Health and Safety: Our Priority
November 9, 2016

ECELS-Healthy Child Care Pennsylvania
PA Chapter, American Academy of Pediatrics

Libby Ungvary, MSE, ECELS Director
Nancy Allman, BSN, RN, CNRN, CSN, Lead T/TA Coordinator
Tanya Vasquez, PA Department of Human Services, Certification Director

Professional development costs have been underwritten by the
PA Department of Human Services, Office of Child Development and Early Learning.

Objectives

1. Explain ECELS as a resource for certification staff and programs you supervise.
2. List common hazards in active play environments and tools to correct them.
3. Improve medication storage, administration, and documentation procedures.
4. Identify current recommendations of the American Academy of Pediatrics for safe sleep for infants and prevention of Sudden Infant Death Syndrome (SIDS).

Time for a Polling Question

Select one topic from today’s objectives that you are most interested in having an update on or learning new information.

ECELS Services

• Technical assistance for Certification Staff and ECE programs
• Website: www.ecels-healthychildcarepa.org (Email Alerts)
• Professional Development: Webinars and Self-Learning Modules
• Publications:
  – Health Capsules
  – Manuals, Pamphlets, Model Child Care Health Policies
• Other Resources (e.g. checklists, forms, health record tracking software, posters, weblinks)
Just released from the national American Academy of Pediatrics
Quick reference fact sheets for more than 50 infectious diseases
Forms such as Refusal to Vaccinate, Special Care Plan
Used nationally to help programs make decisions about when to include, exclude or readmit children and staff with illness

http://ecels-healthychildcarepa.org/tools/posters/item/279-diapering-poster
http://ecels-healthychildcarepa.org/tools/posters/item/810-handwashing-poster

• Just released from the national American Academy of Pediatrics
• Quick reference fact sheets for more than 50 infectious diseases
• Forms such as Refusal to Vaccinate, Special Care Plan
• Used nationally to help programs make decisions about when to include, exclude or readmit children and staff with illness

www.shopaap.org

Terminology and What Causes Injuries?

• “Accident” versus “Injury”
• Injury Triangle helps with prevention

Types of Injuries in Early Education/Child Care

• Minor injuries: e.g. cuts, scrapes, and bruises
• Severe injuries: e.g. head injuries, broken bones, internal injuries, dislocations, dental injuries
• Poisoning
• Choking and suffocation
• Drowning
• Burns

Injury Facts in Early Education/Child Care

• Most frequent among 2- to 5-year-olds.
• More boys than girls after age five.
• More occur in summer and spring, late in the morning and late in the afternoon.

Why Injuries Happen

• Lack of safety knowledge.
• Lack of child’s ability to overcome challenge.
• Imitation of others more physically advanced.
• Hazards in the environment including access to toxic materials.
• Insufficient use of safety devices.
• Lack of safety precautions and supervision.

The Dirty Dozen: 12 Playground Hazards

Hazard One: Improper Protective Surfacing

• Almost 80% of playground injuries result from falls.
• Must protect children, especially their brains from falls from heights.
• ASTM F1292 explains requirements to be considered appropriate.

Unacceptable Surfaces

• Concrete.
• Blacktop.
• Grass.
• Packed Earth (Dirt).
• Carpet.
Acceptable Surfaces

Loose – Fill Materials
- Engineered Wood Fiber*
- Wood Chips*
- Pea Gravel*
- Shredded Rubber*
- Sand

Unitary Materials
- Mats/Tiles and Poured-in-Place Rubber
* Materials with a diameter of less than 1 inch may not be used in Infant/Toddler areas

Loose fill materials should be maintained 9 inches deep, except for shredded rubber (6 inches deep)

Hazard Two:
Inadequate Use Zone

- The use zone is the area around and under a piece of playground equipment where a child might fall
- Typically this area should be covered by a safety surface extending 6 feet in all directions from the edge of the equipment.
- Slides and swings need larger use zones

Inadequate Use Zone

Hazard Three:
Protrusions and Entanglements

- Protrusions are pieces of equipment that stick out and that are capable of impaling or cutting a child
- An entanglement is a protrusion that can catch clothing, possibly strangling a child

Protrusions and Entanglements

- Bolts that extend more than 2 threads past the nut
- Open “S” hooks
- Hardware that leaves gaps (especially dangerous in slides)

Hazard Four:
Entrapment in Openings

- Openings between 3.5” and 9” are potentially dangerous
- The higher the opening, the more dangerous
Hazard Five: Insufficient Equipment Spacing

- Equipment < 30" can share a 6 ft use zone
- Equipment > 30" must have 9 ft use zones
- Slide exits, swings, merry-go-rounds and other equipment that build momentum may not overlap use zones
- Merry-go-rounds and swings should be located away from other equipment

Hazard Six: Trip Hazard

- Exposed concrete footings
- Abrupt changes in surface elevation
- Tree roots and stumps
- Rocks
- Cords
- Unsecure carpets

Hazard Seven: Lack of Supervision

- About 40% of injuries are a result of poor supervision
- Early educators must engage children on the playground to ensure their safety
- Sight and sound are not enough!

