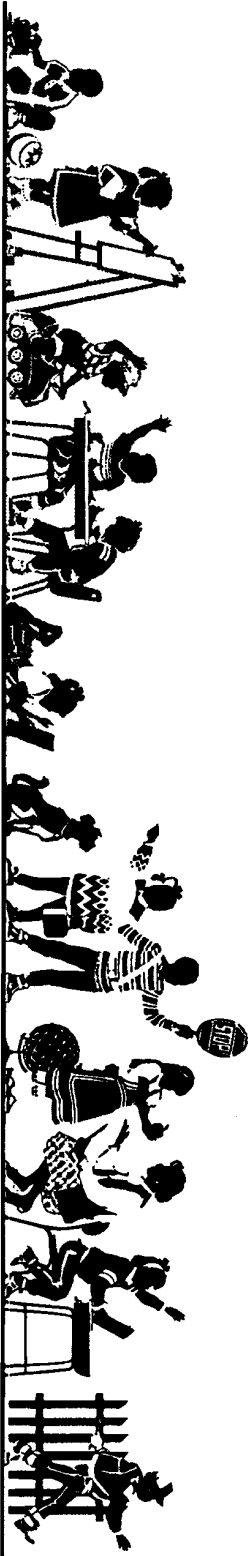


SAFETY INFORMATION FLIP-CHART

*Emergency and Prevention Guidelines for Schools,
Early Childhood Programs and Parents*



Emergency!

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Funded by:

**Arizona Department of Health Services
Office of Women's and Children's Health**

Fourth Edition, 2004



**National Association
of Counties
Award of Excellence
1996**



The Arizona Safety Information Flip-Chart: Emergency and Prevention Guidelines for Early Childhood Programs, Schools and Parents was prepared for school personnel, parents, lay health workers, and caregivers working in programs for young children. The content is an overview of recommendations for prevention, management and/or treatment of injuries encountered when working with children.

This resource is not intended to replace First Aid Training, CPR Training, or any other recognized course on the prevention or management of accidental injuries. It may be used as a reference for refreshing the memory or as a guide when developing policy for the group setting.

The content is organized in three sections: Emergency!, First Aid, Intervention and Prevention. In each section the topics are in alphabetical order. Each topic is organized with graphic indicators which assist in giving directions.



Box indicates the topic under discussion;



Bold Arrow indicates action steps, generally in the order they should be done;



Solid Bullets indicate additional information regarding the Bold Arrow above;



Telephone graphic indicates the recommended time to activate emergency services. In many areas this telephone number is **911**;



The Quill Pen graphic indicates documentation needs and requirements;



Bold, Down-Pointed Arrow indicates additional information follows on the flip side of the page;

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This collection of information has been compiled from many resources and is consistent with Caring for Our Children: National Out-of-Home Child Care Standards, developed by the American Public Health Association and American Academy of Pediatrics and other recognized resources.

Special thanks to the following individuals and groups who have assisted with preparation, review, and editing this resource: J. Randall Ogden, Tucson Fire Department/Safe Kids; Maricopa County Sheriff's Department; Caroline Ellermann, RN; Laurie Buckles, RDH; Dorothy Randall, RN; Nancy Tepper, RN; Donald Randall, MD; Lori Rehder, RN, and Polly Turpin, Maricopa County Department of Public Health.

911

This location address is: _____

Nearest major cross streets _____

Directions to facility: _____

This phone number is: _____

- | | | |
|-------|--|-------------------------|
| Give: | 1. Nature of the emergency | 5. Breathing ? Yes/No |
| | 2. Age of the victim | 6. Sex of victim |
| | 3. Location of victim (playground, etc.) | 7. Your name |
| | 4. Conscious? Yes/No | 8. Address of emergency |

Do **not** hang up before the Emergency Operator hangs up!

Important Numbers

Police: _____ Child Protective Services: _____

Fire: _____ Woman's Shelter: _____

Ambulance: _____ Rape Crisis Center: _____

Emergency Facility: _____ Suicide Prevention Hotline: _____


Poison Center: _____ Taxi: _____

Health Department: _____ Other: _____

Emergency Telephone List

The goals of first aid are to prevent further harm to a victim, to assess the need for skilled emergency care or, when appropriate, to provide simple treatment.

Handling Life-Threatening Emergencies

- ➔ Look for potential hazards. Remove the victim from further harm;
-  Activate emergency medical services (911). If possible, send another adult to do this while you assist the victim;
- ➔ Check breathing. If breathing is absent, begin Rescue Breathing.
- ➔ If the victim is choking, clear the airway (See Choking in this flipchart);
- ➔ If no pulse (heartbeat) is present, assure emergency medical services (911) have been activated and begin CPR.
- ➔ Stop serious bleeding immediately:
 - Lay the victim down and if possible raise the injured part;
 - Put on gloves if available;
 - Apply firm, direct pressure to the wound with a clean cloth. Use your hand if a clean cloth is not available.
 - If embedded fragments remain in the wound, apply pressure around, not over the fragments. (See Cuts and Scrapes in this flipchart);
- ➔ If a poisoning has occurred, ask the victim what was swallowed (breathed-in, spilled on skin, etc.) and follow directions from Poison Control. (See Poisoning in this flipchart);

Life-Threatening Emergencies



[E-1]



Prevent Shock:

Signs of shock include: pale color, faintness, sweating, thirst, anxiety, confusion, and eventually unconsciousness.

- Conscious victim: Lay the victim down, face up. If leg and/or back injuries are not suspected, raise the feet about 12 inches;
- Unconscious victim without suspected injury to the spine or neck: Assist the victim to the floor or ground. Position him on his side and tilt the head back so the chin juts forward to keep the airway open;
- Loosen tight clothing;
- Prevent body-heat loss by covering the victim with a blanket, coat, etc.;
- DO NOT give anything to eat or drink or give medications unless directed to do so by emergency personnel;
- Keep the victim comfortable and reassure him that you will help;
- DO NOT leave the victim alone;



Assure emergency medical services (911) have been activated;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event. Schools should follow their emergency reporting policies.

To ensure the health and safety of children in group settings, someone who is trained in pediatric first aid, including management of a blocked airway and rescue breathing, and cardio-pulmonary resuscitation must be immediately available at all times. Call the nearest American Red Cross or American Heart Association office for more information regarding this training.

Choking is caused when the airway is blocked by food, small items, or injury. If an individual is experiencing difficulty breathing, activate emergency medical services (911) immediately. DO NOT intervene if the individual can talk, cough, or is breathing. Be prepared to use the steps below if the victim is unable to clear the obstruction or becomes unconscious. After a choking incident, victims should be evaluated by a health care provider.

Choking: Adult and Child over 12 Months

→ Assess signs and symptoms which indicate a need for intervention:

- Severe difficulty breathing;
- Inability to cough or speak;
- Blue coloring around the lips;
- Grabbing the throat with the hand;



Activate emergency medical services (911);

→ Perform the Heimlich Maneuver to remove the obstruction;

- If victim is standing or sitting, reach around from behind. Place one fist (thumb-side inward) between the breastbone and navel. Put your other hand over the fist and thrust sharply upward and inward. Repeat in rapid succession until the airway is clear, or until the victim becomes unconscious;

→ If/when the victim is unconscious, lay the victim on his back;



Activate emergency medical services (911) if not already done;

→ Tilt the head back (chin up), open the mouth. If you can see the obstruction, use a hooking motion with your index finger to remove the object. Check for breathing;

→ If the victim is not breathing, attempt to give 2 slow breaths. If the victim's chest does not rise and fall, reposition the victim's head and attempt the 2 slow breaths again. If the victim's chest does not rise and fall, give abdominal thrusts;

Choking





[E-2]

- ➔ Kneel over the victim, facing him, in a straddling position. Place the heel of one hand at the victim's navel with fingers pointing towards the head. Position the other hand on top of the first. Press inward and upward 6–10 times;
- ➔ Tilt the head back (chin up), open the mouth. If you can see the obstruction, use a hooking motion with your index finger to remove the object;
- ➔ Check for breathing. Attempt to give 2 slow breaths. If the victim's chest rises and falls, check for pulse (heartbeat). If pulse is not present, begin CPR;
- ➔ Repeat the cycles of breaths and abdominal thrusts until the obstruction is removed and the victim is breathing or until relieved by emergency medical professionals (911);



Choking: Infant Under 12 Months


- ➔ Assess signs and symptoms which indicate a need for intervention:
 - Severe difficulty breathing;
 - A weak cough or high-pitched breathing sounds;
 - Blue coloring around the lips;
 - Gagging and choking;
-  Activate emergency medical services (911);
- ➔ Lay the infant face down on your arm, (head lower than the rest of the body) with your hand on the infant's jaw to support the head. Use the heel of your other hand to give 5 firm back blows between the infant's shoulder blades;
- ➔ Turn the infant face up. Place 2 fingers in the center of the infant's chest between the nipples and give 5 quick chest thrusts, pressing inward and upward ($\frac{1}{2}$ to 1 inch) towards the infants face;
- ➔ Keeping the head lower than the rest of the body, look for the object in the infant's mouth. DO NOT insert your finger unless you see something you can remove. If the object is visible, remove it with a hooked finger;

- ➔ Repeat cycles of back blows and chest thrusts in rapid succession until the airway is clear, or until the victim becomes unconscious;
 - ➔ If/when the infant becomes unconscious, lay him on a firm surface (floor or table, etc.) and give 2 slow breaths sealing your mouth over the infant's nose and mouth. If the infant's chest does not rise and fall, reposition the infant's head and attempt the 2 slow breaths again. If the infant's chest does not rise and fall, return to the cycles of 5 back blows—5 chest thrusts—check the mouth for object—2 breaths;
 - ➔ Continue until the object is removed and the infant is breathing on his own or until relieved by emergency medical professionals (911);
-  Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event. Schools should follow their emergency reporting policies.

Although children's group settings seem unlikely places for acts of violence, every threat must be considered an emergency. It is important that all staff are familiar with these emergency guidelines. Many threats are anonymously telephoned to a facility. The individual who answers the telephone must gather information from the caller, while alerting others to implement the program's emergency plan. If you are the only adult with a group of children, implement the program's emergency plan after the caller hangs up.



During the Call:

- ➔ **DON'T HANG UP!** Be calm, be courteous and gather as much information as possible;
- ➔ Notify others to implement the program's emergency evacuation procedures (if needed) or assure children are secure while the caller is still on the line;
-  Direct another adult to call police (911) from a safe phone;
- ➔ Write down the exact wording of the threat;
- ➔ Write down the time the call was received;
- ➔ Ask the caller what type of threat is planned (bomb, fire, physical violence, kidnapping);
- ➔ Ask the caller for as much information as possible about the threat and motive. For example:
 - What is your name?
 - From where are you calling?
 - To whom is the threat directed? Why?
 - When is the threat (bomb, kidnapping, etc) going to occur?



Bombs:

Where is the bomb right now?

What does the bomb look like?

What will cause the bomb to explode?

Telephone Threats of Violence (Bombs, etc.)



[E-4]

→ Listen to the caller's voice;

● Male or female?

● Does it sound familiar?

● Is the voice:

_____ Calm

_____ Angry

_____ Excited

_____ Soft

_____ Loud

_____ Distinct

_____ Deep

_____ Raspy

_____ Nasal

_____ Accent

_____ Disguised

_____ Slurred

● Was the caller:

_____ Well-spoken

_____ Cursing

_____ Confused

_____ Stuttering

_____ Irrational

_____ Clearing throat

_____ Deep breathing

_____ Laughing

_____ Crying

_____ Lipping

● Did the message sound taped, or read from a script?

→ Listen to background sounds. Do you hear:

_____ Street noises

_____ Animal noises

_____ Dishes

_____ Voices

_____ Music

_____ PA system

_____ Motor noises

_____ Factory machinery

_____ Office equipment

_____ Static

_____ Local call

_____ Long distance call

_____ Phone booth

_____ Other: _____

→ How long did the call last?



After the event, document the call for the school's and/or child's file as appropriate. Include the information above, phone calls made, and actions taken.

First Aid Kits must be closed containers, kept out of the reach of children but quickly accessible to staff and appropriately supplied at all times. A First Aid Kit is to be supplied for classroom use, as well as, for playgrounds, field trips and vehicles used to transport children.

First Aid Kits must include inventories meeting minimum recommendations for the site they are intended to serve. Every site (classroom, school, church, mall, etc.) must have a Basic First Aid Kit.

The contents in BOLD are minimum inventories for all first aid kits.

Basic First Aid Kits include, but are not limited to, the following inventory:

- a) Disposable nonporous gloves;**
- b) Scissors;**
- c) Antiseptic solutions or wipes, liquid soap**
- d) Adhesive strip bandages**
- e) Bandage tape;**
- f) Sterile gauze pads;**
- g) Plastic bags (at least 1 gallon-size) for gauze, and other materials used in handling blood;**
- h) Sterile flexible roller gauze**
 - i) Triangular bandages and elastic bandages (Ace“ type);
 - j) Eye dressing;
 - k) Pen/pencil and note pad;
 - l) Cold pack;
- m) Current first aid guide;
- n) Coins for use in a pay phone;
- o) Water;
- p) Small plastic or metal splints;
- q) Safety pins
- r) A non-glass thermometer to measure a child’s temperature;
- s) Tweezers
- t) Any emergency medication needed for child with special needs;
- u) List of emergency phone numbers, parents’ home and work phone numbers, and the Poison Control Center phone number.



First Aid Kits

An allergic reaction is an unusual response to foods, chemicals, pollens, plants, insect stings, animals, medicines, or other environmental substances (allergens). This unusual response may take the form of a difficulty breathing, rash, cough, stuffy nose, hives, watery eyes, diarrhea, swelling of soft tissue, etc.

A life-threatening, overwhelming allergic reaction is called anaphylaxis, or anaphylactic shock. It occurs very rapidly within minutes after contact with the allergen. An individual Care Plan developed by the child's health care provider, parents and child care staff must be in place for the child with serious allergies. The plan must be signed by the parent, be kept on file at the site and be posted in the child's room.



Anaphylaxis (pronounced: anna-fill-ax-is)

- A rapid onset of signs and symptoms which may include one or more of the following:
 - A rash with redness and swelling;
 - Severe coughing;
 - Difficulty breathing;
 - Pale color;
 - Rapid and/or irregular heart rate;
 - Chest pain;
 - Convulsions;
 - Extreme weakness or collapse;
 - High fever (in young children);
- Have the victim lie down and remain calm;
- Check for breathing, begin Rescue Breathing if necessary;
-  Activate emergency medical services (911);
- Follow instructions in the child's Care Plan;
- DO NOT attempt to give food, water, medications to the victim;
- Stay with the victim, keep him warm and continue to monitor breathing;
- If you must transport the victim, get the help of another adult to continue monitoring the victim's breathing and transport to the nearest emergency room or urgent care immediately;
- Notify parents;
-  Document the event, actions taken, calls made, and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.

Allergic Reaction (Anaphylaxis)

Asthma is a chronic condition of children and adults who have sensitive airways. During an asthma episode (asthma attack), muscles around the airways tighten, and cells which line the small airways swell, narrowing the air passages. Mucous cells in the airways produce thick secretions which restrict air movement even more. Medications allow most children and adults with asthma to lead normal lives. In the group setting, adults responsible for the care of children must be familiar with things in the environment, and activities which trigger an asthma episode. An individual Care Plan must be created by the parent, health care provider and the program staff which identifies the warning signs of an asthma episode and how to respond. The plan must be signed by the parent and kept on file at the site.

