

**STOP
DISEASE**

MORNING HEALTH CHECK



Signs to Observe:

- General mood and changes in behavior
- Fever or elevated body temperature
- Skin rashes, unusual spots, swelling or bruises
- Complaints of pain and not feeling well
- Signs/symptoms of disease (severe coughing, sneezing, breathing difficulties, discharge from nose, ears or eyes, diarrhea, vomiting etc.)
- Reported illness in child or family members

Use all of your senses . . .

- **LOOK** - for signs
- **LISTEN** - for complaints
- **FEEL** - for fever
- **SMELL** - for unusual odor

**STOP
DISEASE**

WASH YOUR HANDS PROPERLY



1. Wet hands and apply soap. Use warm running water; liquid soap is best.



2. Rub hands together vigorously, thoroughly scrubbing all surfaces from wrists to fingertips for 20 seconds.



3. Rinse hands well under running water until all the soil and soap are gone.



4. Dry hands with a fresh paper towel.



5. Turn off water with your paper towel— not with your clean hands.



6. Discard the used paper towels in a lined, hands-free canister.

A red octagonal sign with a white border and the words "STOP" and "DISEASE" in white capital letters on a red background. The sign is positioned on the left side of the slide, overlapping a yellow and orange graphic element.

**STOP
DISEASE**

WHEN TO WASH YOUR HANDS

✓ **Upon arrival for the day, after breaks, or when moving from one child care group to another;**

✓ **Before and after:**

- Preparing food or beverages;
- Eating, handling food, or feeding a child;
- Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
- Playing in water that is used by more than one person;

✓ **After:**

- Using the toilet or helping a child use a toilet;
- Diapering;
- Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
- Handling animals or cleaning up animal waste;
- Playing in sand, on wooden play sets, and outdoors;
- Cleaning or handling the garbage.

Based on: Caring for Our Children, 3rd edition, 2011, Standard 3.2.2.1



GLOVING



1. Put on a clean pair of gloves.



2. Provide appropriate care.



3. Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.



4. Ball up the dirty glove in the palm of the other gloved hand.



5. With the clean hand, strip the glove off from underneath at the wrist, turning the glove inside out. Touch clean surfaces only to clean surfaces.



6. Discard the dirty gloves immediately in a step can. Wash your hands.



Health and Safety Notes California Childcare Health Program

Standard and Universal Precautions in the Child Care Setting

What are standard and universal precautions?

Universal precautions is the term used for the guidelines that were developed by the Centers for Disease Control and Prevention in the 1980s to reduce the spread of infection to health care providers and patients in health care settings.

Standard precautions is the new term used for an expansion of universal precautions, recognizing that any body fluid may hold contagious germs. They are still primarily designed to prevent the spread of bloodborne disease (disease carried by blood or other body fluids), but are also excellent measures to prevent the spread of infectious disease in group care settings such as child care facilities.

Why are standard precautions needed?

Standard precautions are designed to reduce the risk of spreading infectious disease from both recognized and unrecognized sources of infections. Germs that are spread through blood and body fluids can come at any time from any person. You may not know if someone is infected with a virus such as hepatitis B or HIV, and the infected person may not even know. This is why you must behave as if every individual might be infected with any germ in all situations that place you in contact with blood or body fluids.

What do standard precautions consist of?

Standard precautions include the following:

Hand washing

- after diapering or toileting children
- after handling body fluids of any kind
- before and after giving first aid (such as cleaning cuts and scratches or bloody noses)

- after cleaning up spills or objects contaminated with body fluids
- after taking off your disposable gloves
- remember that wearing gloves does not mean that you don't have to wash your hands!

Wear non-permeable gloves

- during contact with blood or body fluids which contain blood (such as vomit or feces which contain blood you can see)
- when individuals have cuts, scratches or rashes which cause breaks in the skin of their hands

Environmental sanitizing should be done regularly and as needed. In the child care setting this means cleaning toys, surfaces and diapering areas with a bleach solution (1 tablespoon of bleach per quart of water made fresh daily). Blood spills or objects with blood on them need a stronger solution of ¼ cup bleach to 2½ cups water. (Donowitz, 1999). Wear gloves when handling blood.

Proper disposal of materials that are soaked in or caked with blood requires double bagging in plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them separately from other items. Items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections given by parents) require a special container for safe disposal. Parents can provide what is called a "sharps container" which safely stores the lancets or needles until the parent can take them home for disposal.

Standard precautions in child care settings vs. hospitals and clinics

Child care facilities follow the standard precautions in clinic and hospital settings with the following exceptions:

- Use of nonporous gloves is optional except when blood or blood-containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.

What else am I required to do?

The Occupational Safety and Health Administration (OSHA) also requires that all child care programs with staff (even family child care homes with assistants or volunteers) have an *Exposure Control Plan for Bloodborne Pathogens*. This plan must be in writing and include:

Exposure determination. This is a list of the job titles or duties which might put an individual in contact with blood or blood-containing fluids (such as first aid, nose blowing, diapering, etc.)

Methods of compliance. These are the ways you will assure your plan will work and which include written standard precautions and cleaning plans, training of staff in their use, and the availability of gloves.

Hepatitis B vaccination. This must be offered by the employer at no cost to staff. The vaccine series can begin either

- within 10 days of employment, or
- within 24 hours after a potential blood exposure (accidental contact with blood while administering first aid, diapering an infant with a bloody stool, etc.)

Note: Hepatitis B is a series of three shots which must be given on a specific schedule. Now that all children are required to have the series before entering care, child care providers should be at a reduced risk of getting hepatitis B in a child care setting.

Exposure reporting procedures. These are required and will tell staff what to do if something happens which puts an employee in contact with blood on their broken skin (cuts, scratches, open rashes or

chapped skin) or on their mucous membranes (in the eye, mouth or nose). There are also record-keeping requirements to document the exposure situation, whether or not the employee received a free medical exam and follow-up, and that the employee was offered the hepatitis B vaccination if she/he did not already have the series.

Training on OSHA regulations. This must be provided to all staff at the time that they start work and must include:

- an explanation of how HIV (which causes AIDS) and HBV (which causes hepatitis B) are transmitted
- an explanation of standard precautions and the exposure control plan for your program.

For more information on OSHA requirements, contact the Cal/OSHA Consultation Service office listed in your telephone directory.

References

American Public Health Association and American Academy of Pediatrics. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. (2002). Second Edition.

Child Care Law Center. (1994). *CalOSHA Regulations on Bloodborne Pathogens*. San Francisco, CA.

Donowitz, L.G. (1999). *Infection control in the child care center and preschool*. Fourth edition. Pennsylvania: Lippincott, Williams & Wilkins.

by Lyn Dailey, PHN Revised Nov. 2004, updated June 2017

**STOP
DISEASE**

DIAPERING PROCEDURES



1. Get prepared.

- Gather all diapering supplies so they are within reach, including a diaper, wipes, a plastic bag for soiled clothes, and a plastic-lined, hands-free, covered can.
- Cover the diapering surface with disposable paper.
- Put on disposable gloves.



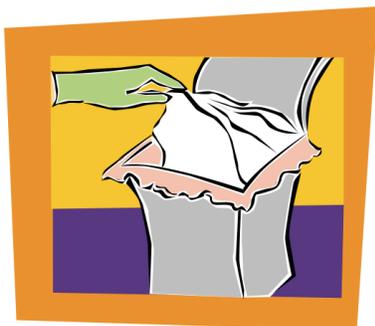
2. Place the child on the diapering table.

- Remove bottom clothes and any soiled clothing.
- Remove socks and shoes that cannot be kept clean.
- Avoid contact with soiled items.
- ALWAYS KEEP ONE HAND ON THE CHILD.



3. Unfasten the diaper and clean the child's diaper area.

- With the soiled diaper under the child, lift the child's legs to clean the child's bottom.
- Clean from front to back with a fresh wipe each time.

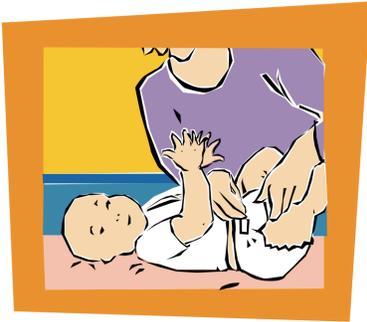


4. Dispose of the diaper and soiled items.

- Put soiled wipes in the soiled diaper.
- Remove the diaper and dispose of it in a plastic-lined, hands-free, covered can.
- If the disposable paper is soiled, use the paper that extends under the child's feet to fold up under the child's bottom.
- Remove gloves and dispose of them in hands-free can.
- Use a fresh wipe to clean your hands.
- Use a fresh wipe to clean the child's hands.



DIAPERING PROCEDURES



5. Put on a clean diaper and dress the child.

- Put a clean diaper under the child.
- Apply diaper cream with a tissue as needed.
- Fasten the diaper, and dress the child.



6. Wash the child's hands.

- Moisten hands and apply liquid or foam soap to hand surfaces from finger tips to wrists.
- Rinse with running water.
- Dry with a single use paper or cloth towel.
- Return the child to a supervised area away from the diapering table.



7. Clean and disinfect the diaper changing surface.

- Discard the paper liner.
- Remove any visible soil with soap and water.
- Apply EPA-registered disinfectant and use according to label instructions.
- Be sure to leave the disinfectant on the surface for the required contact time.



8. Wash your hands with soap and running water, and record the diaper change in a report for parents.

- Include the time of diaper change and diaper contents.
- Note any problems such as skin redness, rashes, or loose stool.



Health & Safety Notes

Safe and Effective Cleaning, Sanitizing and Disinfecting

What are cleaning, sanitizing and disinfecting?

Sometimes these terms are used interchangeably, but they are not the same. They have different outcomes which the United States Environmental Protection Agency (EPA) defines as follows:

- ▶ To clean means to physically remove dirt, debris and sticky film from the surface by scrubbing, washing, wiping and rinsing. You can clean with a mild soap or detergent and water.
- ▶ To sanitize means to apply a product that reduces germs to safer levels. Sanitizing surfaces destroys enough germs to reduce the risk of becoming ill from contact with those surfaces.
- ▶ To disinfect means to apply a product that destroys nearly all germs when applied to hard, nonporous surfaces. Disinfecting is a higher level of germ killing.

What should I sanitize?

Sanitizing is recommended for food surfaces (dishes, utensils, cutting boards, high chair trays) and other objects intended for the mouth like pacifiers and teething toys.

What should I disinfect?

Disinfecting is recommended for hard non-porous surfaces such as toilets, changing tables, and other bathroom surfaces; blood spills and other potentially infectious body fluids like vomit, urine and feces.

How do I know which product to use?

Sanitizing and disinfecting products are called antimicrobials. These products kill bacteria, viruses, fungi and mold on hard surfaces. The EPA sets standards for products to make sure that they kill germs and don't pose serious immediate health hazards to people.

All products used to sanitize or disinfect must be registered with the EPA. Only products with EPA registration numbers on the label can claim they kill germs if used as directed. Product labels have information about how to use it to sanitize or disinfect, and which germs are killed.

What about bleach?

Bleach is the most common product used for sanitizing and disinfecting in Early Care and Education (ECE) programs. If used correctly, bleach reliably sanitizes and disinfects hard, non-porous surfaces of most common and harmful bacteria and viruses. A small amount of bleach can be diluted with water and it is inexpensive.

Are there problems with bleach?

There are increasing concerns about the health effects of bleach, especially for children and staff with asthma. When bleach is applied to surfaces, fumes get into the air and can irritate the lungs, eyes and the inside of the nose. For staff who mix bleach solutions, contact with full strength bleach can be even more harmful and can damage skin, eyes and clothing.

SAFER WAYS TO DILUTE BLEACH

- ▶ USE ONLY EPA REGISTERED BLEACH and follow the directions on the label.
- ▶ Select a bottle made of opaque material.
- ▶ Dilute bleach with cool water and *do not use more than the recommended amount of bleach.*
- ▶ Make a fresh bleach solution daily; label the bottle with contents and the date mixed.
- ▶ Wear gloves and eye protection when diluting bleach.
- ▶ Use a funnel.
- ▶ Add bleach to the water rather than water to bleach to reduce fumes.
- ▶ Make sure the room is well ventilated.

Caution: Always follow label instructions! Undiluted bleach comes in different concentrations (e.g. 8.25%, 6%, 5.25% sodium hypochlorite). Read the label for exact dilution instructions.

Are there alternatives to bleach?

Commercial products registered with the EPA as sanitizers or disinfectants may be used according to the directions on the label. Look for an EPA registration number. Follow instructions for dilution (different for sanitizing vs. disinfecting) and contact time. Check if the product is safe for food surfaces, if pre-cleaning is needed, and if rinsing is needed.

Some child care programs are using EPA registered products with hydrogen peroxide, citric acid or lactic acid as the active ingredient because they have fewer irritating fumes. In response to consumer demand, more of these products can be found in stores and online.

Non-chemical equipment, like dishwashers and steam cleaners, can be used to sanitize in certain situations. New methods and technologies like high-quality microfiber cloths and mops used with soap and water can also reduce germs. More studies need to be done to see if these alternative methods work as well as chemicals to sanitize in ECE environments.

