Head Bumps Matter - Playing Safely

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ECELS-Healthy Child Care America, HRSA grant

PA Department of Health grant to the PA Chapter AAP from the TBI Implementation Grant # H21MC17232 provided by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).
Head Bumps Matter-Playing Safely

Welcome!
Please sign in.

Thank you for silencing your cell phone!
Agenda

- Registration, Welcome, and Introductions
- Active Play Injury Content & Resources
- Traumatic Brain Injury (TBI)
- Wrap Up/Self-Assessment
Objectives  (1 of 2)

Participants shall:

- List three (3) factors that add to active play injuries.

- Give three (3) examples of the 12 most common play area hazards.

- Evaluate a case study of active play situation and generate (make) solutions.
Participants shall:

- Adopt or improve use of Injury Report Forms and Injury Logs.
- List resources to address active play issues.
- Identify signs and symptoms of traumatic brain injury (TBI)
- How to prevent a TBI during active play.
Facts about Active Play

- In the US, how often do you think a child is taken to an emergency room because they were hurt on a playground? Every: **2 ½ minutes** or **5 minutes**

- What percentage (%) of playground injuries result from falls from equipment to the ground underneath? **35%** or **70%**

- What is the leading cause of Brain Injury in Children from birth to 4 years of age? **Motor Vehicle** or **Falls**

- What percentage (%) of playground injuries is associated with lack of supervision? **40%** or **80%**

- Should 2 year olds and 8 year olds play on the same equipment? **Yes** or **No**

*What you learn in this workshop is intended to reduce Active Play Injuries*
Question?

Do you know a child who has been injured during active play?

How did you handle it?
Analyzing the interaction between these factors can help identify the measures needed to prevent injury.

Injury Triangle*

Injuries result from the unsafe interaction of the:

- Child
- Cause of injury
- Environment

*Understanding Childhood Injuries, eclkc.ohs.acf.hhs.gov
AI / AN Leading Cause of Death
1999-2013

Leading Causes of Death – US, 1999-2013
AI/AN Children (1-19 yrs)

- Injury: 71%
- All Other: 18%
- Influenza: 1%
- Heart Disease: 2%
- Congenital: 3%
- Cancer: 4%

N=6,852
Source: CDC WISQARS
Child Development

Injury risk differs according to the child’s age and developmental stage.

- Infant
- Toddler
- Preschool
- School-Age

Children with Special Needs may be at greater risk for injury:
- Limited awareness of hazards
- Difficulty following safety rules
- Challenges in physical strength or coordination, etc.

http://www.clipartkid.com/be-safe-on-playground-cliparts/
Child Development

**Infant** (Birth -12 months)
- Emerging / Developing new Skills - shaky
- Skills develop rapidly - may not be aware of what they can do
- Limited awareness of hazards
- Can climb up high, but can’t come down

**Toddler** (13 – 24 months)
- Bodies are narrow; heads are bigger - get trapped (strangulation)
- Falls are common-learning to walk, run, etc.
- Most play equipment designed for older children; not appropriate for younger toddlers.
Child Development

Preschooler (2-4 years old)

• Physically agile & active
• Capable of doing many things-run, climb, jump but have limited understanding of safety
• Creative use of equipment (slide, swing)
• Developing social/emotional skills-competitive
• Caregivers may not anticipate or supervise adequately
Child Development
School Age (5 – 14 years old)

• Weight gain speeds up
• Begin to show signs of budding independence
• Can manage playground equipment independently, (pumping legs on a swing)
• Creative use of equipment – may not use the equipment for how it is intended to be used (walking up a small slide...)
• Developed enough muscle coordination to climb, swim, skate...
• Ride a two-wheeler bicycle with / without training wheels
• Improved hand-eye coordination (can bounce and catch a tennis ball)
Soft Contained Play Equipment Safety Checklist

• Follow use and size recommendations.
• Smaller children are at a disadvantage in a collision with a larger child.
• If your child meets the size restriction for the toddler section, do not bring him/her into the older children's section.
• Keep older, larger children from playing in the toddler section.
Age-Appropriate Equipment Matching Game Handout

- At what age should a child play on the equipment listed?
- Match equipment to appropriate age group.
- Some equipment may be appropriate for more than one age group.

**Arch Climber**
Frequency of Brain Injury

➢ Has anyone ever cared for a child with Traumatic Brain Injury (TBI)?
  • Family member or student?

➢ What symptoms were exhibited (show)?
Brain Injury Statistics

Head injury is common among children.

• Falls are the **leading cause of brain injury in children from birth to 4 years of age.**

• According to the CDC (US Centers for Disease Control and Prevention), children **less than 4 years of age** have the **highest rate of emergency room visits for traumatic brain injuries. (TBI)**
Brain Injury Statistics (Cont.)

• Nearly 500,000 visits / year to the emergency department are for head trauma.

• **Infants** are more likely to fall from furniture, baby walkers and stairs.

• Falls from windows are more common among **toddler**s.

• Falls from playground equipment more often involve **older children**.

• Children who are **less than 10 years of age** sustain fall related injuries **twice** as often as other children.
What is **Traumatic Brain Injury**?

Concern is the injury to the brain cells

- After injury, cells do not function properly
- Long term, cells do not heal
- Does not require breaking or fracturing the skull bones
- May have no bleeding or loss of consciousness.
A Concussion is a Type of TBI

• “Energy Injury”
• It effects the ability of the injured brain cells to produce and send electrical signals
• Cannot see the injury
• Someone can see the effects in task performance
• The person cannot perform tasks at the same pace as they did before
Concussion Symptoms

• Are warnings that your brain uses to protect itself

• Symptoms may be immediate or not show up for days, weeks or longer

• A person needs to learn to function at a level of productivity while managing symptoms before symptoms manage them.
Concussion Symptoms (Cont.)

Physical
- Nausea
- Headaches, pain in head muscle, jaw, skull, below ears
- Eye discomfort, blurred / double vision, light / movement sensitivity, pain in/around eyes,
- Loss of Balance / Dizziness
- Fatigue

Cognitive
- Problems with thinking or remembering

Emotional
- Irritability
- Sadness

Sleep
- Too much/too little sleep, trouble falling asleep

Symptoms usually get worse when child tries to do physical or mental work.
These problems don’t often happen

See Doctor Immediately if:

• Severe headache that doesn’t go away or doesn’t get better
• Seizures: eyes fluttering, body going stiff, staring into space
• Child forgets everything (amnesia)
• Hands shake, tremors, muscles get weak, loss of muscle tone
• Nausea or vomiting that returns

Brain Injury Association of Pennsylvania, Inc.
www.biapa.org  (866) 635-7097
Symptoms

• Children with a brain injury can have the same symptoms as adults, but it’s often harder for them to share how they feel.
• Call your child's doctor if he or she has had a blow to the head and you notice any of these symptoms:
  • Tiredness or listlessness
  • Headache
  • Irritability or crankiness
  • Changes in eating or sleeping patterns
  • Changes in the way the child plays or performs at school
  • Lack of interest in favorite toys or activities
  • Loss of new skills, such as toilet training
  • Loss of balance or unsteady walking
  • Vomiting

Brain Line Kids.org
http://www.brainline.org/landing_pages/features/blkids.html,
internet accessed 3/25/16
Prevention = Avoid the Dirty Dozen!
Dirty Dozen Roam Activity
Prevention=Avoid the Dirty Dozen!

