

# Health, Safety, and Nutrition



## HSAN

July 1, 2016

# Icons

Several icons are used throughout this course as a visual reference.



This icon represents a new topic in the text. This is a visual cue for you to answer any questions about the previous section before moving along to the next one.



This icon is used to identify an exercise that involves in-class practices and feedback.



This icon is used to identify a specially designed activity that requires active class participation.



This icon is used to identify a section that is accompanied by a video.

# Icons



This icon is used to identify a key point in the material.



This icon is used to identify an online resource. You will need a computer with an internet connection to view these resources.



This icon is used to identify an exercise that involves a role-playing scenario.



This icon is used to identify an activity that requires you to reflect on the information taught in the course by asking you a question. The answers to these questions will require you to think about your role as a child care professional and may influence your actions.

# **Health, Safety and Nutrition**

## **Module 1: A Healthy Environment**

# Module Goal and Learning Objectives

## Goal

- Participants will be able to identify and discuss the elements of a healthy environment.

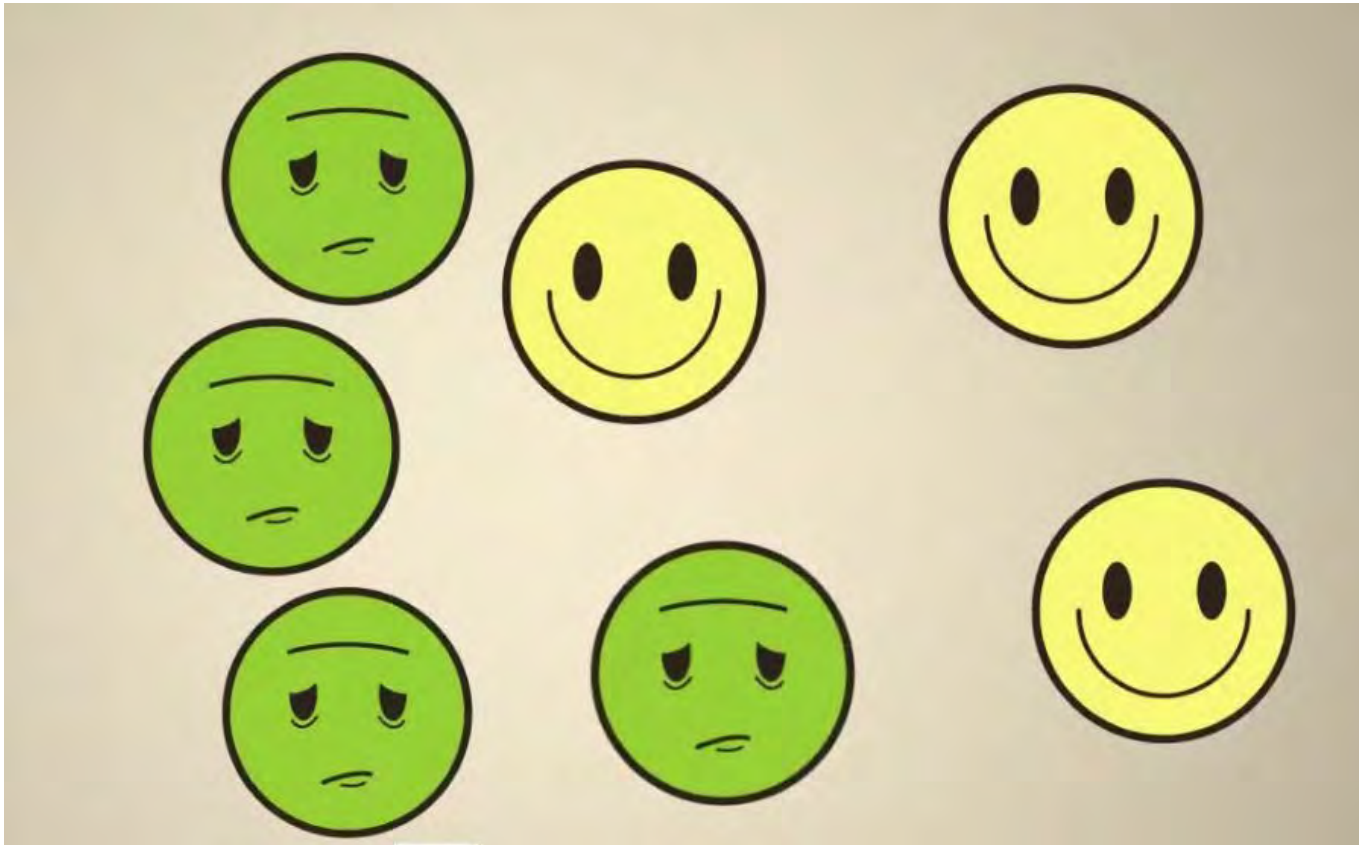
## Learning Objectives

After successfully completing this module, you will be able to:

- Identify the characteristics of a healthy environment
- Describe the characteristics of a healthy child
- Identify communicable diseases
- Describe methods of preventing the spread of communicable disease
- Explain the process of communicable disease control
- Identify proper hygiene practices for children and caregivers
- Identify safe food handling, preparation, and storage practices
- Describe the proper method of administering medication and documenting the use of medication in a program



# Activity: Spreading Germs





# Activity: Important Terms

- Health
- Appetite
- Impermeable Surface
- Safety Hazards
- Nutrition
- Sanitize
- Immunizations
- Clean
- Disinfect
- Vaccine
- Communicable Disease
- Evacuation Plan
- Isolation Area

# What are the Qualities of a Healthy Environment?

- Characteristics of a healthy environment that promote good health practices include:
  - Clean work and play areas
  - Proper Hygiene practices
  - Implementation and routine practice of a written health policy
- How do you know if your program has a written policy?
- Why should policies be written?



# Key Point



Establishing and following a written policy is an effective way of maintaining a safe and healthy child care program.