Resources and References: American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Appendix J and K*

U.S. Environmental Protection Agency, 2012, *What Are Antimicrobial Pesticides?* www.epa.gov/oppad001/ad_info.htm

SAFER USE OF BLEACH SOLUTIONS

- ▶ Before applying bleach, clean off dirt and debris with soap or detergent, then rinse with water.
- ▶ If using a spray bottle, apply bleach using a heavy spray instead of a fine mist setting.
- ▶ Keep the surface wet with bleach according to label instructions (use a timer). This is called contact time or dwell time.
- ▶ Sanitize when children are not present.
- ▶ Ventilate the room and allow surfaces to dry completely before allowing children back.
- ▶ Store all chemicals out of reach of children in a way that will not tip or spill.
- ▶ Never mix or store ammonia with bleach or products that contain bleach.

GREEN CLEANING

What is “green cleaning”?

Green cleaning describes the growing trend of using cleaning products and methods that are safer for human health and the environment. By using products with less toxic ingredients, early care and education (ECE) programs can protect the health of children and staff and protect the environment. Environmentally friendly cleaning is accomplished by establishing policies and procedures and providing staff training in safe and effective cleaning practices.

Green cleaning improves indoor air quality and is often less expensive. The goal of green cleaning in ECE programs is to create environments that support healthy growth and learning for children and show a commitment to a healthy work environment for staff.

The key goals of green cleaning are to:

- ▶ keep the environment clean to protect children and staff from germs and triggers of illnesses such as asthma and allergies.
- ▶ protect children and staff from unnecessary exposure to chemicals in cleaning products that may cause harmful health effects.

To accomplish these goals, choose cleaning products and develop policies carefully and provide training for classroom, kitchen and custodial staff. In the past, the main priority for cleaning and sanitizing in ECE environments has been protecting children from the spread of infectious disease. But recent research suggests that the chemicals used to clean or kill germs may have harmful health effects. There are safer ways to protect children from the spread of infectious disease. For example, teaching children to wash their hands and making handwashing a routine practice in ECE is an effective policy for preventing the spread of germs that make children sick.

Regular cleaning is important

The everyday, routine cleaning activities of sweeping, wiping, vacuuming and scrubbing remove dirt, oils and moisture that germs need to thrive. When there is less buildup of dirt and germs, there is less need for strong chemicals to clean and sanitize.

- ▶ Regular cleaning keeps dust, pollen, pesticides and other particles out of the indoor environment and improves indoor air quality.
- ▶ Sanitizers are more effective at killing germs when the surface is clean.

Please note that green cleaning alone does not disinfect or sanitize surfaces. See CCHP’s Health and Safety Note, *Sanitizing Safely and Effectively in ECE* for more information on sanitizers and disinfectants.

STEPS TO KEEP YOUR CHILD CARE ENVIRONMENT CLEAN

- ▶ **Choose the right equipment and clean regularly** to reduce the need for chemicals to clean, sanitize and disinfect.
- ▶ **Use a vacuum cleaner with a high efficiency particulate air (HEPA) filter.** HEPA filtration vacuum cleaners trap mold spores, dust, dust mites, pet dander and other irritating allergens from surfaces.
- ▶ **Use microfiber mops and cloths.** Microfiber mops and cloths are made from a strong, lint-free synthetic fiber that is very absorbent. Dust, dirt and germs are attracted to and held tightly by the microfiber, so they are not spread from one area to another. Microfiber mop heads and cleaning cloths hold sufficient water for cleaning, yet don’t drip, and so less cleaning product is needed. Microfiber mops are also lighter and easier to use than conventional mops.
- ▶ **Place floor mats at building entryways.** Teach children to clean their feet when entering the building. This may capture 80% of soil entering indoor areas and reduces the amount of soil that must be cleaned.
- ▶ **Consider a policy that encourages people to remove their shoes when they come indoors.** Ask staff and families to provide a pair of “indoor” shoes or slippers.
- ▶ **Decrease clutter to make cleaning easier.** Store equipment and supplies in plastic boxes with tight-fitting lids.

[Steps to keep your child care environment clean continued]

- ▶ **Repair hard surfaces** that have cracks, pits or chips to reduce the buildup of dirt and germs.
- ▶ **Encourage frequent handwashing using gentle soap and running water.** Handwashing may play a larger role in preventing the spread of infectious illnesses than sanitizing and disinfecting.
- ▶ **Choose cleaning products that are less toxic.** This includes floor-care products used to maintain floor finishes since they are some of the most toxic products used in building maintenance.
- ▶ **Open windows and change filters in your heating, ventilation and air-conditioning systems to increase air circulation and improve indoor air quality.** Many illnesses are spread by breathing in germs that linger in the air, rather than by contact with germs on surfaces, so be sure to provide good ventilation in your program. Check with your building manager to make sure the heating and ventilations systems are maintained.

Choosing cleaning products that are safer for people and the environment

Many cleaning products contain toxic chemicals. Children are easily exposed to the chemicals in cleaning products because they:

- ▶ breathe in the chemicals that get into the air when these products are used;
- ▶ absorb chemicals through their skin when they touch surfaces that have chemical residues;
- ▶ mouth objects (for example, toys) and surfaces and swallow chemicals that are on those objects and surfaces.

Many consumers mistakenly believe that if the word “green” appears in the name of a cleaning product, then the product is safe. This is not necessarily true. The easiest, and most reliable, way to choose safer cleaning products is to choose products that have been certified by third-party programs such as the Green Seal™ and EcoLogo™ certification programs. See *Resources* for contact information. These groups identify cleaning products that:

- ▶ contain the safest possible ingredients.
- ▶ perform well.
- ▶ are cost-effective.
- ▶ avoid added fragrances that can cause respiratory irritation and trigger asthma.

The certified cleaning product categories include general purpose cleaners, glass cleaners, bathroom cleaners, carpet cleaners and floor cleaners. Choosing certified products that meet green standards is a good way to reduce toxins and make an immediate positive impact on the health of the ECE environment. To quickly identify these certified products, check the label for Green Seal or Ecologo certification. Avoid products that say POISON, DANGER, CAUTION or WARNING.

Safer disinfectants

The only program that certifies disinfectants that are safer for people and the environment is the EPA’s Safer Choice Program. If you see the Safer Choice logo on an EPA-authorized disinfectant label, you will know the product is:

- ▶ in the least hazardous EPA Toxicity Categories;
- ▶ a least hazardous carcinogenic or endocrine disruptor product;
- ▶ among the least hazardous for developmental, reproductive, or neurotoxic harm.

RESOURCES

A full listing of products certified as cleaners (both household and institutional) can be found online:

www.greenseal.org/findaproduct/cleaners.cfm

Ecologo

www.ecologo.org/en/greenproducts/

Design for the Environment

<http://www.epa.gov/dfe/>

California Childcare Health Program (2005)

Recommendations for Cleaning, Sanitizing and Disinfecting
www.ucsfchildcarehealth.org/pdfs/healthandsafety/recommenEN_adr.pdf

Rose, L, Westinghouse, C, and the National Cleaning for Healthy Schools and Infection Control Workgroup (2010)
Cleaning for healthy schools and infection control handbook
www.informedgreensolutions.org

California Childcare Health Program, University of California, San Francisco School of Nursing • <http://ucsf.cchp.edu>



Health & Safety Notes

Keeping Children Safe from Pests and Pesticides

California State Licensing regulations for child care state that child care settings should take measures to be free from rats and insects. The national standards in *Caring for our Children* tell us that the potential health hazards to children caused by the presence of pests should be reduced. What does this mean to the child care provider? Since pesticides can also pose a health threat to young children, finding ways to reduce or eliminate exposure to pests while reducing or eliminating exposure to pesticides is an environmental concern that every early care and education professional needs to address.

Why control pests in child care?

Diseases that are spread by insects and rodents can be passed to young children. Normal behaviors in young children such as crawling, mouthing toys and other objects along with natural curiosity and exploration make toddlers particularly vulnerable to diseases carried by pests. Common pest-related hazards in child care settings include:

- Flies and cockroaches may spread disease.
- Mosquitoes may carry disease.
- Cockroaches can cause allergies and asthma attacks.
- Yellow jacket stings are painful and can be life threatening to those with allergies.
- Spiders may inflict painful bites and some may pose a health risk.
- Mice and rats may contaminate food, trigger asthma attacks, carry disease and cause structural damage to buildings, pipes and electrical wiring.
- Termites cause structural damage to buildings and wood furniture.

Why are children vulnerable to pesticide exposure?

The behaviors that make young children vulnerable to diseases carried by pests (crawling, mouthing

toys, etc.) can also expose children to the pesticides that have been applied to control pests. Pound for pound, children eat, drink and breathe more than adults. Thus, if pesticides are in their environment, they can have higher exposures than adults. Combined with the fact that their brains, immune systems and organs are immature and still developing, children can suffer both short-term and long-term health problems from pesticide exposure.

What health risks are associated with pesticide use?

With the exception of poison baits, as little as 1 percent of pesticides applied indoors reach the targeted pest (AAP, 2003). As a result, pesticide residues are left on surfaces and in the air of the treated building. Outdoor application of pesticides may fall on non-targeted organisms, outdoor furniture and play areas and be tracked indoors. Acute symptoms such as nausea, headache, dizziness and respiratory irritation may occur from exposure to pesticides. Studies have shown that children who are exposed to pesticides also have a higher incidence of chronic health problems such as neurological disorders, leukemia and other cancers and have a greater risk of developing asthma (IPM Institute, 2004).

Integrated Pest Management

Integrated Pest Management (IPM) is a pest control program that minimizes pesticide exposure. Despite the convenience and availability of pesticides, there are many ways to control pests without the use of chemicals. IPM controls pests by combining biological, mechanical, cultural, physical and chemical methods in a way that minimizes health and environmental risks. IPM provides the least toxic alternative. It is based on inspection and knowledge of the pests' biology and habits to determine the methods that would best control the pests with the lowest possible exposure to pesticides. Chemicals

are only used as a last resort. IPM is endorsed and promoted by the Environmental Protection Agency.

Why are education and communication important?

The common sense strategies of IPM require the combined efforts of teachers, kitchen staff, parents, custodians and groundskeepers. Education and communication are essential to promote the necessary changes in habits and attitudes. A licensed IPM professional can suggest the best strategies for controlling pests in your child care setting.

Cultural controls and sanitation. Modify the activities in the child care facility to make the environment less hospitable to pests.

- Restrict food consumption to certain areas.
- Empty trash cans at the end of the day rather than letting them sit over night.
- Store food in containers with tightly fitting lids.
- Clean dishes, utensils, and surfaces soiled with food as soon as possible after use and at the end of each day.
- Clean garbage cans and dumpsters regularly.
- Collect and dispose of litter daily.

Physical controls. Use barriers or other materials to exclude pests from an area.

- Caulk cracks and openings.
- Fill in access holes in walls.
- Seal around electrical outlets.
- Use trash cans with tightly fitting lids.
- Empty and thoroughly clean cubbies and storage areas at least twice a year.
- Reduce clutter in which pests can hide.
- Keep vegetation, shrubs and wood mulch at least one foot away from structures.
- Keep window and door screens in good repair.
- Use physical traps. Be aware that in the child care setting, traps can be a hazard and must be placed out of reach of children. This includes sticky traps, snap traps and fly traps.

Biological controls. Identify the problem or pest before taking action.

- Look for the root of the problem, not just the symptoms of a pest problem.
- Inspect and monitor pest populations.
- It is very important to reduce pests' access to food, water and shelter.

Chemical controls. As a last resort, the careful use of pesticides may be necessary.

- Always use a licensed professional with experience in IPM when applying chemicals.
- Use bait, traps or gels in cracks, wall voids, and in spots that are out of reach of children. Avoid sprays, powders and "bomb" applicators.
- Schedule pesticide application for times when the building and grounds are not occupied.
- Use spot treatments as needed, rather than area-wide applications or regularly scheduled applications.
- Store all chemicals in a locked cabinet.

Attitude Adjustment

Increase your tolerance for pests that are just a nuisance and don't spread disease. To control these pests, always make use of non-chemical strategies first. Pests that do not pose immediate health threats but are a nuisance include:

- **Weeds** may invade playing fields or playgrounds or be aesthetically displeasing. Pull by hand.
- **Ants** may gather in eating and play areas. Keep areas clean. Use non-toxic alternatives.
- **Fruit flies** may appear in kitchens. Keep food and garbage covered.
- **Meal moths** may infest food storage. Dispose of infested food. Store food in containers with tightly fitting lids.
- **Head lice** may appear on children. Have parents consult their health care provider for treatment.

References and Resources

IPM Institute. 2004. *IPM Standards for Schools: A Program for Reducing Pests and Pesticide Risks in Schools and Other Sensitive Environments*. www.ipminstitute.org/school.htm.

American Academy of Pediatrics, Committee on Environmental Health. 2003. *Pediatric Environmental Health*.

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Pest Control Operators of California. 2005. *Integrated Pest Management*. www.pcoc.org.

Safer Pest Control Project. 2005. *Safer Pest Control for Child Care Centers: How to Implement and Integrated Pest Management (IPM) Program at Your Facility*. www.spcpweb.org.

Statewide IPM Program University of California, Davis. 2005. www.ipm.ucdavis.edu.

by Bobbie Rose, RN (02/06)



Healthy Schools Act of 2000 Extended to Child Care

The Healthy Schools Act of 2000 is a California state law that:

- established the right of parents and school staff to know when pesticides are used in California public schools
- mandated using least toxic pest management methods in schools as state policy
- required school districts to designate an integrated pest management (IPM) coordinator
- required the California Department of Pesticide Regulation (DPR) to collect pesticide use information from schools and support schools in their use of IPM

The Healthy Schools Act is Extended to Child Care

In the 2007 California Law AB 2865, the Healthy Schools Act (HSA) was extended to child care centers. This extension of the Healthy Schools Act ensures that parents and staff in child care centers are notified of pesticide use and it promotes safer pest prevention practices in child care centers. The Healthy Schools Act helps parents and ECE staff be better informed about what pesticides are being used in their ECE centers and helps ECE providers prevent pest infestations and use safer ways to control pests when they do become a problem. The Healthy Schools Act only applies to child care centers, not family child care homes.