Asthma Episode (Asthma Attack)

→ Assess signs and symptoms which may include:

Early warning signs:

- Slight cough or throat-clearing;
- Itchy chin, throat or eyes;
- Stuffy nose;
- Acting tired or cranky;
- Feeling that the chest is tight;
- Feeling not able to get enough air;

Severe episode signs:

- Continuous dry cough;
- Wheezing (some children do not wheeze);
- Shortness of breath;
- Hunched shoulders;
- Cold sweat on the face;
- Flaring of the nostrils;
- Bluish or grayish color around lips and fingernails;
- Retractions (skin pulled against the bones) around the collarbones and/or ribs;

Asthma Episode (Attack)



[F-3]

FIRST AID

- Stay calm, reassure the victim that you will help;
- Assist the victim to take prescribed medication immediately. During an asthma episode these medications are taken from an inhaler or nebulizer;

Using inhalers:

- Shake canister well;
- The victim should stand up straight and breathe out;
- For inhalers without a spacer or extender, hold mouthpiece 2–3 fingers width from the mouth. Inhalers with spacers or extenders are held to the mouth;
- Press the canister and breathe in medication slowly for 3–5 seconds;
- Hold breath for 10 seconds (if possible) then breathe out gently;
- Shake the inhaler well in between puffs;
- Does the inhaler contain medicine? Drop it into a container of water. If it floats it is empty. If it sinks there is medicine left. Water won't hurt the inhaler.

Using a nebulizer:

- Wash your hands;
- Prepare and add the medicine prescribed;
- Connect the tubing from the compressor and the medicine container;
- Turn on the compressor and make sure mist is coming from the mask or mouthpiece;
- Assist as needed with the mask or mouthpiece;
- Stay with the victim until all medication is used (10–15 minutes);



Activate emergency medical services (911) if:

- The victim's condition is getting worse and you are unsure of what to do;
- A child is breathing more than 30 times per minute;
- The inhaler has been used 2–3 times per instructions without improvement;

- Notify the parent if the child does not get better and stay better;



Document the event, actions taken including medications given, calls made and follow-up information in the child's file with a duplicate copy to the parent.

Human Bites

- Wash your hands. If the wound is bleeding, put on gloves;
- Gently clean the wound with soap and water, rinse with fresh water;
- If the skin is broken:
 - Cover the wound with a bandage;
 - Notify the parent and recommend a phone call to the child's health care provider. The health care provider may recommend treatment including hepatitis B vaccine, hepatitis B immune globulin (HBIG), tetanus vaccine, and sometimes baseline and follow-up blood testing for hepatitis B infection;
- If the skin is not broken, apply a cool cloth for no more than 10 minutes;
- If this is a bleeding injury see "Infection Control Measures" in this flipchart;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent.

Biting is common occurrence in groups of young children. The bite is rarely of a serious nature, however, the event can be highly emotional for children, their parents, and child care staff. No one prevention or intervention strategy works with all children. The early childhood professional should explore age-appropriate behavior options for young children.

Bites (Human, Animal)



[F-4]

FIRST AID



Dog and Other Animal Bites



Activate emergency medical services (911) if the following signs are present:

- Cold, clammy, pale skin;
- Rapid, weak pulse;
- Rapid breathing or shortness of breath;
- Dizziness, or extreme weakness;



Wash your hands. If the wound is bleeding, put on gloves;



Gently clean the wound with soap and water, rinse with fresh water;



Cover the wound with a bandage;



If this is a bleeding injury see “Infection Control Measures” in this flipchart;



Notify parents and recommend attention by the health care provider. The bite of any animal, wild or a pet carries the risk of infection;



Report all dog, cat, or wild animal bites to local rabies and animal control services;



Try to identify, describe, or isolate the animal without placing yourself in jeopardy. Never attempt to capture an animal with which you are unfamiliar. If the animal must be destroyed, try to avoid damaging the brain. Brain tissue samples are needed to identify the presence of rabies infection.



Document the event, actions taken, calls made and follow-up information in the child’s file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of a dog, cat or wild animal bite.



Snake Bite: Venomous (Poisonous) or Unknown Snake



Activate emergency medical services (911);



If unable to activate emergency medical services, transport to the nearest emergency room or urgent care immediately. Carry the victim to the car or van. Direct another adult to call ahead and alert the emergency care facility that antivenin treatment may be needed;



Keep the victim calm. Keep the bitten body part below the level of the heart and remove jewelry from the affected area immediately;



Wash the area with cold water. DO NOT apply ice or immerse in ice water;



For an arm or leg, if you are far from emergency help, apply a constricting band (NOT A TOURNIQUET) immediately above the bite (between the bite and the heart) while transporting. Move it gradually as the swelling advances, always making sure it is loose enough for a finger to easily slide between the band and the arm or leg;



Use a splint or sling to keep an arm or leg immobilized;



DO NOT use snake bite kits or tourniquets;



DO NOT use a “cut and suck” procedure;



DO NOT rub or stimulate the wound site;



Notify parents;



If this is a bleeding injury see “Infection Control Measures” in this flipchart;



Document the event, actions taken, calls made and follow-up information in the child’s file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.

Bites (Snake)



[F-5]

FIRST AID

Snake Bite: Non-venomous (Non-poisonous)

If there is any doubt regarding the identity or poisonous status of the snake, follow the guidelines for Venomous (Poisonous) Snakes on the other side of this page.



Activate emergency medical services (911) if the following signs are present:

- Cold, clammy, pale skin;
- Rapid, weak pulse;
- Rapid breathing or shortness of breath;
- Dizziness, or extreme weakness;
- Profuse or uncontrolled bleeding;



If possible, wash your hands, put on gloves;



Gently clean the wound with soap and water, rinse with fresh water;



Apply a cold compress to the area for no longer than 10 minutes;



Cover the wound with a bandage;



If this is a bleeding injury see “Infection Control Measures” in this flipchart;



Notify parents and recommend attention by the health care provider;



Document the event, actions taken, calls made and follow-up information in the child’s file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.



Blisters

- Wash your hands, put on gloves if bleeding is present; Gently clean blisters with soap and water, rinse with fresh water;
- Avoid breaking blisters;
- DO NOT apply creams, ointments, powders, etc;
- Cover with a clean adhesive bandage;
- If blisters appear red, swollen, or contain cloudy or yellow drainage, recommend attention by the health care provider;
- If the event is a bleeding injury see “Infection Control Measures” in this flipchart;



Document the event, actions taken, calls made and follow-up information in the child’s file with a duplicate copy to the parent.

The most common causes of blisters in young children are poorly fitting shoes and sunburns. Take care to differentiate blisters from the early signs of chicken pox!



Splinters

- Wash your hands. Put on gloves if bleeding is present;
- Gently wash the affected area with soap and water. Rinse with fresh water;
- Use tweezers to remove splinters which extend above the surface of the skin. DO NOT use a needle or other sharp object to break the skin or “dig out” the splinter;
- DO NOT attempt to remove deeply embedded splinters or fragments. Call the parent to take child to the health care provider for removal of deeply embedded fragments. Keep the child calm and quiet until the parent arrives;
- Cover with an adhesive bandage;
- If this is a bleeding injury see “Infection Control Measures” in this flipchart;
- If swelling, redness, or pain persists, even if you cannot see the splinter or fragment, notify the parent and recommend attention by the health care provider;
- Check playgrounds, equipment and toys for possible sources of splinters or fragments. Make necessary repairs or remove from use;



Document the event, actions taken, calls made if any, and follow-up information in the child’s file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if the attention of a health care provider is required.

Blisters and Splinters



For All Potential Broken Bones, Dislocations and Sprains

- DO NOT MOVE the victim except to remove from harm's way until a complete assessment of potential injury has been made. DO NOT MOVE if head, neck, or spine injury is suspected;
- Assess for signs and symptoms of broken bones and dislocations which may include:
 - Bleeding;
 - Swelling;
 - Pain;
 - Unusual shape of an arm or leg;
 - Unusual motion;
 - Inability to move the arm or leg;



Activate emergency medical services (911) if a fracture or dislocation is suspected;

- Keep the injured body part still. DO NOT attempt to “test” or “set” the bone;
- DO NOT remove shoes, boots, or clothing around a possible fracture or dislocation;
- DO NOT apply splints if emergency medical services (911) can be activated. DO NOT apply splints if the victim can cooperate and support the fractured bone;
- Keep the victim quiet and warm; do not leave unattended;
- DO NOT give the victim anything by mouth; no food, drink, nor medication;
- Notify parents;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of injuries which require attention by a health care provider or if emergency medical services are activated.

Bone Injuries and Sprains



[F-7]

FIRST AID



Open Fractures: Broken bone comes through the skin

- Put on gloves if readily available;
- If necessary, control bleeding by applying gentle pressure above the fracture site;
- DO NOT attempt to push back or re-align any protruding bone;
- Cover the wound with a dry clean cloth;
- Keep the victim calm and immobilize the affected part as much as possible;
- Do not give food, water, medications, or anything by mouth;
- Do nothing further if emergency medical services (911) are responding;
- If you must transport the victim, immobilize the part (in the position you found it) with anything handy such as stick, rolled-up newspaper or pillow;
- Continue to control bleeding with gentle pressure above the fracture site.
- If this a bleeding injury see “Infection Control Measures” in this flipchart;




Closed fracture: Broken bone does not come through the skin

- Keep the victim calm and immobilize the affected part as much as possible;
- Do nothing further if emergency medical services (911) can be activated;
- Do not give food, water, medications, or anything by mouth;
- If you must transport the victim, immobilize the part (in the position you found it), with anything handy such as a stick, rolled-up newspaper or pillow;
- If this a bleeding injury see “Infection Control Measures” in this flipchart;

Dislocation

A dislocation is a displacement of a bone at a joint. There is usually pain and swelling. It is difficult for someone without medical training to distinguish a dislocation from a fracture. Treat this type of injury as a potential broken bone. Do not attempt to manipulate or correct a dislocation yourself.

- ➔ Keep the victim calm and immobilize the affected part as much as possible;
-  Activate emergency medical services (911);
- ➔ If you must transport the victim, immobilize the part (in the position you found it) with anything handy such as a stick, rolled-up newspaper or pillow;



Sprains

A sprain occurs when a joint has had its ligaments or other soft tissues over-stretched or partly torn, usually by a sudden forceful movement. Bruising, redness and swelling at the injured site may occur.

- ➔ A severe sprain may be difficult to distinguish from a fracture. If in doubt, treat as a closed fracture;
- ➔ Avoid weight-bearing or pressure on the affected joint;
- ➔ Notify the parent, recommend attention by the health care provider;
- ➔ Most sprains are treated by following the general rule of R.I.C.E.:
 - R = Rest. Rest the affected part (do not apply body weight or pressure to the affected area);
 - I = Ice. Apply ice, placed in a plastic bag and wrapped in a towel to the injured area: on 10 minutes, off 10 minutes with a maximum of 3 cycles;
 - C = Compression. Apply an elastic bandage (Ace-type bandage). Avoid wrapping too tightly as this may interfere with adequate blood supply to the injured area;
 - E = Elevation. Raise the affected body part by supporting it on a pillow, placing the arm in a sling, resting a foot on a stool, etc.

Bumps and Bruises

A bruise is a discolored area of the skin caused by blood leaking under the skin and remaining trapped. A new bruise is generally black or purple, and gradually fades to green and yellow before disappearing. The process of healing can take up to 10 days to complete. Bruises can be sore and tender to touch.

- Young children often experience bruising during normal play activities;
-  Activate emergency medical services (911) if signs of shock are observed: loss of consciousness, cool, clammy skin, profuse sweating, rapid heart rate, rapid shallow breathing;
- For minor bruises, apply ice pack immediately after a bump to reduce the extent of bruising and swelling. Apply ice, placed in a plastic bag and wrapped in a towel to the injured area; on 10 minutes, off 10 minutes for maximum 3 cycles;
- Notify parent if the bruise is on the face or head, or if you suspect there is a fracture. See BONE INJURIES in this flipchart;
-  Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Document bruises which are obtained during the program day and as well as those the child arrives with. Remember, to document the size, color, and location of a bruise, along with the explanation of how the injury occurred. Child care programs should notify their licensing or certifying agency if emergency medical services were activated. See Child Abuse in this flipchart.

Additional Information: How Bruises Heal



In darker-skinned individuals, assessing the age of a bruise may be more difficult.

0–5 days from injury	Red, blue, or dark purple in color
5–7 days from injury	Green in color
7–10 days from injury	Yellowish (fading from green)
10–14 days from injury	Brown, beginning to fade from sight

Bumps and Bruises

Heat burns are caused by flame or high heat; chemical burns are caused by irritating substances, and electrical burns are caused by electric current.

For All Burns

- ➔ Remove the victim from further harm;
 - In the case of electrical burns, if electrical wires are still touching the victim's skin disconnect the power source, use a non-conducting material such as heavy cloth, wood or plastic broom stick, or rubber to move the wires away. **NEVER USE AN OBJECT WITH METAL OF ANY KIND. BEWARE OF PUDDLES OF WATER WHICH MAY CONDUCT ELECTRICITY.**
 - Chemical burns may be caused by toilet bowl cleaners, pool chemicals, etc. Avoid becoming contaminated with chemicals while removing the victim's affected clothing and flooding the burn with cool water for at least 20 minutes using a shower, faucet or hose;
-  Activate emergency medical services (911) if the victim has trouble breathing, if a burn (other than sunburn) covers a large body surface (over 5% of body surface), or if the burn affects the eyes, face, or genitalia;
- ➔ Cool the burned area immediately with cool running water or clean, cool cloth;
- ➔ **DO NOT** break blisters;
- ➔ **DO NOT** apply ointments, butter, fats, or creams;
-  Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event if treatment by a health care provider is needed or if emergency medical services are activated.


If you must transport the victim to the nearest emergency hospital, get the help of another adult. Have the victim lie down and remain quiet while keeping the burn covered. Monitor breathing. Begin Rescue Breathing if needed.

Burns




[F-10]


FIRST AID


 **First Degree Burns:** *Redness of the skin with pain and mild swelling. Often caused by sunburn, scalding, or contact with hot objects;*

- ➔ Cool the burn by submerging in cool water, or with a cool, wet cloth;
- ➔ Notify parent and recommend attention by the health care provider if a first degree burn covers more than 10% of the body surface or affects the face or genitalia;

 **Second Degree Burns:** *Deep red skin, visible blisters, pain and raw areas. Often caused by very deep sunburn, skin contact with hot liquids, hot objects, flash burns from flammable fluids, chemicals, etc.;*

- ➔ Cool the burn by submerging in cool water, or with a cool, wet cloth;
- ➔ Activate emergency medical services (911) if victim has difficulty breathing, or if signs of shock are apparent;
- ➔ Call the parent to take child for emergency care or transport;

 **Third Degree Burns:** *White or charred skin commonly caused by flame, burning clothing, immersion in scalding water or electricity;*

- ➔ If unconscious, check for breathing. Begin Rescue Breathing if necessary;
-  Activate emergency medical services (911);
- ➔ Have the victim lie down. DO NOT remove burned clothing;
- ➔ Cool the burn by submerging in cool water, or with a cool, wet cloth;
- ➔ If hands, feet, or legs are burned, elevate them with pillows, rolled blanket, etc. Remove jewelry, etc;
- ➔ If you cannot activate emergency services, transport to the nearest emergency hospital. Monitor breathing. Begin Rescue Breathing if needed.



Convulsions (Seizures)

Rigid body, with large involuntary jerking movements of muscles, with the victim in an unconscious or semi-conscious states for a period of seconds to minutes. The sight of an individual having a convulsion (seizure) may be quite alarming, but remain clam. The victim is usually not suffering or in danger.

- Stay with the victim and call for help;
- Guide the victim to the floor in a flat position. Push furniture, toys, or other objects away from him;
- DO NOT try to hold the victim down. Allow the seizure to run its course. Protect his head;
- DO NOT force any object into the mouth or between the teeth. The victim cannot “swallow his tongue.” However, during a convulsion a victim might bite his tongue;
- When jerking movements stop, roll the victim onto one side, face downward to prevent choking on vomit or saliva in his mouth;
- Check to make sure the victim is breathing. Begin Rescue Breathing or CPR as needed;



Activate emergency medical services (911) if:

- The victim is having trouble breathing;
- The victim does not have a history of a seizure disorder such as epilepsy;
- The convulsion lasts for more than 2 minutes;
- If you are unsure what to do;

Convulsions (Seizures)



[F-11]

FIRST AID

- ➔ When the convulsion has ended, remain with the victim. Allow the victim to rest. Confusion and drowsiness may be present for 15 – 20 minutes;
- ➔ If possible, identify the possible cause of the convulsion such as epilepsy, ingestion of poison, high fever (febrile seizure), etc.;
- ➔ Notify the parent and recommend attention by the health care provider. An individual with a convulsive disorder may need re-evaluation or medication adjustment;



Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if emergency medical services (911) were activated.