# What are the Qualities of a Healthy Child?

- How are each of the senses used to observe a child?
- Why is it important to use more than one sense at a time to observe warning signs?

# Appetite

- Can eat a substantial amount of food at times
- Will consume a variety of foods
- Is interested in eating
- Appears content after meals and snacks

# Appearance

- Has clear, bright eyes
- Has clear skin
- Has well-developed muscles
- Gains steadily in height and body weight

# Activity

- Has plenty of energy
- Is alert
- Sleeps soundly
- Has few aches and pains

# Key Point



The three A's of a healthy child are: Appetite, Appearance and Activity.



# Activity: Draw a Healthy or Sick Child

- Draw a healthy or sick child in the space provided. List the healthy or unhealthy characteristics, along with some visual indicators of the child's condition, next to your drawing.

# Daily Health Checks

Daily health checks are a good way of **preventing**, **identifying**, and **controlling** illness in a child care environment.



# Daily Health Checks

Behavior	Physical
<ul style="list-style-type: none"><li>• General mood (unusually quiet, irritable, drowsy, or restless)</li><li>• Unusual behavior</li><li>• Activity level</li><li>• Breathing difficulties (labored)</li><li>• Severe coughing or sneezing</li><li>• Hoarseness</li></ul>	<ul style="list-style-type: none"><li>• Skin color (flushed or pale, dry or clammy, hot)</li><li>• Unusual spots, rashes</li><li>• Swelling or bruises</li><li>• Sores</li><li>• Discharge from nose, ears, eyes</li><li>• Eyes red, irritated, sensitive to light</li></ul>

# Daily Health Checks

What other signs have you observed in children as part of a daily health check?

- Fever (over 101°F, taken orally)
- Vomiting (all, or even part, of food consumed recently)
- Bowel movement changes (changes in color, odor, frequency)
- Pain (screaming, crying, head-rolling)
- Skin Marks (rashes, bruises)

# Key Point



Daily health checks are essential for ensuring the health of children in care.

# Determining if a Child Has a Fever

You should take a child's temperature when the child is displaying symptoms such as:

- Warm or hot to the touch
- Sweating more than usual
- Flushed appearance
- Sleepiness
- Unusual breathing
- Poor appetite
- May be more thirsty than usual

We know a child has a fever by taking the child's temperature

- under the arm and getting a reading of 100°F or
- under the tongue and getting a reading of 101°F.



# If You Could Just Help Me Out This Once



# Responding to an Illness

- Watch the child closely, apply first aid/CPR as needed, and be ready to discuss your observations with parents and/or paramedics. Your observations should be documented.
- Isolate the child until parents and/or paramedics arrive.
- Call the parents, and if necessary, suggest to the parents that the child needs **medical** attention.
- Call 9-1-1.

# Dehydration

Watch for the following signs:

- Dry to very dry mouth
- Little to no tears when crying
- Less active than usual, or very fussy
- Infant will wet less than 6 diapers a day, a child will make fewer trips to the restroom than he normally does

# Dehydration

If dehydration is severe, the following will occur:

- Eyes are sunken
- Hands and feet are cool and blotchy
- Pulse may seem weak and fast
- Child will not urinate for hours



# Dehydration

- The steps to prevent dehydration are dependent on the child's symptoms, and can include:
  - For mild diarrhea, do not give milk; it has a high concentration of minerals and salt which could be dangerous to a child with diarrhea.
  - For vomiting, stop giving solid food, and give water at 30 to 60 minute intervals.
  - For both diarrhea and vomiting, stop the child's normal diet and give electrolytes.
  - Do not give a child sports drinks or any other similar drink made for adults.

# Heat Exhaustion

Heat exhaustion can occur when someone is exposed to high temperatures and strenuous physical activity.

1. The child's emergency contact should be notified.
2. Lay the person down in a cool and quiet place, with feet raised a little bit.
3. Loosen any tight clothing.
4. Supply water or sports drinks to drink.
5. Use other cooling measures, such as towels soaked in cool water as compresses.
6. If signs of symptoms worsen or do not improve within an hour, seek medical attention. Seek immediate medical attention if the person's body temperature reaches 104 degrees or higher.

# Heat Stroke

Here's what to do if you observe these conditions:

1. Anyone who has heat stroke should receive medical attention. If you suspect heatstroke, call 9-1-1.

While waiting for emergency Medical Services (EMS) to arrive:

2. Remove clothing and wrap the person in a cold wet sheet, or sponge with cold or tepid water.
3. Fan the person by hand, with an electric fan, or with a hairdryer set to cold.
4. When his or her temperature drops to 101°Fahrenheit, place the person in the recovery position.
5. Cover the person with a dry sheet and continue to fan. If his or her temperature rises again, repeat the cooling procedure.

A caregiver should know the signs of illness in children and be prepared to take appropriate action.

# Key Point



It is important to recognize and respond appropriately to signs of illness in the children in your care, both for their well-being and for the prevention of illness and disease within your program

# Bacteria, Viruses, Fungi, and Parasites

- **Bacteria** are small organisms seen with an ordinary microscope.
- **Viruses** are smaller than bacteria and only grow in living cells.
- **Fungi** grow best in warm, moist places.
- **Parasites** are organisms that live on or in animals and people, and benefit by deriving nutrients at the expense of the host.

# Key Point



As a child care provider, it is important to know the difference between the four types of germs: bacteria, viruses, fungi, and parasites.

# Transmission of Communicable Diseases

- **Respiratory**
- **Fecal/Oral**
- **Direct contact**
- **Blood borne**

# Key Point



As a child care provider, it is important to understand the four ways illnesses and diseases are transmitted in order to minimize the spread of communicable diseases.