The law was prompted by concern about the health risks that pesticides pose to young children. Research suggests that pesticides are commonly found in child care environments. These pesticides may have toxic effects on the developing brain and nervous system of a young child. They are also associated with an increased risk of developing asthma and cancer. Acute pesticide poisoning can cause breathing difficulties, vomiting, diarrhea, headaches and dizziness.

What is a Pesticide?

A pesticide is any substance that controls, destroys, repels, or attracts a pest. Some common pesticides include:

- Insecticides (kill insects like ants and mosquitoes),
- Insect repellants (a substance applied to skin or clothing which discourages insects from landing or climbing on that surface)
- Miticides (kill mites, for example, dust mites that can cause asthma and eczema)
- Herbicides (kill unwanted plants/weeds)
- Fumigants (gaseous pesticides that fill a space and poison the pests within; for example, fleas)
- Rodenticides (chemicals intended to kill rodents)
- Avicides (substances used to kill birds)
- Antimicrobials (substances such as sanitizers and disinfectants that kill bacteria and viruses)
- Algicides (kill and prevent the growth of algae)

What is Integrated Pest Management?

The Healthy Schools Act defines integrated pest management (IPM) as “a pest management strategy that focuses on long-term prevention or suppression of pest problems through a combination of techniques such as monitoring for pest presence and establishing treatment threshold levels, using nonchemical practices to make the habitat less conducive to pest development, improving sanitation, and employing mechanical and physical controls. Pesticides that pose the least possible hazard and are effective in a manner that minimizes risks to people, property and the environment, are used only after careful monitoring indicates they are needed according to pre-established guidelines and treatment thresholds.”

What Does the Law Require?

- **Notification.** Every year, each ECE center must provide written information for parents and staff that
 - Describes what pesticides it expects to be applied by center staff or an outside contractor in the upcoming year
 - Provides the Internet address to DPR’s School IPM Program Website, www.schoolipm.info, to their staff and parents.

- **Registry.** Each ECE center must provide a way for parents and staff to sign up to be notified ahead of time each time a pesticide is used in the center.
- **Warning Signs.** Every ECE center must put up warning signs around each area where pesticides will be applied. These signs should be in place 24 hours before and stay in place 72 hours after pesticides are used. These signs should be large enough that they prevent any adult from accidentally entering areas where pesticides have been used.
- **Record Keeping.** Every ECE center must keep records of what pesticides have been used at the facility site for the past four years and the records must be available to anyone who asks to see them.
- **Pesticide Prohibition.** Some pesticides are never allowed to be used in ECE settings. For a list of these pesticides, see the link under resources, *AB 405 List of Pesticide Products Prohibited from Use in Schools*.
- **Property Owners.** If the owner of a property where a child care center is located uses pesticides, they must provide written notice to the child care facility at least 120 hours before they apply a pesticide.
- **Information.** The California Department of Pesticide Regulation (DPR) must provide information to child care centers on the least harmful methods for getting rid of pests in ECE centers
- **Licensed pest control businesses** must report yearly to DPR on pesticide applications they make to private child care facilities.

The Healthy Schools Act regulates the use of pesticides on school sites. The site includes the buildings or structures, playgrounds, vehicles, or any other area of the property visited or used by children.

Required HSA Training for Child Care

The child care center IPM Coordinator and any staff who use pesticides, such as disinfectants or sanitizers, must take a DPR-approved training course. The course must be taken before pesticides are used and annually thereafter. You may take DPR's online course or another course approved by DPR. Check the CPR Website for more information: <http://apps.cdpr.ca.gov/schoolipm/childcare/training/main.cfm>

Who is Responsible for Helping to Implement the Healthy Schools Act?

The California Department of Pesticide Regulation (DPR) is responsible for helping schools and child care centers to implement IPM practices. DPR has developed an IPM in Schools web site. Visit DPR's Web site,

www.schoolipm.info, where you can find the following information:

- sample letters to parents about expected pesticide use, and the registry
- a template for the warning signs that must be put up when pesticides are used on school grounds
- information on least-toxic pest management alternatives.

The Healthy Schools Act requires DPR to provide integrated pest management (IPM) training to directors and staff of child day care facilities. DPR staff provides online training and conducts training at child care provider conferences and other training events throughout California.

Resources and References

Keeping Children Safe from Pests and Pesticides available from CCHP online at: http://ucsfchildcarehealth.org/pdfs/healthandsafety/PestsPesticidesEN021306_adr.pdf

Department of Pesticide Regulation School IPM website: www.schoolipm.info

AB 405 List of Pesticide Products Prohibited from Use in Schools: http://www.cdpr.ca.gov/schoolipm/school_ipm_law/prohibited_prods.pdf

University of California Statewide IPM Program: www.ipm.ucdavis.edu/

Head Start Performance Standard 1304.53 (a)(10)(viii)

Title 22 California Child Care Licensing, regulations 101238 and 101239.

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Second Edition, 2002, standard 5070

by Vickie Leonard, RN, FNP, PhD
Revised 02/2017

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INTEGRATED PEST MANAGEMENT: CARING FOR YOUR OUTDOOR ENVIRONMENT

Sandboxes

- ▶ Separate the sandbox from other play equipment such as slides or swings.
- ▶ Make sure the sandbox has adequate drainage so water does not puddle or pool.
- ▶ Use smooth-surfaced, fine pea gravel or washed sand that's labeled for sandboxes. Do not use sand that's used as construction material or collected from a site that uses harmful materials.
- ▶ When not in use, keep the sandbox covered with a lid or other covering that keeps pests out.



PESTS IN THE SANDBOX

- ▶ Don't use sprays or foggers in the sandbox. These are dangerous for children and don't kill pests hiding in the sand.
- ▶ Avoid using chemicals to clean or disinfect the sandbox.
- ▶ If you see or smell urine, feces, pests, or other hazards, replace the sand with fresh sand or fresh fine pea gravel.

PREVENT FUTURE PEST PROBLEMS

- ▶ Before each use, make sure sand play areas are free of pests and other dangers like sharp objects, cat, and other animal feces.
- ▶ Keep the play area clear of food, garbage, and standing water because these attract pests.
- ▶ Replace sand as often as necessary to keep the sand clean and free of pests, feces, and other hazards.

Garbage and Recycling



- ▶ Use the outdoor waste bins provided by your local waste hauler. Request more bins if your garbage or recycling regularly overflows.
- ▶ Set bins at least 50 feet away from entrances to home or play yard and keep on pest-proof pavement such as concrete.
- ▶ Keep the bin area free from spilled liquids or waste.
- ▶ Make sure that every outdoor waste bin has a tight-fitting lid.
- ▶ Rinse your recycling and bins regularly.
- ▶ Regularly rinse green waste bins for food scraps and yard trimmings that are collected by your waste hauler.

ON-SITE COMPOSTING

Composting provides a wonderful opportunity to teach children about environmental sustainability. Unfortunately, compost left in the open can attract unwanted pests. Instead, choose a closed compost bin.

- ▶ Closed compost systems make it more difficult for pests to access the contents and have fewer odors.
- ▶ They often come with handles that make turning the compost easy, even for children.
- ▶ As with waste bins, set the closed compost bin system on a pest-proof surface such as concrete.

PESTS IN GARBAGE AREA

- ▶ If you use rodent bait stations or yellowjacket traps, make sure they're placed out of children's reach.



Pets in the Child Care Setting

Many child care providers who care for children in their homes have pets, and many centers include pets as part of their educational program. Pets can be excellent companions. They meet the emotional needs of children and adults for love and affection. Caring for pets also gives children an opportunity to learn how to be gentle and responsible for others. Contact with pets can be fun and teach children about life, death and unconditional love. However, child care providers need to know about potential health and safety risks before making the decision to keep pets in child care.

What are the health and safety risks?

Allergies: Many children are allergic to animals and may have symptoms when they are around them. About 25 percent of allergic people are sensitive to dogs or cats, and cats generally cause more allergy problems than dogs. A child who is allergic to dogs or cats may also be sensitive to other common pets such as rabbits, guinea pigs or hamsters.

Injuries: Dog and cat bites are the most reported types of injuries caused by pets. The tearing and puncture wounds they produce can also cause infections.

Infections: Certain animals carry viruses, bacteria and other potential infections that can be passed on to people. Diseases that can be transmitted from animals to people are called zoonotic diseases. Zoonotic diseases can spread through direct contact with infected animals or their stool, insects that bite or live on animals, and infections that live in the environment where the animal lives.

What are some diseases we can catch from animals?

Salmonellosis: This disease is caused by salmonella bacteria and transmitted to humans by eating food contaminated with the feces of an infected pet. Many animals, such as chickens, iguanas, geckos and turtles are carriers of salmonella, but do not appear ill themselves.

Rabies is usually a viral infection of wild animals such as raccoons, skunks, bats and foxes, but can spread to domestic animals and humans by a bite or scratch.

Diarrhea can be caused by *Campylobacter* and parasites such as giardia, and is associated with infected dogs, cats, birds and farm animals.

Cat-scratch disease causes fever and swollen glands, and is usually transmitted by kittens.

Ringworm is a fungal skin infection which can be spread from dogs, cats, rabbits and guinea pigs.

Toxoplasmosis can affect anyone, but is very dangerous to unborn babies, causing birth defects. Humans catch this illness through contact with cat waste.

Psittacosis, an illness like pneumonia, can be transmitted by infected parrots and other exotic birds.

Who is at higher risk?

Pregnant women, infants, the elderly and people with weak immune systems such as those born with inherited immune deficiencies, AIDS/HIV and those receiving chemotherapy, are at higher risk of catching zoonotic diseases.

Which animals are not appropriate?

Some pets, particularly exotic pets such as iguanas, turtles, snakes, spiders and tropical fish may not be appropriate for the child care setting. Aggressive dogs especially hybrid wolf-dogs that have become increasingly popular in recent years, are potentially dangerous to humans, including their owners. Check with a veterinarian if you are unsure whether a particular pet is appropriate for children, and check with the local health department for regulations and advice regarding pets in child care. Venomous or poisonous animals are not appropriate for young children to handle under any circumstances.

What can you do to protect the health and safety of children?

To minimize the health and safety risks associated with pets, child care providers can take the following steps:

Reduce the risk of allergy problems

- If your child care setting has a pet, tell parents before they enroll a child, in case allergies may require the parents to make other child care arrangements.
- Do not bring animals into rooms used by children whose asthma is triggered by animals.
- To control allergy risks, confine the pets to a limited area that you can clean easily. Keeping the animal clean and brushed helps, too.

Protect children from injury and bites

Children commonly treat animals as if they were humans. They may hug or hit them or expect them to behave like another child and cause an aggressive response. These expectations increase when they observe that adults give animals human-sounding names, treat animals like people and tell stories about animals that act like humans. To prevent injuries:

- Before bringing and introducing any animal, learn about the usual behavior of that type of animal and get to know the individual pet. Since children's behavior can threaten an animal, be sure you know how the animal behaves when frightened.
- Make sure that children are introduced to pets in a quiet, controlled setting.
- Teach children how to behave around pets. They need to learn not to feed or provoke the pet, and that removing the pet's food or disturbing a sleeping pet upsets them. Always keep their faces and fingers away from a pet's mouth, beak or claws.
- All pets, whether kept indoors or outside, must be in good health, show no evidence of disease, and be friendly toward children.
- Child care providers must be present when children play with animals. Be ready to remove a child immediately if an animal shows signs of distress or the child treats the animal inappropriately.
- Keep pet food and dishes out of children's reach.
- Do not let children pet an animal that is in a cage, pen or tied up. Children should not put their fingers through openings in a cage.

- Do not let children interact with a mother animal or her babies while she is with them.

Prevent infections

- Children and providers should wash their hands after contact with any animal, its belongings or cage.
- Dogs or cats should be appropriately immunized (check with the veterinarian) and be kept on flea, tick and worm control programs. Proof of immunizations should be kept in a safe place.
- Keep your pets clean. Dogs and cats use their tongues to clean themselves, so try to discourage pets from licking the children and vice versa.
- Keep pet living quarters clean; dispose of pet waste immediately. Litter boxes should never, ever be accessible to children. Keep children away from areas where animals urinate.
- Keep sandboxes covered when not in use to prevent pets from using them as litter boxes.
- Pregnant providers should avoid contact with cat feces; someone else should dispose of cat litter daily.
- Teach children to avoid wild animals when taking hikes, walks or field trips.

What should you do if an animal bites a child in your care?

- Remove the animal to a secure setting away from children.
- Notify parents at once.
- Get medical help immediately if the wound is large, deep or bleeding heavily.
- Use disposable gloves and wash the wound thoroughly with soap and water.
- Control bleeding, elevate the body part that was bitten, and apply a clean bandage.