An older child or an adult may be embarrassed by the seizure or events that occur during a seizure such as loss of bladder or bowel control, vomiting, disruption of the classroom, etc. Take care to preserve the dignity and privacy of the individual. A change of clothing, washing the hands and face, combing the hair may help to freshen the appearance.

For All Cuts, Scrapes, and Severed Body Parts

- Wash your hands then put on gloves;
- Identify the source of the bleeding and determine the severity of the injury;



For all cuts and scrapes, document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if treatment by a health care provider is needed or if emergency medical services (911) are activated.

Minor Wounds: small wounds which stop bleeding easily

- Have the victim lie down to avoid fainting;
- Gently wash the wound with soap and water, rinse with fresh water, if necessary apply gentle pressure with a clean cloth or paper towel for several minutes to stop bleeding;
- Apply a clean bandage;
- If bleeding continues or stitches may be needed, notify the parent to take the child for medical attention.

Serious wounds: large wounds or wounds which do not stop bleeding easily


- DO NOT MOVE the victim if head, neck or spine injury is suspected, except to move him from harm's way. Move the victim as little as possible until a complete assessment of injuries has been made;

Cuts and Scrapes




[F-12]

FIRST AID



- ➔ Elevate the injured area and apply direct continuous pressure immediately to the wound to stop bleeding. The victim may do this if he is able. DO NOT apply tourniquets;
-  Activate emergency medical services (911);
- ➔ If bleeding is profuse, use a towel or clothing to apply pressure (pressure bandage) and do not loosen or remove even if they become blood-soaked. If necessary, apply more layers with continued pressure to the injured site;
- ➔ If you must transport, or move a bleeding victim yourself, get the help of another adult to continue pressure on the wound, or firmly secure the pressure bandage over the injured area with a belt, tie, strip of fabric, flexible gauze bandage, ace bandage, etc.;
- ➔ If the victim is conscious and cooperative have him assist in applying pressure to the wounded area while being transported;



Severed Body Parts

-  Activate emergency medical services (911);
- ➔ Apply direct continuous pressure immediately to the wound to stop bleeding. The victim may do this if he is able. DO NOT apply tourniquets;
- ➔ If bleeding is profuse, use a towel or clothing to apply pressure (pressure bandage) and do not loosen or remove even if they become blood-soaked. If necessary, apply more layers with continued pressure to the injured site;
- ➔ DO NOT waste time looking for a severed body part if it is not easily located. If found, wrap it in a clean cloth, towel or paper towel moistened with warm water. Do not attempt to wash the part, or place it on ice. Transport the body part with the victim to the nearest emergency hospital;
- ➔ Do not give anything by mouth (food, drink, or medication);
- ➔ Follow “Infection Control Measures,” in this flipchart.

All Dental Emergencies

- Remain Calm!
- Wash hands before tending to dental emergencies. If this is a bleeding injury, put on gloves;
-  Activate emergency medical services (911) if signs of shock are observed; pale, clammy, sweating skin, cool skin, faint or unconscious;
- If the event is a bleeding injury, see “Infection Control Measures in this flipchart;
- Wash your hands and the hands of the injured individual after first aid procedures;
-  Document the event, actions taken, calls made and follow-up information in the child’s file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if Emergency Medical Services are activated.
- Reminder: The mouth, lips and gums have many tiny blood vessels and bleed easily when injured. Bleeding can cause alarm for the child and the teacher/caregiver. Remain calm while tending to the emergency.

Cut or Bitten Tongue, Lip, Cheek

- Wash your hands, put on gloves if bleeding is present;
- If there is bleeding, apply gentle pressure to the area with clean gauze or paper towel;
- Apply ice in a plastic bag wrapped in a cloth or paper towel, to a bruised or injured area for 10 minutes;
- Transport to an emergency room or urgent care if bleeding does not stop within fifteen minutes or is not controlled by simple pressure. Take the child’s emergency information card with you. Notify parents.

Dental Emergencies



[F-13]

FIRST AID



Knocked-Out Teeth



Activate emergency medical service (911) if heavy bleeding or many injuries are apparent;



Apply gentle pressure to the injured area with a clean cloth, paper towel or gauze;



Engage the help of others to search for the missing tooth;

- Pick up tooth by the top (crown) not the root. If possible put it in a container (cup or small plastic bag) with a small amount of water or milk to keep the tooth moist for transport. Handle the tooth as little as possible. DO NOT try to reinsert the tooth yourself;



Transport the child to the dentist immediately! Time is important for saving the tooth.



Broken Tooth



Wash your hands then put on gloves if available;



If bleeding is present, apply gentle pressure to the injured area with a clean gauze, paper towel or clean cloth. Rinse away dirt from the mouth with warm water;



Apply ice in a plastic bag or in a paper towel to the OUTSIDE of the mouth, over the injured area. DO NOT put ice directly on the broken tooth. It is very painful to do so;



Do not waste time looking for broken pieces of tooth. They are rarely reusable for treatment. If the broken pieces are easily found, transport them to the dentist with the child.

Toothache or Painful Gums

- Wash your hands;
- Evaluate the mouth and teeth. Clean the area with a soft toothbrush or damp, clean gauze wrapped around your finger;
- Rinse the mouth with warm salt water wash if the child is old enough to “rinse and spit” (1 teaspoon salt in 8 ounces of warm water);
- Apply a cold compress to the swollen area of the face for no more than 10 minutes if the face is swollen;
- DO NOT place aspirin directly on swollen gums, painful teeth or canker sores in the mouth. It can cause chemical burns to the tissue;
- Notify the parent to take the child for dental care if tooth pain is persistent, or swelling and/or bleeding is present.

“Baby Tooth” Loss

- Wash your hands then put on gloves;
- Fold and pack a small, clean gauze pad over the bleeding area to stop bleeding;
- Have the child bite down on the gauze with gentle pressure for about 15 minutes.
- If bleeding persists, call the parent to take the child to the dentist. Bleeding is usually minimal with the loss of a baby tooth if no injury has occurred;
- Wash a child’s hands frequently during the day if he is putting his hands in his mouth to “wiggle” a loose tooth.
- Reminder: The loss of baby teeth is a milestone in growth and development of young children. Save the tooth, put it in an envelope and give to the parents.

Dental Emergencies




[F-14]

FIRST AID




Possible Broken Jaw

- Keep the jaws from moving by gently using a towel, tie, cloth belt or handkerchief placed under the chin and tied on top of the head;
- Remind the victim not to move the mouth or jaw and not to talk;
- Watch for signs of shock; pale, clammy skin, cool skin, sweating or vomiting;
-  Activate Emergency Medical Services (911) or transport to the nearest medical facility immediately;



Broken Braces or Loose Brace Wires

- Wash your hands then put on gloves;
- If the broken appliance can be removed easily, take it out of the mouth. Often, a broken wire can be temporarily bent away from the cheek or gum to prevent poking;
- If the broken appliance can not be removed easily, cover the appliance with “braces wax”, a clean gauze pad or even chewing gum. If the appliance is stuck in the cheek, lip or gums, DO NOT remove it;
- Instruct the child not to talk or move the mouth;
-  Call the parent to take the child to the Orthodontist immediately;
- Loose or broken appliances that do not bother the child need to be called to the attention of the parent so that an appointment with the Orthodontist can be scheduled. Broken appliances can be dangerous!

Diabetes is an on-going condition where no insulin or too little insulin is produced by the pancreas or the body is unable to use insulin properly. Without enough insulin utilized normally, food converted into sugar by the digestive system cannot pass into the cells to produce energy. Instead, the sugar stays in the bloodstream. Adults can often control their diabetes with weight control, diet, exercise, and pills which stimulate the pancreas to produce more insulin. However, children usually have a kind of diabetes which requires them to take insulin injections (shots) each day to stay healthy. If blood testing occurs in the group setting, strict bloodborne pathogen guidelines must be followed. Insulin injections must be administered by medically-licensed personnel or by the trained parent or guardian.

An individual care plan must be created by the parent, health care provider and the program staff which identifies the steps for blood sugar testing, diet restrictions, exercise, and emergency treatment measures. Staff and volunteers must recognize the warning signs of low blood sugar and of high blood sugar and know how to respond. The plan must be signed by the parent and kept on file at the site.

IF THE DIABETIC INDIVIDUAL DOES NOT FEEL WELL, GIVE JUICE, SUGARED SODA, GLUCOSE TABLETS PROVIDED BY THE PARENT, OR ANOTHER SOURCE OF SUGAR RIGHT AWAY! Even if his blood sugar is high, this will not hurt him, and you may prevent a serious reaction.

Low Blood Sugar (Hypoglycemia)



Activate emergency medical services (911) if the victim is unconscious or having convulsions (seizures):



Assess signs and symptoms which may include:

- Being hungry;
- Shakiness;
- Sleepiness;
- Sweating;
- Headache;
- Fussiness or crankiness;
- Testing low with a glucometer (blood sugar measuring device);
General guidelines are listed below. The parent and health care provider should tell you the normal ranges for individual children;

Below 100 mg. for children under the age of 5

Below 80 mg. for children ages 5-12

Below 70 mg. for children age 13 and older

Diabetes-Related Emergencies



[F-15]

FIRST AID

→ Immediately give juice, sugared sodas, granulated sugar, or glucose tablets provided by the parent. If these are not available give jam or jelly. Do not give honey to a baby under 1 year of age;

→ Follow with a small snack containing carbohydrate and protein: peanut butter and crackers, a sandwich, cereal and milk, or follow specific guidelines provided by the parent and health care provider;



Document the event, including glucometer results, foods or medications given, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if emergency medical services are activated.



High Blood Sugar (Hyperglycemia)

→ Assess signs and symptoms which may include:

- Upset stomach or stomach pain;
- Thirst;
- Frequent urination;
- Testing high with a glucometer (blood sugar measuring device)—above 250 mg. The parent and health care provider should tell you the normal ranges for individual children;
- Urine tests positive for ketones;

→ Encourage the individual to drink plenty of noncaloric fluids such as water, sugar-free soda, etc.


→ Allow the child to go to the bathroom as needed;

→ Arrange for a dose of insulin to be given. This injection is to be given by the individual(s) identified in the pre-determined plan for the child;





Document the event, including glucometer results, foods or medications given, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent.

Ear Pain: Infection

- ➔ Infection: In most cases earache or ear pain in young children is caused by infection in the middle ear (otitis media). In older children, external ear infection (swimmer's ear) is common. Cloudy, thick drainage from the ear may indicate a break in the eardrum and/or infectious disease. Antibiotics are generally prescribed for ear infections.
- ➔ Check for fever. (Fever is not always present in ear infections);
- ➔ DO NOT use oil or other drops in the ear without directions from the child's health care provider;
- ➔ Notify parent and recommend attention by the health care provider;
-  Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent;

Object in the Ear

-  Call the parent to take child to the health care provider. All objects in the ear canal must be removed by a health care provider. DO NOT poke anything such as a cotton swab into the ear. DO NOT allow the child to stick his fingers in his ear or rub the ear;
-  Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if attention by a health care provider is required;

Insect in the Ear

- ➔ Do not poke anything into the ear. Do not allow the child to stick his fingers in his ear or rub the ear;
- ➔ Shine a flashlight into the ear to attract the bug OR;

Ear Injuries



[F-16]

FIRST AID

→ Have the child lie down with the affected ear up. Pour a small amount of room temperature water into the ear and allow it to remain for 10-15 minutes. Place a cloth or paper towel over the ear and have the child turn the affected ear down. The insect should float out;

→ If the insect remains and the child is uncomfortable, call the parent to take the child to the health care provider;



Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if attention by a health care provider is required.



Wounds or Blows to the Ear

→ Wash your hands. If the wound is bleeding, put on gloves;

→ For minor cuts to the external ear, gently clean the wound with soap and water, rinse with fresh water. Do not apply ointments or creams;

→ For more serious cuts or injuries to the ear, place a clean bandage or cloth over the wound, control bleeding with gentle pressure, call the parent to take the child to the health care provider;



Activate emergency medical services (911) immediately: if bleeding is not easily controlled; if there is apparent serious damage to the ear; if there is loss of consciousness or profuse sweating; and if vomiting occurs;

→ An injury to the ear may have been caused by a blow to the head causing additional head injuries. See Head Injuries in this flipchart;

→ Alert parents to seek medical evaluation immediately if the following signs and/or symptoms occur: complaints of ringing in the ears, headache, blurred vision, vomiting, drainage from the ear, or any other unexplained symptom over the next few days;

→ If this is a bleeding injury see "Infection Control Measures" in this flipchart;



Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if attention by a health care provider is required.

For All Eye Injuries

Injuries to the eye—regardless of cause—require medical attention. Eye injuries can be frightening.

- ➔ Remain calm and keep the victim as calm as possible;
- ➔ Wash your hands before examining eyes. If this is a bleeding injury put on gloves;
- ➔ DO NOT rub the eye, and prevent a child from rubbing his eye;
- ➔ Never attempt to remove an object that is stuck in the eyeball or eyelid such as metal, wood, hard plastic or glass chips;



Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if emergency medical services are activated, or if treatment by a health care provider is needed.

Objects in the Eye (Dust, Sand, Eyelashes, etc.)

- ➔ If the speck is visible on the white of the eye, moisten the corner of a clean tissue and gently touch the speck to remove it;
- ➔ If unsuccessful, proceed to wash or flush the speck from the eye:
 - Tilt the head toward the affected side;
 - Flush with clean water. Gently hold the eyelids open with the fingers. Pour clean water into the inner corner of the eye, allowing it to flow over the eyeball and drain from the outer corner onto a towel. Repeat several times as needed to flush away the speck;


Eye Injuries




[F-17]

FIRST AID

Impaled Objects: Items Stuck in the Eyeball or Eyelid

-  Activate emergency medical services (911) or immediately transport to the nearest emergency hospital;
- DO NOT attempt to remove or pull out anything stuck into the eyeball or eyelid;
- Cover both eyes with a clean cloth, eye dressings, paper cups, etc. DO NOT apply pressure or disturb the embedded object. Instruct the victim not to move eyes;

Chemical Burns or Poisons in the Eye

- Gently hold the eyelids open with the fingers. Use a slowly running shower, faucet, for a continuous flow of water from the inner corner to the outer corner of the eye. Avoid contaminating the other eye with the chemical or poison. Flush for at least 15-20 minutes then;
-  Activate emergency medical services (911) if not already done, or cover both eyes with a clean cloth and transport immediately to the nearest emergency hospital;

Cut or Blow to the Outer Eye or Eyelid

- Wash your hands. If wound is bleeding, put on gloves;
- The eyelid and skin around the eye bleeds easily, and bleeding may not be an indication of the injury's severity;
- Hold a cold, wet cloth to the area, but do not apply pressure;
- If bleeding continues or stitches may be needed, seek medical attention.

- ➔ If an injury to the outer eye may have been caused by a blow to the head, See Head Injuries in this flipchart;
- ➔ Notify parents and if needed, recommend attention by the health care provider;
- ➔ If the event is a bleeding injury see “Infection Control Measures” in this flipchart.
- ➔ Alert parents to seek medical evaluation immediately if the following signs and/or symptoms occur over the next few days:
 - Complaints of headache or blurred vision;
 - Fever;
 - Signs of infection such as redness or thick discharge (pus), etc.;



Black Eye

- ➔ A black eye is a pooling of blood under the skin around the eye caused by an impact to the eye, blow to the head, or facial surgery. Discoloration or “bags” under the eyes due to fatigue, illness or allergies are not true black eyes. Black eyes generally resolve without medical intervention. Black eyes are noteworthy as they may be a sign of child abuse or neglect in the young child. See CHILD ABUSE in this flipchart. Document all black eyes by date, color, which eye is involved and the child’s and parent’s explanation of its cause.

Reminder: Cold sores and other lesions in or on the mouth can be a result of a contagious organism such as herpes simplex or impetigo. When evaluating mouth lesions, wash your hands and whenever possible wear gloves. Young children are still learning personal hygiene and they are dependent upon the adults who care for them to reduce or eliminate communicable disease risks.