# Activity: Communicable Illness Charades

# Pink Eye



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# Head Lice



# Ring Worm



# Common Cold



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# Chicken Pox



# Serious Communicable Diseases

- **Haemophilus Influenzae type B, or Hib**
- **Hepatitis B**
- **Hepatitis C**
- **HIV**

# Chicken Pox

- Slight fever
- Fine blisters, first on scalp, then on face and body



# Common Cold

- Runny nose
- Watery eyes
- Chills
- Malaise (ill feeling)
- Usually no fever
- Lethargic (sluggish)

# Influenza (Flu)

(Review the information on the Centers for Disease Control and Prevention (CDC) website ([www.cdc.gov](http://www.cdc.gov)) regarding flu pandemic in child care.)

- High fever
- Chills
- Headache
- Sore throat
- Muscle pain
- Sneezing
- Can develop chest pain and cough

# Diarrhea-Related Disease

- Loose or watery stools
- Nausea
- Vomiting
- Stomachache
- Headache
- Fever

# Conjunctivitis

(Eye Infection; Pink eye)

- Red eye or eyes
- Discharge from one or both eyes
- Crusted lid or lids

# Giardiasis

- Parasite found in the stools
- Diarrhea, bloating, abdominal cramps
- Weight loss and weakness

# Allergic Reactions/ Anaphylaxis

- Rashes
- Swelling of Throat
- Difficulty breathing

# RSV

## (Respiratory Syncytial Virus)

- Wheezing and cough
- Blue color around lips
- Rapid breathing

# Lice

- Itchy scalp
- Nits (eggs)
- Small, red bumps or sores from scratching



# Key Point



Responding in a correct and timely manner when a child displays a symptom or symptoms of a communicable disease is an excellent way of preventing communicable diseases in a child care program.

# Isolation

- Severe coughing
- Difficult or rapid breathing
- Stiff neck
- Diarrhea
- Temperature 101 degrees Fahrenheit or over
- Conjunctivitis (Red eyelids or eyeballs and drainage)
- Exposed or open skin lesions
- Unusually dark urine
- Gray or white stool
- Yellowish skin or eyes

Isolation still requires **direct supervision**.

# Immunization

- Immunization is another essential factor in preventing the spread of disease among children and caregivers.
- Children who are attending child care programs are especially in need of receiving all recommended vaccines on time and must provide documentation of those vaccinations.
- In Florida, all children who are enrolled in a child care program must provide documentation of current immunizations.
- It is possible to admit children who do not have current immunizations into care when certain conditions are met.

# Key Point



Remember, there are religious and philosophical objections to immunization, but there must be proper documentation for each child on record at the child care program.



# Activity: Calculating Immunizations

- Kathy is 24 months old
  - Flu (Influenza) yearly; If she is in a high-risk group she would also need: Pneumococcal Polysaccharide Vaccine (PPSV); Hepatitis A (HepA); and Meningococcal
- Timmy is 18 months old
  - Hepatitis B (HepB); Diphtheria, Tetanus, and Pertussis or (DTaP); Inactivated Poliovirus (IPV); Flu (Influenza) yearly; and Hepatitis A (HepA)
- Heather is 15 months old
  - Hepatitis B (HepB); Diphtheria, Tetanus, and Pertussis or (DTaP); Haemophilus influenza type b (Hib); Pneumococcal Conjugate (PCV13); Inactivated Poliovirus (IPV); Flu (Influenza) yearly; Measles, Mumps, and Rubella or (MMR); Varicella; and Hepatitis A (HepA)



# Activity: Calculating Immunizations

- Jennifer is 4 months old
  - May receive at this time Rotavirus; Diphtheria, Tetanus, and Acellular Pertussis (DTaP); Haemophilus influenza type b (Hib); Pneumococcal Conjugate (PCV13); Inactivated Poliovirus (IPV)
- Brian is 4 years old
  - Flu (Influenza) yearly; may also receive Diphtheria, Tetanus, and Pertussis or (DTaP); Inactivated Poliovirus (IPV); Measles, Mumps, and Rubella or (MMR); and Varicella; if he is in a high-risk group, he would also need: Hepatitis A (HepA); Pneumococcal Polysaccharide Vaccine (PPSV); and Meningococcal

# Best Practices for Avoiding Contamination

- Wear **gloves**.
- Throw disposable gloves away after **one** use.
- Do not get any **bodily fluid** in your eyes, nose, or mouth; or near an open sore.
- Clean and disinfect any surfaces and non-disposable cleaning equipment, such as mops, that contact a bodily fluid. A common and inexpensive disinfectant can be made by mixing  $\frac{1}{4}$  cup of bleach and 1 gallon of water.
- Discard fluid and fluid-contaminated materials in a tightly secured plastic bag.

# Best Practices for Avoiding Contamination

- **Wash** your hands in accordance with CDC guidelines after cleaning up bodily fluids.
- Change diapers on non-porous surfaces.
- Do not share personal hygiene items, such as toothbrushes, dental floss, or rinsing cups.
- Use disposable sheaths on thermometers.
- Wash contaminated linens and clothing separately from other laundry. Use  $\frac{1}{4}$  cup of bleach in the wash load.
- Place children's contaminated items or clothes in a tightly sealed plastic bag to be taken home and washed.



# Best Practices for Avoiding Contamination

- Do not allow babies and toddlers to share teething toys. Sanitize these items after each use.
- Teach children not to pick off scabs or bandages.
- Cover and treat open wounds on both children and caregivers.

# Key Point



Caregivers should use Standard Precautions to avoid contact with blood and bodily fluids, and remove children from any area where exposure to communicable diseases is possible.



# Changing a Glove

1. Grasp the palm of the glove.
2. Pull the glove off toward fingers, turning it inside out.
3. Throw the glove into a plastic bag that can be sealed.
4. Run your ungloved index finger under the remaining glove cuff.
5. Pull the glove off, turning it inside out.
6. Put the soiled glove in the plastic bag.



# Changing a Diaper

1. Get organized.
2. Carry the baby to the changing table.
3. Clean the child's diapering area.
4. Remove the soiled diaper (and clothing if soiled) without contaminating any surface.
5. Put on a clean diaper.
6. Clean the baby's hands.
7. Clean and disinfect the diaper area.
8. Wash your hands.
9. Use a daily journal to document diaper changes.