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By A. Rahman Zamani, MPH (September 19, 2001)



Health & Safety Notes

How to Find Out if Your Drinking Water Is Safe

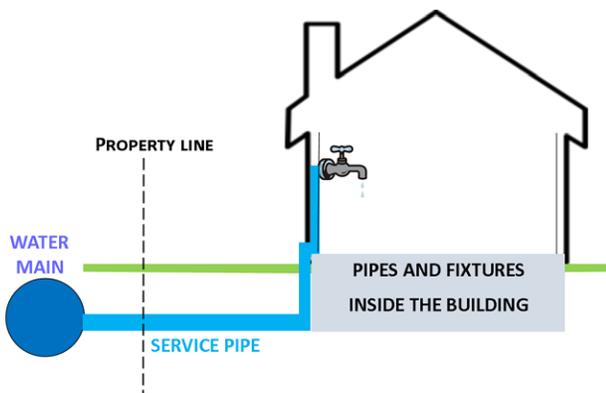
Drinking water is essential for children's health. According to the Healthy Beverages in Child Care Act (AB 2084), all licensed child care programs in California are required to have clean, safe, and accessible water readily available for children to drink throughout the day. Also, as of October 2017, all licensed child care centers in California and any family child care homes participating in the Child and Adult Care Food Program (CACFP) must offer water to children throughout the day.

What is done to ensure that drinking water is safe?

Tap water in the United States is generally safe. The Safe Drinking Water Act is a federal law that requires public water companies to test water regularly and meet strict federal standards. Water quality standards in California are even more rigorous than federal standards. Testing for water quality is done annually, and the results are sent to every customer in a Consumer Confidence Report (CCR). You can check the website of your local public water system for a current CCR.

How does tap water get to the faucet?

In most California communities, drinking water comes from a public water system where the water is collected, stored, tested for contaminants, and treated. The water then travels through large pipes (mains). Service lines (laterals) carry water from the mains



to the building. Plumbing pipes carry water to the faucets (taps) inside the building.

What if I get my water from a privately-owned water source?

Some child care providers get their water from ground-water wells, springs, or surface water instead of a public water system. California Community Care Licensing (CCL) regulations require an on-site inspection of privately-owned water sources and a laboratory report that shows the water is safe to drink. Contact your local public health department, the California Department of Public Health, or a licensed commercial laboratory for information about testing your water. Contact your regional child care licensing office for more information about child care regulations: www.ccl.ca.gov/res/pdf/CCListingMaster.pdf.

How can water get contaminated?

- Water can be contaminated at its source (for example, in reservoirs, groundwater, and rivers). However, public water systems treat this water to make it safe to drink. Water treatment includes removing contaminants and making the water less corrosive to pipes. When water leaves a public water system it is considered safe.
- Water can be contaminated after it leaves the public water system. As water flows through older plumbing, small pieces of lead can flake off of pipes and lead can leach into the water. Also, water standing in pipes or fixtures with lead solder can absorb lead. Homes and buildings built before 1986 are more likely to have pipes, solder, or fixtures that contain lead.

What are the health risks of drinking contaminated water?

Regular exposure to contaminants can cause serious illnesses and developmental problems in children. For example, lead can cause children to have lower IQ scores, learning disabilities, and difficulty paying attention. There is no known level of lead exposure

continued

that is considered safe, especially for children under age 6. Fortunately, you can test a water sample to find out if it has lead.

How can I get my water tested?

Most likely your water is safe to drink. However, if you are concerned about the safety of the drinking water in your building, a certified laboratory can test the water from individual faucets. The laboratory will either mail you supplies to collect water samples or send a technician to collect samples. Local public health departments, CACFP, or other advocacy groups may provide low-cost or free water testing for families and child care providers with financial need.

To find out more about testing your water:

- Contact your local public water system, or
- Call the Safe Drinking Water Hotline at 800-426-4791, or
- For a list of Certified Laboratories visit: www.epa.gov/dwlabcert/contact-information-certification-programs-and-certified-laboratories-drinking-water

What else can I do if I'm not sure the water from my tap is safe?

- Use only cold tap water from your faucet. Hot water dissolves lead from pipes more quickly. Generally, it is safer to use only cold tap water for drinking, cooking, and mixing infant formula.
- Clean your faucet screens and aerators which can collect particles and debris.
- If you haven't run the water for six hours, flush the faucets used for cooking or drinking by running the water for 30 seconds. Flush for up to two minutes (or until the water feels cooler) if the building is large or if the water has been sitting in the pipes for days or weeks. Water used to flush pipes can be collected and used for other purposes, such as watering non-edible plants and lawns.
- Consider using a water filter. Filters that are certified for National Safety Foundation (NSF) American National Standards Institute (ANSI) standard 53 remove lead and copper from drinking water. Always check product information labeling, and change filters according to the manufacturer's instructions.

What about drinking bottled water instead of tap water?

If your tap water is safe, there is no reason to buy bottled water. In fact, there are fewer regulations for

testing bottled water than tap water. Many resources go into producing and transporting bottled water. After the water is consumed, even more resources are used in the recycling and disposal process. These activities can harm our environment. In addition, most bottled water does not contain fluoride. Fluoride reduces the risk of tooth decay (cavities).

What about water filters?

Most people do not need to filter their tap water. However, water filters can be used to make water taste better or remove contaminants. Many devices for filtering water are available to consumers including: filter pitchers, small faucet-mounted filters, and "whole-house" filter systems.

- If your water is safe but you simply prefer the taste of filtered water, filter pitchers or faucet-mounted filters may be used. Some filters remove fluoride and other minerals such as calcium and magnesium.
- If you need to filter out contaminants, use a device that is certified by NSF. Not all water filters remove lead. (NSF certified product listings with information about specific contaminants can be found at http://info.nsf.org/Certified/DWTU/listings_leadreduction.asp?ProductFunction=053|Lead+Reduction&ProductFunction=058|Lead+Reduction&ProductType.)

What about water vending machines?

Some consumers use water vending machines to fill their own containers. A water vending machine dispenses tap water with some extra filtering. These machines may become contaminated if they are not properly maintained and inspected. Water from water vending machines may not contain fluoride.

What do I do if my tap water is contaminated?

Do not use contaminated water for drinking, cooking, making formula, or making ice. Instead, use bottled water until you have a reliable filtering system or the underlying problem is fixed (for example, lead free plumbing is installed).

If you participate in CACFP, bottled water or filtering equipment may be allowable costs, but be sure to get approval from your CACFP sponsor or California Department of Education nutrition consultant before making any purchases. If you find your water contains lead, notify the families of the children you care for so that their blood lead levels can be tested. Your local public health department can assist with testing children for lead.

continued

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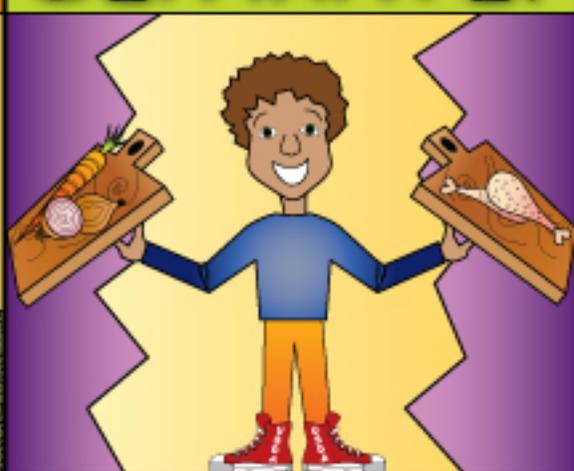
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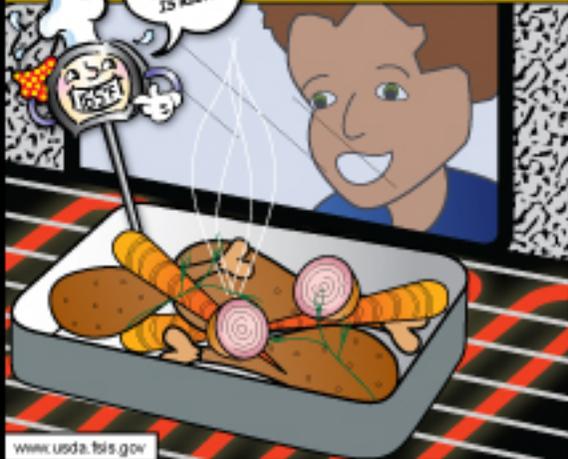
CLEAN!



SEPARATE!



COOK!



CHILL!



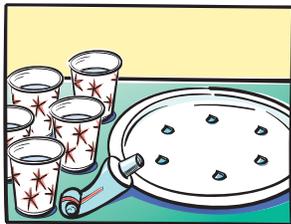


TOOTHBRUSHING



Use a soft bristled,
child-sized toothbrush

- Use fluoride toothpaste
Infants and toddlers: grain of rice-size amount
Preschoolers: pea-size amount



Do not share the toothpaste tube

- Dole out toothpaste on a sheet of disposable wax paper or along the edges of a paper plate.
- Have each child "pick up" a bit of toothpaste with toothbrush (one dab per child) or
- Give each child a small paper cup with a dab of toothpaste along the rim, and use the cup for rinsing after brushing.



Brush all tooth surfaces gently
and thoroughly

- Use a side to side motion.
- Brush along the edge of the gum, at the base of the teeth, where plaque can build up.



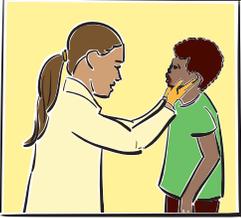
Assist child to

- Rinse with water.
- Spit into the sink (or cup if there is no sink).
- Children need supervision and assistance brushing their teeth until at least age 8.



**STOP
DENTAL
DISEASE**

HOW TO HANDLE DENTAL INJURIES



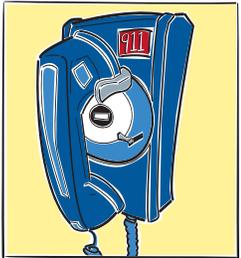
Check the child's injury

- Remain calm.
- Put on disposable gloves.
- Rinse with water to clean out any debris.
- Clean the area around the injury.



For a knocked out tooth

- If dirty, hold tooth by the crown and rinse root.
- Put tooth in milk.
- Contact parent/guardian to take child and tooth to dentist immediately.



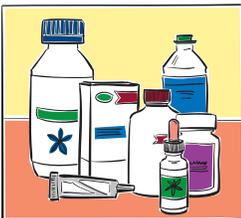
If a fractured jaw or head injury is suspected

- Seek emergency care (call 9-1-1).
- Do not move the jaw.



Apply ice or a cold pack to reduce swelling

- Place ice in a disposable glove or a small, closable plastic bag.
- Cover with a clean cloth to protect skin from extreme cold.
- Apply ice as tolerated for periods of 20 to 30 minutes.



Child-appropriate pain relievers

- If recommended by the health care provider, give pain reliever, with written permission of the parent.
- Children's Tylenol or Children's Motrin can be used.



Indoor Air Quality

When we think of air pollution, it is important to consider the air that is inside of our homes, workplaces, and other buildings. The Environmental Protection Agency has found that indoor air is two to five times more polluted than outdoor air, and considers contaminants in indoor air among the top five environmental risks to public health. Indoor air contaminants may have adverse effects on the health and comfort of infants, toddlers, preschoolers and the staff who care for them. Many health problems can be triggered by polluted air.

Young children and indoor air pollution

Young children are especially vulnerable to indoor air pollution. The same concentrations of pollutants can result in higher exposures to children because they breathe more air in proportion to their body weight than adults. Also, since children are growing and developing, the potential for damage to their respiratory and neurological systems is greater.

What are the health risks?

Some short-term health problems that may result from indoor air pollutants are headache, nausea, dizziness, infection and irritation of the eyes, nose and respiratory tract. Possible chronic and long-term effects include asthma, allergies, lung disease, cancer, and neurological damage.

What causes indoor air pollution?

- biological contaminants such as mold, dust mites, pet dander and cat saliva, pollen, rats and mice, cockroaches, bacteria and viruses
- gas stoves, wood stoves and kerosene heaters
- solvents, cleaning agents, air fresheners, cosmetics and perfumes
- dust from lead paint
- off-gassing of chemicals found in furnishings and consumer products such as carpeting and

upholstery, wood finishes, rug and oven cleaners, paints and lacquers

- art supplies such as glues, paints, dry erase markers and pens
- pesticides
- radon
- tobacco smoke and second-hand smoke

How can we reduce indoor air pollution?

Remove the source of the pollutant. Source control is the most effective, economical and time-efficient way to address indoor air quality.

Control moisture in the environment. Moist vapor, standing water and water-damaged materials are a breeding ground for mold, mildew, insects and bacteria. Prompt attention to moisture problems is essential to reduce the risk of adding contaminants into the air.

Provide ventilation. Ventilation means supplying outdoor air to the areas that are occupied by children indoors. Opening windows and safely using fans will provide ventilation. Windows should open no more than four inches and fans should not be accessible to children. When windows cannot be opened, rooms should be ventilated by a system that circulates air from outdoors. State laws set standards for the amount of fresh air that should enter the building during operation of the heating, ventilation, and air conditioning systems (HVAC). HVAC systems should be inspected to ensure that the vents that allow mixing of outdoor air are open. Failure to open the vents is common and results in unsafe indoor environments.

Maintain and inspect heating and air conditioning systems. Never burn charcoal indoors. Fireplaces, furnaces, gas heaters, air conditioners and ventilation systems need to be clean, dry and in good

repair. Filters should be changed regularly. Make sure that vents in HVAC systems are open.

Review custodial and housekeeping practices. Vacuum and damp mop for dust which may contain lead, dust mites, pesticides and other contaminants. Use proper dilutions for cleaning products and use products only for their intended purpose. Read labels and buy the least harmful product available. Products labeled “warning” or “caution” are less harmful than those labeled “poison” or “danger.” Choose cleaning products with fewer fumes such as baking soda and vinegar. Avoid products in aerosol sprays. Don’t use air fresheners—they do not improve air quality and use artificial chemicals.