1. Improper Protective Surfacing
2. Inadequate Use Zone
3. Protrusion & Entanglement Hazards
4. Entrapment in Openings
5. Insufficient Equipment Spacing
6. Trip Hazards
7. Lack of Supervision
8. Age-Inappropriate Activities
9. Lack of Maintenance
10. Sharp Edge, Crush and Shearing Hazards
11. Platforms with No Guardrails
12. Equipment Not Recommended for Public Playgrounds

Reprinted by permission of The National Recreation and Park Association.
Protective Surfacing

• Cushions Falls
• Prevents Serious Injuries

• Use Zones
  o Single most dangerous hazard in an active play area due to potential for a serious head injury is improper surfacing under climbable equipment
Climbers: Portable Indoor or Embedded

- **Indoors:** Carpeting and gym mats are not acceptable; they do not provide adequate protection to prevent injuries.
  - Use a fall-rated, impact-absorbing surfacing materials under and around **ALL** climbers.
  - What matters is the **height of the fall** and the impact absorbing properties of the material onto which the child falls.

Use Zones Updates – CPSC Standards

- Use Zone - “the surface under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land.

- These areas are also designated for unrestricted circulation around the equipment.”

The **Use Zone** under and around climber that should be covered with protective surfacing extends 6 feet beyond the edge of the climber.
### Table 2. Minimum compressed loose-fill surfacing depths

<table>
<thead>
<tr>
<th>Inches</th>
<th>Of (Loose-Fill Material)</th>
<th>Protects to</th>
<th>Fall Height (feet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6*</td>
<td>Shredded/recycled rubber</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Sand</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Pea Gravel</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Wood mulch (non-CCA)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Wood chips</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

* Shredded/recycled rubber loose-fill surfacing does not compress in the same manner as other loose-fill materials. However, care should be taken to maintain a constant depth as displacement may still occur.

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**Figure 1. Installation layers for loose-fill over a hard surface**

Layer 5: Impact mats under swings

Layer 4: Loose-fill surfacing material

Layer 3: Geotextile cloth

Layer 2: 3- to 6-inches of loose fill (e.g., gravel for drainage)

Layer 1: Hard surface (asphalt, concrete, etc.)
Active and Positive Supervision

ACTIVE SUPERVISION AT-A-GLANCE

SIX STRATEGIES TO KEEP CHILDREN SAFE

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

- **Set Up the Environment**
  Staff set up the environment so that they can supervise children at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that staff can observe.

- **Position Staff**
  Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

- **Scan and Count**
  Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

- **Listen**
  Specific sounds or the absence of them may signify reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert staff when a child leaves or enters the room.

- **Anticipate Children’s Behavior**
  Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff's observations and helps them anticipate children's behavior. Staff who know what to expect are better able to protect children from harm.

- **Engage and Redirect**
  Staff use active supervision skills to know when to offer children support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

Active and Positive Supervision*

Focused Attention with Intentional Observation

- Position to observe all children—be close to equipment where injury is likely to occur
- Watch, count and listen
- Use knowledge of each child’s development and temperament to anticipate behavior
- Get involved and redirect when necessary

*Active Supervision: A Referenced Fact Sheet from The Head Start National Center on Health

What does this mean for your program?
Active and Positive Supervision*

- Knowing each child’s abilities
- Establishing clear and simple safety rules
- Being aware of and scanning for potential safety hazards
- Standing in a strategic position

Caring For Our Children (CF0C3), 3rd edition, Standard 2.2.0.1 Methods of Supervision of Children

Active and Positive Supervision*

- Scanning play activities and circulating around the area
- Focusing on the positive rather than the negative to teach a child what is safe for the child and other children
- Teaching children the appropriate and safe use of each piece of equipment (e.g., using a slide correctly-feet first only-and teaching why climbing up a slide can cause injury, possibly a head injury.)

* CFOC3 Standard 2.2.0.1 Methods of Supervision of Children
Active Supervision Strategies*

Infants, toddlers, and preschoolers must be directly supervised at all times.

- Never leave a child unattended
- Set-up environment so you can supervise children at all times.
- Position staff to prevent children from harm.
  - Stay close to children who may need support.
- Scan and Count - especially during transitions.
  - Always be able to account for children in your care where they are and what they are doing.

*Active Supervision: A Referenced Fact Sheet from The Head Start National Center on Health
Active Supervision Strategies*

- **Listen**
  - Specific sounds or absence of sounds could signify reason for concern.
  - Listen closely to immediately identify signs of potential danger.

- **Anticipate Children’s Behavior**
  - Use what you know about each child’s individual skills and interest to anticipate their behavior to protect children from harm.

- **Engage and Redirect**
  - Know when to offer support.

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*Active Supervision: A Referenced Fact Sheet from The Head Start National Center on Health*
Playground Rules Group Activity

- Please write at least 3 rules appropriate for age-specific play areas:
  - Infant/Toddler
  - Preschool
  - School-Age
- Keep simple; phrase wording positively
- State what to do rather than what not to do.
Common Playground Rules

• Use play equipment appropriately and children play in age appropriate areas.

• Walk far away from swings or follow a safe path around the swings (Draw a line in front/behind swings to create safe path around swings.)

• Wait until the swing stops to get off.

• Use the ladder to climb up a slide and the slide to come down.
Common Playground Rules

• Feet first going down the slide.

• Only 1 person on the slide ladder and 1 person on the slide at a time.

• Use 2 hands and watch your feet on ladders and climbers.

• Stay away from play equipment when digging or doing other focused activities.
Equipment

Play structures shall be anchored to the ground or not intended to be relocated

- Must meet the ASTM stability requirements and anchoring standards
  - Designed and weighted in such a way that it will not move under normal use.

American Society for Testing and Materials (ASTM), F1487
Riding Toys (tricycles) / Wheeled Equipment (scooters)  

CFOC3: 6.4.2.1

a. Be spokeless;
b. Be capable of being steered;
c. Be of a size appropriate for the child;
d. Have a low center of gravity;
e. Be in good condition, work properly, and free of sharp edges or protrusions that may injure the children;
f. Be non-motorized (excluding wheelchairs).
Equipment Not Recommended*

- Heavy character figure swings
- Trampolines
- Multiple occupancy swings (except tire swings)
- Free-swinging rope swings

www.cpsc.gov
Active Play Area Inspection & Maintenance Forms

• Daily
• Monthly
• Twice Yearly

Your inspection & maintenance program should include all recommendation supplied by the manufacturer(s) of your play equipment. Add these to ECELS Forms.
Dirty Dozen Recap

1. Improper Protective Surfacing
2. Inadequate Use Zone
3. Protrusion & Entanglement Hazards
4. Entrapment in Openings
5. Insufficient Equipment Spacing
6. Trip Hazards
7. Lack of Supervision
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Reprinted by permission of The National Recreation and Park Association.
“Which Helmet for Which Activity?”

It takes brains to be safe-
Be smart and wear a helmet!

- Safety information guides fit helmets and identify helmets that match the activity.
- Wearing a helmet can reduce the risk of a severe head injury and even save a life.
  - During a typical fall or collision, much of the impact energy is absorbed by the helmet, rather than your head and brain.

Helmets  CFOC 3 6.4.2.2

• All children 1 year of age and over should wear properly fitted and approved helmet while riding toys with wheels (tricycles, bicycles, etc.)