Fever Blisters, Cold Sores, and Canker Sores

Cold sores and fever blisters are generally on the lips. Canker sores are sores IN the mouth. Most mouth sores heal spontaneously within 7-14 days.

- ➔ Young children with watery, open sores on the outside of the mouth, generally require exclusion from early childhood group settings to reduce the risk of communicable disease spread. They may return when sores are scabbed over;
- ➔ Due to mouth discomfort, children may avoid drinking fluids. Encourage water and less acidic beverages;
- ➔ Medications may be prescribed for the treatment of mouth and lip lesions. Use gloves and cotton-tipped applicators to prevent contamination of medication, your hands and/or the environment;
- ➔ Discard tissues and applicators in plastic-lined, covered trash cans.
- ➔ Carefully wash dishes and sanitize mouthed-toys used by a child with mouth lesions to prevent the spread of communicable disease;
- ➔ Wash the child's hands frequently to prevent soiled hands from spreading organisms to the mouth and body;




Document the sore, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent.

Fever Blisters, Cold Sores and Canker Sores

Young children often “bump their heads” during normal activities. The key to the management of blows to the head is recognizing those injuries which are potentially serious. There is a wide range in the severity of injuries which are caused by bumps or blows to the head.

Serious Head Injuries

- DO NOT move the victim except to remove from harm’s way;
- Assess for signs and symptoms of serious head injury which may include:
 - Noticeable swelling (bump), cuts, and/or bruising on the head;
 - Profuse bleeding;
 - Nausea and/or vomiting;
 - Loss of consciousness;
 - Fainting or dizziness;
 - Difficulty in seeing, speaking or hearing;
 - Convulsions (seizures);
 - Continued complaints of headache or dizziness
 - Unequal pupil size;
 - Blood or fluid seeping from the ears or nose;
 - Difficulty awakening the victim from sleep;
- DO NOT elevate the head, keep victim lying flat;
-  Activate emergency medical services (911);
- Avoid additional injuries to the head and spine by immobilizing the head and neck with rolled towels, magazines, newspapers placed snugly along the sides of the head and neck;
- If the head wound is bleeding, put on gloves if available. Firmly apply a cold cloth **WITHOUT DIRECT PRESSURE**, avoiding further injury;
- DO NOT give anything by mouth. No food, no water, no medications;

Head Injuries



[F-20]

FIRST AID

- ➔ DO NOT try to keep the victim awake;
- ➔ Stay with the victim until emergency help arrives;
- ➔ Check for breathing periodically. If necessary begin Rescue Breathing;
- ➔ If you must transport the victim to the nearest emergency hospital, try to get the assistance of another adult. Have the victim lie down, and remain quiet. Continue immobilization of the head and neck. Continue application of cold cloths to reduce bleeding while in transit;



Notify parents;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event. Schools should follow their emergency reporting policies.



Minor Bumps on the Head



- ➔ Assess for signs and symptoms of serious head injuries listed on the other side of this page;
- ➔ Have the victim lie down and rest;
- ➔ Apply cool cloths for 10 minutes on, and 10 minutes off for 3 cycles;
- ➔ Based on the victim's condition, allow him to return to the group or notify parent of your concern;
- ➔ Alert parents to seek medical evaluation immediately if the following signs and/or symptoms occur: complaints of ringing in the ears, headache, blurred vision, vomiting, drainage from the ear, or any other unexplained symptom over the next few days;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if treatment by a health care provider is needed.

Common insects which may produce uncomfortable to serious reactions include bees, wasps, hornets, ants, spiders, mosquitoes, or scorpions. All staff and volunteers must be alerted to any child with known allergies to a specific insect sting. An individual care plan should be created by the parent, health care provider and program staff with specific steps to take if the child is stung. The plan must be signed by the parent and kept on file at the site. If the plan includes treatment with an emergency injection, alert your licensing or certifying agency regarding specific training and documentation requirements.

Insect Stings



- Remove the victim from further danger;
-  Activate emergency medical services (911) if the victim:
 - Is known to be allergic to this sting;
 - Has difficulty breathing;
 - Nausea and vomiting;
 - Has loss of conscious;
 - Has been stung more than 10 times or if there are numerous stings to the face;
- If a stinger remains in the victim DO NOT use tweezers to remove. Flick it out with a plastic card or your finger nail to prevent injecting more toxin;
- Apply cool cloths for 10 minutes on, and 10 minutes off for 3 cycles;
- DO NOT apply ointments or home remedies to the insect sting wound;
- Cover with a small adhesive bandage;
- If not distressed, allow the victim to return to the group. Observe his condition frequently. Notify parent of any concern;
-  Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if emergency medical services are activated or if treatment by a health care provider is needed.

Insect Bites and Stings



Nose bleeds

Nose bleeds occur easily in young children. The initial severity of a nosebleed may not be an indication of the severity of an injury. Nose bleeds can be caused by injury, inflammation, dryness of the lining of the nose, and blowing the nose too hard.



- This is a bleeding condition. Put on gloves;
- Assist the child to a sitting position with head tilted forward;
- If the child can follow instructions and will cooperate, have him pinch the nose with the thumb and forefinger just above the nostrils applying firm pressure;
- If the child cannot apply pressure for himself, an adult should do this for him;
- Maintain the pressure for 10–20 minutes;
-  Activate emergency medical services (911) if you suspect an injury to the nose may have been caused by an impact which could result in nose and facial fractures;
- DO NOT place tissues, or packing of any kind inside the nose;
- When bleeding has stopped, do not blow the nose for several hours;
- If bleeding continues, call the parent to take the child to the health care provider;
- Wash the child's hands;
- See Infection Control Measures in this flipchart;
-  Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if emergency medical services were activated.

Nose Bleeds

Poisons may be inhaled, swallowed or absorbed through the skin. Poisonous or toxic chemicals, gases, plants, or non-food products can cause mild to severe illness. Poisoning warning signs may be in combination or stand alone.

Syrup of Ipecac is used to induce (start) vomiting. Store Syrup of Ipecac out of the reach of children at room temperature. Check the expiration date regularly and be sure all staff are familiar with when and how it is used.

For All Poisons

- Assess signs and symptoms which may include:
 - Nausea and/or vomiting;
 - Headache;
 - Dizziness or loss of consciousness;
 - Abdominal pain or cramping;
 - Irritation or pain at the site of exposure, (skin, eyes, mouth, etc.);
 - Unusual discoloration of the mouth, lips, nose, skin , etc.,from the poisonous item, berry, dye, or chemical, etc.;
 - Watery eyes, prolonged coughing or choking;
- Remove the victim (and others) from further exposure risks;
- Remove any visible items or substances from the mouth, nose, ear, etc.;
- Check for breathing; begin Rescue breathing, if needed;
-  Activate emergency medical services (911);
- DO NOT induce vomiting or give Syrup of Ipecac, activated charcoal, milk, etc. without instructions from Poison Control or medical personnel;
-  Call POISON CONTROL for instructions. When possible, take the victim and the poison to the phone with you;
 - Maricopa County (Phoenix area): 602-253-3334
 - Pima County (Tucson area): 520-626-6016
 - Other ARIZONA areas 1-800-362-0101

Poison Emergencies



[F-23]

FIRST AID



Skin Contact Poisons

- Get the chemicals off of the skin surface as quickly as possible,
 - Use cool, running water to flush the area for 10-15 minutes;
 - Protect yourself from potential skin contact exposure;
 - If no other emergency help is needed, cover the area with a clean bandage, as appropriate to the exposure;

- EYES: If poisons or toxic substances are splashed into the eyes:
 - Activate emergency medical services (911);
 - Flush the eyes with cool, running water, flowing from the inside corner of the eye to the outside corner of the eye. Tilt the head, allow a gently flowing stream of water from a cup, faucet or an outdoor hose to flush the eye;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.




Swallowed Poisons or Toxic Substances

- Try to identify the exposure source, but DO NOT waste time;

- Remove any visible substances or items from the mouth, nose, etc.;

- DO NOT leave the victim unattended. Call for help and/or take the victim with you to the phone;

-  Call Poison Control and follow all instructions;

- DO NOT make the victim vomit unless directed told to do so by Poison Control personnel or a Medical Doctor;

- If directed to induce vomiting, DO NOT give salt water solutions to make a victim vomit. Use Syrup of Ipecac, if directed by Poison Control personnel;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.



Inhaled Poisons or Toxic Substances/Gases



Activate the emergency medical system (911);



Remove the victim from the exposure source, taking care to prevent further exposure to the victim, yourself and others;



Get victim to fresh air immediately!



ALERT OTHERS of the emergency and EVACUATE, if needed;



Identify the source of the exposure, if possible, but do not place yourself or others in harm's way;



DO NOT give anything by mouth (food, drink, medications) without instructions from Poison Control or medical personnel;



Transport the victim for medical evaluation if emergency medical services are not available to the site;



Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.

Heat exhaustion and heat stroke are most often caused by prolonged exposure to the sun, high temperatures, high humidity, strenuous outdoor activity, and/or failure to drink enough water and other fluids.

Heat Exhaustion

- Assess signs and symptoms which may include:
 - Weakness
 - Dizziness
 - Headache
 - Heavy sweating
 - Cool, clammy skin
 - Rapid heart beat
 - Muscle cramping
- Remove the victim to a cool shaded area;
- Have the victim lie down to rest. Loosen clothing;
- Have the victim drink a glass of cool water. Continue to offer sips of water;
- Apply cool compresses to the forehead or back of the neck. Remove cool compresses after 20 minutes or if goose bumps or shivering are noted;
- If not in distress, allow the victim to return to the group, observing him frequently. Notify parent of any concern;
- Document the event, actions taken, calls made and follow-up information in the child's file with a duplicate copy to the parent.

Weather Exposures (Heat)






[F-25]

FIRST AID





Heat Stroke

- Assess signs and symptoms which may include:
 - Hot, dry skin;
 - A sudden loss of consciousness, fainting, or convulsions;
 - High body temperature;
 - A rapid, irregular heart beat;
 - Confusion;
- Remove the victim to a cool shaded area;
- Have the victim lie down and rest. Loosen clothing;
-  Activate emergency medical services (911);
- DO NOT give water or other fluids;
- Apply cool compresses (not ice) to the forehead or back of the neck or place an alert child in a room-temperature bath;
- Do not leave the victim alone;
- If you must transport the victim to the nearest emergency hospital, get the assistance of another adult. Take the emergency card with you. Continue applying cool compresses. Monitor breathing. Begin Rescue Breathing if needed.
-  Notify parents;
-  Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if emergency medical services (911) were activated.



Frostbite

Frostbite occurs when freezing temperatures slow or stop blood circulation to body surfaces. Skin that becomes hard and white as pain progresses is an indicator that circulation has been impaired. Most easily affected are fingers, toes, tips of the ears, lips and the nose. Rapid treatment is needed to prevent permanent tissue damage.

- Assess signs and symptoms which may include:
 - Cold, numb or painful, white or gray skin;
- Move the victim to a warm area;
- DO NOT rub or handle the affected area;
- DO NOT walk on frostbitten feet;
- If an outdoor location or transportation time delays other warming methods, wrap the affected body part in many layers of warm clothing, blankets, plastic wrap, newspaper, etc. to aid warming of the body part;
- Place the affected body part in lukewarm water, no more than 100° F. until color returns or becomes pink;
-  Notify parent and recommend immediate attention by the health care provider;
-  Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency if attention by a health care provider is required.

Weather Exposures (Cold)



[F-26]

FIRST AID



Hypothermia

Subnormal body temperature caused by exposure to cold outdoor temperatures or near-drowning in cold or freezing water. Rapid treatment is needed to prevent permanent tissue damage.

→ Assess signs and symptoms which may include:

- Drowsiness;
- Confusion;
- Slurred speech;
- Uncontrolled shivering;
- Stumbling, unable to walk;
- Weak and/or irregular heartbeat;
- Blueness or puffiness of the skin;

→ Check for breathing. Begin Rescue Breathing if needed;

→ Move the victim to a warm area;



Activate emergency medical services (911);

→ DO NOT rub or massage arms, legs, hands or feet;

→ DO NOT give anything to drink including alcoholic beverages;

→ If alert, place the victim in warm water (not more than 100° F.) to warm body temperature;

→ If you must transport, get assistance from another adult, remove wet clothing and place victim in dry, warm clothes and/or a warm blanket;



Notify parent;



Document the event, actions taken, any calls made and follow-up information in the child's file with a duplicate copy to the parent. Child care programs should notify their licensing or certifying agency of the event.

Child abuse and neglect occur in families from all socioeconomic, ethnic, and educational backgrounds. An adult's own childhood experiences, relationship with a spouse, and parenting beliefs, as well as current daily stress all contribute to the potential to become an abuser. Additionally, these individuals may have few friends, and relatives are generally unavailable, uncaring or detached. This list of signs and symptoms is offered only as a guideline. When in doubt, report!

Emotional Abuse

Generally involves verbal abuse, or extended periods of silence or indifference. Lasting effects can include poor self-image and lowered self-esteem.

- Assess signs and symptoms which may include:
- Fear of adult contact;
 - Poor friendship skills;
 - Aggressive or acting out behavior;
 - Speech disorders (stuttering, etc.);
 - Severe withdrawal;
 - Making negative comments about self;
 - Being overly anxious to please;

Neglect

When a child can be harmed by what the parent or guardian does not do. Generally involves malnutrition, inappropriate clothing for age or weather, chronically-soiled clothing and/or a lack of adult supervision.

- Assess for signs and symptoms which may include:
- Constant hunger;
 - Tiredness, no energy;
 - Needing a bath or other personal care often;
 - In need of medical or dental attention;
 - Frequent absences from school;
 - Wearing clothes which are dirty or wrong for the weather;
 - Falling asleep in class;
 - Constantly stealing or hoarding objects or food;

Child Abuse



[I/P-1]

INTERVENTION/PREVENTION



Physical Abuse

Injury due to harsh or out-of-control punishment. Frequently results from a violent explosive situation. Added stress or substance abuse (including alcohol) is likely to be present in the home. Observe for: bruises, particularly in soft fleshy areas or bruises which have distinctive shapes or patterns (belt marks, looped electrical cords, hand shape, etc.), burns or other injuries resulting from cigarettes, violent shaking, dislocated joints, rope burns, etc., particularly when the explanation is unclear or does not fit the injury.

- Assess for signs and symptoms which may include:
- Unexplained bruises, cuts, or burns;
 - Bruises, cuts or burns that regularly appear after weekends, absences, or holidays;
 - Burns in unusual places such as soles of the feet, back, or buttocks;
 - Deep burns and those with a clear shape. (A child's natural tendency to pull away, will keep most accidental burns from being deep or clearly shaped.);
 - Variety of bruises, cuts or burns in different stages of healing;
 - Bruises on soft tissue such as the upper ear or ear lobes, neck, upper arms, inner thighs, cheeks, mouth and lips, etc.;
 - Human bite marks;
 - Hair loss from violent pulling;
 - Any marks that take the shape of an object commonly used to punish;



Sexual Abuse

Any contact between a child and adult where the child is used for a sexual purpose such as fondling, indecent exposure, child pornography, intercourse, or exploitation. Usually associated with threats of harm insuring secrecy.

- Assess for signs and symptoms which may include:
- Pain or itching of the genitals;
 - Bruises or bleeding of the genitals;
 - Strange or unpleasant odors from the genitals, even after bathing;
 - Difficulty in walking or sitting;
 - An unusual or chronic fear of going home;
 - Advanced knowledge of sexual acts, words or slang terminology ("sexy" language, precocious sex play, excessive curiosity about sexual matters);
 - Sudden changes in behavior;
 - Fear of closed doors, showers, or bathrooms;
 - When a child reveals he or she has been sexually abused;



Immediate Interventions



Document all bruises, cuts or burns, etc., a child has when he arrives at the group setting. (See “Documentation” below.) This helps to provide protection from false accusations for the teacher or caregiver, as well as tracking the number and kind of injuries a child receives;



Many injuries have a logical explanation. Discuss injuries with the parent to further assess the situation;



Never quiz a parent or child to “get at the truth.” It may interfere with any investigation by proper authorities;



If you suspect abuse, contact child protection authorities. In Arizona call 1-888-767-2445 (1-888-SOS-CHILD) or police for instructions before providing routine first aid. Treatment of injuries may inadvertently destroy important evidence of abuse;



If you believe a child is in danger and child protection authorities have been slow to respond, call the police. If there appears to be an immediate threat to the child or staff, call 911 or local authorities;



Arizona law requires you to report all suspected abuse or neglect to the Department of Economic Security, Child Protective Services or the police. Your reasonable belief, based on your experience, that abuse or neglect has occurred is all that is necessary to cause you to make a report. Reporting your suspicion to your principal, director, or colleagues does not fulfill your legal duty. You can be charged with a crime if you fail to make a report. Reporting information is kept confidential.