Equip craft areas properly. Use art supplies such as glues and paints outside or in ventilated areas. Do not use materials that create toxic fumes or gases. Read the labels, as they are required to identify hazardous ingredients. Don’t store open, unused paints and craft materials. Supervise children closely.

Use pesticides only as a last resort. Use Integrated Pest Management (IPM) rather than spraying pesticides (for more information see *IPM Toolkit for Early Care and Education Programs*. Consult a specialist who is familiar with IPM.

What are useful policies for promoting indoor air quality?

Written policies show you are committed to providing a healthy child care setting and help avoid confusion when communicating with parents and staff. Communication about environmental issues is essential between caregivers, parents, grounds keepers, custodial staff and maintenance contractors. Policies may address:

- **Painting, renovations and repair.** Schedule these activities for times when children are not present. Test all painted surfaces for lead before painting. Choose licensed professionals with experience in dealing with lead paint and proper disposal of debris. Volunteers, although well meaning, are often not aware of the environmental risks to young children.
- **No smoking.** This includes all adults. Adults who live in the home of a family child care program as well as parents, relatives and staff should be aware of this policy.
- **Pest management.** Use IPM techniques.

- **Ventilation.** Arrange your space to provide adequate ventilation to high-need areas such as arts and crafts areas and diaper changing areas. Install window guards for safety. Regularly inspect and maintain HVAC systems.
- **School supplies and purchasing choices.** Purchase least toxic supplies. Install new products such as carpeting and furniture when children are not present, and provide ventilation for 48 to 72 hours after installation. (AAP, 2011) Choose low emission products.
- **Sanitizing and cleaning products.** Decide what products you will use for cleaning and sanitizing. Keep products in their original containers. Keep all chemicals out of the reach of children.
- **Pets.** Determine if you will allow pets in your program. Confine pets to a limited area that is easily cleaned.

Are air purifiers helpful?

Many products are sold as air purifiers. Ozone generators purposely introduce ozone into the air. Ion generators may introduce ozone into the air as a byproduct. Ozone can be harmful to children, so these devices are not recommended. Air filtration systems, if properly maintained, can be used as an adjunct to source control and adequate ventilation. Effective control at the source of pollution remains the most important step in maintaining air quality. (AAP, 2011)

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by Bobbie Rose, RN 08/05

(revised 06/16)

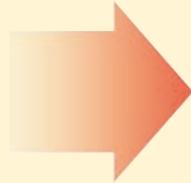
WORK SMARTER, NOT JUST HARDER

Think Ergonomics-fitting the task to the person
For very small businesses-child care providers



Avoid sitting on the floor too long without back support

1
USE BACK
SUPPORT
AND
STRETCH



Use the wall, furniture or large pillow for back support

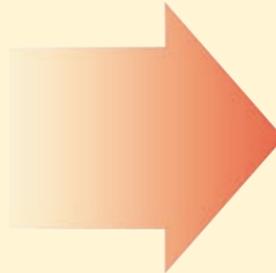


Do stretching exercises



Don't lift children with your back

2
LIFT
SMART

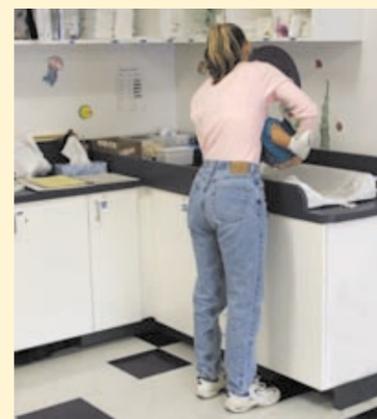
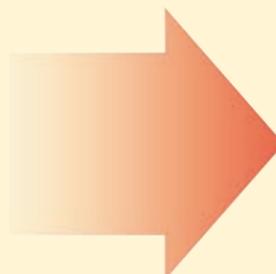


As you lift, bend your knees and keep the child close to you



Avoid twisting your body when lifting

3
AVOID
TWISTING
WHILE
LIFTING



Point your feet in the direction of the lift



Don't carry heavy loads by yourself

4
AVOID
CARRYING
HEAVY
LOADS



Carry lighter loads



Use a cart, or get a co-worker to help you

RISK OF INJURY AND STAGES OF DEVELOPMENT

Children are at risk for injuries because developmental factors limit their physical, mental and emotional abilities. They grow quickly and want to test and master their environment. Their curiosity, fearlessness and lack of safety knowledge put them at risk of attempting actions for which they may lack the skills and physical capabilities. The type of injuries children may incur is related to their development. For example, an infant's neck is too weak to support the weight of his head, so he will be at risk of serious injury and even death if shaken. Infants and toddlers explore their surroundings by putting objects in their mouths, and therefore are at risk of choking. Toddlers like to walk fast, climb and reach for objects, and therefore are at risk of falling or poisoning. Motor vehicle accidents are the leading cause of injury in all age groups.

As child care providers, we want to assure that children are challenged by their environment and can explore safely. Knowing the children in your care and being careful to remove hazards and set up the environment with their abilities in mind can prevent injuries. Because each child develops at her own rate and not according to any exact age, the examples below are only a framework. One child may crawl at six months, another at one year.

Examples of Stages of Growth, Risk of Injury and Prevention Tips

Age	Characteristics	Risk of Injury	Prevention Tips
Birth to 3 months	<ul style="list-style-type: none">• Eats, sleeps, cries• Has strong sucking reflex• Begins grasping and rolling over unexpectedly• Needs support of head and neck	<ul style="list-style-type: none">• Falls from couches, tables, changing tables and bed• Burns from hot liquids• Choking and suffocation• SIDS (Sudden Infant Death Syndrome)	<ul style="list-style-type: none">• Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface.• Always check water temperature before bathing infant. Set hot tap water temperature below 120° F.• Install smoke alarms and check the batteries twice a year.• Keep small objects and toys away from the baby.• Place infants on their backs to sleep, on a firm mattress, in an empty crib.• Do not use soft bedding in a baby's sleeping area.• Approved child safety seats must be properly installed in the back seat facing the back of the car, and used.

Age	Characteristics	Risk of Injury	Prevention Tips
4 to 6 months	<ul style="list-style-type: none"> • Sits with minimum support • Plays with open hands • Reaches for objects • Begins to put things in mouth • Is increasingly curious about surroundings • Wants to test, touch and shake objects 	<ul style="list-style-type: none"> • Vehicle occupant injury • Falls • Burns from hot liquids • Choking and suffocation • SIDS (Sudden Infant Death Syndrome) • Shaken Baby Syndrome 	<ul style="list-style-type: none"> • Approved child safety seats must be properly installed in the back seat facing the back of the car, and used. • Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Keep small objects and toys away from the baby. • Place infants on their backs to sleep, on a firm mattress, in an empty crib. • Do not use soft bedding in a baby's sleeping area. • Never shake a baby, even playfully.
7 to 12 months	<ul style="list-style-type: none"> • Sits alone • Very curious about everything • Crawls • Starts to walk • Explores surroundings • Pulls things • Likes to go outside • Imitates movements of adults and others • Begins eating solid food 	<ul style="list-style-type: none"> • Vehicle occupant injury • Falls • Burns from hot liquids and surfaces • Choking and suffocation • Sudden Infant Death Syndrome (SIDS) • Drowning • Shaken Baby Syndrome 	<ul style="list-style-type: none"> • Approved child safety seats must be properly installed and used. • Do not use walkers and other walker-type equipment. • Always check water temperature before bathing infant. Set hot tap water temperature below 120° F. • Keep hot foods and liquids out of the reach of children. • Put guards around radiators, hot pipes and other hot surfaces. • Place infants on their backs to sleep, on a firm mattress, in an empty crib. • Always carefully supervise; never leave a child alone in or near any water (including tubs, toilets, buckets, swimming pool or any other containers of water) even for a few seconds. • Never shake a baby, even playfully.

Age	Characteristics	Risk of Injury	Prevention Tips
1 and 2 years	<ul style="list-style-type: none"> • Likes to go fast • Is unsteady • Tries to reach objects • Runs • Walks up and down stairs • Likes to climb • Pushes and pulls objects • Can open doors, drawers, gates and windows • Throws balls and others objects • Begins talking, but cannot express needs 	<ul style="list-style-type: none"> • Motor vehicle injuries • Falls • Burns • Poisoning • Choking • Drowning • Child abuse 	<ul style="list-style-type: none"> • Put toddler gates on stairways and keep any doors to cellars and porches locked. • Show child how to climb up and down stairs. • Remove sharp-edged furniture from frequently used areas. • Turn handles to back of stove while cooking. • Teach child the meaning of “hot.” • Keep electric cords out of child’s reach. • Use shock stops or furniture to cover used and unused outlets. • Store household products such as cleaners, chemicals, medicines and cosmetics in high places and locked cabinets. • Avoid giving child peanuts, popcorn, raw vegetables and any other food that could cause choking. • Toys should not have small parts. • Always carefully supervise; never leave a child alone in or near any body of water even for a few seconds. • Check floors and reachable areas carefully for small objects such as pins, buttons, coins, etc.

Age	Characteristics	Risk of Injury	Prevention Tips
3 and 4 years	<ul style="list-style-type: none"> • Begins making choices • Has lots of energy • Seeks approval and attention 	<ul style="list-style-type: none"> • Traffic injuries • Burns • Play area • Poisons • Tools and equipment 	<ul style="list-style-type: none"> • Check and maintain playground equipment and environment. • Child should play on age and weight-appropriate equipment. • The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials. • Check that child is dressed appropriately to avoid strangulation (e.g., no drawstrings on shirt, jackets, etc.). • Store household products, medicines and cosmetics out of child’s sight and reach. • Teach child about the difference between food and nonfood, and what is not good to eat. • Watch child carefully during arts-and-crafts projects for mouthing of paints, brushes, paste and other materials. Use nontoxic supplies. • Store garden equipment, scissors and sharp knives out of reach. • Teach child the safe use of tools and other equipment, and supervise carefully when using.

Age	Characteristics	Risk of Injury	Prevention Tips
5 years and up	<ul style="list-style-type: none"> • Is stronger • Likes to explore the neighborhood • Will ask for information • Will seek out playmates • Becomes involved in sports • Plans and carries out ideas 	<ul style="list-style-type: none"> • Traffic injuries • Burns • Play area • Guns 	<ul style="list-style-type: none"> • Teach pedestrian and traffic safety rules. • Older children must wear safety belts. Be a positive role model: cross streets correctly and wear a safety belt at all times when traveling in a car. • Always use helmets even on bicycles with training wheels or tricycles. • Teach children how to drop and roll if their clothing catches fire. • Practice fire drills so child becomes familiar with the escape route and the sound of the smoke alarm. • Keep matches and lighters away from children. Stress bringing found matches to adults. • Check and maintain playground equipment and environment. • Child should play on developmental and weight-appropriate equipment. • The surface under and around play equipment should be soft and shock absorbent. Use specifically approved surface materials. • Teach safe play rules and encourage child to put toys away after playing. • Do not keep guns or any other weapons in the child care setting.



Model Health & Safety Policies

Safe Sleep Policy for Infants in Child Care Programs

All child care providers at _____ [program name] will follow safe sleep recommendations for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS), other sleep-related infant death, and the spread of contagious diseases:

1. Infants will always be put to sleep on their backs until 1 year of age.
2. Infants will be placed on a firm mattress, with a fitted crib sheet, in a crib that meets the Consumer Product Safety Commission safety standards.
3. No toys, mobiles, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding will be in the crib or draped over the side of the crib.
4. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult. Infants will not be dressed in more than one extra layer than an adult.
5. If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used.
6. The infant's head will remain uncovered for sleep. Bibs and hoods will be removed.
7. Infants will be actively observed by sight and sound.
8. Infants will not be allowed to sleep on a sofa/ couch, chair cushion, bed, pillow, or in a car seat, stroller, swing or bouncy chair. If an infant falls asleep anywhere other than a crib, the infant will be moved to a crib right away.
9. An infant who arrives asleep in a car seat will be moved to a crib.
10. Infants will not share cribs, and cribs will be spaced 3 feet apart.
11. Infants may be offered a pacifier for sleep, if provided by the parent.
12. Pacifiers will not be attached by a string to the infant's clothing and will not be reinserted if they fall out after the infant is asleep.
13. When able to roll back and forth from back to front, the infant will be put to sleep on his back and allowed to assume a preferred sleep position.
14. Our child care program is a smoke-free environment.
15. Our child care program supports breastfeeding.
16. Awake infants will have supervised "Tummy Time".



Courtesy of the Back to Sleep Campaign, NICHD, NIH, DHHS

References & Resources

Caring for Our Children, National Health and Safety Performance Standards, 3rd Edition. <http://nrckids.org/CFOC3/index.html>

American Academy of Pediatrics (AAP). (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment, and accompanying Technical Report, AAP Task Force on Sudden Infant Death Syndrome, Pediatrics 138 (5): e20162940. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

Safe Sleep for Infants in Child Care Programs: Reducing the Risk of SIDS and Other Sleep Related Infant Deaths <http://cchp.ucsf.edu/SIDS-Note>

CCHPTummy Time. <http://cchp.ucsf.edu/Tummy-Time-Note>

** This policy reflects the safe sleep research as of November, 2016.*



Health & Safety Notes

Safe Infant Sleep: Reducing the Risk of SIDS and Other Sleep-Related Infant Deaths

It is a truly tragic event when a seemingly healthy infant dies suddenly and unexpectedly. And when the death happens in a child care program, it can be devastating; not only for the family of the child, but also for the child care provider and other families in the program. Safe infant sleep practices and environments reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths.

