

Double-Double Check

Redundancy is good:

- Always read the label at least **twice** when administering a new medicine.
- Reread at least once every time after that, even if you give it every day. You may think you remember the dose, but you may not, especially if you administer meds to more than one child.
- Ask a colleague to read the label and verify you are using the correct dosage and device with the correct child. This is especially important the first time you administer a new medicine to a child or if it is only an occasional treatment.

Try This!

A Few Helpful Hints

- Review the previous "Prepare the Child" information if necessary to make sure you are using a recommended, appropriate strategy.
- Keep it positive. Do not say, "*Would you rather be sick?*" Do not sound accusatory by saying, "*What, don't you want to feel better?*" Instead, give the child an opportunity to voice their concern; focus on the purpose of the medicine.
- It is okay to offer a sticker as a reward for compliance, but this should be established initially. It is not a good idea to offer a reward while a child refuses to take the medicine; this only reinforces the notion that refusal is a path to reward. If you decide to offer a reward to a child who refuses medicine, wait until the next scheduled dose, talk about the problem, and then offer the sticker as a reward for cooperation, not as a reward for refusing to take it in the first place. Note that offering stickers or other material rewards typically do not align with positive guidance principles; however, sometimes, the child's immediate health issue takes precedence over long-term behavioral development goals.

Try This!

Developmentally Appropriate Planning Activities for Children

As a child care professional, you never want to cause unnecessary fear or stress among children, especially regarding events or situations they have no control over. However, you can help them understand the importance of being prepared. In addition, you can teach them valuable preparation skills without scaring them. For example, children can grasp the concept of "just in case," which is why they are willing and able to line up during fire drills.

FEMA has prepared resources appropriate for children, families, and teachers at www.ready.gov. Please be sure to browse the content and consider incorporating some of these valuable resources into your curriculum and making them available to families:

- [Kids](#)
- [Educators and Organizations](#)
- [Parents](#)

Try This!

Stop, Drop, and Roll

You have probably heard the saying, "*Stop, drop, and roll!*" It is important for two reasons:

It does help extinguish flames on clothing or hair. That does not mean a person will not be burned, but rolling on the ground does help deprive the fire of oxygen. It is most effective when combined with other firefighting measures, such as a fire extinguisher or a heavy blanket to help smother flames.

It helps keep the victim calm. Stop, drop, and roll is always better than running around in a panic.

Stop, drop, and roll is intended to be used after a person has exited a burning structure. Give children a chance to practice. When teaching children about this concept, some children may think it is funny. Other children may be scared. Share the seriousness of the lesson while letting them know that it is something everyone needs to learn but very few people will ever actually need to use.

Make sure the topic is appropriate for your age group. **Experts usually begin teaching the concept in preschool or kindergarten.**

Try This!

Evacuation Kit

Prepare an evacuation kit with the offsite relocation plans, first-aid supplies, child nametags, child and employee rosters, goggles, disposable breathing masks for all children and adults, critical medical information, gallons of water, food in individual jars or wrappers, games, books and other materials to keep children occupied.

General Maintenance Checklist

Safety and maintenance checks should be performed regularly to ensure that teachers, not children, are the first to discover hazards on the playground.

Surfacing

- The equipment has adequate surface under and around equipment.
- Loose-fill protective covering is free from foreign objects and debris.
- Loose-fill protective covering is not compacted (should not be hard or non-absorbent).

General Hazards

- No sharp points and edges on equipment.
- All protective caps and plugs are in place.
- No dangerous protrusions and projections.
- No entrapment or strangulation hazards.
- No trip hazards or pinch, crush, or shearing points.

Wear-and-Tear

- No dangerous rust, cracks, or splinters.
- No broken or missing components.
- Equipment is properly anchored.

Hardware

- Fasteners (bolts, screws, etc.) are not loose or worn.
- Bearings on spinning, rotating, or other moving parts are in good working condition.

Drainage

- Playground has proper drainage. No standing water under swings or in high-traffic areas.

General Upkeep

- The playground is free of litter and debris.
- There are no missing trash receptacles.
- Trash receptacles are emptied regularly.

Barriers and Gates

- No holes or damaged sections in the fence.
- Latches and hinges on gates are in good working order.