Child Abuse



[I/P-2]

INTERVENTION/PREVENTION

Documentation

- Write down word-for-word, without any editing, what the child said, who was present when the child said it, additionally record the emotional state, gestures, facial expressions, what was happening at the time the child revealed the abuse. Always include the date, time, and names of everyone who heard what was said;
- If there is obvious physical injury, describe it carefully by writing down the size, shape, color, location and or drainage. If necessary make drawings to describe what you saw;
- Only discuss the incident with appropriate authorities, and when doing so, separate your observations from your opinions. “I saw...” or “I heard...” will be more accurate than “I think...” or “I assumed...;”
- There may be additional written reports required by your agency, school district, child care licensing, child protection authorities, or police;
- Store documents relating to child abuse or reports of abuse or neglect in confidential files which are locked or otherwise secured from unauthorized review;
- The local child protection authority’s phone number must be included with the posted emergency phone numbers.

Additional Information: How Bruises Heal


In darker-skinned individuals, assessing the age of a bruise may be more difficult.

0–5 days from injury
5–7 days from injury
7–10 days from injury
10–14 days from injury

Red, blue, or dark purple in color
Green in color
Yellowish (fading from green)
Brown, beginning to fade from sight




Emergency Evacuation

- Alert others to the emergency. Shout and activate manual alarm devices;
-  Send an adult who is not required for evacuation procedures to call emergency services (911), and report your emergency from a safe phone;
- Begin evacuating the facility according to the predetermined evacuation plan. An assigned staff person must pick up the children's "emergency information and contact" cards. Daily classroom attendance logs must be evacuated with children to insure a proper head count;
- Do an initial head count;
- DO NOT leave children unattended at any time;
- Close, but do not lock, all doors when all individuals are out of the room;
- All bathrooms and unoccupied rooms should be checked for children and adults who are unaware of the emergency;
- In case of a fire emergency use this procedure:
 - Feel door knobs. Do not open if they are hot.
 - Stand behind doors when opening them and be prepared to close them quickly if there is fire or smoke.
 - Use a fire extinguisher to clear a path if all exits are blocked by fire.
- If smoke is present, make everyone stay low. If necessary crawl to the nearest exit.

Emergency Evacuation Plan



[I/P-3]

- ➔ Walk down stairs. DO NOT use elevators;
- ➔ Evacuate to the predetermined “safe area” at least 50 feet from the facility. Be prepared to evacuate farther if directed by emergency personnel;
- ➔ Do a head count, comparing the children present to the classroom attendance log;
-  Call 911, fire department or police department from a safe phone to report your emergency if not already done;
- ➔ If there is fire blocking your only exit and you cannot evacuate, keep the door closed. Stuff a wet blanket, towels, etc., along the bottom of the door to keep the smoke out. Close as many doors as possible between you and the fire. Continue to shout for help.

Name	Where Found	Effects	What To Do
Asbestos	In the air or water from old insulation, fireproofing, acoustical material or cement pipes.	Chest and abdominal cancers, lung disease.	Obtain expert help in identification and removal from homes or businesses.
Carbon Monoxide	In the air, from car exhaust, unvented gas or kerosene heaters, leaking furnaces and chimneys, wood and gas stoves, tobacco smoke.	Reduces the ability to pass oxygen to the brain. May cause slurred speech, mental illness and death.	Avoid smoking, especially around young children. Air out rooms where wood, kerosene or gas burning occurs, maintain a fresh air supply to the room.
Hazardous Waste	Air, water, soil.	Ranges from unknown effects to cancer, chronic illnesses and death.	Find out how land was previously used. Call planning and zoning agencies or local Environmental Protection Offices to help with this info.
Lead	Air, water, soil. From paint dust or chips, lead solder in pipes, burning lead paint fumes, leaded gasoline, battery and other manufacturing, and some ceramic glazes. Folk medicines may contain high levels of lead.	Affects mental and physical development in the unborn and young children. Causes poor coordination, and a range of damage to the kidneys, nervous system and blood cells, related to the exposure time and concentration.	Keep children from exposure conditions. Have water sources tested. Check for leaded paint and other potential risks in the home or child care setting. Encourage lead blood level screening tests of children.

Environmental Pollutants



[I/P-4]

Name	Where Found	Effects	What To Do
Nitrogen and Sulfur Oxides	Air from unvented gas heaters and kerosene stoves. Tobacco smoke.	Irritates lung tissue and causes shortness of breath. Related to lung cancer. Avoid outdoor activities on days when pollution or smog is at high levels.	Ventilate rooms. Quit smoking.
Ozone	In the level of air that we breathe. Formed from a chemical reaction between the sun and air from auto and factory emissions.	Irritates the lungs, throat, nose. Causes shortness of breath. Related to lung cancer.	Avoid outdoor activities when the ozone levels are high. Obey all "clean air" alerts by local officials.
Herbicides and Pesticides	Found in food, water, the air and soil. In weed killers, bug sprays, insecticides and termite control gases.	Irritates eyes, nose and throat. Causes kidney and central nervous system damage and certain types of cancer.	Avoid spraying when children are present. Follow safety directions on package. Use non-toxic products around children's living or playing areas. Wash produce with cold water.
Radon	Naturally occurring gas from decaying rock or soil containing uranium. Air, water, soil pockets.	Lung cancer, related to exposure time and concentration.	Have site tested or evaluated for risk by a radiation specialist.
Tobacco Smoke	Air from cigarette fumes, smoke and ash in enclosed air spaces like rooms, malls.	Respiratory infections, lung cancer, asthma.	Ban smoking in child care. Avoid smoking in cars or around children

Source: *Healthy Kids, Winter 1991, American Academy of Pediatrics*

Each fire extinguisher is designed to be used for a particular type of fire. Some may be used for more than one type of fire. The type(s) of fire each extinguisher is meant for is identified by a letter or picture symbol on the faceplate of the extinguisher. On some extinguishes types of fires for which the extinguisher **MUST NOT** be used may be indicated with a diagonal red slash. All staff and volunteers must be able to identify the location and type of each fire extinguisher.

Types of Fires and Extinguishes

Fire Type

Letter Symbol

Picture Symbol

For wood, paper, cloth, trash, and other ordinary materials



For gasoline, grease, oil, paint, flammable liquids



For live electrical equipment



For combustible metals



No current symbol

For cooking oils, fats, grease

Type K



Servicing or Purchasing Fire Extinguishers

- ➔ Check the fire extinguisher gauge regularly. If the needle is in the green area, compression and contents are adequate;
- ➔ Once used, even if for only a short burst, a fire extinguisher must be serviced or replaced;

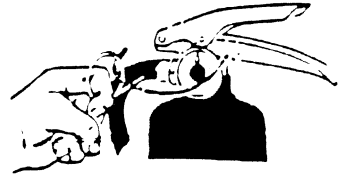
Fire Extinguishers/Smoke Detectors



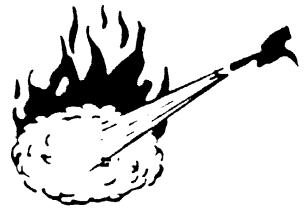
[I/P-5]

How to use the Fire Extinguisher

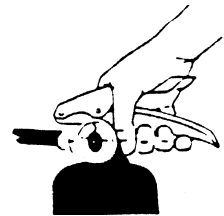
P Pull! Hold the fire extinguisher upright. Do not hold the handle. Pull the pin out horizontally. Pull it straight out horizontally;



A Aim! Stand with your back to a safe exit and aim the nozzle at the base of the fire. Stand 8-10 feet away from the fire;



S Squeeze! Squeeze the handle/lever to release the extinguisher chemicals;



S Sweep! Sweep gently back and forth, while aiming at the base of the fire, not at the top of the flames.



Smoke Detectors

- Regulations or guidelines determine the number and placement of smoke detectors for your program. Your certifying or licensing agency, or fire marshall can provide you with specific information;
- In general, at least two smoke detectors should be in place in every facility and/or home: one detector located in each sleeping room, and one in each main hall;

- In multi-level buildings, at least one smoke detector should be appropriately placed on each level;
- Mount smoke detectors in the middle of the ceiling, or on a wall at least three feet away from a corner and 4-6 inches down from the ceiling;
- Keep smoke detectors away from drafts created by fans or air ducts. Moving air can blow smoke away from the detector's sensor;
- Avoid placing smoke detectors too near the kitchen stove, bathroom shower, or barbecue;
- Mount basement detectors at the bottom of the basement stairwell;
- Smoke detectors come in two basic types: ionization and photoelectric. Both are effective at detecting smoke from fire. Both types are available as battery-operated or a style which is wired directly into the household electrical current;
- If your smoke detector is over 10 years old, replace it;
- Routine maintenance of smoke detectors is very important:
 - Test your smoke detector weekly, following manufacturer's instructions;
 - Replace the battery at least yearly. Choose a familiar date such as a birthday to help you remember;
 - NEVER remove the battery for another purpose;
 - Clean the smoke detector at least monthly by carefully vacuuming accumulated dust. Follow manufacturer's instructions;
- Be familiar with the "low-battery warning sounds." Most commonly an intermittent chirping noise. **REPLACE BATTERY(S) IMMEDIATELY;**

Never ignore the warning sound of a smoke detector!

Everyday fourteen children ages 19 and under are killed by guns and many more are wounded. Nearly all childhood unintentional shooting deaths occur in or around the home. Fifty percent occur in the child's home and forty percent occur in the home of a friend or relative. Many elementary-age children return to homes where they have access to guns but no adult supervision. The safest thing to do is not keep a gun in your home—especially a handgun.

If You Keep a Gun

- Keep the gun unloaded and uncocked, locked up out of the sight and reach of children. Lock up ammunition in a separate location;
- Keep keys which open locked gun storage containers with you at all times;
- Invest in child safety locks which secure the trigger or firing mechanism;
- Do not store guns and ammunition with other valuables such as silver or jewelry;
- Get training on the use and maintenance of the gun from a qualified instructor;
- Remember that all children are curious and search their environments. It is normal for them to forget and to test rules;
- Remove guns from your home if an individual is suicidal or a teen seems depressed. Contact a health professional for help;
- Set a good example:
 - Always treat a gun as if it were loaded, pointing the barrel away from anyone in the area;
 - Check the gun to make sure it is unloaded immediately after picking it up;
 - Never display the gun in a social setting or make it a topic of casual conversation.


Even If You Don't Keep a Gun

- Ask parents at the homes where your children visit about how their guns are stored. You may prefer children visit in your home;
- Determine if purses, backpacks, or suitcases belonging to guests in your home contain a gun and take appropriate measures;
- Repeat reminders to children to stay away from guns and to find a trusted adult if they should see one.


Gun Safety

Many schools and children's group settings are located close to major highways, railroads, and industries. Accidents which result in a spill or release of hazardous materials may require evacuation of the facility, or other actions as directed by emergency personnel. Chemicals and other materials found in many settings may also pose a risk to the health and safety of adults and children. Improperly stored, or improperly used cleaning chemicals, pesticides, swimming pool chemicals, etc., can result in a hazardous spill or release requiring evacuation.

Hazardous Material Spill or Release: Indoors

- For large spills, or where flammables, corrosives, poisons, or strong fumes are involved:
- Do not attempt to clean up a spill;
- Isolate the exposed area, close doors, windows and points of entry into the area;
- Activate the fire alarm;
- Evacuate the facility (follow your written evacuation plan);
-  Call 911 or the local fire department from a safe phone;
- Follow instructions of emergency personnel or 911 dispatcher;
- Do not reenter the building until directed by emergency personnel;

Hazardous Material Spill or Release: Outdoors

- For large spills, or where flammables, poisons, or where strong fumes are involved:
- Move children and adults to a safe location;
-  Call 911 or the local fire department from a safe phone;
- Follow the instructions of emergency personnel or 911 dispatcher;

Hazardous Material Incidents



[I/P-8]



Small Hazardous Material Spills

For small spills where flammables, corrosives, poisons or strong fumes are not involved:

- ➔ Keep children and pets away from spills;
- ➔ Open windows and doors to keep the area ventilated;
- ➔ Read label on product and/or review the Material Safety Data Sheet for the product. Follow the directions;
- ➔ Put on gloves and protective clothing if necessary;
- ➔ Sweep or shovel dust and powders into a plastic bag, being careful not to lift residue into the air;
- ➔ Spread sand, sawdust, cat litter, or absorbent paper (newspaper, paper towels, etc.) on to absorb liquid spills;
- ➔ Scoop powders or dust, or liquid and absorbent substance into a plastic bag;
- ➔ Wash down the area with soap and water. Use old rags or a thick pad of paper towels. Deposit the rags or paper towels into the plastic bag;
- ➔ Seal the plastic bag, wrap it in newspaper, and place in a dumpster or outdoor trash can;
- ➔ If you are hosing down an outdoor area, be careful the run-off does not contaminate streams, ponds, etc.



About Hazardous Materials

- Know what hazardous chemicals and materials are:
 - Corrosive (able to cause burns to skin, corrode containers and/or dissolve fibers);
 - Ignitable (pose a fire hazard during routine handling);
 - Reactive (able to explode or emit a toxic gas on exposure to air or water);
 - Toxic (able to cause illness, death, reproductive or genetic abnormalities, or diminish awareness enough to present a safety danger).
- Train all staff and volunteers in practices and procedures which allow for safe handling of hazardous substances used in your setting;
- Store the information for all hazardous substances together in a single file. Manufacturers of hazardous materials and chemicals provide written comprehensive information about their products. This written information called the “Material Safety Data Sheet,” (MSDS), includes facts about the physical properties of the substance, health hazards associated with it’s use, special precautions and protection information, what to do in case of a spill or leak, etc. Inform staff of the file’s location. If an MSDS is not included with a hazardous product, contact the manufacturer;
- Always store products in their original containers. Product labels contain important information. Do not remove or mutilate labels;
- Avoid mixing or accidental contact between chemicals:
 - DO NOT store incompatible chemicals together, or near one another even for a short time. For example do not store ammonia above, below, next to or near bleach. Leaking containers may allow the chemicals to mingle and release toxic lethal vapors;
 - DO NOT mix acids and bases, or acids with cyanide. Never pour water into an acid. Always pour acids into water to dilute;
 - DO NOT mix flammables with oxidizers—for example gasoline and pool chemicals.

Hazardous Material Incidents

Kids may resist the use of helmets when they are riding bicycles or skateboards because they think helmets “look weird” or that they are “uncool.” When a bicycle is purchased or “handed down”, the helmet should be purchased or “handed down” too! Children must learn to associate the use of a helmet with any wheeled sport or equipment. A helmet is a necessity not an accessory. Helmets reduce the chance of head injuries in a fall. Before purchasing a helmet, be knowledgeable about them!

Rating the Safety of Helmets

- SNELL: This word is found on identification stickers on helmets. It indicates the most strict standards for identifying the protective abilities of helmets. SNELL rates helmets by the use of the Impact Energy Attenuation test, rating the impact of no more than 300 g’s to the helmet, and the Retention System test, measuring the ability of the strap and buckle to remain in tact upon impact;
- ANSI (American National Standards Institute): The Institute establishes industry guidelines for manufacturers of a wide variety of helmets. Tests are required to measure helmets’ performance under various environmental conditions;

Fit of Bicycle and Other Helmets

- Try the helmet on before you buy it! Sizes come in small to extra large;
 - Helmets should not slide around on the head, “pinch” or rock from side to side on the head;
 - Most helmets have adjustable straps for securely fastening under the chin;
 - Some manufacturers make different-sized foam pads for insertion into the sides of the helmet, making a better fit for slender heads;
 - The helmet should fit on the top of the head. It should not ride forward or slip to the back of the head;

Helmets (Bicycle and Wheeled Equipment)



[I/P-10]

Reminders

- ➔ Wear a helmet EVERY time a child rides a bike, (or tricycle, skateboard, roller blade, etc.);
- ➔ Always fasten the chin strap securely;
- ➔ There is a four times greater chance a child will be a victim of a bicycle death due to head trauma than the child will be kidnapped by a stranger!