• Replaced helmet if:
  – involved in a crash,
  – helmet is cracked,
  – straps are broken,
  – helmet can no longer be worn properly,
  – according to recommendations by the manufacturer (usually after 3 years).
Helmets (Cont.) CFOC 3: 6.4.2.2

- Spreading of head lice when sharing helmets *should not override the practice of using helmets*.
- Best practice for each child is to have his/her own helmet, but may not be possible.
- **Do** clean between users
- **Do** wipe the lining with a damp cloth should remove any head lice, nits, or fungal spores
- **DO NOT** clean helmets, using detergents, cleaning chemicals, and sanitizers, as chemicals may cause the impact-absorbing material to deteriorate inside the helmet as well as deteriorate the straps
But...

- Materials used today are engineered to absorb the high impact energies that can produce skull fractures and severe brain injuries.
- These materials have not been proven to counteract the energies believed to cause concussions.
- Beware of claims that a particular helmet can reduce or prevent concussions.

www.cpsc.gov
Injury Reports/Injury Logs & Study

• Break-out into groups

• Respond to questions on Case Study

• Complete Injury Report Form based on Case Study

• What Dirty Dozen item # contributed to injury?

At times, prevention is not enough... and a head or brain injury may result.
Brain Injury in Young Children

Falls are the leading cause of traumatic brain injury in children between 0 and 4 years.

Play safely: Make sure playground equipment is properly designed and maintained, and have a safe, soft landing surface in case a child falls.

Move home safety improvements: Install stair gates, guard rails, and guards on windows above ground level.

Keep sports safe: Make sure your child wears a helmet when bike riding, skating, or playing active sports.

Support is key: Always supervise a young child around stairs and playground equipment.

Brain injury looks different in every child. Have a doctor examine your child if any of the following changes persist after a blow to the head:

- Decreased strength or coordination
- Changes in sucking or swallowing
- Decreased appetite
- Decreased smiling, vocalizing or talking
- Frequent rubbing of the eyes or head
- Decreased ability to focus the eyes
- Unusual “nursery” stare
- Increased sensitivity to light or sound
- Extreme irritability

Sustaining multiple concussions is particularly dangerous to young children. Even when a blow to the head seems minor, a second equally minor injury can have devastating results.

Keep a record of any injuries to the head that your child sustains. Symptoms of an early brain injury may not appear until a child reaches late elementary or middle school years.

Knowing how to prevent brain injuries helps keep children safe.

Brain injury lasts a lifetime.

Brain Injury Association of Pennsylvania
http://www.pilaaco.org
Brain Injury Help Line (PA only)
1-866-424-755
Brainline
http://brainline.org
Brain Injury Association of America
http://www.biausa.org
International Brain Injury Association
http://www.internationalbrain.org
Adapted with permission from The Nebraska Traumatic Brain Injury Advisory Council's Task Force on Children and Youth.

CCHS
Child Care Health & Safety, LLC
Resources/Handouts

• Climbing Gyms
• No Helmets on Playgrounds
• Which Helmet for Which Activity?
• How to Locate CPSI-(Certified Playground Safety Inspector)
• Playground Inspection and Maintenance Forms
• Play Areas and the ADA
Indian Health Service
Injury Prevention Program
Motor Vehicle

• Programs:
  – Ride Safe (Child Passenger Safety Program)

• Trainings:
  – Safe Native American Passengers (SNAP)

http://www.cdc.gov/features/tribalprograms/
internet accessed 5/16/16
Resources for Brain Injury

BrainSTEPS (Strategies Teaching Educators, Parents, and Students)

[www.brainsteps.net](http://www.brainsteps.net)

**School Re-entry Assistance**

- Consults with school teams and families in the development and delivery of educational services for students who have experienced any type of acquired brain injury

- Works to not only re-enter students after a new brain injury, but with students *previously* identified as having a brain injury

- Is considered a national model for brain injury educational consulting
### Table 1. Examples of Age Appropriate Equipment

<table>
<thead>
<tr>
<th>Toddler — Ages 6-23 months</th>
<th>Preschool — Ages 2-5 years</th>
<th>Grade School — Ages 5-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climbing equipment under 32” high</td>
<td>Certain climbers**</td>
<td>Arch climbers</td>
</tr>
<tr>
<td>Ramps</td>
<td>Horizontal ladders less than or equal to 60” high for ages 4 and 5</td>
<td>Chain or cable walks</td>
</tr>
<tr>
<td>Single file step ladders</td>
<td>Merry-go-rounds</td>
<td>Free standing climbing events with flexible parts</td>
</tr>
<tr>
<td>Slides*</td>
<td>Ramps</td>
<td>Fulcrum seesaws</td>
</tr>
<tr>
<td>Spiral slides less than 360°</td>
<td>Rung ladders</td>
<td>Ladders – Horizontal, Rung, &amp; Step</td>
</tr>
<tr>
<td>Spring rockers</td>
<td>Single file step ladders</td>
<td>Overhead rings***</td>
</tr>
<tr>
<td>Stairways</td>
<td>Slides*</td>
<td>Merry-go-rounds</td>
</tr>
<tr>
<td>Swings with full bucket seats</td>
<td>Spiral slides up to 360°</td>
<td>Ramps</td>
</tr>
<tr>
<td></td>
<td>Spring rockers</td>
<td>Ring treks</td>
</tr>
<tr>
<td></td>
<td>Stairways</td>
<td>Slides*</td>
</tr>
<tr>
<td></td>
<td>Swings — belt, full bucket seats (2-4 years) &amp; rotating tire</td>
<td>Spiral slides more than one 360° turn</td>
</tr>
</tbody>
</table>

* See §5.3.6

** See §5.3.2

*** See §5.3.2.5
Videos

- Why Do Children Sustain Brain Injury?
- What is Traumatic Brain Injury?
  - Responding to Serious Injury
  - Short Term/Long Term Responses
    - Accommodating a Child Who Has a Brain Injury
    - Modifying How You Provide Care
Videos

- Why Do Children Sustain Brain Injury?
- What is Traumatic Brain Injury?
  - Responding to Serious Injury
  - Short Term/Long Term Responses
    - Accommodating a Child Who Has a Brain Injury
    - Modifying How You Provide Care
Plans for Change & Self-Assessment

• THANK YOU for all that you do every day to keep our children safe!
For more information, look for our ad in the 2016-2017 academic monthly planner.

Elizabeth (Betsy) L.M. Miller, BSN, RN, BC
(610) 764-8977 • Betsy@cchealthsafety.com
www.cchealthsafety.com

Learn what current best practice health & safety resources are available to support your work.