# Handwashing

1. Wet your hands with clean, running water and apply soap to your hands.
2. Rub your hands together to make a lather.
3. Scrub the backs of your hands, between fingers, under nails, and under jewelry.
4. Continue scrubbing for at least 20 seconds (sing “Happy Birthday” two times).
5. Rinse your hands well under running water.
6. Dry your hands using a clean towel.
7. Discard the used disposable towel in the trash can lined with a fluid-resistant (plastic) bag.
8. Retrieve a new, clean disposable towel.
9. Turn the faucet off using the towel as a barrier between your hands and the faucet handle.
10. Discard the used disposable towel in a trash can lined with a fluid-resistant (plastic) bag.

# Key Point



Proper personal hygiene is the most effective way of preventing the spread of germs and diseases in a child care setting.



# The Right Response

During small group time, you notice Charles is having difficulty breathing and is wheezing. What should you do?

- *Assume this could be life threatening.*
- *Call 9-1-1 and Charles' parents.*



# The Right Response

At the dramatic play center, you notice Chelsea scratching the back of her head vigorously. What should you do?

- *Check for lice, scabies, and/or rash.*
- *If there are lice, send Chelsea home with information. Sanitize the dress-up clothes, carpet, stuffed animals, and all other cloth items.*





# The Right Response

While at the sensory table, Chancie sneezes into the water. What should you do?

- *Ask Chancie to blow her nose and wash her hands.*
- *Change the water at the sensory table. Sanitize during the water change.*
- *Make sure all children wash their hands before and after using the sensory table.*



# The Right Response

Later in the day, the snack center is set up as a green grocery. Children come with a little straw basket to select crunchy vegetables for snack time. Chancie is shopping. She nibbles a few vegetables, but then complains of a stomachache. What should you do?

- *Monitor Chancie closely. She may be sick; or she may dislike the raw vegetables, and this morning's sneeze was only coincidental.*



# The Right Response

In the free-art center, Chu-lin is helping a teaching assistant mix dry tempura powder. Suddenly, her face becomes red and she begins to cough. What should you do?

• *This was a “trick” question. Do not mix dry tempura paint or dry papier-mâché in the presence of young children. There are other hazards that may occur during art projects, such as accidental ingestion; allergic reactions; and accidents such as slips, falls, cuts, etc. If this situation does occur, call Poison Control.*



# The Right Response

After playing in an outdoor learning center, you notice blister-like sores on Chaka's arm. What should you do?

- *Understand that this might be the sign of a communicable illness or disease.*
- *Call the parents and suggest they seek prompt medical attention.*
- *Isolate the child until the parents arrive. Chaka should be seen by a doctor.*
- *Document your observations.*



# The Right Response

Charlotte ate very little at lunch today; now she has her head on a table and is complaining of a stomachache. What should you do?

- *Watch her closely and be ready to react to further signs of illness.*
- *Notify and discuss the signs with her parents.*
- *If she is unable to participate in normal activities, she should be sent home.*



# The Right Response

Chico is difficult to awaken after a long nap. He is warm to the touch, and then vomits as you lead him to the bathroom. What should you do?

- *Understand that these might be the signs of a communicable illness or disease.*
- *Call the parents and suggest they seek prompt medical attention.*
- *Isolate the child until the parents arrive. Chico should be seen by a doctor.*

# The Role of Sanitation in Preventing Illnesses

- The process of cleaning, sanitizing, and disinfecting areas and items that children are most likely to have close contact with will reduce their potential exposure to germs.
- Think about some items that should be cleaned, sanitized, and/or disinfected as often as possible.
  - Toys
  - Crib rails
  - Restrooms
  - Diapering areas
  - Drinking fountains
  - Computer keyboard and mouse
  - Hands-on learning items
  - Books

# Food Safety

- Food must be in sound condition, free from spoilage and contamination.
- Food preparation areas, and food equipment and table ware must be properly maintained and sanitary.
- Staff members must properly handle and prepare food.
- Food must be maintained at proper temperatures.



# Special Requirements and Prohibited Foods

- Meat, poultry, fish, dairy products, and processed foods shall have been inspected under the United States Department of Agriculture (USDA) requirements
- No raw milk or unpasteurized juice may be served without the written consent of the parent or legal guardian
- No home-canned food may be served
- No home-grown eggs may be served
- No recalled food products may be served
- All raw fruits and vegetables shall be washed thoroughly before being served or cooked

# Preparation and Serving Areas

- Clean food contact surfaces, cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next item.
- Use smooth, nonabsorbent food contact surfaces that do not harbor bacteria.
- Food equipment and tableware must be properly cleaned by pre-rinsing or scraping, washing, rinsing, sanitizing, and air drying.
- Infant bottles and “sippy” cups provided by a facility must be washed and sanitized between each use.

# Food Handling

- Wash hands thoroughly
- Wear proper head covering and disposable gloves
- Examine purchased/delivered food
- Maintain a Food Acceptance Log
- Separate food items to avoid cross contamination
- Thaw food safely
- Wash fruits and vegetables before serving or cooking

# Food Temperatures: Cooked Foods

Food	Minimum Internal Temperature
Fruits, Vegetables, Grains, and Legumes	135 °F
Roasts (Fresh Beef, Pork, and Lamb)	145 °F (with a 3 minute rest time)
Fish	145 °F
Eggs	Cook until yolk and whites are firm
Egg Dishes	160 °F
Ground meats (Beef, Pork and Lamb) and fresh Ham (raw)	160 °F
Poultry - whole, parts, or ground	165 °F
Leftovers	165 °F
Foods cooked in microwave	165 °F
Sauces, Gravy, Soups, and Casseroles	165 °F