SIDS is the death of an infant younger than 1 year of age that is unexplained after a thorough scene investigation, autopsy, and review of the clinical history. Ninety percent of SIDS deaths occur before an infant reaches 6 months of age, and peak between 1 and 4 months of age. Risk factors for SIDS include: unsafe sleep practices and environments; a critical period of development; and the individual vulnerability of an infant. Other sleep-related infant deaths (such as suffocation, asphyxia, entrapment, and strangulation) have similar risk factors.

A recent study showed that infants who die in child care were more likely to die during the first week. More deaths occurred when infants were:

- used to sleeping on their backs at home and were placed on their stomachs for sleep in child care
- allowed to sleep in an unsafe sleep environment in child care (for example: a car seat, stroller, futon, pillow, or bean bag) (Kassa, Moon, Colvin, 2016)

The American Academy of Pediatrics (AAP) recommends a safe infant sleep environment and safe infant sleep practices that can reduce the risk for all unexpected sleep-related infant deaths. (AAP, 2016)

Recommendations for Safe Infant Sleep Environments and Practices in Child Care Programs

- Place infants on their backs, for every sleep, until they are 1 year old.
- Place infants on a firm mattress, with a fitted sheet, that fits snugly in a crib. Only use cribs (including

bassinets and play yards) that meet current Consumer Product Safety Commission (CPSC) standards. Assign a crib to each infant, and place only one infant in a crib. No toys (including mobiles), soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or loose bedding should be in, attached to, or draped over the side of the crib.

- Do not allow infants to get overheated when they sleep. Provide a sleeping area that is well ventilated, at a temperature that is comfortable for a lightly clothed adult. If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used. Dress infants in no more than one layer more than an adult. Remove bibs, clothing with ties or hoods, and hats or other head coverings, and jewelry.
- Do not allow infants to sleep on a couch, sofa, armchair, cushion, futon, bed, or pillow; or in a car seat, stroller, swing or bouncy chair. If an infant falls asleep anywhere other than a crib, move the infant to a crib right away. If an infant arrives at your program asleep in a car seat, move the infant to a crib.
- Offer a pacifier for sleep, if provided by the family. Pacifiers do not need to be reinserted if they fall out after an infant is asleep. Do not attach a pacifier to a string or ribbon to be worn around an infant's neck or fastened to an infant's clothing.
- Actively supervise sleeping infants by sight and sound at all times. Provide adequate lighting so sleeping infants can be seen. Observe breathing and skin color. If a baby is found unresponsive with no breathing or pulse, begin CPR and call 9-1-1.

What Else Can Child Care Providers Do?

Enforce no-smoking laws and regulations

Infants who are exposed to smoke have a higher risk of dying from SIDS. California Community Care Licensing Regulations prohibit smoking in licensed child care centers and in family child care homes. California law prohibits smoking in a car when children are present.

continued

Create a safe sleep policy and educate staff

Having a policy for safe infant sleep is your promise to families that you are doing everything possible to keep their infant safe while sleeping. Give families a copy of your safe sleep policy upon enrollment. (See the CCHP Model Safe Sleep Policy for Infants in Child Care Programs.) Provide staff development on the principles of safe infant sleep. Closely monitor staff compliance with your safe sleep policy. Review your emergency response system with all staff members on a regular basis.

Be breastfeeding friendly

Breastfeeding is associated with a lower risk of SIDS. In many cases, returning to work is a barrier to breastfeeding. Support mothers to continue breastfeeding after their maternity leave is over and they return to their work or school schedules. For information on how to support breastfeeding families (including a sample policy; an infant feeding plan template; and information on safely handling, storing, and feeding breastmilk), see *Supporting Breastfeeding Families, a Toolkit for Child Care Providers* on the resource list.

Educate families

Discuss safe infant sleep practices with families. Include information about: room-sharing without bed-sharing, breastfeeding, not allowing infants to routinely sleep in car seats, not smoking around infants, keeping immunizations up-to-date.

Distribute written handouts, and put up posters on your walls or bulletin boards. Provide information about safe sleep upon enrolling new families. Reach out to the SIDS Coordinator at your local health department for support with family education and staff development.

Provide supervised “Tummy Time” when infants are awake

Tummy time is important for infant growth and development. It builds muscle strength and coordination in the head, neck, shoulders, abdomen, and back that are needed to reach important developmental milestones (such as how to push up, roll over, sit up, crawl, and pull to a stand). Infants must be awake and supervised for Tummy Time. See the CCHP Health & Safety Note, *Tummy Time for Infants* on the resource list.

Monitor the immunization status of infants

Research suggests that immunizations may protect against SIDS. California law requires children to be immunized before child care entry. Child care programs are required to enforce the immunization laws, maintain records, and submit reports to public health agencies.

Crib safety

Do not resell, donate or give away a crib that does not meet the current crib standards. CPSC recommends disassembling an old crib before discarding it. Local public health departments and advocacy groups can help provide low-cost or free cribs or play yards for families and child care providers with financial need.

What if infants roll over?

Once infants can roll from front to back, and from back to front easily, continue to place them on their backs for sleep, but allow them to assume their preferred position.

About swaddling...

Although some newborns and young infants may be swaddled for sleep at home, *swaddling of infants is not recommended in child care programs*. (AAP, NRC, APHA, 2011) The risk of death is high if swaddled infants are placed on, or roll onto, their stomachs. (AAP, 2016) In the home, swaddling should not be used once an infant shows signs of trying to roll over (usually before an infant is three months old).

References & Resources

American Academy of Pediatrics (AAP) *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, and accompanying Technical Report, Task Force on Sudden Infant Death Syndrome, Pediatrics, November, 2016. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education (AAP, APHA, NRC), *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early care and Education Programs*, 3rd Edition (CFOC3). <http://nrckids.org/CFOC3/index.html>

California Department of Public Health Sudden Infant Death Program, SIDS Coordinators www.cdph.ca.gov/programs/SIDS/Pages/5.0SIDScoordinators.aspx

California Childcare Health Program (CCHP) *Tummy Time* <http://cchp.ucsf.edu/Tummy-Time-Note>

CCHP *Safe Sleep Policy for Infants in Child Care Programs* <http://cchp.ucsf.edu/Safe-Sleep-Policy>

Kassa, H., Moon, R., Colvin, J., *Risk Factors for Sleep-Related Infant Deaths in In-Home and Out-of-Home Settings*, Pediatrics, November 2016

National Institute of Child Health and Development (NICHD) Safe to Sleep® Campaign www.nichd.nih.gov/sts/about/Pages/default.aspx

Supporting Breastfeeding Families, a Toolkit for Child Care Providers, Los Angeles County Department of Public Health, Revised from the Alameda County Toolkit, May 2016 http://www.publichealth.lacounty.gov/mch/CAH/Breastfeeding_toolkit_May2016_C.PDF

United States Consumer Product Safety Center (CPSC) Cribs <https://www.cpsc.gov/safety-education/safety-guides/kids-and-babies/cribs>

Shaken Baby Syndrome/Abusive Head Trauma

Pediatric abusive head trauma is an injury to the skull or brain of an infant or young child due to inflicted blunt impact and/or shaking. The term “shaken baby syndrome” describes a set of symptoms seen in infants who have sustained a head injury from shaking. Medical professionals have recommended replacing the term “shaken baby syndrome” with the term “abusive head trauma” because it includes the various ways a child could suffer a head injury as a result of abuse such as: shaking; dropping; throwing; hitting; or hitting child’s head against a surface or object while shaking.

Long term Effects of Abusive Head Trauma

Children who are victims of abusive head trauma may experience mild to severe injuries. The following may occur as a result of the bleeding or damage caused by abusive head trauma: partial or total blindness; hearing loss; paralysis; problems with motor development; seizure disorders; cerebral palsy; sucking and/or swallowing disorders; intellectual disabilities; speech and language delay or disability; problems with executive function; and attention, memory, and behavior problems. Because of the serious nature of these injuries, it is crucial that child care providers have policies in place for preventing and identifying shaken baby syndrome/abusive head trauma.

Developmental Vulnerabilities and Abusive Head Trauma

Infants are especially vulnerable to abusive head trauma. Their fragile brains and skulls are rapidly developing and a sudden impact can cause irreversible injury. In addition, infants are unable to express their needs and feelings using words. Instead, they cry. A phase of alarming crying is considered a normal developmental phase in young infants. Caregiver anger or frustration over prolonged crying is associated with the risk for shaking that can result in serious injury or death. Other risk factors for abusive head trauma in infants and young children include: having special needs; having multiple siblings; living in poverty; and having colic or other kinds of pain and discomfort.

Caregiver Training

The first step to protect young children from shaken baby syndrome/abusive head trauma is to raise awareness through education. All child care providers who work with infants and young children need periodic training in preventing abusive head trauma. Training should include 1) strategies for coping with a crying, fussy, or distraught infant or child and 2) information on how to recognize the signs of shaken baby syndrome/abusive head trauma.

Strategies for Coping with a Crying Infant or Child

All babies cry. While it can be difficult to hear, the following strategies can help a caregiver act safely when faced with a persistently crying baby.

Manage your stress and practice self-care. Be aware of your feelings of increasing frustration or anger, and use a calming strategy that works for you. For example, take a few deep breaths or breathe deeply while counting to ten. If you are unable to bring your frustration under control on your own, then find a way to take a break from the situation without leaving children unsupervised, such as:

- Asking a coworker to take over with a challenging child,
- Asking for another assignment,
- Taking a short break.

Learn about typical infant development and how to manage infant crying. Try different techniques for soothing crying infants. Some babies cry more and other babies cry less, but it is normal for babies to cry. For more information about understanding and managing crying, see Period of PURPLE Crying® www.purplecrying.info

The following child care setting mitigations to reduce shaken baby syndrome/abusive head trauma are acceptable per California Child Care Licensing Regulations for providers who may be alone in family child care homes:

- The child care provider may designate a qualified substitute provider who can provide relief to a child care provider who is stressed by a baby's crying. It is appropriate to ask someone to help take care of a crying baby while the care provider gets some respite. In licensed child care, the only acceptable substitutes are those who have been fingerprint-cleared and meet all necessary requirements established by Title 22 and the Health and Safety Code.
- The parent/guardian may also designate an emergency contact, in addition to herself/himself, that can be called if the baby's crying is alarming.
- If a child care provider realizes that a baby's crying is a trigger for the provider's negative stress reactions, that provider should consider not providing care to infants.

Remember: it is never okay to shake or strike a child.

Signs of Shaken Baby Syndrome/Abusive Head Trauma

As a child care provider, you may be the first to recognize when a child has been a victim of abusive head trauma. It's important to know the signs and respond so that the child can receive medical attention as quickly as possible. In many cases there are no symptoms at all, but in more severe cases an infant or young child may have:

- Difficulty staying awake,
- Irritability, lack of smiling,
- Poor sucking or swallowing, decreased appetite, or vomiting
- Decreased muscle tone,
- Inability to lift the head,
- Difficulty breathing, blue color (due to lack of oxygen),
- Unequal pupil size,
- Inability to focus the eyes or track movement,
- Bleeding around the eyes,
- Bulging or swelling of the head, forehead, or soft spot
- Bruises around the head, neck, or chest
- Rigidity of the body,
- Tremors, seizures,
- Coma.



Child Abuse Prevention

What is child abuse?

Child abuse is a non-accidental injury or pattern of injuries to a child for which there is no reasonable explanation. It is a very sensitive issue that needs to be carefully handled.

There are different types of child abuse. In *physical abuse*, children are slapped, hit, kicked or pushed, or have objects thrown at them, causing wounds, broken bones or other injuries. Severe physical abuse can cause major injury, permanent physical or emotional damage, or even death. *Sexual abuse* includes a wide range of sexual behavior, including fondling, masturbation, intercourse or involving children in pornography. *Emotional abuse* involves humiliation, dishonoring or other acts carried out over time that terrorize or frighten the child. *Neglect* means not feeding or caring for a child's basic needs or not adequately supervising a child.

Child abuse is usually a pattern of behavior, not a single act. Children are most often abused by parents, stepparents or other caregivers.

You can protect children from abuse

Reporting suspected child abuse is difficult, but the children you care for trust you to protect them from people who might hurt them. *Respond to your "gut" feeling and take actions that may save a child from harm!*

All child care providers are required by law (mandated) to make a report to their local Child Protective Services agency if they have a **reasonable suspicion** that a child in their care has been abused or neglected. This includes child care center directors, teachers and aides, family child care providers, and school-age child care providers. The center or agency you work for is not allowed to fire or discipline you for making a report, even if your supervisor disagrees with you.

What is reasonable suspicion?

Reasonable suspicion is the legal term used in California's child abuse reporting law. Reasonable suspicion means the suspicion is based on facts that would cause a reasonable person to suspect child abuse.

Remember, you don't have to be sure that abuse or neglect has occurred, but you must have a reasonable suspicion. You cannot be punished for reporting child abuse, but if you do not report, you can be punished. You can call your local Child Protection Services agency for advice if you are not sure. Call 9-1-1 if the child is in immediate danger or if the child needs urgent medical care.