Expert Child Care Health Consultant (CCHC) support for HS & EHS Administrators, Directors and Health Managers on health and safety issues. Presently CCHC with Rural America Initiatives Dakota Transitional HS & EHS, South Dakota. Formerly served and trained Navajos throughout New Mexico.
### Professional Development (PD)

<table>
<thead>
<tr>
<th>Course Hours</th>
<th>Title</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Hrs</td>
<td>Using Ages and Stages Questionnaires® (ASQ, ASQ:SE)</td>
<td>Learn how to use the ASQ® and ASQ:SE® as a screening tool for children ages 3 months to 5 years. The session provides information on how to administer, score and share results with families. Including resources for making referrals to additional services if needed.</td>
</tr>
<tr>
<td>5 Hrs</td>
<td>American Heart Association (AHA) HeartSaver® Pediatric First Aid with Child-Infant CPR</td>
<td>The HeartSaver® Pediatric First Aid CPR AED Course is designed to meet the regulatory requirements for child care workers in all 50 United States. It teaches how to respond to and manage illnesses and injuries in a child or infant in the first few minutes until professional help arrives. The course covers the Four Steps of Pediatric First Aid (Prevent, Be Safe, Phone 911, Act) and modules in Pediatric First Aid, child/Infant choking and CPR/AED. Learn through video and inter-active, hands-on demonstrations.</td>
</tr>
<tr>
<td>2 Hours</td>
<td>Asthma</td>
<td>Uses interactive discussion, visual aids and hands-on demonstrations to address the causes, symptoms, bodily responses of asthma episodes. Learn current prevention and management for asthma episodes. (ECERS-ITERS: Program Structure, Personal Care Routines.)</td>
</tr>
<tr>
<td>2 Hours</td>
<td>Bloodborne Pathogens: Keeping Safe When Touching Blood</td>
<td>Learn how to minimize risk of exposure to disease causing pathogens (germs, viruses, etc.) Learn how to meet Standard Precautions recommended by the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) requirements. Explore the adequacy of your facility’s policies and Exposure Control Plan. Discuss how to handle a biting incident. (ECERS-ITERS: Personal Care Routines, Parents and Staff.)</td>
</tr>
<tr>
<td>2 Hours</td>
<td>Caring for the Caregiver</td>
<td>Learn how to recognize and manage occupational health risks, drawing on the content in Caring for Our Children, 3rd Ed. Addresses management of stress, infectious disease risks, and musculo-skeletal (ergonomic) challenges intrinsic to providing early learning and school-age care. Includes assessment of personal and work-site health promotion strategies. (ECERS-ITERS: Parents and Staff.)</td>
</tr>
<tr>
<td>2 Hours Or 3 Hours</td>
<td>Cavity Free Kids</td>
<td>Educates early learning providers, children, and families about oral health through: classroom activities, songs, lesson plans, parent meetings and home visits with user-friendly tools to incorporate five essential oral health concepts into classroom activities, home visits, parent education and family fun nights. The Five Essential Oral Health Concepts are: Let’s Clean Our Teeth, Get a Dental Check Up, Why We Need Teeth, What Hurts/Weakens Teeth, and We Can Keep Our Teeth Strong.</td>
</tr>
<tr>
<td>2 Hours</td>
<td>Common Illness</td>
<td>Use a game approach to teach appropriate response to common illnesses. Content includes myths and facts about childhood illnesses and when temporarily ill children need to be excluded from their group. Includes distribution of current reference materials and the opportunity to practice using them. The reference for the discussion is Managing Infectious Diseases in Child Care and Schools, a publication of the American Academy of Pediatrics. Handouts include some of the tables and Quick Reference Sheets from this book. (ECERS-ITERS: Personal Care Routines, Parents and Staff.)</td>
</tr>
</tbody>
</table>
### Professional Development (PD)

<table>
<thead>
<tr>
<th>Hours</th>
<th>Course</th>
<th>Description</th>
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<tbody>
<tr>
<td>2 Hours</td>
<td>Food Allergy</td>
<td>Use an interactive curriculum from the Food Allergy and Anaphylaxis Network. It includes a video and mock epinephrine (EpiPen®) demonstration. Explore how to read food labels to find hidden ingredients that are the same as common food allergens. Learn the basics of food allergy and allergen types in foods. Discuss how to modify the early learning and school-age program for a child with a food allergy and plan for handling a food allergy response. (ECERS-ITERS: Personal Care Routines.)</td>
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<tr>
<td>2 Hours</td>
<td>Head Bumps Matter: How to Protect Young Brains</td>
<td>Apply methods to reduce and/or appropriately respond to child head injuries. This workshop will address ways to reduce the risk of head injuries, which may have long-lasting consequences for a child, during acting play, as well as how to use injury logs and accommodate a child who has sustained a brain injury in group care. Learn to recognize and respond to signs and symptoms of brain injury. (ITERS-R, ECERS-R: Personal Care Routines)</td>
</tr>
<tr>
<td>4 Hours / session</td>
<td>I Am Moving I Am Learning</td>
<td>Workshop consists of 4 sessions (4 hours each) for a total of 16 hours. You may take a single session at a time or all four sessions to receive credit for this series. The 4 sessions are: <em>Opportunity Knocks</em> <em>Body Language and Moving MVPA (Moderate to Vigorous Physical Activity)</em> <em>Observing and Evaluating Motor Skills</em> <em>Reversing Current Obesity Trends</em></td>
</tr>
<tr>
<td>16 Hours</td>
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<tr>
<td>2 Hours</td>
<td>Infant and Toddler Health and Safety</td>
<td>Use Caring for Our Children, 3rd Ed., ITERS-R and PA Child Care Facility Regulations, to evaluate, improve infant/toddler health and safety practices. Interactive teaching methods shall reinforce correct procedures: diapering/toilet learning, support breastfeeding, SIDS facts, and safe sleep practices.</td>
</tr>
<tr>
<td>3 Hours</td>
<td>Medication Administration</td>
<td>Workshop draws on the 2010 curriculum published by the American Academy of Pediatrics. Learn to manage the risks involved in giving medication in group care settings using the <em>5 Rights</em>: the right child receives the right medication in the right dose, by the right method at the right. Practice skills and discuss scenarios to identify gaps in practice. Review key elements that should be in documentation of medication and policies/procedures. Demonstrations/discussions include tips for giving a variety of medications: liquids and pills, eye, ear, nose, topical medications, e.g., diaper cream and sunscreen, inhalers and emergency medicines.</td>
</tr>
<tr>
<td>1 Hour</td>
<td>Medication Administration Skills Checklist (ECELS)</td>
<td><strong>Prerequisite:</strong> Successful completion of: 3 hour ECELS Medication Administration workshop or the National American Academy of Pediatrics 2 hour e-learning Medication Administration self-learning module. Observation by a licensed nurse using the ECELS Medication Administration Skills Checklist to document that they observed the staff member correctly demonstrate oral medication administration skills using the ECELS Medication Administration Skills Checklist. (ECERS-ITERS: Personal Care Routines.)</td>
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</table>
Head Bumps Matter-Playing Safely Workshop

Workshop Description:
This workshop discusses how to reduce the risk of head injuries during active play and the importance of active supervision. This session highlights the benefits of using active play checklists and injury logs. Early learning practitioners will learn about accommodating a child in group care who has sustained a brain injury. (ECERS-ITERS: Space and Furnishings, Interaction)

Learning Objectives: Upon completion of this workshop, participants will:

- List three factors that contribute to active play injuries.
- Give three examples of the 12 most common play area hazards.
- Evaluate a case study of active play situation and generate solutions.
- Adopt or improve use of Injury Report Forms and Injury Logs.
- List resources to address active play issues.
- Identify signs and symptoms of traumatic brain injury (TBI) and how to prevent a TBI during active play.

Agenda:
- Registration, Welcome, and Introductions
- Active Play Injury Content & Resources
- Traumatic Brain Injury (TBI)
- Wrap Up/Self-Assessment

Plans for Change

<table>
<thead>
<tr>
<th>What</th>
<th>Who</th>
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Initial funding from PA Department of Health grant to the PA Chapter AAP from the TBI Implementation Grant # H21MC17232 provided by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).
Equipment Matching Game

Match the equipment on the left side with the appropriate age range on right.