# Food Temperatures: Refrigerated Food

Category	Food	Refrigerator
Salads	Egg, chicken, ham, tuna & macaroni salads	3 to 5 days
Hot dogs	opened package	1 week
	unopened package	2 weeks
Luncheon meat	opened package or deli sliced	3 to 5 days
	unopened package	2 weeks
Bacon & Sausage	Bacon	7 days
	Sausage, raw — from chicken, turkey, pork, beef	1 to 2 days
Hamburger & Other Ground Meats	Hamburger, ground beef, turkey, veal, pork, lamb, & mixtures of them	1 to 2 days

Category	Food	Refrigerator
Fresh Beef, Veal, Lamb & Pork	Steaks	3 to 5 days
	Chops	3 to 5 days
	Roasts	3 to 5 days
Fresh Poultry	Chicken or turkey, whole	1 to 2 days
	Chicken or turkey, pieces	1 to 2 days
Soups & Stews	Vegetable or meat added	3 to 4 days
Leftovers	Cooked meat or poultry	3 to 4 days
	Chicken nuggets or patties	3 to 4 days
	Pizza	3 to 4 days

# Food Temperature: Frozen Foods

Food Item	Months
Bacon and Sausage	1 to 2 Months
Casseroles	2 to 3 Months
Frozen Dinner and Entrees	3 to 4 Months
Ham, Hot Dogs, and Lunchmeats	1 to 2 Months
Meat (Uncooked)	4 to 12 Months
Meat (Uncooked Ground)	3 to 4 Months
Meat (Cooked)	2 to 3 Months
Poultry (Cooked)	4 Months
Soups and Stews	2 to 3 Months

# Key Point



Safe and sanitary food practices help keep a child care program free of germs and diseases, and include using clean utensils and equipment; applying correct storage and cooking techniques; employing clean, healthy workers; and practicing safe food-handling procedures.



# Activity: Five Best and Five Worst Food Handling Practices

- Considering the information you have just learned and your own experiences, create a list of five best and five worst food-handling practices



# Administering Medication

- Accept medications
  - Store medications
  - Administer medications, and
  - Document medications
- 
- What should caregivers pay attention to while administering medication?
- 
- Why is it important to ensure that caregivers administer medication properly?

# Key Point



It is important to note that programs have the right to decide whether or not to administer medication. Deciding whether or not to administer medication is a major responsibility of the caregiver.

# Conclusion

You have achieved this module's learning objectives if you can:

- Identify the characteristics of a healthy environment
- Describe the characteristics of a healthy child
- Identify communicable diseases
- Describe methods of preventing the spread of communicable disease
- Explain the process of communicable disease control
- Identify proper hygiene practices for children and caregivers
- Identify safe food handling, preparation, and storage practices
- Describe the proper method of administering medication and documenting the use of medication in a program

# **Health, Safety and Nutrition**

## **Module 2: A Safe Environment**

# Module Goal and Learning Objectives

## Goal

- Participants will be able to identify and discuss the need for a safe environment.

## Learning Objectives

After successfully completing this module, you will be able to:

- Identify processes to plan for, establish, and maintain a safe child care environment
- Identify procedures for reporting accidents and incidents
- Explain methods used to prevent potential safety and fire hazards
- Explain procedures used in case of emergency
- Explain procedures for using car seats and other methods of restraining a child in a vehicle

# Elements of a Safe Environment

The characteristics of a safe child care environment are:

- Potential hazards are kept at a minimum, or are completely avoided
  - The surroundings are neat and orderly
  - The children are constantly supervised
  - Caregivers have knowledge of, and practice, safety policies and procedures
- A safety hazard is *anything* in the environment that can be dangerous to a child's health or welfare.



# Activity: Safety Hazard Hunt

# Poisoning

Follow these poison control prevention practices to ensure that children are not exposed to poisonous materials, unclean items, or unsafe food-handling practices:

- Keep all chemicals out of the reach of children
- Follow safe food handling and storage guidelines
- Follow the directions for dosage found on the medicine package's label
- Teach children not to put unfamiliar items in their mouths
- Keep emergency phone numbers by the phone



# Key Point



No person is immune to poisoning and small children are especially at risk.



# Activity: Poison Hazards by Season

Each season has potential poisons that may not be present at other times of the year, and we need to be alert to those, as well as to ones that are present year-round. Think about some of the poisons and hazards that tend to occur during each season.

- Spring and Summer
- Fall and Winter
- Winter Holidays



# Activity: Look a-Likes

Hazardous Item	What It Looks Like to a Child
Medicine	Candy
Powdered cleanser	Powdered sugar or grated cheese
Lamp oil or rubbing alcohol	Bottled water
Pine cleaner	Apple juice
Motor oil	Honey
Shaving cream	Whipped cream
Alcoholic beverages and mouthwash	Juice drinks
Dishwashing liquids	Sports drinks
Hazardous sprays/pesticides	Hairspray
Rodent Killing Pellets	Hard Candy

# Accidents and Injuries

## Sample Accident and Injury Report Form

- It is very important to document any accident involving or injury received by children in your care.

Accident/Incident Report	
Facility/Home: _____	
Child's Name: _____	Age: _____
Date & Time of Accident/Incident: _____	
Describe Accident/Incident: _____ _____ _____	
<small>(For seizures: How long did it last?; Record temperature. Did child vomit? Was it a breath-holding spell?)</small>	
Describe Nature of Injury: _____ _____ _____	
Witness(es) to Accident/Incident: _____ _____ _____	
What Action Was Taken? _____ _____ _____	
Was Parent/Guardian Contacted? _____ Time: _ How? _____	
Other Persons Contacted: _____ _____	
Describe Medical Treatment/First Aid: _____ _____	
Operator's signature _____ Date & Time _____	Parent/Guardian Signature _____ Date and Time _____

# Key Point



It is important to complete the accident and injury report form as soon as possible, and to accurately reflect what occurred, while keeping the names of children involved confidential.