Laws

- ➔ Some cities and/or states have “Helmet Laws” which require children and adults to wear head protection whenever they are riding bicycles, motorcycles, ATVs, etc. Check your laws!
- ➔ Teach children to obey all rules of the road, warning signs and traffic signals;
 - Wear a helmet every time;
 - Go with the flow! Ride on the right-with traffic-just like cars do;
 - Be predictable! Always ride in a straight line, yield to traffic and signal appropriately before making turns;
 - Stop and look LEFT-RIGHT-and LEFT AGAIN before entering traffic flow or crossing the street;
 - At busy intersections, get off the bicycle and walk it across the road, just as a pedestrian does;
 - Avoid riding at night. If you must ride after sunset, be sure you are visible to traffic. Wear reflective clothing, and use reflectors and lights on the bicycle;
 - Avoid roads where speed limits are over 35 mph;
 - Where they exist, use bicycle lanes.

ROUTINE INFECTION CONTROL MEASURES

Treat all Body Fluids, Blood and Unidentified Powders as if they are Infectious!

Use these procedures every day

Routine Infection Control Measures will protect against bioterrorism agents too!

Handwashing

Supplies include warm, running water, liquid soap, and disposable, single use paper towels or commercial hand blowers.



- Wash the fronts, backs and between the fingers with soap and gentle pressure (friction).
- Dry hands completely with a single use paper towel or commercial hand blower.
- Handwashing guidelines apply to infants, children, and adults who have experienced potential exposure.
- Alcohol-based hand sanitizing solutions may be used by adults following handwashing to kill germs which remain or if soap and water are not available.

Wash Hands BEFORE:

- Preparing food, snacks or bottles.
- Serving food, snacks or bottles.
- Eating food, snacks.
- Giving medication or taking temperatures.
- Cleaning wounds or changing bandages.
- Doing any medical or invasive procedure.
- Beginning activities that involve food.

Wash Hands AFTER:

- **ANY** contact with stool, urine, vomit, mucus, pus, blood or body fluid.
- Playing with pets, animals or birds.
- Changing a diaper.
- Changing a bandage or tending wounds.
- Tending to a sick child (person).
- Using the toilet.
- Messy activities.
- Playing outside, in sandboxes, on equipment, etc.

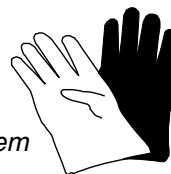
Remember:

- Bathrooms and handwashing areas must be regularly re-supplied.
- Young children must be monitored and reminded of handwashing steps each day.
- Diapered age children must have their hands washed for them, especially after diapering.
- Moistened towelettes are not recommended for routine handwashing. They may be used in the absence of running water and soap, for field trips or for a quick clean-up of soil, grime or sticky substances.

Risk of Disease Increases When Hands are Dirty or Contaminated!

Gloves

Latex, or vinyl disposable gloves are to be used by individuals performing tasks which may bring them into contact with disease-causing germs.



Wear Gloves for High Risk Procedures Such As:

- Cleaning up vomit, stool, blood, urine, pus, and body fluids or secretions.
- Changing bandages, especially if blood, pus or signs of infection are present.
- Cleansing or controlling bleeding wounds, or broken skin, such as nosebleeds, tooth loss, and cuts, scrapes, etc.
- Changing diapers, especially with loose stools.
- Handling linens, clothing, diapers, equipment or surfaces that have been soiled with blood, vomit, stool, urine or body fluids.

Gloving Guidelines:

- Gather all supplies and equipment **before** putting gloves on.
- **Remove gloves** immediately after completing tasks by peeling them off of hands, turning gloves inside out and discarding.
- **After** removing gloves, proceed with tasks of re-diapering, re-bandaging, replacing supplies, etc.
- **Discard** visibly contaminated and potentially contaminated gloves into a separate, closed plastic bag before disposal into a plastic-lined trash receptacle.
- **Wash your hands** before moving to any other activity.

Gloving Reminders:

- Care must be taken to prevent contaminated gloves from infecting others or the environment.
- Gloves used for infection control procedures must be discarded immediately. They must be single use, disposable gloves. **NEVER** re-use these gloves!
- Utility gloves may be used for general cleaning activities and can be washed and sanitized for re-use. These gloves are a heavier, sturdier glove made of a rubber type material.

Infection Control Measures



[I/P-11]

INTERVENTION/PREVENTION

Sanitation/Disinfecting

Cleaning removes soil, debris and oils and reduces the number of germs using soaps, detergents, or cleaners. Sanitizing or disinfecting kills germs with germicidal agents, household bleach and water solutions, or very high heat.



- Items or surfaces must be cleaned *before* sanitizing.
- **Facility-approved disinfecting solutions** may be preferred over bleach solutions in some settings for sanitizing activities. Care must be taken to prevent **toxic** substances from accumulating or remaining on items which may go into the mouth.
- Sponges are *never* recommended for sanitizing activities because they can harbor germs and spread them to surfaces.
- Dishwashers clean items, and can assist in the sanitizing process if the water temperature is hot enough, the water pressure is adequate, and the cycle length is appropriate.

Bleach and Water Solutions

Use household bleach (5% sodium hypochlorite). Make solutions fresh daily. Always label containers with the contents. Store out of reach of children

Bleach Soaking Solution: 1 Tablespoon household bleach, mixed with 1 gallon of water.

- For dishes, toys, non-porous items.
- Wash and rinse items to be sanitized;
- Soak for 2–5 minutes in the bleach and water solution.
- Remove from the bleach soak.
- DO NOT RINSE.
- Air dry on a clean surface.

General Bleach SPRAY Solution: 3/4 cup household bleach, mixed with 1 gallon water (OR 3 Tablespoons bleach in 1 quart of water) in a spray bottle.

- For items which cannot be soaked.
- Remove soil and grime from the object.
- Allow a minimum of 2 minutes contact time before wiping dry with a disposable paper towel.

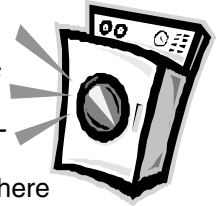
Blood-Soiled Areas and Diapering Surfaces:

1 part household bleach, mixed with 9 parts water (about 1/3-1/2 cup bleach to a quart of water) in a spray bottle or bucket.

- Remove soil and grime from the object with soap and water.
- Allow a 10-25 second contact time with the bleach and water solution before wiping dry with a paper towel.

Laundry

Fabrics contaminated with blood, stool, vomit, pus, mucus or other body fluid must be laundered separately from general laundry.



- Bag contaminated laundry where it became soiled. Do not carry unbagged contaminated laundry across the facility to the laundry room.
- All clothing which has been soiled with urine, vomit, stool, blood or other body fluid must be placed into a separate plastic bag, labeled with the owner's name and sent home for laundering.
- Store the contaminated, labeled, laundry bags in a separate plastic lined receptacle until laundry is picked up by parents, laundry service or laundered at the program site. Do not place in cubbies or diaper bags, as these areas often contain clean items, food and/or bottles.
- Wash contaminated laundry in hot water (165N) for 20 minutes.
- Add 1 - 1½ cups household bleach (5% sodium hypochlorite) to the washer along with laundry detergent in a regular wash cycle.
- In a sink use 1 Tablespoon of bleach to 1 gallon of water. Handwash for at least 5 minutes.
- Automatic clothes dryers on hot settings and direct sunlight assist in the germ killing process.

Bagging

Items which are visibly contaminated or potentially infectious must be separated from the general trash and placed into a separate, closed (tied off or taped) plastic bag.



- Before bagging, bulk stool or vomit may be discarded into the toilet. DO NOT rinse, shake, wring or dunk items.
- Disposable diapers, diaper wipes, gloves, bandages, paper towels used to clean contaminated areas, etc., must be placed into a plastic bag and sealed before disposal into the general trash.
- All paper towels, bandages, cotton, gauze, gloves, etc., used for any type of bleeding injury and sanitary napkins, must be discarded into a separate sealed, plastic bag before discarding into a plastic lined trash receptacle.

Other Waste:

- All contaminated syringe needles, blades, broken glass, must be discarded in an appropriate penetration-resistant container.
- Discard waste in compliance with state and local guidelines.

Children may be on medications for a variety of reasons. Be sure all staff are familiar with the program's written medication management policies.

General Guidelines for Giving Medications

- ➔ Always wash your hands before preparing or giving medications;
- ➔ If a child spits out, or otherwise refuses the medication, document the time of the missed dose but **DO NOT** give another dose at this time. It is easy to overdose a young child, especially if he is on liquid medications. Tell the parents of the event;
- ➔ Keep a current medication resource book on site. They may be purchased at pharmacies such as Walgreens, or bookstores;
- ➔ Always have the written permission on file for each child and medication to be given;
- ➔ Always immediately document medications given;
- ➔ All medication measuring devices or applicators must be clean and sanitary for each use. The devices must be an appropriate medication measure, i.e., medication spoon, disposable medication cup, medication dropper;
- ➔ Medication measures are often stored with the medications. Take care to appropriately label all non-disposable measuring devices with the child's name and wash and sanitize after each use;

Medication Permit

- ➔ A written medication permit, (consent, authorization, permission) is required for every medication.....over-the-counter or prescription.

Medication Guidelines



[I/P-12]

A permit must include, but is not limited to, the following information:

- Full name (and nickname) of the child;
- Current date;
- Medication name and, if prescription, the prescription number from the pharmacy label;
- Specific instructions for administering the medication: the dose amount, (1 teaspoon, etc.), how it is to be administered (mouth, eyes, etc.), and the time of day to be given;
- Diagnosis for the medication, (why the medication is being given);
- Signature and phone number of the parent or guardian.

Medication Storage

- ➔ All prescription and over-the-counter medications must be stored in a locked cabinet or container, out of the reach of children;
- ➔ Medications requiring refrigeration must be stored in a locked, leakproof box placed in the refrigerator;
- ➔ Do not store medications in the door of the refrigerator; temperatures vary too greatly with the opening and closing of the door. Store in the body of the refrigerator, preferably on the top shelf;

Container Label

- ➔ Medications must come to the program in their original containers. Never accept medications that are in “baggies” or containers which do not have labels which accurately, and legally, describe the contents;
- ➔ A medication container label should include, but is not limited to:
 - Child’s full name
 - Date the medication was prescribed by the health provider, not more than two weeks old. Exceptions to this date requirement may include medications for a specific individual for crisis intervention or medications for a specific individual for chronic health conditions;.

- Name of the medication and its strength;
- Method of administration, i.e.; by mouth, on the skin, in the eye, etc.
- Dosage of the medication, how much—how often.
- Name of the health care provider who prescribed the medication;
- Special concerns or information regarding the medication, i.e.; give with food, clean the wound first, avoid direct sunlight, etc.



Documentation Guidelines

A medication log must be maintained for every medication or treatment. A documentation grid is often included on the bottom of the Medication Permit. This format gives a “snapshot” of the medication status for each medication and child;

→ Medication documentation must include, but is not limited to:

- Child’s name;
- Current date;
- Time medication or treatment given;
- Dosage of medication (treatment) given;
- Signature of the adult administering the medication or treatment.
- Record any reactions or visible changes in behavior after medications. Act accordingly. Check medication resource;
- Record the date a medication is stopped. Send unused medications home;
- Document medications or treatments immediately after giving to prevent errors or forgetfulness. Do not wait and document “all at once”.

Earthquake

- Remain calm. Remember, most injuries occur from falling debris;
- Get everyone under a strong doorway, a table, or into an interior corner away from windows;
- If you are in a multi-story building, DO NOT run for an exit. Take cover in an interior corner away from windows. DO NOT use stairways or elevators. They may be blocked, restricting passage;
- If outside, move everyone to an open area away from power poles and buildings;
- Be aware that “aftershocks” may be strong and cause additional damage;
- See Natural Disaster Survival Tips in this flipchart.

Flood

- For a flash flood, evacuate immediately. Take the children’s “emergency information and contact cards” with you. DO NOT take time to pack or move anything else;
- Turn off electricity, gas and water if evacuating and time allows;
- If your vehicle stalls and will not re-start quickly, abandon it and seek higher ground;
- When driving, watch for mud and rock slides, downed power lines, and flood water;
- DO NOT enter flooded or muddy washes or streams. DO NOT go around barricades at crossings;
- DO NOT walk into water higher than the knees of anyone in your group;
- See Natural Disaster Survival Tips in this flipchart.

Natural Disasters



[I/P-14]

Tornadoes

- Stay inside if not otherwise directed by public safety officials, or follow emergency radio instructions;
- DO NOT sit or stay by windows;
- Move everyone to the safest place in the building. A basement or cellar, an interior room, under a table, etc. Stay low;
- DO NOT stay in a vehicle or mobile home. If you cannot find shelter, have everyone lie in a dry ditch or dry canal and protect their heads with their arms. A strong structure such as a highway overpass may provide shelter;
- See Natural Disaster Survival Tips in this flipchart.

Lightning Storms

Indoors:

- DO NOT use electrical appliances or the telephone. Unplug televisions, computers, fax machines, copiers, etc;
- DO NOT allow children to sit near windows, doors, fireplaces, large appliances, sinks or pipes;

Outdoors:

- Get everyone out of lakes, swimming pools, and other bodies of water;
- Get into a building or car;
- DO NOT stand under tall trees or other high objects;
- DO NOT be the tallest objects in the area. Make everyone “short” by crouching on the ground, with as little body surface as possible touching the ground;
- Drop to the ground if skin begins to tingle;
- DO NOT touch metal objects, water, electrical wires, or metal fences or gates.



Be prepared!

- Stock extra ready-to-eat food, water, flashlights, candles, matches a battery-powered radio, and blankets in the facility and in vehicles;
 - Keep vehicle gas tanks at least 1/2 full. Regularly check the condition and inflation of the spare tire. Check to make sure the jack is complete and in working order;
 - All staff and volunteers should know the location of water, gas, and electrical shut-off valves and switches;
 - Assign an adult to evacuate the emergency information and contact information cards (may be the “blue cards”);
- Shut off the main gas valve, and notify the utility company if natural gas appliances or natural lines may have been damaged or developed leaks. DO NOT use matches, lighters, or electric switches which may cause leaking natural gas to explode. Evacuate the area if you smell gas fumes;
- Turn off electricity where it enters the building if there is damage to wiring. DO NOT touch downed power lines or objects touched by downed lines. Watch out for puddles of water which may be electrified by downed power lines;
- DO NOT flush toilets if sewage lines may have been damaged;
- DO NOT drink water or eat foods which may have been touched by flood waters, contaminated by sewage, or have been spoiled in another manner. Boil all water for drinking, cooking, preparing formulas, brushing teeth, etc.;
- DO NOT use wood or charcoal grills indoors for cooking or to heat the building. Deadly carbon monoxide gas will be released;
- Inspect chimneys from top to bottom for cracks and damage which could lead to a fire before using fireplaces;
- Expect that normally friendly pets may become aggressive and bite;
- Use the telephone only for genuine emergency calls;
- Turn on the radio for official information and instructions;
- Cooperate fully with public safety officials.

Natural Disaster Survival Tips

*Outdoor play is an important part of children's activities. Although playgrounds encourage children's large muscle development and balance, they also present risks for young children. Playground injuries are the fifth leading cause of all childhood injuries. Head and upper body injuries are the most common. Between 10-20 children die each year from playground injuries with the falls being the leading cause of death. There are multiple issues to consider when designing and maintaining a safe playground, but **active supervision of children by trained adults** remains the key to injury prevention on playgrounds.*

Review the US Consumer Product Safety Commission's recommendations for playgrounds!