Single file step ladders
Track rides
Spiral slides up to 360°
Overhead rings
Stairways
Fulcrum seesaws
Certain climbers over 32” high
Swings with full bucket seats
Merry-go-rounds
Vertical sliding poles
Climbing equipment under 32” high
Arch climbers
Ladders–Horizontal Rung
Freestanding climbing events with flexible parts
Spiral slides more than one 360° turn
Slides
Ring treks
Spring rockers
Swings–belt, full bucket seats
Chain or cable walks
Spiral slides less than 360°
Horizontal ladders less than or equal to 60” high
Ramps

Toddler-
Ages 6-23 months

Preschool-
Ages 2-5 years

Grade School-
Ages 5-12 years

spring rocker [CPSC photo]
The Dirty Dozen Checklist

The Top 12 Safety Hazards in America’s Playgrounds

1. Improper Protective Surfacing
   - The surface or ground under or around playground equipment should be soft enough to cushion a fall. A fall onto one of these hard surfaces could be life-threatening and there are many surfaces that offer protection from falls.
   - Acceptable Surfaces: Engineered Wood Fiber, Wood Chips, Sand / Pea Gravel
   - Unacceptable Surfaces: Concrete, Blacktop, Synthetic / Rubber Tiles, Shredded Rubber, Mats, Poured-in-place rubber
   - Most loose-fill surfacing must be maintained at a depth of 12 inches and be free of standing water and debris.

2. Inadequate Use Zone
   - A use zone is the area under and around playground equipment where a child might fall. A use zone should be covered with protective surfacing material and extend a minimum of six feet in all directions from the edge of stationary play equipment, such as climbers and chin-up bars.
   - Slide Use Zone: For slides six feet or less in height, the use zone at the bottom of the exit area should extend a minimum of six feet from the end of the slide.
   - For slides between six feet and eight feet high, the use zone at the exit of the slide is equal to the height of the platform or entrance to the slide.
   - The maximum exit use zone, regardless of height, is eight feet.
   - School-age Belt Swing Use Zone: Swings require a much greater area for the use zone.
   - The use zone should extend two times the height of the pivot or swing hangar in front of, and beyond the swing's seats.
   - The use zone should also extend six feet to the side of the support structure.
   - Tot Swing Use Zone: A fully enclosed tot swing requires less of a use zone than school-age swings.
   - Measure the vertical distance from the bottom of the seat to the pivot point or swing hanger and multiply by two for the use zone in front and back of the swing.

3. Protrusion & Entanglement Hazards
   - A protrusion hazard is a component or piece of hardware that is capable of impaling or cutting a child, if a child should fall against the hazard.
   - Some protrusions are also capable of catching strings or items of clothing worn around a child's neck. This type of entanglement is especially hazardous because it might result in strangulation.

4. Entrapment in Openings
   - Enclosed openings on playground equipment must be checked for head entrapment hazards. Children often enter openings feet first and attempt to slide through the opening. If the opening is not large enough, it may allow the body to pass through the opening but entrap the head.
   - Generally, there should be no openings on playground equipment that measure between 3.5 to 9 inches. Where the lower boundary of the opening is formed by the protective surfacing, the opening is not considered to be hazardous.

DID YOU KNOW?

The U.S. Consumer Product Safety Commission does not recommend the use of drawstrings on children's outerwear because of the potential strangulation hazard.

Examples of protrusion and entanglement hazards include:
- Bolt ends that extend more than two threads beyond the face of the nut
- Hardware configurations that form a hook or leave a gap or space between components
- Open "S" type hooks
- Rings or handholds that protrude outward from a support structure may be capable of penetrating the eye socket

Also, special attention should be paid to the area at the top of slides and sliding devices. Protruding hardware and some gaps may act as a hook and catch clothing. Ropes should be anchored securely at both ends and not be capable of forming a loop or a noose.
5 Insufficient Equipment Spacing
Improper spacing between pieces of play equipment can cause overcrowding of a play area, resulting in unsafe play conditions. Each item of play equipment has a use zone around it where protective surfacing material is applied. These use zones may overlap for certain types of equipment:

- Equipment less than 30 inches in height may overlap use zones with six feet in between.
- Equipment higher than 30 inches must have nine feet in between each structure.
- The top area of swings, the exit area of slides, standing rock equipment, and merry-go-rounds may not overlap use zones. This provides room for children to circulate and prevents the possibility of a child falling off of one structure and striking another.
- Swings and merry-go-rounds should be located near the boundary of the playground.

6 Trip Hazards
Trip hazards are created by play structure components or items on the playground.
Common trip hazards often found in play environments include:

- Exposed concrete floorings
- Abrupt changes in surface elevations
- Tree roots
- Tree stumps
- Rocks

7 Lack of Supervision
The supervision of a playground environment directly relates to the overall safety of the environment. A play area should be designed so that it is easy for a parent or caregiver to observe the children at play. Young children are constantly challenging their own abilities, often not being able to recognize potential hazards. Parents must supervise their children at all times on the playground!

8 Age-Inappropriate Activities
Children’s developmental needs vary greatly from age two to age 12. In an effort to provide a challenging and safe play environment for all ages, it is important to make sure that the equipment in the playground setting is appropriate for the age of the intended user.

The U.S. Consumer Product Safety Commission does not recommend the following for preschool users: free-standing arch climbers, free-standing flexible climbers, chain and cable walks, fulcrum seesaws, log rolls, tractor rides or vertical sliding poles.

9 Lack of Maintenance
In order for playgrounds to remain in “safe” condition, a program of systematic, preventative maintenance must be present:

- There should be no missing, broken or worn-out components
- All hardware should be secure
- The wood, metal or plastic should not show signs of fatigue or deterioration
- All parts should be stable with no apparent signs of loosening
- Surfacing material must be maintained
- Check for signs of vandalism

10 Crush, Shearing and Sharp Edge Hazards
Components in the play environment should be inspected to make sure there are no sharp edges or points that could penetrate skin. Moving components such as suspension bridges, track rides, merry-go-rounds, seesaws and swings should be checked to ensure there are no moving parts or mechanisms that might crush a child’s finger.

11 Platforms with No Guardrails
Elevated surfaces such as platforms, ramps, and bridges should have guardrails or barriers to help prevent accidental falls.

Preschool age children are more at risk for falls; therefore equipment intended for this age group should have:

- Guardrails on elevated platforms higher than 20 inches
- Protective barriers on platforms higher than 30 inches

Equipment intended for school-age children should have:

- Guardrails on elevated platforms higher than 30 inches
- Protective barriers on platforms above 48 inches

12 Equipment Not Recommended for Public Playgrounds
Equipment associated with the following types of equipment have resulted in the U.S. Consumer Product Safety Commission recommending that they not be used on public playgrounds:

- Heavy swings such as animal figure swings
- Multiple occupancy glider type swings
- Free swinging ropes that may fray or form a loop
- Swinging exercise rings and trapeze bars

DID YOU KNOW?
Overhead hanging rings that have a short chain (7”) are allowed on public playground equipment.

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ACTIVE SUPERVISION AT-A-GLANCE
SIX STRATEGIES TO KEEP CHILDREN SAFE

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

Set Up the Environment
Staff set up the environment so that they can supervise children at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that staff can observe.

Scan and Count
Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

Anticipate Children’s Behavior
Staff use what they know about each child’s individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff’s observations and helps them anticipate children’s behavior. Staff who know what to expect are better able to protect children from harm.

Position Staff
Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

Listen
Specific sounds or the absence of them may signify reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert staff when a child leaves or enters the room.

Engage and Redirect
Staff use active supervision skills to know when to offer children support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child’s needs.

Appendix CC

Incident Report Form

Fill in all blanks and boxes that apply.