# Activity: Accident and Injury Report Form

- On September 18<sup>th</sup>, at Happy Mornings Preschool, 4-year-old Johnny fell off a tricycle on the playground right after lunch (1:00 p.m.). He skinned his knee, which you cleaned with soap and water. While applying a bandage, you asked your co-workers if anyone saw the accident. Brenda, another caregiver, said she saw Johnny fall, called the parents immediately, and notified the director of the child care center.

# Accidents and Injuries

- Crib Safety
- Toy Safety

# Infant Safety

While we are studying crib safety, it is a good time to talk about SIDS, or Sudden Infant Death Syndrome. SIDS is not a cause of death, but rather a classification for a manner of death.

Does anyone know the memory aid that helps us to remember how to place a baby in a sleeping position?



# Back to Sleep



# Support for Injured Children

- Always be **honest**, but positive. Using positive words and non-verbal behaviors will help the child remain calm. Do not tell the child that something will not hurt if it will or if you do not know if it will or not.
- Remain **calm**. Being prepared for emergencies will help you achieve this. After the incident is over, and you are out of the child's sight, you may (or may not) "fall apart." Allow yourself to have a natural reaction to what you have just witnessed.
- Treat the child as a person. Do not ignore the injury or the child's feelings.

# Support for Injured Children

- Encourage the child to express his or her feelings. It is normal to cry when frightened or injured. Do not tell him not to cry or shame him for doing so.
- Allow the child to have as much control as possible. For example, ask, “Do you want to look at it?” and “Would you like me to stay here with you?” Let the child hold a brown cloth over an area that is bleeding. (A brown cloth will not show blood.)

# Support for Injured Children

- Encourage the child to talk or think about something pleasant. Talk about a favorite pet or activity, sing songs, or tell stories.
- Explain unfamiliar procedures and equipment step-by-step. Children react better when they understand what is going on. (Adults do too!) Do not ignore the presence of “scary” people or things. Do not say, “That? Oh, that’s nothing. Ignore it.”

# Support for Injured Children

- Determine the advantages and disadvantages of your presence during treatment. Often, medical staff can do a quicker and more thorough job if you leave the room. Ask the child what her preference is, and ask staff if you can accommodate that wish. If you leave the room, do not take all of your belongings, so the child will know you're coming back. Tell the child where you will wait. Console her right after treatment.
- Bring a favorite toy or blanket to the emergency room.
- Tell the child that doctors and nurses help people and take care of them when they are sick or hurt.

# Support for Injured Children

- Take an “emergency bag” with you to the hospital that contains paper, crayons, story books, small toys, and similar items.
- Watch your **language**! Be alert to what you say and how you say it. If you say, “We are going to sew up the cut on your arm,” the child may imagine the sewing machine he/she sees at home. Instead, say, “The doctor is going to fix your cut and you are going to feel better after he does that.” Avoid all medical terms. Say, “Let me help you to hold still,” not “We are going to hold you down.”

# Support for Injured Children

- Talk to the child at **eye level**. Children are empowered when they look at and talk to adults at an eye-to-eye level. Do not stand over an injured child to talk to him/her.
- After treatment, the child may have a possible regression in behavior. He/she may be suddenly sucking his/her thumb and wetting his/her bed; he/she may develop a fear of strangers or become aggressive. Recommend a psychological service if the behavior is hurting himself/herself or other people, or if it is prolonged.

# Support for Injured Children

- After treatment, encourage the child to **role-play** and talk about how he/she feels. This will bring about closure and help you, the caregiver, become aware of any issues the child might have. Consider using the experience in a learning center activity so that any children who witnessed the accident or injury can have closure as well.



# Key Point



A child's response to an injury or accidents depends on the adults and others around him/her.



# Activity: Safety Checklist for Child Care Settings

- Locate the *Safety Checklist for Child Care Settings* in the appendix. Complete the checklist for your child care program. Discuss these items with your child care program director and fellow child care professionals to try to find ways of improving safety conditions in your center.

# Preventing Injuries and Accidents

- What are some of the roles a caregiver plays in injury prevention?
  - Careful, constant supervision
  - Maintaining a neat and orderly environment
  - Having an established daily routine that children are familiar with, so that they know what to expect
  - Establish a clear set of rules and behaviors so that children know what is expected of them and which behaviors are unacceptable
  - Teaching children safe behaviors
  - Providing age-appropriate and skill-level-appropriate toys and games
  - Having a person on the premises at all times who knows first aid and/or CPR

# Key Point



Every caregiver has important roles to play in injury prevention, and it is their responsibility to secure a safe environment for the children in their care.

# Safe Talk

- As a child care professional, one of your daily priorities should be to help children learn safe behaviors; another should be to encourage them to exhibit these behaviors in an effortless manner.

Ways to Accomplish a Safe Environment	Example
Encourage children to engage in activities and play where they can be seen.	“Everyone, remember to stay where I can see you on the playground.”
Remind children about the classroom rules and why they were established.	“Walk slowly and safely in the classroom.” “We use walking feet inside so you do not get hurt.”
Help children understand the importance of cleaning up after activities, and keeping walkways and traffic areas clear.	“Remember to be safe. We need to pick up our toys from the floor and put them on the shelf where they belong, so our friends are safe.”
Provide children with age-appropriate and skill-level-appropriate materials and supplies.	“Here are your safety scissors. It is best for us to use these so we can cut our paper during art time.”
Remind children what they are supposed to be doing and what they can expect to have happen next.	“After we clean up our art supplies, we are going to eat lunch. Who would like to play on the playground after lunch?”



# Activity: Safe Talk

- Scenario 1: Dante is standing on his tiptoes on a chair, trying to reach a toy on a high shelf.
- Scenario 2: Bobby, Nikki, and Juan are playing in the sandbox. Bobby is throwing sand at the other two children.
- Scenario 3: An overexcited Ali is running back and forth between two learning centers.