Behaviors suggesting abuse or neglect

The following behaviors could indicate abuse or neglect. *Remember that all children occasionally act in these ways.*

- Mood swings.
- Fear of certain people.
- Grouchiness or irritability.
- Is "too good," does not test boundaries.
- Uses manipulative behavior to get attention.
- Low self-esteem.
- Unexplained developmental delays.
- Inability to get along with other children.
- Is wary of adult contact, rejects affection.
- Has a vacant expression, cannot be drawn out.
- Seeks constant affection from anyone; is very clingy.
- Complains frequently of stomach aches or other pains; vomits.

What should you do if you suspect abuse?

You must report it.

1. It may help to talk to other staff members to see what they think. But even if they disagree with your opinion, *if you have a reasonable suspicion of abuse or neglect, you must report it.* It is your legal responsibility. Remember, you cannot get in legal trouble for making a report, only for not making one when you have reason to suspect abuse.

2. Make a report by phoning the local Child Protective Services agency (CPS) or, in an emergency, call the police. You will also need to fill out a form and send it to CPS within 36 hours. You have the right to get information from CPS about what happens to the family after the report is made.
3. Tell the CPS worker about your relationship with the family and ways you can support the family.
4. After making your report, be sure to call your Community Care Licensing evaluator and tell him or her of the situation. This protects you from possible complaints by the parents and lets the evaluator know you are acting responsibly.

Reporting suspected child abuse can be difficult

Thinking about child abuse can feel bad, and taking action can be difficult. Even though you care very much about the child and know your legal duty, you may still:

- Doubt your own judgment and feel disbelief that this family could commit child abuse.
- Fear that the parents may threaten or harm you or the child.
- Fear that you will lose your job or that the child will be withdrawn from your program.
- Feel nervous about dealing with authorities because of bad past experiences.
- Have strong emotions about child abuse because of your own family experiences.

All of these feelings are normal reactions to a stressful situation. While carrying out your responsibility to report suspected abuse, don't forget your own feelings. Find the emotional support you need.

Should you talk to the child's parents?

Whether you talk to the child's parents will depend on the situation, your relationship with the family, and where the abuse occurred. Think about whether talking to the parents might put the child in danger. If you are unsure, talk it over with the Healthline staff or the social worker at the Child Protective Services agency.

If you do talk to the parents, tell them that you made a report and what you said. Explain that you were required by law to do this. Tell them how the process works and what might happen next. Even though you may feel angry or scared, remember the parents need help and support to find a way out of the abuse cycle. Ask what you can do to help and offer information about local support services.

What should you say to the staff, the other families and the children?

When you make a report, talk to the people at the Child Protective Services agency to find out what will happen next. Remember that the family has a right to privacy. Information about them is confidential unless they give you permission to share it with specific people. You can tell those staff members who work with the child that a report has been made and what to expect.

Other parents may be aware of the problem. You can reassure them that their children are not in danger without telling them any confidential information. You can simply say that you have concerns about the child and are doing whatever you can to help. If the child has left your care, you can just say that he/she has gone on to another program; you don't need to say why.

You may also need to say something to the other children in your program. If the child leaves, you can simply tell the other children that he/she has left, and that you will miss him/her. If the child is receiving extra attention, you can explain to the others that you are helping make sure that he/she is okay, which takes extra time. You should add that you would do the same for them if they needed help.

What you can do to prevent child abuse

Child care settings are the only places where young children are seen day after day by people trained to observe their appearance, behavior and development. You may be the first person to suspect and report abuse and neglect. You also may be the biggest source of support and information available to the parents you serve. You can:

- Give families information on child development and appropriate discipline.
- Model good child care practices.
- Build a trusting relationship with families and discuss concerns.
- Help families establish positive relationships with their children.
- Refer families to community resources and support services.
- Inform parents that you are required to report suspected child abuse.
- Know the signs of parent burnout so you can offer support.
- Have a parent-staff workshop at your center with information about the issues.
- Educate young children about their right to say no.

Indicators of the three types of child abuse★

Physical Signs		
Neglect and Emotional Abuse	Physical Abuse	Sexual Abuse

The child:

- Is underweight or small for age
- Is always hungry
- Is not kept clean
- Is inappropriately dressed for weather
- Has not received needed medical care

The child:

- Has unexplained bruises or welts in unusual places
- Has several bruises or welts in different stages of healing, in unusual shapes, or in clusters
- Has unexplained burns
- Has unexplained broken bones or dislocations
- Has unexplained bites or explanation for injury differs from that of a parent or caretaker

The child:

- Has difficulty walking or sitting
- Is wearing torn, stained or bloody underwear
- Has pain, swelling or itching of genitals
- Has bruises, cuts or bleeding on genitals or anal area
- Feels pain when urinating or defecating
- Has a discharge from the vagina or penis, or a sexually transmitted disease

Behavioral Signs		
Neglect and Emotional Abuse	Physical Abuse	Sexual Abuse

The child:

- Begs for or steals food
- Frequently arrives at child care early and leaves later than expected
- Has frequent, unexplained absences
- Is overtired or listless

The child:

- Tells you he has been hurt by parents or others
- Becomes frightened when other children cry
- Says the parents or caretakers deserve to be punished
- Is afraid of certain people

The child:

- Acts withdrawn, over-involved in fantasy, or much younger than age
- Displays sophisticated or bizarre sexual knowledge or behavior
- Exhibits excessive or unusual touching of genitals
- Tells you that he/she has a secret he/she is not allowed to tell anyone
- Tries to hurt him/herself

**Many of these indicators also occur with children who have not been abused. Look for clusters of indicators, and do not reach the conclusion that a child has been abused too quickly. Remember, you must report your reasonable suspicion of abuse.*

*Produced by the California Childcare Health Program
and the California Consortium to Prevent Child Abuse through a grant from the Pacific Mutual Foundation*

California Childcare Health Program • <http://cchp.ucsf.edu>

Local Resources on Child Abuse Reporting and Prevention

(fill in the phone numbers of your local resources and post)

Child Protective Services Agency: _____

Child Abuse Prevention Council: _____

Warm Line for Counseling: _____

Note: A warm line may be run by peers or volunteers. Warm lines do not provide urgent, professional, mental health services.

Local Law Enforcement: _____

Domestic Violence/Rape Crisis: _____

Counseling/Mental Health Services: _____

Other Child Abuse Counseling/Parent Support Services: _____

Remember:

- Never hit or physically injure a child, physically restrain a child, belittle a child, or deprive a child of food, sleep or toileting.
- If you feel you may hurt a child—take a break, talk to a co-worker, call your local child abuse prevention program, council or warm line.
- If you are working with families from a different culture, you might consult with a local resource, i.e. Asian Resources, Indian Health Services, etc.
- It is always a good idea to keep very careful notes when you are concerned about a child. Record your observations, the circumstances, time and date. Date and sign all notes.
- Note any significant changes in the child's contacts with others.
- **And above all, remember—if you suspect abuse, you *must* report it.**

Be Prepared...

Before anything happens, complete this resource sheet and put it by your phone. Call your local Child Protective Services (CPS) agency to learn more about their procedures and ask them to send you report forms to keep in your file. Inform parents when they enroll their child that you are a mandated reporter.

rev. 3/01, 02/17

FREE ONLINE TRAINING

Starting in 2018, Mandated child abuse reporting training is required for all licensed child care providers in California (AB 1207). *Mandated Reporter Training for Child Care Workers* satisfies the requirements of AB 1207.

Please visit: <http://mandatedreporterca.com> for the free online training.

Children In and Around Cars

What you need to know to keep kids safe around vehicles.



Most parents know how important it is to have their children buckled up on every ride, but according to the Centers for Disease Control and Prevention, nearly 10 percent of motor vehicle-related deaths to children do not occur in traffic. Such incidents happen somewhere other than a public highway, street or road — for example, when children are struck by vehicles in parking lots or driveways or when they are left unattended in vehicles. These entirely preventable injuries and deaths are a serious public health issue.

Safe Kids USA, in partnership with General Motors, wants to end these needless deaths and injuries by reminding parents and other caregivers about the dangers of allowing children to play in or around cars. Vehicles are not toys, and children of any age should never be alone around them.

For more information, contact
Safe Kids USA
202-662-0600
www.safekids.org

Safe Kids USA
1301 Pennsylvania Avenue, NW
Suite 1000
Washington, DC 20004

Proud Program Supporter



Never Leave Your Child Alone

How does a hot car put children in danger?

From 1998 to 2010, more than 494 children – most of them 2 years old and younger – died from heat stroke after being left or becoming trapped in a car.

These deaths fall into three main categories: children who were trapped while playing in a vehicle without supervision; children who were accidentally left behind; and children who were intentionally left alone in a car.

Leaving a child in a vehicle for a “quick” errand is a huge mistake. A delay of just a few minutes on a warm day can lead to tragedy.

Heat is much more dangerous to children than it is to adults. When left in a hot vehicle, a young child’s core body temperature can increase three to five times faster than that of an adult, which can cause permanent injury or even death.

According to research conducted by San Francisco State University, even with relatively cool temperatures outside — 70 degrees — the inside of a car can reach a dangerous temperature in just minutes.

Checklist for Parents and Caregivers

- Teach children to never play in, on or around vehicles.
- Never leave a child unattended in a vehicle, even with the window slightly open.
- Always lock a vehicle’s doors and trunk, especially at home. Keep keys and remote entry devices out of children’s reach.
- Watch children closely around vehicles, particularly when loading and unloading. Check to ensure that all children leave the vehicle when you reach your destination. Don’t overlook sleeping infants.
- Be especially careful if you’re dropping off infants or children at a day care provider if that’s not part of your normal routine.
- Place something you’ll need at your next stop — for example, a purse, lunch, gym bag or briefcase — on the floor of the back seat where the child is sitting. This simple act could prevent you from forgetting your child.



Spot the TotSM

Each year almost 2,500 children ages 1 to 14 go to emergency rooms with injuries sustained from a vehicle backing up. On average, another 230 kids in that same age group die, according to the Centers for Disease Control and Prevention. Danger can come from any direction, and children should never play in driveways, in parking lots or on sidewalks when vehicles are present.

Parents, caregivers, drivers, and kids can all do their part to make sure that children do not share the same space as vehicles. Spot the Tot teaches simple ways to keep children safer around vehicles.

Checklist for Parents and Caregivers

- Walk all the way around your parked vehicle to check for children, pets or toys before getting in the car and starting the engine.
- Use a Spot the Tot window sticker as a reminder to walk around the vehicle before every trip.
- Make sure young children are always accompanied by an adult when getting in and out of a vehicle.
- Identify and use safe play areas for children away from parked or moving vehicles.
- Designate a safe spot for children to go when nearby vehicles are about to move.
- Firmly hold the hand of each child when walking near moving vehicles and when in driveways, in parking lots or on sidewalks.

SPOT THE TOTSM is a service mark of Primary Children's Medical Center Foundation.

Preventing Trunk Entrapment

For many kids, a car trunk looks like a fun place to play or hide. Tragically, many families have discovered that kids can get in but they can't always get out. A trunk can be deadly for an unattended child.

Children can access trunks in several ways, even without having the vehicle's keys. Most cars have a lever or button located near the driver's seat that pops the trunk open, while other cars also have fold-down seats or a "pass through" that enables children to climb into the trunk from the back seat. Always lock all vehicle doors.

Cars manufactured after 2001 must have an emergency trunk release — a glow-in-the-dark handle that will open the trunk from the inside in an emergency. Through our Preventing Trunk Entrapment program, Safe Kids Worldwide encourages parents to show children where the handle is located and how it works and remind them never to play with the device. Parents should also teach children that vehicles are not toys, and they should remember that unlocked cars are open invitations for children to explore.

Checklist for Parents and Caregivers

- Teach children that trunks are only used to transport cargo and are not safe places to play.
- Show children how to locate and use the emergency trunk release found in newer cars.
- If a child is missing, check vehicle trunks immediately.
- Always lock a vehicle's doors and trunk — especially at home — and keep keys out of children's reach.

new!

California Car Seat Law Changes

EFFECTIVE JANUARY 1, 2017



NEW ADDITION

Starting January 1, 2017, children under 2 years old must be rear facing unless they weigh 40 pounds or more, or are 40 inches tall or more.

Children must be properly buckled in a car seat which is rear facing until age 2

CURRENT LAW

Children under age 8 must be buckled into a car seat or booster in the back seat.

Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

Everyone in the car must be properly buckled up.

Most children will outgrow an infant seat before age 1

- The next step is a convertible car seat.
- Rear facing is 5 times safer than forward facing.
- The American Academy of Pediatrics recommends that children ride rear facing to the highest weight or height allowed by the car seat manufacturer.

Kaitlyn's Law

It's against California law to leave a child who is 6 years of age or younger alone in the car without the supervision of a person at least 12 years old if:

1. The keys are in the ignition or the car is running, or
2. There is a significant risk to the child.

FINES & PENALTIES

For each child under 16 who is not properly secured, parents (if in the car) or drivers can be fined more than \$500 and get a point on their driving records.

Keep your children safe. It's the law!



For answers to your child safety seat questions, contact your local health department or visit cdph.ca.gov/vosp.



School Bus Safety Tips

Everything you need to know to keep your kids safe in and around the school bus.

Taking the bus for the first time is a big step for your child. Help your kids get a gold star in bus safety by following these tips.

- Walk with your kids to the bus stop and wait with them until it arrives. Tell kids to stand at least three giant steps back from the curb as the bus approaches and board the bus one at a time.
- Teach kids to wait for the bus to come to a complete stop before getting off and never to walk behind the bus.
- If your child needs to cross the street after exiting the bus, he or she should take five giant steps in front of the bus, make eye contact with the bus driver and cross when the driver indicates it's safe. Teach kids to look left, right and left again before crossing the street.