Name of Program: ___________________________ Phone: ___________________________

Address of Facility: ________________________________________________________________

Child's Name: ___________________________ Sex: □ M □ F Birth Date: __/__/___ Incident Date: __/__/___

Time of Incident: __:__ am/pm Witnesses: ________________________________________________

Name of Parent/Legal Guardian Notified: ___________________________ Notified by: ____________ Time Notified: __:__ am/pm

EMS (911) or Other Medical Professional □ Not notified □ Notified Time Notified: __:__ am/pm

Location Where Incident Occurred: □ Playground □ Classroom □ Bathroom □ Hall □ Kitchen □ Doorway □ Gym
□ Office □ Dining Room □ Stairway □ Unknown □ Other (specify): __________________________

Equipment/Product Involved: □ Climber □ Slide □ Swing □ Playground Surface □ Sandbox
□ Trike/Bike □ Hand Toy (specify): ______________________________________________________

Other Equipment (specify): _____________________________________________________________

Cause of Injury:

Describe: __________________________________________________________________________

□ Fall to Surface; Estimated Height of Fall ___ feet; Type of Surface: __________________________

□ Fall from Running or Tripping □ Bitten by Child □ Motor Vehicle □ Hit or Pushed by Child

□ Injured by Object □ Eating or Choking □ Insect Sting/Bite □ Animal Bite

□ Exposure to Cold □ Other (specify): ____________________________________________________

Parts of Body Injured:

□ Eye □ Ear □ Nose □ Mouth □ Tooth □ Part of Face □ Part of Head

□ Neck □ Arm/Wrist/Hand □ Leg/Ankle/Foot □ Trunk

□ Other (specify): __________________________________________________________________

First Aid Given at the Facility (eg, comfort, pressure, elevation, cold pack, washing, bandage): __________________________

___________________________________________________________________________________

___________________________________________________________________________________

Treatment Provided by: ________________________________________________________________

□ No doctor's or dentist's treatment required
□ Treated as an outpatient (eg, office or emergency room)
□ Hospitalized (overnight) # of days: __________________________

Number of Days of Limited Activity From This Incident: __________________________ Follow-up Plan for Care of the Child: __________________________

___________________________________________________________________________________

Corrective Action Needed to Prevent Reoccurrence: __________________________

Name of Official/Agency Notified: ______________________________________________________

___________________________________________________________________________________

SIGNATURE OF STAFF MEMBER DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE


Original document in Model Child Care Health Policies, 5th Edition. Copyright © 2014 Pennsylvania Chapter of the American Academy of Pediatrics (AAP). All rights reserved. Permission is granted to reproduce or adapt content for use within a child care setting. The AAP does not review or endorse modifications of this document and in no event shall the AAP be liable for any such changes.
Establishing an Injury/Illness Monitoring System
(Optional Tool)

Developing injury/illness tracking logs is just the first step in creating a monitoring system. Regular review of the log that will enable you to identify health and safety concerns, patterns, program structural problems, staffing issues etc. that may be contributing to the injuries and illnesses that occur within your program. The tracking system will not only help you to identify problems that need to be corrected, but it will also provide you with information that can be used to engage in preventive action planning. This is the ultimate goal, to eliminate preventable injuries and illnesses before they occur!

Step 1: Develop, or select from existing samples, a tracking tool to record all injuries and illnesses that occur

The tool should include essential information such as...

- The date and time injury/illness occurred.
- The specific location (outdoors, indoors, room, area of the room)
- Child/children involved
- Teacher(s) present
- Description of the injury/illness
- Identification of possible contributing factors
- Preventive action to be taken
- Corrective action to be taken
- Preventive/corrective action plan completion dates

Step 2: Determine who is responsible for recording injuries/illnesses on the tracking logs

Things to consider:

- Are there reasons why you would/would not want the same person who is responsible for completing an incident report to record the incident on the tracking log?
- Should incident reports be submitted by the direct care staff and then recorded on the tracking log by a supervisor or director?
- Will entries on the tracking log be based on written reports or verbal interviews with the person(s) involved?

Step 3: Determine who is responsible for reviewing the injury/illness tracking logs

The log should include a place to record review dates and signature of reviewer.

Step 4: Establish regular schedule to review of the injury/illness tracking logs

Things to consider: How frequent do injuries and illnesses occur? If the frequency is high, you may want to review the tracking log more frequently; i.e. once a week until the number of incidents drops significantly and remains at a low or non-existent level. If the frequency of incidents is low, then a once a month review might be sufficient.
ESTABLISHING AN INJURY/ILLNESS MONITORING SYSTEM
(Optional Tool)

Step 5: Determine who is responsible for preventive and corrective action planning

Things to consider:

- Does the direct care staff have the necessary skills/knowledge to independently develop action plans to address concerns? If not, it is recommended that a supervisor facilitate the action planning process with the direct service staff actively involved. Either way, the action plan should be submitted to a supervisor for final approval.

- Action plans should include:
  - Date of development
  - Details of the area in need of improvement
  - Details of action plan
  - Person(s) responsible
  - Target date
  - Completion date

- Everyone is responsible for health and safety of the children. In many situations, immediate steps need to be taken and recorded.

Step 6: Determine who monitors implementation, progress and completion of action plans

Someone must be responsible for seeing that the action plans developed are not just carried out through completion, but are also maintained on a consistent basis.

Step 7: Meet with staff to introduce the injury/illness tracking system

Upon completion of steps 1 thru 6, Supervisor, Director or Administrator should meet with staff to discuss the injury/illness tracking system. The discussion should include rationale for the system (why it is important), introduction to the tools, review of roles and responsibilities and an opportunity for staff input, questions, etc.

Step 8: Establish written procedures for the injury/illness tracking system

Written procedure that identifies who is responsible for each step in the process should be established. (Note: You may identify persons responsible for each step by name, or you might simply identify them by title; i.e. The Lead Teacher in each classroom will be responsible for. . .)

Step 9: Distribute copy of written procedures to all staff

Written procedures should be given to all staff in some format, and information about the injury/illness tracking system should be added to your policy and procedure manual.

Step 10: Implement the injury and illness tracking system

Once implementation has begun, the system should be evaluated periodically and revised as warranted.
**GUIDELINES FOR THE INJURY TRACKING LOG**
(Optional Tool)

**Instructions:** As you are monitoring the injuries and accidents in your facility, you should consider the following:

<table>
<thead>
<tr>
<th>What to Monitor...</th>
<th>If You See...</th>
<th>What it Might Indicate...</th>
</tr>
</thead>
</table>
| How often do injuries occur? | Frequent injuries | • The environment is unsafe.  
                                 • The amount of space is inadequate.  
                                 • Supervision of children is inadequate.  
                                 • Child/staff ratios are too high.  
                                 • Children are not engaged in constructive activity. |
| When do injuries occur? | Injuries occurring at the same time of day | • Inadequate staffing for the number of children at this time.  
                                             • Inappropriate activity going on at this time of day.  
                                             • Children not engaged in constructive activity.  
                                             • Teachers not actively involved with children during this time period. |
| Where do injuries occur? | More frequent injuries happening in a specific classroom. | • Classroom contains safety hazards.  
                                                    • Inadequate supervision.  
                                                    • Problems with curriculum planning.  
                                                    • Problems with classroom management.  
                                                    • Skill level of teachers does not adequately meet the demands. |
| Where continued... | Frequent injuries occurring outdoors | • The outdoor environment and/or equipment is unsafe.  
                                        • The outdoor equipment is not age appropriate.  
                                        • Supervision is inadequate; i.e. teachers socializing instead of supervising.  
                                        • Outdoor play activities are chaotic, not planned. |
| Who is getting hurt? | The same child being injured frequently | • Child has developmental concerns; i.e. difficulty with balance and coordination, that need to be investigated more closely.  
                                      • Child has challenging behaviors that indicate some emotional distress or other concern.  
                                      • Child is the victim of another child’s attacks.  
                                      • Child is very active and needs to learn constructive ways to release excessive energy.  
                                      • Child frequently engages in risky behaviors (which may or may not be attention-seeking) that need to be investigated further. |
## GUIDELINES FOR THE INJURY TRACKING LOG
(Optional Tool)