# Activity: What Can You See?

- Playgrounds
- Near Electrical Outlets
- Restrooms
- Playpens

Safety Hazard	Suggested Remedy
Sharp corners or objects	Remove or cover
Rusted or decrepit equipment	Remove equipment and replace
Loose-fitting bolts holding equipment together	Remove equipment or repair
Access to vehicular traffic	Constant supervision must be maintained
Unfenced area	Fence the area in accordance with 65C-20 and 65C-22
Retention pond, ditch, or swale nearby	Fence the area in accordance with 65C-20 and 65C-22
Swimming Pool and Hot Tubs	Ensure safety equipment is installed, such as drain covers, barriers, and alarms
Large tree blocking caregiver's view	Ensure there is a certified lifeguard present or provide one person with a certified lifeguard certificate or equivalent
Lack of sufficient ground cover/resilient surfacing	Caregiver moves around to provide constant supervision
Unused electrical outlets	Provide a safe fall zone under equipment
Children have toys near outlets	Use safety plugs
Too many cords in one outlet	Constant supervision must be maintained to keep children from sticking toy parts into outlets; move the toys
Hot water faucets	Relocate some of the equipment
Child can lock himself in the bathroom	Lower the water temperature; paint hot water faucet red and let children know what it means; see, Tap Water Scalds in the appendix
Wet floor	Install a lock that opens from outside
Cabinets contain cleaning materials	Clean up all spills immediately
Small toys	Install safety latches on cabinets or move the cleaning materials to a locked closet or cabinet
Rips and tears in playpen pad	Allow nothing smaller than 1 ¼ inches
Sharp objects in or near playpen	Replace it
	Remove the objects or replace the playpen



# Emergency Preparedness Plan

- Responding appropriately to accidents, injuries, and incidents are some of the main responsibilities of an effective child care professional.
- Your child care program must have written plans and procedures for evacuating the facility, establishing a shelter-in-place, and a lockdown procedure.

# Key Point



Caregivers should familiarize themselves with their child care program's written policies regarding the evacuation, shelter-in-place, and lockdown procedures.

# Key Point



When creating any written emergency response plan, there should be a designated position assigned to each task that is required for effective execution of the plan.

# Emergency Procedures

- Evacuation Procedure
- Shelter-in-Place Procedure
- Lockdown Procedure

# Key Point



Florida Law requires children to be secured by either a federally-approved child restraint seat or safety belt, and child care professionals should know the requirements for both the child care program and for sharing with families.

# Child Passenger Safety

Children must never be left in a vehicle unsupervised.

There are four primary aspects to remember when installing a car seat:

- The location, where the seat is placed inside the vehicle
- The direction the car seat is facing inside the vehicle
- The seat belt path; whether or not the belts are correctly threaded through the seat's slots
- Tightness; how firmly the seat is held in place

# Conclusion

You have achieved this module's learning objectives if you can:

- Identify processes to plan for, establish, and maintain a safe child care environment
- Identify procedures for reporting accidents and incidents
- Explain methods used to prevent potential safety and fire hazards
- Explain procedures used in case of emergency
- Explain procedures for using car seats and other methods of restraining a child in a vehicle

# Health, Safety and Nutrition

## Module 3: Children and Nutrition



# Module Goal and Learning Objectives

## Goal

- Participants will identify the need for and understand guidelines related to proper nutrition for all children.

## Learning Objectives

After successfully completing this module, you will be able to:

- Identify the nutritional needs of all children
- Describe how to plan nutritious meals and snacks
- Explain the proper role of the caregiver during mealtimes
- Identify foods that are potentially dangerous for young children
- Describe procedures for helping a choking child

# Physical Development and Nutrition

Nutrition is the process of nourishing or being nourished by the foods we eat and how our bodies use them. The food needs of infants, babies and children are essential for their growth and development.

Food experiences also have an impact on:

- **Social skills** or behaviors during meal times
- **Motor skills** or dexterity in handling utensils and foods
- And more, as we will see in this module.

# Key Point



Each age group has specific nutritional needs that must be met in order to supply essential resources their bodies must have to grow and develop.

# Physical Development and Nutrition

When we discuss children's developmental skills related to eating, we consider three things:

- Mouth patterns
- Hand and body skills
- Feeding skills or abilities

Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities
Birth to around 5 months	<ul style="list-style-type: none"> <li>• Suck/swallow reflex. Liquid moves into the child's mouth and the tongue immediately moves it to the back of the mouth to be swallowed.</li> <li>• Tongue thrust reflex. When lips are touched, child extends his tongue out of his mouth.</li> <li>• Rooting reflex. When the child's oral area (corners of the mouth, upper and lower lip, cheek, and chin) is touched by an object, the head and mouth turn toward the object and the child opens her mouth.</li> <li>• Gag reflex. When any object, such as a spoon or piece of solid food, is placed too far back in a child's mouth, it is propelled forward on the tongue.</li> </ul>	<ul style="list-style-type: none"> <li>• They can control movement of the head, neck and trunk.</li> <li>• They can bring hands to their mouths at around 3 months.</li> </ul>	<ul style="list-style-type: none"> <li>• They can swallow liquids.</li> <li>• They push solids out of their mouths.</li> </ul>
From about 5 months to around 9 months	<ul style="list-style-type: none"> <li>• They begin to control the position of food in their mouths.</li> <li>• They consistently make up-and-down munching movements.</li> <li>• They move food between jaws, as if to chew it.</li> </ul>	<ul style="list-style-type: none"> <li>• They begin to sit alone with no support.</li> <li>• They follow food with their eyes.</li> <li>• They can pick up food with their fingers. This is called a "pincer grasp."</li> </ul>	<ul style="list-style-type: none"> <li>• They begin to eat mashed foods.</li> <li>• They eat from a spoon easily.</li> <li>• They hold their bottles independently, using one hand or both.</li> <li>• They drink from a cup with some spilling.</li> <li>• They begin to feed themselves using their hands.</li> </ul>
From about 8 months to around 11 months	<ul style="list-style-type: none"> <li>• They move food from side-to-side in their mouths.</li> <li>• They begin to curve their mouths to fit the rim of a cup.</li> <li>• They show signs of chewing in a rotary pattern.</li> </ul>	<ul style="list-style-type: none"> <li>• They sit alone easily.</li> <li>• They transfer objects from hand to mouth.</li> </ul>	<ul style="list-style-type: none"> <li>• They begin to eat ground or finely chopped food.</li> <li>• They begin to eat small pieces of soft foods.</li> <li>• They begin to experiment with a spoon, but prefer to use their hands.</li> <li>• They drink from a cup with less spilling.</li> </ul>
From about 10 months to around 12 months	<ul style="list-style-type: none"> <li>• They consistently use a rotary-chewing motion.</li> </ul>	<ul style="list-style-type: none"> <li>• They can place a spoon in their mouths.</li> <li>• They can hold a cup.</li> <li>• They show good eye-hand coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• They eat chopped foods and small pieces of soft, cooked table food.</li> <li>• They can eat with a spoon without help.</li> </ul>