Hazard Eight: Age–Inappropriate Activities

The U.S. Consumer Product Safety Commission does not recommend the following for children less than 5 years of age:
- Free standing arch or flexible climbers
- Chain and cable walks
- Log rolls
- Track rides
- Sliding poles

Time for a Polling Question

Do you observe use of equipment maintenance checklists when you make a site visit?
Hazard Nine: Lack of Maintenance

- No missing or broken components
- All hardware should be secure
- All parts should be stable and not be deteriorating
- Surfacing must be maintained
- Check for vandalism

Hazard Ten: Crush, Shearing and Sharp Edge Hazards

- Sharp edges can cut children
- Moving components can pinch children or even crush a finger

Hazard Eleven: Platforms with No Guardrails

- A guardrail helps a child stabilize while playing
- A barrier keeps a child from accessing a dangerous point or falling or jumping off of a point too high for a guaranteed safe landing

Platforms with No Guardrails

Preschool children need:
- A guardrail on platforms >20”
- A barrier on platforms >30”

School-age children need:
- A guardrail on platforms >30”
- A barrier on platforms >48”

Platforms with No Guardrails

Barriers should not allow children to “escape”
Barriers should contain children and guide them

Hazard Twelve: Equipment Not For Public Playgrounds

- Heavy swings (animal swings)
- Trapeze bars/Exercise rings
- Free swinging ropes
- Multiple occupancy swings
Medication in Child Care
(3270.133, 3280.133, 3290.133)

What the PA Department of Human Services (DHS) Regulations say:

Make reasonable accommodations to administer prescribed medicine as treatment related to a child's special needs. Child care providers are not required to administer prescribed medicine which is not treatment related to the child’s special needs.

(1) A prescription or nonprescription medication may be accepted only in an original container. The medication must remain in the container in which it was received.

(2) A staff person shall administer a prescription medication only if written instructions are provided from the individual who prescribed the medicine. Instructions for administration contained on a prescription label are acceptable.

(3) The label of a medication container must identify the name of the medication and the name of the child for whom the medication is intended. Medication shall be administered to only the child whose name appears on the container.

(4) Medication shall be stored in a locked area of the facility or in an area that is out of the reach of children.

(5) Medication shall be stored in accordance with the manufacturer’s or health professional’s instructions on the original label.

(6) A parent shall provide written consent for administration.

Medication in Child Care
(3270.133, 3280.133, 3290.133)

(7) An operator is responsible to establish and maintain a medication log if prescription or nonprescription medication is administered. A log must include the following minimum information:

(i) The name of the medication.

(ii) The name of the child receiving the medication.

(iii) A requirement for refrigeration.

(iv) The amount of medication administered.

(v) The date of administration.

(vi) The time of administration.

(vii) The initials of the staff person who administered the medication.

(viii) Special notes related to problems of administration.

(8) If a special diet is prescribed for a child and if the diet is administered to the child, written instructions and the parent’s written consent shall be retained in the child’s file.

Types of Medications

- Oral
- Inhaled
- Topical
- Injectable
- Rectal
Prescription Medications

Only prescribed by an authorized health care professional and dispensed by a pharmacist.

When Should Medication Be Given?

- Medication should be given at home by parents/guardians, if possible
- Prescribers should try to minimize number of doses given at a child care facility

Over the Counter (OTC) Medications

- Can be purchased without a prescription
- Often lack dosing information for children under 24 months of age
- May contain a combination of ingredients
  - Cough and Cold Medicines
  - Herbal and folk medicines and home remedies:
    - Not regulated
    - Should not be given at child care
- Best Practice: Do not stock any OTC medications at your facility

Time for a Polling Question

Child care programs need a health care provider’s prescription to administer diaper ointments and sunscreen.

Set a Priority on Safety to Prevent Errors!