<table>
<thead>
<tr>
<th>What to Monitor...</th>
<th>If You See...</th>
<th>What it Might Indicate...</th>
</tr>
</thead>
</table>
| Who is supervising when injuries occur? | Frequent injuries occurring under a specific teacher’s watch | • Teacher may have too many children to manage.  
• Teacher may have inadequate supervision or classroom management skills.  
• Teacher may not understand the importance of “active” supervision.  
• Teacher may need training and closer supervision.  
• Teacher may be overwhelmed, either by children or preoccupation with personal issues. |
INJURY TRACKING LOG
(Optional Tool)

INJURY TRACKING / PLAN OF ACTION

- Staff will complete injury reports. Details are documented and parent is contacted (if necessary). Staff never should wait until the end of the month to make obvious corrections.
- The lead teacher will share an individual incident report with parent at time of pick-up and obtain signature of parent as acknowledgment of incident.
- The lead teacher will log the incident into the illness tracking log.
- At the end of the month, the lead teacher will submit the log to the Director/Administrator.
- The Director/Administrator reviews the injury log at least monthly.
- The Director will note any patterns/trends (time, room, staff, equipment, routines, etc.).
  - If trend is determined
    - Review classroom/outside environment to determine cause(s) of trend
    - Speak with Staff involved
    - Provide training or mentoring as needed
    - Seek technical assistance if needed
    - Create a timeline for change
    - Implement change
  - Re-evaluate changes to determine effectiveness.
- If ineffective, repeat the process again.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Location of Injury</th>
<th>Child(ren) Involved</th>
<th>Type of Accident/Injury Sustained</th>
<th>Preventive/Corrective Action Plan</th>
<th>Staff Initials</th>
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</thead>
<tbody>
<tr>
<td>1/1/06 11:30 AM</td>
<td>Playground</td>
<td>Billy Williams</td>
<td>Fell from slide and sustained a cut on his forehead.</td>
<td>Established new rules for slide (must come down feet first). Established adult supervision assignments for all outdoor equipment 1/2/06.</td>
<td>ABC</td>
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</table>
INJURY TRACKING LOG  
(Optional Tool)  
Lead Teacher’s Name:________________________  Classroom:________________________  Month/Year:________________________  
Director Review:________________________  Review Date:________________________  

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LM-06  
7/1/2006
Case Study
Please read the following case study and answer the questions using only the information given about the incident in the case study and the information provided.

Yusuf, a 20 month old toddler, was playing in the infant/toddler grass-covered outdoor playground. The younger group of 12 month-18 month old toddlers were also in the playground. Ms. Carla, the practitioner in the toddler room, was discussing the upcoming afternoon activities with Ms. Susan near the gate. Neither practitioner was paying attention to Yusuf as he climbed up the stairs for the 32” slide/house combination climber. Yusef fell off the top of the slide and hit his face and head on the side of the slide as he fell. He landed on his face, and received a black eye, bruised left cheek and 1” bump on his forehead.

a. Describe the first steps you would take to care for Yusef.

b. List at least three observations you might make to identify signs of head injury.

c. What interventions or measures could have prevented the injury?

d. Discuss the actions you would take to further safeguard the children. Be specific.

e. How would you modify the program to meet her needs?
Protective Surfacing for Playgrounds

“The **surfacing** under and around playground equipment is **one of the most important factors** in reducing the likelihood of life-threatening head injuries. A fall onto a shock absorbing surface is less likely to cause a serious head injury than a fall onto a hard surface.” (U.S. Consumer Product Safety Commission (CPSC), Handbook for Public Playground Safety, Pub. No. 325, 2010, page 8.)

**Protective Surfacing**-Protective surfacing is intended to cushion falls and prevent serious injuries from any equipment used indoors and outdoors. The amount of a consistent type of surfacing required is based on the critical height or fall height of the equipment, which is the height of the highest designated play surface on the equipment. No equipment should be placed over concrete, asphalt, stone, ceramic tile, or similar hard surfaces. The surfaces under and around play equipment should be soft enough to cushion falls, which are the most frequent causes of injuries on playgrounds. Common indoor surfaces (such as rugs, tumbling mats, or carpet) and common outdoor surfaces (such as grass or dirt) are not adequate **cushioning for gross motor equipment even when the equipment is not anchored.** For specifics on depth of material, see the chart below. **When the surfacing in** much used areas becomes displaced (e.g., under swings, slides) it should be raked back or replaced to maintain correct depth.

<table>
<thead>
<tr>
<th>Material</th>
<th>Maximum height of equipment for 9 inches of compressed material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood chips</td>
<td>10 feet</td>
</tr>
<tr>
<td>Wood Mulch (non-CCA)</td>
<td>7 feet</td>
</tr>
<tr>
<td>Pea Gravel</td>
<td>5 feet</td>
</tr>
<tr>
<td>Sand</td>
<td>4 feet</td>
</tr>
<tr>
<td>Shredded tires</td>
<td>See Note</td>
</tr>
</tbody>
</table>

**NOTE:** Persons seeking to install shredded tires and other commercially produced products for use as a protective surface should request test data from the supplier showing the critical height of the material and depth of material needed to meet ASTM F1292.


**Use Zones Updates-CPSC Standards**

Use zone—“the surface under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land. These areas are also designated for unrestricted circulation around the equipment.” (U.S. Consumer Product Safety Commission (CPSC), Handbook for Public Playground Safety, Pub. No. 325, 2010, page 4)

CPSC Playground Safety Guidelines are:

- **For Toddlers** in a limited access environment:
  - The use zone should be at least 3 feet around the perimeter of the slide.
  - Area at the end of the slide should not overlap with the use zone for any other equipment.

- **For Toddlers** in public areas with unlimited access:
  - Stand alone slide-use zone should be at least 6 feet around the perimeter.
  - The use zone at the end of a slide should be at least 6 feet from the end of the slide and not overlap with the use zone of any other equipment.
  - For slides that are part of a composite structure, the minimum use zone between the access components and the side of the slide chute should be 3 feet.

- **Pre-School and School Age**:
  - The use zone in front of access and to the side should be 6 feet.
  - The use zone at the exit should never overlap the use zone of any other equipment.
  - For slides less then or equal to 6 feet high, the use zone in front of the exit should be 6 feet.
  - For slides greater then 6 feet high, the use zone in front of the exit should be at least the height of the slide up to a maximum of 8 feet.
How to Request a List of Certified Playground Safety Inspectors

When early care and education and/or school-age providers are designing or updating outdoor play areas, ECELS-HCCPA recommends arranging for the services of a Certified Playground Safety Inspector (CPSI). A CPSI will evaluate the play area and check to be sure it meets current playground standards according to the U.S. Consumer Product Safety Commission (CPSC) and the American Society for Testing and Materials (ASTM).