- Instruct younger kids to use handrails when boarding or exiting the bus. Be careful of straps or drawstrings that could get caught in the door. If your children drop something, they should tell the bus driver and make sure the bus driver is able to see them before they pick it up.
- Drivers should always follow the speed limit and slow down in school zones and near bus stops. Remember to stay alert and look for kids who may be trying to get to or from the school bus.
- Slow down and stop if you're driving near a school bus that is flashing yellow or red lights. This means the bus is either preparing to stop (yellow) or already stopped (red), and children are getting on or off.

School buses are the safest mode of motorized transportation for getting children to and from school, but injuries can occur if kids are not careful and aware when getting on and off the bus.





Field Trip Safety Tips

Taking a day trip with young children can provide wonderful learning opportunities to enrich and extend your curriculum—but day trips are not for the faint of heart! However, with careful planning, adequate staffing and a spirit of adventure, adults and children can safely enjoy outings. Below is important information to consider when planning and making field trips with young children.

Research your destination before you take a trip

Before selecting a field trip site, providers/teachers should consider why they are taking children on this field trip. Is this an activity that can only take place away from the child care program, such as a visit to a children's theater? Or could this experience occur just as well at the program site? For example, if you want children to learn about firefighters, you can visit the local fire station or instead you might ask your local fire department to come to your site with their equipment and a firetruck.

Be sure the destination you have chosen is safe and appropriate for young children. If possible, visit the site in advance of announcing the trip. Look at the site from a safety perspective, such as potential falls, entrapments, choking/poisoning hazards, etc. Remember, destinations such as parks, zoos, or landmarks are usually not "child-proofed." Talk to others who have visited already, preferably those who have gone there with young children.

Find out if there are accessible restrooms and a supply of running water. What are the best times to visit to avoid large crowds? Are there generally many other groups of children at the same time? Are there hazards such as unfenced bodies of water, loose animals, poisonous plants, or stairs without secure railings? Does the trip require a long walk through a parking lot or along a busy street? Gathering this

type of information ahead of time will help you choose an appropriate destination.

Obtain written consent for each participating child

A permission slip specific to the trip should be distributed to families ahead of time, to be completed by the parents or guardians. The permission slip should include details about the trip, the date on which it will occur, the destination and its address, the mode(s) of transportation to be used, and the estimated times of the group's departure and return.

In addition to permission to attend, the permission slip should also include consent for emergency care if required during the trip. Parents must provide contact information so that the parent or a designated contact can be reached immediately to assume responsibility in the event of an emergency. Make sure the information you take with you is current. Only children whose parents have signed and returned a permission slip should participate.

Maintain staffing requirements

During travel and at your destination, maintain the appropriate ratio of staff to children at all times. Parents should be welcome, and having additional adults around will certainly make the logistics of travel easier. However, parent participation must comply with current licensing regulations, and parent volunteers are not to be counted as substitutes for trained child care staff.

Use child safety restraints

If your trip requires traveling in cars or vans, each participating child must travel in a car safety seat or booster that is appropriate for their age and weight. Preferably, parents will provide a seat that is already set up to fit the child to minimize the amount of time spent fidgeting and adjusting straps and buckles on the day of the trip.

Older children should buckle the lap belt and shoulder belt. Never double-buckle children in seat belts; each child should have his or her own seat belt to provide the best possible protection.

Bring important health and safety materials with you

Assemble a first aid kit and designate one staff member to carry it in a backpack or fanny pack. Contents should include:

- Disposable nonporous gloves
- Adhesive bandages of assorted shapes/sizes
- Gauze pads/rolls and bandage tape
- Scissors and tweezers
- Thermometer (not made of glass)
- Eye dressing
- Cold pack
- Bottled water
- Sunscreen
- Small splints
- Soap or disposable hand wipes
- Plastic bags for disposal of soiled materials
- A simple first aid guide or chart
- Any emergency medications potentially needed by participants
- List of emergency phone numbers, parent contact information, and poison control numbers
- A functional cell phone or coins for pay phones
- A pen or pencil and a small notepad, for taking down emergency notes or instructions

In addition, carry with you the care plans describing any special health needs of participating children. For example, if a participating child has asthma, the kit should contain the care plan as well as any medications or equipment he or she may need.

Transport medications in a back pack, and keep them at the appropriate temperature. Check medications for special storage instructions (for example, does it need to be refrigerated or kept out of sunlight?). Ice packs may be used if medications need to be kept cool. Do not leave medications in vehicles as they can reach high temperatures in a short time.

Plan for safe and nutritious food

If your trip will include a meal or snack, be sure to prepare food safely. Perishable items are generally

not practical, since they require refrigeration or packing in ice. If the destination doesn't offer drinking fountains, participants will need to carry water to drink to prevent dehydration. The ability of children to carry their own backpacks or lunch sacks will depend on their ages and developmental levels. At the very least, for a short trip, a nutritious snack should be carried by the adults and distributed to the children at an appropriate time.

Maintain basic hygiene

Practice hand washing prior to eating, even when you are away from your site. It may be necessary to carry hand sanitizer to accomplish this, if there is no access to clean running water on your trip.

Identifying labels, and apparel

Identify the children in your group with a special sticker, or even matching tee-shirts. Ready visual identification of the children in your group is especially helpful where there are many groups of young children present.

Bring a roster sheet of participants

Bring a roster sheet of participants. An accurate list of children who have been signed in on the day of the trip is crucial. Use this list to conduct frequent exact head counts. Count the children as you leave the program, once they are in the vehicle(s), as they exit the vehicle(s), and when they get into the designated building or area. The roster should also allow for a parent or designated contact to sign out a child during the trip, if necessary.

References and Resources

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs, 3rd Edition. cfoc.nrckids.org

State of California Department of Social Services, Community Care Licensing Division, Title 22

Planning a Field Trip. childcarecentral.org

Field trip safety: www.childhealthonline.org/field_trip_safety.htm.

by Eileen Walsh, RN, MPH (updated 5/2016).

Injury Report Form

Fill in all blanks and boxes that apply

Name of Program: _____ Phone: _____

Address of Facility: _____

Child's Name: _____ Sex: M F Birthdate: __/__/__ Incident Date: __/__/__

Time of Incident: ____:____ am/pm Witnesses: _____

Name of Legal Guardian/Parent Notified: _____ Notified by: _____ Time Notified: ____:____ am/pm

EMS (911) or other medical professional Not notified Notified Time Notified: ____:____ am/pm

Location where incident occurred: playground classroom bathroom hall kitchen doorway
 large muscle room or gym office dining room unknown other (specify) _____

Equipment/product involved: climber slide swing playground surface sandbox trike/bike hand toy
(specify): _____

other equipment (specify): _____

Cause of injury: (describe) _____

fall to surface; estimated height of fall _____ feet; type of surface: _____

fall from running or tripping bitten by child motor vehicle hit or pushed by child injured by object

eating or choking insect sting/bite animal bite injury from exposure to cold other (specify): _____

Parts of body injured: eye ear nose mouth tooth other part of face other part of head neck
 arm/wrist/hand leg/ankle/foot trunk other (specify): _____

Type of injury: cut bruise or swelling puncture scrape broken bone or dislocation sprain
 crushing injury burn loss of consciousness unknown other (specify): _____

First aide given at the facility: (e.g., comfort, pressure, elevation, cold pack, washing, bandage): _____

Treatment provided by: _____

no doctor's or dentist's treatment required

treated as an outpatient (e.g., office or emergency room)

hospitalized (overnight) # of days: _____

Number of days of limited activity from this incident: _____ Follow-up plan for care of the child: _____

Corrective action needed to prevent reoccurrence: _____

Name of official/agency notified: _____ Date: _____

Signature of staff member: _____ Date: _____

Signature of Legal Guardian/Parent: _____ Date: _____

copies: 1) child's folder 2) parent 3) injury log



Young Children and Disasters

Disasters and trauma

After experiencing a disaster—whether it is a flood, earthquake, fire, or human caused event, children may react in ways that are difficult to understand. Even if children are not physically injured, the emotional response can be strong. They may act clingy, irritable or distant, and although they are very young and do not seem to understand what is going on, they are affected as much as adults. Adult fears and anxieties are communicated to children in many ways. The experience is more difficult for them, as they do not understand the connection between the disaster and all the upheaval that follows. They need reassurance that everything is all right.

There is a wide range of “normal” reactions for children following a disaster, most of which can be handled with extra support at home, child care and school. In some cases, professional intervention may be needed, despite everyone’s best efforts. Early intervention can help a child avoid more severe problems.

Message to parents

Some ways to provide reassurance after a disaster are:

- Try to remain calm.
- Remember the effect and anxiety produced by watching television coverage or listening to the radio. Keep TV/radio/adult conversations about the disaster at a minimum around young children.
- Spend extra time being close to your child(ren).
- Answer all questions as honestly and simply as possible. Be prepared to answer the same questions over and over. Children need reassurance to master their fears.
- Spend extra time with your child at bedtime—soothing and relaxing time—talking, reading or singing quietly.
- Spend extra time with your child when bringing them to child care—they may be afraid you will not come back.
- Try to return to a normal routine as soon as possible to restore a sense of normalcy and security.

- Don’t promise there won’t be another disaster. Instead, encourage children to talk about their fears and what they can do to help in case of disaster. Tell them you will do everything you can to keep them safe.
- Be patient and understanding if your child is having difficulties.
- Never use threats. Saying, “If you don’t behave an earthquake will swallow you up,” will only add to the fear and not help your child behave more acceptably.
- Consider how you and your child can help. Children are better able to regain their sense of security if they can help in some way.
- Share your concerns with your child’s teacher or child care provider. Consider assistance from professionals trained to work with disaster victims.

Message to child care providers

You can be a support and resource to parents by helping them understand behavioral and emotional responses. Be sensitive to how parents feel when they are separated from their children in a disaster. It may be very helpful for parents, children and you to take some extra time when dropping off children in the morning. A group meeting to reassure parents, discuss your response to their children’s reactions, and review your emergency plan will help everyone feel more secure.

Help children cope by reenacting how the disaster felt and talking about their fears so they can master them. Talk about being afraid, and practice what you will do the next time a disaster strikes. Because young children think the world revolves around them, children may need reassurance that they did not cause the disaster.

Consider referring a family for professional help if any of the behaviors on the following page persists two to four weeks after the disaster. Children who have lost family members or friends, or who were physically injured or felt they were in life-threatening danger, are at special risk for emotional disturbance. Children who have been in previous disasters or who are involved in a family crisis may also have more difficulty coping.

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Typical Reactions of Children Following Disaster

Children Ages 1 to 5

Children in this age group are particularly vulnerable to changes in their routines and disruption of their environments. Dependent on family members for comfort, they may be affected as much by the reactions of family members as by the disaster. Focus on reestablishing comforting routines, providing opportunity for nonverbal and verbal expression of feelings, and reassurance.

Regressive Reactions	Emotional/Behavioral Reactions	
<ul style="list-style-type: none"> • Bedwetting • Thumbsucking • Fear of darkness • Fear of animals • Fear of “monsters” • Fear of strangers 	<ul style="list-style-type: none"> • Nervousness • Irritability • Uncooperative • Hyperactivity • Tics • Speech difficulties • Anxiety about separation from parents 	<ul style="list-style-type: none"> • Shorter attention span • Aggressive behavior • Exaggeration or distortion of disaster experience • Repetitive talking about experiences • Exaggeration of behavior problems
Physiological Reactions	How to Help	
<ul style="list-style-type: none"> • Loss of appetite • Overeating • Indigestion • Vomiting • Bowel or bladder problems • Sleep disorders and nightmares 	<ul style="list-style-type: none"> • Give additional verbal assurance and ample physical comforting. • Provide comforting bedtime routines. • Permit the child to sleep in the parents’ room on a temporary basis. • Encourage expression of emotions through play activities including drawing, dramatic play, or telling stories about the experience. • Resume normal routines as soon as possible. 	

Children Ages 5 to 11

Regressive behaviors are especially common in this age group. Children may become more withdrawn or more aggressive. They might be particularly affected by the loss of prized objects or pets. Encourage verbalization and play enactment of their experiences. While routines might be temporarily relaxed, the goal should be to resume normal routines as soon possible.

Regressive Reactions	Emotional/Behavioral Reactions	
<ul style="list-style-type: none"> • Increased competition with younger siblings • Excessive clinging • Crying or whimpering • Wanting to be fed or dressed • Engaging in habits they had previously given up 	<ul style="list-style-type: none"> • School phobia • Withdrawal from play group and friends • Withdrawal from family contacts • Irritability • Uncooperative • Fear of wind, rain, etc. 	<ul style="list-style-type: none"> • Inability to concentrate and drop in level of school achievement • Aggressive behavior • Repetitive talking about their experiences • Sadness over losses • Overreaction to crises or changes in the environment
Physiological Reactions	How to Help	
<ul style="list-style-type: none"> • Headaches • Complaints of visual or hearing problems • Persistent itching and scratching • Nausea • Sleep disturbance, nightmares, night terrors 	<ul style="list-style-type: none"> • Give additional attention and ample physical comforting. • Insist gently but firmly that the child accept more responsibility than younger siblings; positively reinforce age-appropriate behavior. • Reduce pressure on the child to perform at his or her best in school and while doing chores at home. • Reassure the child that his competence will return. • Provide structured but not demanding chores and responsibilities. • Encourage physical activity. • Encourage verbal and written expression of thoughts and feelings about the disaster; encourage the child to grieve the loss of pets or toys. • Schedule play sessions with adults and peers. 	