→ <http://www.cpsc.gov/CPSCPUB/PUBS/325.pdf> or US Product Safety Commission, Washington D.C. 20207, publication number 325

Create Separate Areas for Different Types of Play:

- Fences should separate children from streets, parking lots, and other potential hazards. A fence four feet or higher is recommended. Gates must be in working condition, and have the ability to be securely latched and appropriately locked;
- Children need to be able to play freely without bumping into equipment or other children. Visible boundaries such as landscape timbers, plantings, fences, etc., are ways to separate play areas;
- Plan areas for quiet play, such as sandboxes and for active play such as swinging;
- Create paths which are obvious to children, to route them safely between pieces of equipment or between play areas;
- Allow recommended space between individual pieces of play equipment. It is better to have fewer pieces of equipment than to crowd equipment together;
- Equipment which moves, such as swings and merry-go-rounds, should be placed toward a corner or edge of the play area. Slides must be located in an uncongested area of the playground, allowing for adequate run-off space;
- A facility serving both preschoolers and older children must have separate play areas for each group and developmentally-appropriate equipment for all children;

Playgrounds



[I/P-16]

Use an Energy-Absorbing Ground Cover Beneath All Equipment:

The surfacing around playground equipment can determine the severity of injury after a fall. See the **CPSC guidelines to determine the minimum depth** of shock-absorbing, loose material such as pea gravel, soft sand, pine or bark mulch is recommended under all equipment extending through the “fall zone.” Rubber mats, tiles, or poured-in-place urethane and rubber compositions are also available. See the chart below to determine the “fall zone” of the equipment on your playground:

Type of Equipment	Fall Zone
Stationary Equipment, Merry-Go-Rounds, Spring Rockers:	6 feet beyond equipment perimeter in all directions.
Slides:	Front: 6 feet beyond the slide end OR a distance equal to the height of the top platform plus 4 feet which ever is greater. Rear: 6 feet; Sides: 6 feet.
Single-axis Swings:	Front and Rear: 2 times the height of the swing measured from the top pole. Sides: 6 feet.

For equipment not listed here, see CPSC guidelines for the appropriate “fall-zone” information.

Ground covers may become compacted, deteriorate, or lose depth over time. Rake ground covers weekly to keep them loose. Replace ground cover material to maintain the eight to twelve inch depth.

Equipment Height:

- The maximum height for climbers is determined by the age and development of the children using it. Generally no more than 60" for preschool age children and 84" for school age children. Maximum height for other equipment is often less. See CPSC guidelines for the appropriate equipment height information.

Maintenance:

- Each site must have a system in place for inspection of grounds, surfacing, and equipment, followed by prompt repairs, replacement, or removal of hazards. Some tasks, such as removal of dangerous debris must be performed daily. All equipment should be inspected at least monthly for corrosion, rot, sharp or protruding points, exposed anchors, etc. Use of a checklist, such as the one which follows may be useful for monitoring playground conditions.

Playground Safety Checklist

US Consumer Product Safety Commission (CPSC) Guidelines:
www.cpsc.gov/CPSCPUB/PUBS/325.pdf

Facility _____ Date _____

Playground used by children ages: _____ Time of day _____

How to request repairs: _____

Equipment manuals are kept: _____

Standard	Yes	No	Repair Requested Date/Contact	Corrected Date/Initial
Playground Placement				
Relatively quiet				
No poisonous/hazardous plants				
Trees trimmed and protected to prevent climbing				
Not near hazards or significant exhaust fumes				
Protected from strangers				
Fence				
A minimum of 4 feet high				
Secured to the ground				
Not easily climbed				
Open spaces on a fence or gate that do not exceed 3.5 inches				
Self-closing/self-latching gate				
No sharp edges, top and bottom				
In good repair. No missing slats, broken wire, protruding fasteners				
Layout				
The entire play area can be seen easily for good supervision. No blind corners.				

Playground Checklist



[I/P-17]

Standard	Yes	No	Repair Requested Date/Contact	Corrected Date/Initial
Layout (continued)				
Obvious paths for moving between areas and pieces of equipment out of the way of dangerous activity.				
Paths for wheeled-vehicles are clearly delineated and separate from other play				
There are areas for quiet and active play				
All children can play in the shade				
Play areas drain after rain or irrigation. No stagnant pools of water or ice are present				
Drinking water easily accessible				
Gloves and first aid supplies easily accessible				
Trash bins are covered				
Spacing				
There is at least 75 sq. feet of space for each child occupying the playground				
Equipment "use zones" do not overlap. (See CPSC guidelines)				
Moving equipment placed towards edges and corners				
Large pieces of equipment are at least 12 feet away from one another				
All Equipment				
Equipment is anchored in accordance with the manufacturer's instructions				
Anchors are buried below ground with no exposed concrete, bolts				
Equipment parts are in the proper place and are not bent with use				
Secured end caps cover tubing				
Nuts and bolts and other connectors are tight				
Nuts, bolts or screws that stick out of equipment are safely covered and cannot catch children's clothing				
Equipment is in good repair				
Equipment is free from rust and corrosion				

Standard	Yes	No	Repair Requested Date/Contact	Corrected Date/Initial
All Equipment (continued)				
Equipment is free from splinters or rough surfaces				
There are no pinching or crushing points				
Ropes are intact and not frayed or visibly deteriorating				
All metal edges are rolled				
All corners are rounded				
Paints and coating on equipment are non-toxic and lead-free				
Equipment is shaded				
Equipment in use is dry				
Wheeled vehicles are in good repair. Wheels and seats are secure, not rusty, no sharp or edges. Pedal and handle-bar covers are not worn or missing				
There are no spaces between 3½" and 9"				
There are no open "S" hooks				
Equipment is size- and developmentally-appropriate for the children using it				
Ground Cover (see CPSC guidelines for appropriate depth of site ground cover) Ground cover type is: ____ Depth should be: ____				
There are no exposed tree/plant roots				
There are no exposed ground cover-retaining structures (low walls, etc.)				
All play equipment has adequate shock-absorbing material underneath extending through the fall zone				
Ground cover free of litter, debris and excrement				
Ground cover is loose, not compacted				
Ground cover free of biting insects				
Ground cover sand is not used for sand digging/sand play				

Playground Checklist (continued)



[I/P-18]

Standard	Yes	No	Repair Requested Date/Contact	Corrected Date/Initial
Swings				
Swings sets are spaced <i>9 feet</i> from other equipment.				
There is a minimum space of 24 inches between seats and 30 inches between the swing and supporting structure. The distance between the bottom of the seat and the protective surface is at least 12 inches				
Sling seats are lightweight and flexible				
Tot swings are in a separate bay from the other swings				
Climbers				
Ladders of different heights are available for children of different ages and sizes				
Bars stay in place when grasped				
Climbers have regularly spaced footholds from top to bottom				
There is an easy, safe “way out” for children when they reach the top				
Rungs are painted in bright colors so children easily see them				
Climbers have regularly spaced footholds from top to bottom				
Children’s hands can encircle at least 2/3 of the handhold				
No places exist where children can fall more than 18 inches onto any component of the climber				
Slides				
The slidebed faces roughly North				
Slidebed walls at least 4" high and edges are smooth				
Slides have an enclosed platform at the top for children to rest and get into position for sliding				
Slide ladders have handrails on both sides, and flat steps				
There is a flat surface at the bottom for slowing down				

Standard	Yes	No	Repair Requested Date/Contact	Corrected Date/Initial
Slides (continued)				
Metal slides are shaded to prevent burns				
The slide incline is 30° angle or less				
Slide steps are 9 or fewer inches apart; rungs are 12 inches apart to accommodate children's arms and legs				
Slides have an appropriate run off space (6 feet, or the SAME AS THE height of the slide platform plus 4 feet, whichever is greater)				
Sandboxes				
Sandboxes are located in a shady spot				
The frame is sanded and smooth, without splinters or rough surfaces				
The sandbox is raked at least every week to check for debris and expose to air, sun				
The box is covered at night to protect it from animal excrement				
The sandbox drains water quickly				
Comments:				

Adapted from: *Statewide Comprehensive Injury Prevention Program (SCIPP)*, Massachusetts Department of Public Health, Boston, MA 02111; *Model Child Care Health Policies*, American Academy of Pediatrics, Elk Grove Village, IL, 60000

Playground Checklist (concluded)

This list serves as a reminder of the potential poisons found in the home and early childhood environments. It is not a complete list. Approximately 1,000,000 children under the age of six accidentally poison themselves each year.

Poisonous or Toxic Plants:

Plant Name	Poisonous Parts
Aloe Vera	all parts, commercial products are safe
Asparagus	uncooked, young shoots
Azalea	all parts
Castor Bean	seeds
China Berry	berries
Crocus	all parts, especially the bulbs
Daffodil	all parts, especially the bulbs
Dumb Cane	all parts
Elephant Ear	all parts
English Ivy	leaves, berries
Ground Ivy	all parts
Holly	leaves, berries
Iris	bulbs, stems, leaves
Juniper	all parts
Lantana	leaves, berries
Mistletoe	all parts, especially the berries
Toadstools	all parts
Oak	raw acorns, young shoots
Oleander	all parts, especially the seeds
Philodendron	all parts
Poison Sumac	leaves, fruit
Tomato plants	leaves

Poisonous Creatures of the Southwest

Black Widow Spider	Brown Spider
Centipedes	Gila Monster
Rattlesnake	Coral Snake
Scorpions (15 varieties, most potent is the small, Bark Scorpion)	

Potential Poisons



[I/P-20]



Common Toxic Chemicals and Substances

The amount swallowed determines toxicity. Some should never be swallowed.

- Cosmetics: Perfumes, make-up, nail polish and remover, hair mousse, lotions, bubble bath, eye make-up, mouthwashes, shaving lotion, shampoo, deodorants, lipsticks, etc.;
- Household Products: Ammonia, antifreeze, automotive products, bathroom bowl cleaners, bleach, cleaning fluids, copper and brass cleaners, dishwasher detergents, drain cleaners, epoxy glue, furniture polish, garden sprays, gasoline, kerosene, gun cleaners, hair dyes, insecticides, mace, paint, paint thinner, pine oil, silver polish, typewriter fluids, computer toners, window cleaners, etc.;
- Medications: All medication can be poisonous if a child swallows an unsafe amount or if the medication is for adult health conditions. Over-the-counter and prescription medicines are equally dangerous if swallowed. Common concerns include, aspirin, antiseptics, boric acid, Clinitest strips, vitamins, narcotics, sleeping aids, iodine, rubbing alcohol, creams and ointments, etc.;



Warning Labels

- Non-toxic: Even though it is not a product that should be swallowed (a non-food), it will not be poisonous if it is inadvertently swallowed in small amounts;
- AP or Approved Product: This item contains no materials in a quantity to be toxic or harmful if swallowed;
- CP or Certified Product: This item meets the same standard as AP, but also meets standards for quality, color, etc.



Storage Reminders

- Store all potential poisons in a secure, locked cabinet. For most substances a cabinet higher than the children's reach is best;
- Toxic liquids must never be stored above eye level to avoid accidental spills or splashes to the eye.

Suffocation, strangulation and Sudden Infant Death Syndrome (SIDS, (the death of an infant under the age of 12 months which remains unexplained after a thorough investigation and autopsy) are responsible for thousands of infant deaths every year both at home and in child care.

Reduce the Risk of SIDS **Place baby on his BACK TO SLEEP for naptime and night time**

- DO NOT place the infant on his side or tummy for sleep;
 - DO NOT place in any position other than the back to sleep without a written request from the child's health care provider;
- When he is easily able to turn from front to back and back to front, he should be placed on his back to sleep but may then choose his own sleeping position (usually age 6 months or later);
- DO NOT use a positioning device which restricts movement in the crib without a written request from the child's health care provider;
- DO place baby on his tummy for adult -supervised play;
- Avoid overheating;
 - Keep room temperatures at 68–72 degrees;
 - Do not put too many clothes on the baby;
 - Never cover his head with a blanket or sheet;
- DO NOT allow anyone to smoke around the baby;

Reduce the Risk of SIDS, Strangulation and Suffocation

- Put baby in a crib of his own;
- DO NOT put baby on a sofa, adult bed, waterbed, or bean bag for sleep;
- Remove all pillows, quilts, comforters, sheepskins, stuffed toys, and bumper pads from cribs;
- If a blanket is used, the baby should be placed with his feet at the bottom of the crib, with the thin blanket no higher than the baby's chest and the blanket tucked in around the crib mattress;
- A firm mattress must fit snugly in the crib frame with no more than 2 fingers-width space between the mattress and the frame;

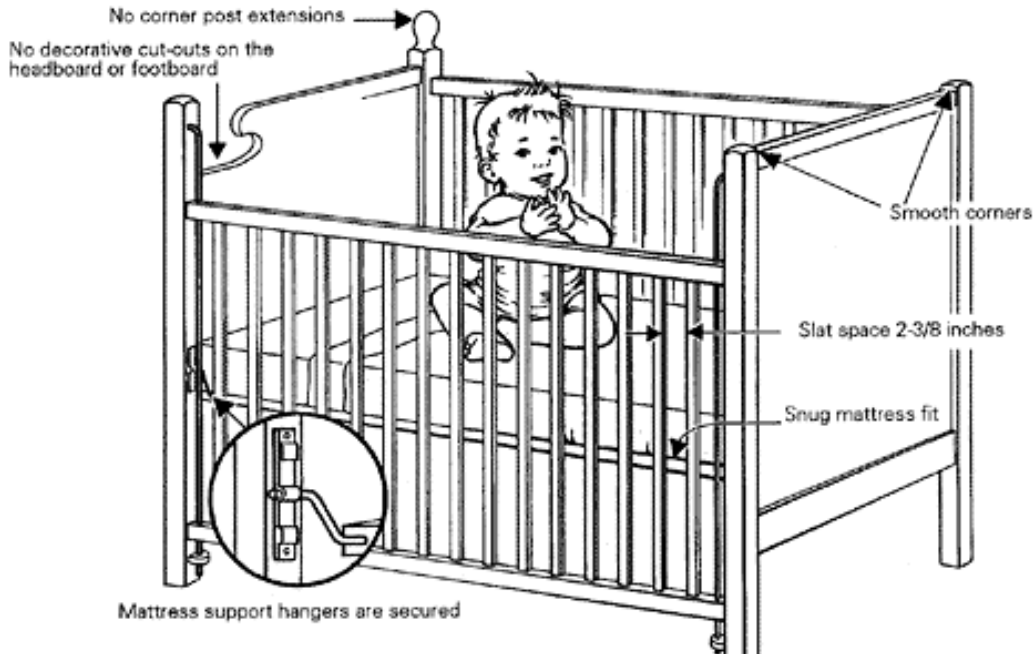
Safe Infant Sleep



[I/P-21]

INTERVENTION/PREVENTION

- Make sure the crib frame is safe;
 - Feels solid and mattress supports are secure;
 - No loose, missing, or broken hardware or slats;
 - No more than 2³/₈" between the slats;
 - No corner posts over 1¹/₁₆" high;
 - No cutout designs in the headboard or footboard;
 - No cracked or peeling paint;
 - No splinters or rough edges;



- Drop-side latches should securely hold the sides when raised;
- The crib should be located away from windows, wall hangings, electrical cords and dangerous items;

Don't Sleep with Baby

- Especially if you:
 - Are using any alcohol, drugs, or medications that can make you sleepy;
 - Are very overweight;
 - Are exhausted;
 - Sleep on a couch (sofa);
- Do Not allow baby to sleep with siblings or other children.

Arizona law states, “a person shall not operate a motor vehicle on the highways of this state when transporting a child who is under five years of age unless that child is properly secured in a child passenger restraint system.” For the safety of your child, and the law of physics, your child should be in a booster seat from 40 pounds until they fit correctly into the shoulder lap belt system of the vehicle (usually around 80 pounds and 8 years old).