Use Safe Practices each time you:
- Receive
- Store
- Prepare
- Administer
- Medication

Receive Medication

Only accept medication in the original container
Match label with Permission Form and instructions:

- Child’s name
- Route
- Medication Name
- When to give
- Dose
- Storage

If necessary information is missing or doesn’t match, DO NOT accept or give the medication until issue is resolved!
Storage of Medication

- Store in a locked area or out of reach of children
- Refrigerate if needed
- Emergency medications should be stored unlocked, but inaccessible to children
- Return medication that is not used to parents

Prepare Medication

A safe medication area is:
- Clean
- Confidential
- Out of reach of children
Remember:
- Never leave medication unattended

- Best Practice: Wash hands before and after giving medication

Administering Medication: the 6 Rights

1. Right Child
2. Right Medication
3. Right Dose
4. Right Route and Procedure
5. Right Time
6. Right Documentation

Right Child

Always check the name on the medication label and ask a child to say her name...if she is old enough.

Right Medication

- Read the label and medication log. Read again when measuring.
- Check the instructions each time for accuracy and any changes.
- Check Expiration date!

Right Dose

- Receive proper instruction for the type of medicine
- Use an accurate and clean measuring device: only for that child (oral syringe for baby, medicine cup for older child)
- NO kitchen teaspoons
- 5cc = 5ml = 1 filled measuring teaspoon
Right Route and Procedure

- Best practice: Wash hands before and after
- Read the label carefully
- Do you need to shake the medicine?
- How is the medication given?
  - Mouth, eye, ear, nose, skin, or airway?
- If child spits the medication out, check with health care provider first. Don’t give another partial dose!

Right Time

- Aim to give medication when it is due
- Check to see when last dose given at home
- Emergency medication? NOW is the right time!

What if the Right Time is “As Needed”?

- Must be SPECIFIC!
- Example: Albuterol inhaler: 1 - 2 puffs as needed every 4 to 6 hours as needed for wheezing, increased cough, or breathing difficulty

Special Care Plans

Some medications require a special care plan

Examples of medications which may be needed for a child with a special need:
- Epinephrine auto-injector for severe allergies
- Rescue inhaler for asthma
- Others

Asthma Action Plan

www.ecels-healthychildcarepa.org Tools>Forms
Food and Environment Allergies

• Complete a Food Allergy and Anaphylaxis Emergency Care Plan – form on the Food Allergy Research and Education website at www.foodallergy.org or Care Plan for a Child with Special Needs on the ECELS website at www.ecels-healthychildcarepa.org

• Understand symptoms of allergy: swelling of mouth and oral structures, difficulty breathing
• Severe allergic reaction (anaphylaxis) = emergency
• Requires injection of adrenalin (epinephrine)
• Use auto-injector and Call 911

Right Documentation:
Medication Log

Completed only by staff who administered the medication and must include:

– Name of child
– Medication
– Time
– Dose
– Staff initials
– Special notes (errors or mishaps)
– Reason given if medication is “as needed”

The Medication Log

Additional Opportunities for Professional Development

• Online Medication Administration Self-Learning Module (2 hours credit)
• ECELS Medication Administration Webinar (recorded) (3 hours credit)
• Arrange with ECELS to provide an onsite Medication Administration workshop (3 hours credit) www.ecels-healthychildcarepa.org
The ABCs of Infant Safe Sleep: What Every Caregiver Should Know

Alone, on the Back, in a Crib!

What is SUID?

- Sudden Unexpected Infant Death where the exact cause is not immediately evident
- SUID is the umbrella category under which these causes of death fall
- ½ of the deaths in this category are SIDS deaths (approx. 2200/year)
- There are about 4500 SUID deaths per year

Risk Factors for a Sleep-related Death

- Infants of mothers who smoke during pregnancy
- Babies who breathe secondhand smoke
- Babies who sleep on their stomachs
- Babies placed in unaccustomed stomach sleeping position

Risk Factors for a Sleep-related Death (continued)

- Babies who sleep with parent(s) or another child in adult bed
- Babies who are overheated during sleep
- Babies who sleep on a soft surface (adult bed)
- Preterm and/or low birth weight infants
Sleep-Related Deaths in Child Care

- Two thirds of US infants younger than 1 year are in nonparental child care.
- 32% of infants are in child care full time.
- Less than 9% of SIDS deaths should occur in child care.

---Ehrle et al, 2001

Sleep-Related Deaths in Child Care

- 20.4% of deaths occurred in regulated child care (1995–1997).
  - 60% in family child care
  - 20% in child care centers
  - 20% in relative care
- Infants tended to be white with older, more educated parents.