# Breast Milk and Feeding Infants and Toddlers

- Breast Milk
- Feeding Infants and Toddlers

# Key Point



A very important feeding practice is to always hold and interact with infants while you feed them—you should **NEVER** prop a bottle.



# Key Point



When the right foods are introduced at the right time, nutritional needs are met, and skills develop properly.



# MyPlate



Vegetables	Fruits	Grains	Dairy	Protein Foods
<p>Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes, and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen, and canned vegetables all count. Choose "reduced sodium" or "no-salt-added" canned veggies.</p>	<p>Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta.</p> <p>Check the ingredients list on product labels for the words "whole" or "whole grain" before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>

[www.choosemyplate.gov](http://www.choosemyplate.gov)

# Meal and Snack Planning

- Offer different foods from day to day, and encourage children to choose from a variety of foods.
- Serve food in small portions during scheduled meals and snacks.
- Choose healthy snacks. This will help children get the nutrients they need as part of their daily requirements.
- Make smart beverage choices. Water, fat-free or low-fat milk, and small amounts of 100% fruit juices are good examples.

# Daily Food Plan for Preschoolers

- Nutritional snacks and meals should be planned around guidelines established by the United States Department of Agriculture.
- Calories are a measure of the energy a food or beverage provides.
- USDA Sample Meal Patterns
- SuperTracker

# Key Point



The amount of exercise an individual gets per day has an effect on the amount of calories recommended by the USDA. Individuals who are more physically active should be allowed a higher caloric intake, as described by the USDA's MyPlate charts.

# Written Menus and Food Sensitivities

- Creating a written menu well in advance of preparing and serving meals and snacks provides several benefits for caregivers.
- By communicating with parents about the foods they are serving at home and the new types of foods they are introducing, caregivers can ensure that children are receiving foods they enjoy, as well as avoiding any complications from potential food allergies.

# Food Allergies

- Food allergies affect 4-6% of children in the United States. A food allergy occurs when the body has a physical reaction to a specific food.
- Reactions to these foods can range from minor to severe.
- Over 90% of food allergies are associated with eight types of food.
- It is also important to educate all of the staff, children, and families about food allergies
- As part of the emergency plans, the child care program should have a plan to handle food allergies.

# Key Point



A written menu, especially when provided to parents well in advance, offers many benefits for children, caregivers, and parents.

# Key Point



Knowing the foods that children like and dislike allows you to ensure that they will enjoy a diet that is healthy and balanced while under your care.



# Key Point



It is critical for child care programs to be prepared to handle food allergies.



# Activity: Icky! Yummy!

- Think about your experiences with children and create a list of foods that they typically enjoy or dislike. Write these foods in your participant's guide. Think about ways to introduce healthy foods to children that they may think they dislike in order to encourage healthy eating practices.



# Activity: Menu Evaluation

- Using the information you just learned about meal planning, you will be asked to evaluate a menu for a typical child.

# The Roles of the Adults and Children at Mealtime

- It is the adults' responsibility to make certain that mealtimes are enjoyable, stress-free occasions, during which children can learn and practice important social skills.
- Based on your own experience, can you think of any other equipment that is used for children with special needs at mealtime?
- Children also have the opportunity to learn important responsibilities at mealtimes.

# Key Point



Remember, since tooth brushing has the potential to expose caregivers to bodily fluids, Universal Precautions should be used during tooth brushing activities.

# Key Point



Remind children not to swallow toothpaste. Call the Florida Poison Control Center immediately if they swallow an excessive amount.

# Inappropriate Foods

- There are some foods that are inappropriate for children due to their size, shape, and/or texture.
- Have you ever seen a situation when a parent put a dangerous food in a child's lunch? How did you handle the situation?

# Key Point



When helping a choking child, it is as important to know what not to do as it is to know what to do.



# Choking Prevention

- Make sure children **eat slowly**.
- Provide a calm, relaxed eating environment.
- Encourage them to sit quietly in their places.
- Remind them to **chew food** well before swallowing and to eat small bites.
- Teach them not to talk with their mouth full, because they could inhale it into their “airway” that way.

# Choking Prevention

- **Grind** up tough foods.
- Cut food into **small pieces** or thin strips.
- Cut round foods, such as hot dogs, into **strips** rather than slice them into round pieces.
- Remove all **bones** from fish, chicken, and meat.
- Cook food until it is **soft**.
- Take out seeds and pits from fruits.

# Key Point



Never serve foods that could potentially pose a choking hazard.

# Conclusion

You have achieved this module's learning objectives if you can:

- Identify the nutritional needs of all children
- Describe how to plan nutritious meals and snacks
- Explain the proper role of the caregiver during mealtimes
- Identify foods that are potentially dangerous for young children
- Describe procedures for helping a choking child