Safety Seats-Infant Seats

- Infants (until at least 1 year old and at least 20 pounds) should be in rear-facing car seats.
 - Read the manufacturer’s instructions for installing and using the seat;
 - Place the safety seat in backseat of the car;
 - Position the seat with the infant facing the back (rear) of the car;
 - Never place a rear-facing safety seat in front of an airbag;
 - Keep harness straps snug and fasten harness clip at armpit level;
 - Recline a rear-facing seat between 30 to 45-degree angle;
 - Route harness straps in lower slots at or below shoulder level.
 - For small or premature infants, place the safety seat at a 45-degree, angle. Use a firm roll of cloth or newspaper under the safety seat below the baby’s feet to achieve this angle. Set shoulder straps in the lowest slots until the infants shoulders are above the slots. Make sure the harness is snug, and the safety seats retainer clip is positioned at the midpoint of the infant’s chest-not on the abdomen or in the neck area. Keep baby from slumping by supporting the sides of the head, neck and the body with rolled towels, diapers, or small blankets.

Safety Seats-Children’s Convertible Seats

- Children (over 1 year old and between 20 and 40 pounds) can be in forward-facing seats.
 - Read the manufacturer’s instructions for installing and using the seat;
 - Can be used rear-facing for infants, but never in front of an airbag;
 - Can be used forward facing for children over 1 year and 20 pounds;
 - For forward-facing route harness straps in upper slots at or above shoulder level;
 - Keep harness straps snug and fasten harness clip at armpit level;
 - For forward-facing place car seat in upright position.

Safety Seats/Seat Belts



[I/P-22]

Safety Seats-High Back Booster Seats with a Harness

- ➔ This is a forward facing only seat and is an option for children who are at least 22 pounds and at least one year old.
 - Read the manufacturer's and vehicle's instructions for using and installing the seat;
 - Harness straps should be routed so that they come out at or above shoulders;
 - Keep harness straps snug and fasten harness clip at armpit level;
 - At 40 pounds, the harness is removed and the seat is used as a belt positioning booster using both shoulder and lap belts of the vehicle;

Safety Seats-Children's Booster Seats

- ➔ Children between 40 and about 60/80 pounds (usually 4 to 8 years old) should be in booster seats.
 - Read the manufacturer's instructions for installing and using the seat
 - Pay particular attention to belt-positioning;
 - Must be used with both lap and shoulder belts. **Cannot be used with lap belt only;**
 - Can be either backless or high back booster seat;
 - A booster seat makes lap and shoulder belts fit correctly: low over hips and snug over shoulders.

Seat Belts: Lap-Shoulder Belts

- ➔ Usually children over 80 pounds and 8 years old can fit correctly in lap/shoulder belts.
 - To fit correctly in a safety belt, children must be tall enough to sit with knees bent at the edge of the seat without slouching;
 - Lap and shoulder belts should fit low over hips and upper thighs and snug over the shoulders;
 - Never put shoulder belts under children's arms or behind their backs.

Tethers

- ➔ A tether is a strap that attaches the top of a car seat to an anchor point in a vehicle. The purpose is to prevent a child's head from moving too far forward in a crash.
 - It is used on forward facing seats (with the exception of one brand of seat)
 - Read the instructions that come with the car seat and your vehicle

- Your car dealership should be able to install a tether anchor in your vehicle if it did not come with one already installed

LATCH System

- This is a new system that stands for Lower Anchors and Tethers for Children. By September 1, 2002, all new passenger vehicles and car seats must be equipped with LATCH;
 - Cars will have small anchor bars in the bight of the seat
 - Child seats will have a special belt that attaches to the anchor bars in the cars, eliminating the need to use the seatbelts to install the child seat
 - With the addition of the top tether, child seats should be easier to install tightly and correctly

Reminders

- Many safety seats have been recalled due to defects. Information: National Highway Traffic Safety Administration, Auto Safety Hotline 1-800-424-9393 or <http://www.nhtsa.dot.gov>;
- Replace car seats which have been in an accident;
- Avoid twisted harness straps. The wide straps were designed to distribute the force of the crash over a wide surface. A twisted “roped” strap is more likely to bruise or cut into the child’s body in a crash;
- Follow the manufacturers instructions for washing harness straps with mild soap and water. NEVER iron straps.
- Never wear a shoulder belt under your arm. Injuries to the ribs and chest can occur in a crash. Wear a lap belt low on the hips. Keep it off the stomach as much as possible;
- Seat belt buckles can get very hot. Check before buckling up;
- Never over crowd a vehicle...it isn’t safe for any age passenger’.

BUCKLE UP, everyone, every time you ride in the car. Always buckle-up in an air-bag equipped vehicle!

For more information, contact the National SAFE KIDS Campaign at www.safekids.org or call the NHTSA Auto Safety Hotline at 1-800-424-9393 (also available at www.nhtsa.dot.gov)

In an emergency where hazardous material may have been released into the air or for a weather emergency you may be directed to Shelter-in-Place. This is a precaution aimed to keep you safe indoors. Shelter-in-Place means selecting interior rooms, with no windows or few windows, and taking refuge there. It does not mean sealing off your entire building. Should the need to Shelter-in-Place occur, information will be provided by local authorities on television and radio about how to protect your program. It is important to follow instructions of authorities and know what to do if they advise you to Shelter-in-Place. Instructions to Shelter-in-Place usually last a few hours, not days.



Activate the Program's Emergency Plan

- Bring everyone indoors into rooms with a telephone and toilet if possible. Avoid overcrowding;
 - If a weather emergency select a ground floor room, if a chemical event a top floor room;
 - Direct visitors in the building to stay – not leave;
 - Have staff and visitors bring their cellular telephones with them. Conserve battery life;
- Bring your program's disaster supply kit into a shelter room;
- Place signs that say "Sheltering in Place" in windows and outside doors;
- Close and lock all windows, exterior doors, and any other openings to the outside;
- If you are told there is danger of explosion, close window shades, blinds, or curtains;
- Write down the names of everyone in the room;
- Answer telephone inquiries from concerned parents;
- If directed by authorities:
 - Turn off all fans, heating and air conditioning systems;
 - Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the doors and any vents into the room;
- Everyone must remaining in the building until authorities advise that it is safe to leave or you are directed to evacuate;
- Follow your Emergency Evacuation Plan if directed to evacuate;

Shelter-In-Place



[I/P-24]



Your Program's Disaster Kit

- Items for your Disaster Kit will depend on your location, the ages of the children in your program and their specific needs;
- Stock 3 days of supplies for the maximum number of children and adults who might be in your program;
- Remember to rotate and replace perishable supplies including food, water and batteries;
- Don't forget to update Emergency Information Cards;
- The items listed below are examples only:
 - Copies of Emergency Information Cards for children and adults;
 - Radio and extra batteries;
 - Flashlights and extra batteries;
 - Water (3-day supply) for drinking and sanitary needs;
 - Food (3-day supply, non-perishable);
 - Manual can openers and items to open food containers;
 - Plastic/paper kitchen supplies;
 - Plastic garbage bags, large and medium size;
 - Paper towels;
 - Bleach;
 - Cleaner/sanitizer (like Lysol,)
 - Soap;
 - Toilet paper;
 - Sanitary pads/tampons;
 - Hand sanitizer or moist hand wipes;
 - Lighter or matches;
 - Non-porous gloves (latex or vinyl);
 - Pencils, pens, tape, paper
 - Money (include small bills and coins);
 - Hand tools (hammer, pliers, wrench, Phillips head and straight blade screwdriver);
 - Duct tape;
 - Waxed paper, aluminum foil;
 - Books and games;
 - Diapers if needed (3-day supply);
 - Bucket (a bucket with a trash can liner inserted can serve as a toilet in an emergency).

Children's and adult's skin can be permanently damaged by the sun's rays. Between 50-80% of a person's lifetime sun exposure occurs before the age of 18 years. Both sunburn and skin cancers can be the result of sun exposure. Even on days when the temperature seems to be only pleasantly warm, and on cloudy days or hazy days skin should be protected from the sun.

- ☐ **Limit the Amount of Time Children and Adults Spend in the Sun**
 - ➔ Avoid outdoor play between 10 AM and 3 PM when the sun is the most intense;
 - ➔ Provide lots of shade for children to play under. Trees, canopies, or ramadas or even other buildings can provide shade. Be aware that water, snow, sand and cement reflect the sun's rays and sunburns can occur;
 - ➔ Safe sun exposure time is directly related to time of day, and time of year. The Weather Section of your newspaper may include a daily sun exposure guide;

- ☐ **Suggest Appropriate Clothing**
 - ➔ For summer, recommend light-colored, loose-fitting, lightweight cotton clothing;
 - ➔ Wide-brimmed hats will help to protect faces from the sun's rays;

- ☐ **Use Sunscreen/Sunblock Creams and Lotions**
 - ➔ Apply an SPF 15 (or higher number) sunscreen about 20 minutes before going outdoors. Reapply after water play. Sunblocks like zinc oxide provide good protection to small areas like ears and noses which burn easily;
 - ➔ Group programs will need to ask parents to provide a bottle of SPF 15 (or higher numbered) sunscreen lotion or cream, labeled with their child's name. Parents will also need to complete the program's medication form. Store sunscreen out of the reach of children;

- ☐ **Sun glasses**
 - ➔ Sun glasses can protect both children's and adult's eyes. Toy sun glasses, however, can be harmful to children's eyes. Children's glasses should be shatterproof. All sun glasses must block UV-A and UV-B rays. Look for sun glasses labeled, "Meets ANSI Z80.3 General Purpose UV requirements," or "Meets ANSI Z80.3 Special Purpose requirements."

Sun Safety

If your program provides transportation directly or by a contract with a common carrier, all of the following criteria must be reflected in your program's transportation policies and practices.

Vehicles

- Vehicles used to transport children, for any reason, must be licensed, registered and insured according to the laws of the state. A current copy of proof of insurance and registration must be kept in the vehicle. A copy of these documents should be on file at the site;
- Vehicles used to transport children must be in safe operating condition. A record of routine vehicle service and all repairs must be maintained for each vehicle, with a copy kept on file at the program site. A weekly check list of services, repairs needed or completed and general cleanliness is recommended on each vehicle;
- Every vehicle must carry a First Aid Kit, adequately supplied and complying with current first aid practices. Each vehicle should carry a large towel or blanket for emergencies, flashlight and if transportation routes are long, a container of fresh water (bottled water);
- Vehicles must be appropriately equipped with seat belts and, as appropriate, approved and securely attached safety seat for each occupant. Vehicles registered as buses must follow state safety protocol for the size and type of the bus;
- Children can not be transported in vehicles which are not constructed for the purpose of transporting people, such as truck beds, campers, motorcycles or any trailered attachment;
- Vehicles must carry a list of phone numbers for emergencies, including the program site, emergency services for the occupants and the vehicle, and phone contact numbers for each occupant;

Transportation Guidelines



[I/P-26]

- Vehicles must maintain and carry an accurate log of the occupants in transit. A pre-prepared list of all children who are routinely transported, with a column for checking off the occupants and the date may help drivers with a per trip occupant identification and count;
- Vehicles must have the capability of interior temperature control. Recommendations: Heat the vehicle interior if temperature drops below 50° F and cool the vehicle interior if temperature rises above 80° F.;



Drivers

- Check with the program's licensing or certifying agency for rules regarding both regular and volunteer (occasional) drivers;
- No person with a record of child abuse, a criminal record of crimes of violence or sexual molestation shall be allowed to transport children;
- A driver of a vehicle used to transport children, for any reason, must be age 18 or older;
- A driver must hold, and carry on their person, a current state driver's license appropriate to the vehicle to be driven. The driver's name and license number should be on file at the program site;
- A "regular and back-up" driver must have completed training on first aid and CPR. Occasional volunteer drivers should be informed on basic safety policies of the program before transporting;
- A driver must ensure the use of securely fastened seat belts for each occupant of the vehicle;
- A driver must NEVER transport children if under the influence of drugs, chemicals, alcohol or if mental or physical status would potentially impair driving ability or judgement.



General Guidelines

- Drivers who provide routine transportation services must be familiar with the routes to be taken, the pick-up or drop-off times and the stops along the route before transporting children. Several “dry runs” are recommended for new drivers. This plan should be on file at the site. For field trips or occasional transportation needs, be sure that the route and destination are clear to all drivers;
- No smoking of any kind is allowed in vehicles while transporting children;
- The use of ear phones for radios, cassette players, etc. is not allowed while transporting children due to safety concerns. These items can reduce the driver’s ability to hear warning sirens, children’s voices and other sounds of the road;
- Children should not be allowed to open or close the doors of vehicles for safety reasons;
- Safe loading and unloading areas must be identified and marked for routine use. It is recommended that vehicles have clear markings for young children to understand. Bright color markings or pictures of animals or objects reduce fears of the “wrong vehicle”;
- Doors must remain locked whenever the vehicle is in motion;
- Drivers must set the emergency brake and remove keys before exiting the vehicle;
- Children must be reminded to: talk in soft voices; stay seated at all times; wear their seat restraints and keep arms, legs and heads inside the vehicle;
- Children must never be left unattended in a vehicle;
- It is recommended that transport time for young children does not exceed 1 hour per trip. Also, it is important to have an additional adult to monitor the children while in transport if the travel time is long or if the group is large.

Transportation Guidelines

Stranded in a Winter Storm

- Do not knowingly drive a vehicle that is not in good operating condition or does not have a heater in working order. Do not drive without snow tires or chains when they are needed. Keep a shovel and bag of sand in the trunk, along with flashlights, candles and matches, battery-powered radio, water and ready-to-eat foods.
- Keep everyone in the car. Open window slightly.
- If operational, run the engine occasionally to keep it from freezing. DO NOT run the engine without opening a window. Check exhaust pipe for snow blockage;
- If out of gas, keep windows closed. If the vehicle battery is charged, turn on emergency flashers. Turn on dome light at night. Stay alert for rescuers;
- Encourage individuals to stay warm and dry. Put on more layers of clothing if available. Move fingers, toes, arms and legs to increase circulation;
- DO NOT LEAVE THE PROTECTION OF THE VEHICLE IF YOU ARE STRANDED AWAY FROM IMMEDIATE HELP;

Stranded in a Dust Storm

A dust storm is created when strong, turbulent winds pick-up loose dirt and sand particles in such quantity as to seriously reduce visibility. When a dust storm is sighted, or you are warned by signs or broadcasts on AM radio 550/620/910 follow these instructions;

- Reduce speed and turn on driving lights;
- If you are on a freeway, leave the freeway at the next exit ramp and proceed to a safe area;

Travel Emergencies



[I/P-28]

INTERVENTION/PREVENTION

- If dust becomes so intense that you cannot see at least 300 feet (the length of a football field), **PULL OFF THE ROADWAY**—as far right as you can get. **DO NOT** stop on any traveled portion of the roadway;
- Turn off all lights;
- Wait until visibility is at least 300 feet before re-entering the roadway. Be prepared to pull off the road and stop if visibility drops again;
- Heavy rain may follow the dust storm. Watch for flooded highway dips and washes even though it may not have rained where you have been;
- High winds may cause dry “tumbleweeds” to break away and roll across the roadway. They are not hazardous to automobiles, **DO NOT** take evasive action to avoid tumbleweeds, you endanger yourself and other traffic if you do so.



Stranded in Hot Weather

Do not knowingly drive a vehicle that is not in good operating condition. Keep a gallon of water in the vehicle. When traveling in hot weather, dress appropriately in light-weight, light-colored clothing which covers the whole body. Have headgear which covers the head and shades the eyes. Always remember to tell someone where you are going, when you should arrive, and when you should return.

- Always stay on established roads or trails. Pay attention to landmarks, road signs, mountains, etc., to orient yourself;
- If you think you are lost, do not panic. Survey the area and decide on a course of action. It may be best to stay right where you are;
- Make a fire—a smoky one for daytime and a bright one for night;
- Do not ration water in hot weather. Drink what you need, but conserve your body fluids by seeking shade, keeping your clothing on, and moving only when necessary;
- If you feel that you can retrace your course to seek help, mark your spot or leave a note before leaving, walk slowly to conserve energy and move with a purpose. **DO NOT** wander aimlessly;

- DO NOT eat anything when you have little water. Digestion wastes water;
- DO NOT lay or sit on the ground in hot weather—the temperature one foot above the ground is about 30 degrees cooler;
- If you become stuck, or your car breaks down, it is best to raise the hood and stay with the car until help arrives.



Additional Reminders

- DO NOT drive through running water;
- DO NOT leave children or pets in unattended vehicles;