---Moon et al, 2000

Risk factors for Prone Sleeping

Babies who sleep on their stomachs are:
- Less arousable
- Experience decreases in blood pressure and heart rate control
- Experience less movement
- Higher arousal threshold
- Longer periods of deep sleep
- Greater risk of re-breathing carbon dioxide and "stale air" with lower oxygen tension

Sleep-Related Deaths in Child Care

- Approximately 1/2 of sleep-related deaths in child care occur in the first week - 1/2 of these on the first day
- Something intrinsic to child care? No

Unaccustomed tummy sleeping? Yes
Unsafe sleeping environments? Yes

Unaccustomed tummy sleeping – Increased risk of death (20 times!)

Q: Will a baby get flat or bald spots sleeping on the back?

Tummy Time!

Noah
Mason
Q: Does putting a baby on the back to sleep really work?

Before 1992...
More than 8,000 babies died each year (1.2/1000)

After 2000...
There are only 3,400 deaths each year (0.49/1000)

YES!
45,000 babies’ lives have been saved!

American Academy of Pediatrics (AAP) Recommendations:

- Back to sleep for every sleep
- Use a firm sleep surface
- Room-sharing without bed-sharing is recommended
- Keep soft objects and loose bedding out of the crib
- Avoid smoke exposure during pregnancy and after birth
- Breastfeeding is recommended
- Consider offering a pacifier at nap time and bedtime
- Avoid overheating

We Need to Move Beyond Back to Sleep

She’s on her back to sleep!

Do not use pacifier attachments

Sleep Position and Gastroesophageal Reflux

- Infants with GE reflux should sleep on their backs
- Supine (back) position does not increase the risk of choking and aspiration in infants with GE reflux
- Do NOT elevate the head of the crib or put the infant in a car seat or other sitting devices
  - Ineffective in reducing GE reflux
  - Infant may slump down putting pressure on abdomen and may make breathing even harder

Alternate Sleep Position

- Extremely rare
- Require written and signed physician’s note
- Identifies medical reason why baby sleeps in position other than on back
- Inform all child caregivers and substitutes
- Keep physician’s note in baby’s medical file and post notice on crib
A director asks you for advice for the parent of 2 month old Susie. Mom requests that Susie can sleep on her side, propped by a pillow. This is how they do it at home. Mom says, “I don’t want to worry about Susie spitting up and the spit up going down the wrong way.” How do you respond?

Sitting Devices for Sleep

- Car safety seats, strollers, swings, infant carriers, infant slings
- **Not recommended** for routine sleep in the hospital or at home
- Infants < 4 months are particularly at risk
- If an infant falls asleep, move infant to a crib or other appropriate flat surface as soon as is practical
- Car safety seats and similar products are not stable on a crib mattress or other elevated surfaces

Infant Slings and Cloth Carriers

- Ensure that infant’s head is up above the fabric
- Face is visible
- Nose and mouth are clear of obstructions
- Reposition baby after feeding
- If infant falls asleep, place on back in her crib

Be Aware...Amber Teething Necklaces—NOT Safe!

NOT meant to be chewed upon or mouthed. Parents may not be aware of this. Risk of strangulation. If mouthed, can break into small pieces and be a choking hazard.

Ideal Infant Safe Sleep Space

1. Baby sleeps in a crib/pack and play/bassinet
2. Baby sleeps on her back
3. Nothing in the sleep area
4. Baby’s face uncovered
5. No smoking around the baby
6. Do not overheat or overdress
7. Firm mattress, tight-fitting sheet
8. No soft bedding in sleep area
9. Use sleeper or sleepsack

www.cpsc.gov
Resources

Safe to Sleep Campaign
• https://www.nichd.nih.gov/SIDS
• 1-800-505-CRIB

Crib for Kids®
• www.cribsforkids.org
• (412) 322-5680
• Healing Hearts Infant Bereavement Resources
  A program of Crib for Kids®

Questions and Comments

Wrap Up

• Complete and submit the Evaluation form. Download the form at
  www.ecelshealthycarepa.org. Select Professional Development >
  Webinars, then the title of this webinar. Fax or scan and email your
  completed evaluation form to ECELS at 484-446-3255.
• For PA Key & Act 48 credit for the live or recorded webinar, you must
  register for this course on the PD Registry.
• Contact ECELS by phone or email
  
  800/243-2357 Libby Ungvary lungvary@paaap.org
  484/446-3003 Nancy Alleman nalleman@paaap.org
  ecells@paaap.org