CPSIs are trained to inspect and ensure the safety of active outdoor play areas and to meet the National Association for the Education of Young Children (NAEYC) requirements. There may be a fee for the services of a CPSI.

To view a current list of Pennsylvania’s Certified Playground Safety Inspectors (CPSIs), go to the National Recreation and Park Association’s website (NRPA) www.nrpa.org/cpsi. Click on the Registry link located in the upper right. Fill in only the state first to obtain the most comprehensive state list. You may refine the search as needed by adding other information. Please note, this registry allows you to access certification information on CPSIs with a current certification. If contact information is not provided, the individual has elected not to be part of the registry. Please contact the National Recreation and Park Association with questions concerning certified inspectors.

National Recreation and Park Association  Karen Snyder, Playground Safety Manager
22377 Belmont Ridge Road  National Recreation and Park Association
Ashburn, VA 20148-4501  703/858-2153
800.626. NRPA (6772) General phone number  ksnryder@nrpa.org
www.nrpa.org/cpsi

Play Areas and the ADA

The Americans with Disabilities Act (ADA) is a comprehensive civil rights law that prohibits discrimination on the basis of disability. The ADA requires that newly constructed and altered State and local government facilities, places of public accommodation and commercial facilities be readily accessible to, and usable by, individuals with disabilities. Recreational facilities, including play areas, are among the facilities required to comply with the ADA.

Accessible Play Areas: A Summary of Accessibility Guidelines for Play Areas

Frequently Asked Questions about Play Areas

Guidance on the 2010 ADA Standards for Accessible Design

For More Information
For information about the ADA, including the revised 2010 ADA regulations, please visit the Department’s website www.ADA.gov; or, for answers to specific questions, call the toll-free ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY).
### ECELS DAILY Active Play Area Inspection & Maintenance Form

**Name of Program________________________ Dates of Inspection _____________**

**Name of Staff___________________________ _____________________________**

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>Fri</th>
<th>Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>1) The entire playground is clean and free of hazardous debris and objects such as rocks, sticks and litter.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>2) Use zones are free of all obstacles. (Minimum 3 feet use zone around toddler equipment in Toddler play areas in early learning programs; 6 feet around all other play equipment.)</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>3) Check for and take action on broken equipment or damage caused by vandalism.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>4) Rake loose fill surfacing in areas where it has been displaced.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>5) Sweep loose fill surfacing, sand and other debris off of equipment platforms and solid surfaces such as asphalt or unitary rubber.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>6) Empty and clean water tables.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>7) Empty trash cans.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>Y / N</td>
<td>8) Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazard to be Fixed (Broken or vandalized equipment or surfacing issues, etc.)</th>
<th>Person Responsible</th>
<th>Action Needed/Action Taken</th>
<th>Date to be Completed</th>
<th>Date Completed</th>
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<tbody>
<tr>
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</tbody>
</table>

Your inspections and maintenance program should include all recommendations supplied by the manufacturer(s) of your play equipment. Add these recommendations to your daily, monthly, and twice per year inspection programs.
# ECELS MONTHLY Active Play Area Inspection & Maintenance Form

<table>
<thead>
<tr>
<th>Name of Program _______________________________</th>
<th>Year _____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Staff _______________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check for and sand splinters on any wooden features in the playground.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check for and tighten or replace loose or missing hardware, caps, or plugs.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check for and replace all moving parts that show wear.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Rake loose fill surfacing to ensure that it is at its proper depth in all areas of the use zones.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check all vegetation, clear out hazardous or poisonous weeds, prune dead branches in bushes or trees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check for and sand splinters on any wooden features in the playground.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check for and tighten or replace loose or missing hardware, caps, or plugs.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check for and replace all moving parts that show wear.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Rake loose fill surfacing to ensure that it is at its proper depth in all areas of the use zones.</td>
</tr>
<tr>
<td>Y / N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Check all vegetation, clear out hazardous or poisonous weeds, prune dead branches in bushes or trees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazard to be Fixed (Broken or vandalized equipment or surfacing issues, etc.)</th>
<th>Person Responsible</th>
<th>Action Needed/Action Taken</th>
<th>Date to be Completed</th>
<th>Date Completed</th>
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</tbody>
</table>

Your inspections and maintenance program should include all recommendations supplied by the manufacturer(s) of your play equipment. Add these recommendations to your daily, monthly, and twice per year inspection programs.
ECELS TWICE YEARLY Playground Inspection & Maintenance Form

Name of Program_________________________ Year ______________
Name of Staff ___________________________

Date | Date | Hazard
---|---|---
Y / N | Y / N | Check depth of loose fill surfacing; replenish if necessary.
Y / N | Y / N | Check for and remove tripping hazards on the playground surface.
Y / N | Y / N | Check for and correct any drainage problems such as standing water or erosion.
Y / N | Y / N | Check all equipment and other playground features for rust, rot, and cracks with special attention to possible corrosion where support legs of play structures come into contact with the ground. If any of these conditions cannot be repaired by recommended maintenance, call the manufacturer(s) of your play equipment and get their instruction as to what to do.

Hazard to be Fixed (Broken or vandalized equipment or surfacing issues, etc.) | Person Responsible | Action Needed/Action Taken | Date to be Completed | Date Completed
---|---|---|---|---

Your inspection and maintenance program should include all recommendations supplied by the manufacturer(s) of your play equipment. Add these recommendations to your daily, monthly, and twice per year inspection programs.
Brain Injury in Young Children

Prevention is the Only Cure

Brain injury looks different in every child. Have a doctor examine your child if any of the following changes persist after a blow to the head:

- decreased strength or coordination
- changes in sucking or swallowing
- decreased appetite
- decreased smiling, vocalizing or talking
- frequent rubbing of the eyes or head
- decreased ability to focus the eyes
- unequal pupil size
- increased sensitivity to light or sound
- extreme irritability

Sustaining multiple concussions is particularly dangerous to young children. Even when a blow to the head seems minor, a second equally-minor injury can have devastating results.

Keep a record of any injuries to the head that your child sustains. Symptoms of an early brain injury may not appear until a child reaches late elementary or middle school years.

Knowing how to prevent brain injuries helps keep children safe.

Brain injury lasts a lifetime.

Brain Injury Association of Pennsylvania
http://www.biapa.org
Brain Injury Help Line (PA only)
1-866-412-4755
Brainline
http://brainline.org
Brain Injury Association of America
http://www.biausa.org
International Brain Injury Association
http://www.internationalbrain.org

Adapted with permission from The Nebraska Traumatic Brain Injury Advisory Council’s Task Force on Children and Youth.

Funded in part by TBI Implementation Grant #H25MC00758 from the U.S. Department of Health and Human Services (HHS). Health Resources and Services Administration, Maternal and Child Health Bureau. Contents are the responsibility of the authors and do not necessarily represent the official view of HHS. Original version November, 2009.
Head Bumps Matter: Active Play Resources

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

http://cfoc.nrckids.org/StandardView/6  Play Areas/Playgrounds and Transportation
http://nrckids.org/default/assets/File/PreventingChildhoodObesity2nd.pdf
http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixEE.pdf  America’s Playgrounds – Safety Report Card

CDC Playground Injuries Fact Sheet:  (Paste this link into your browser.)
http://www.cdc.gov/HomeandRecreationalSafety/Playground-Injuries/playgroundinjuries-factsheet.htm

CPSC Playground Alerts

ECELS - Daily and Monthly Playground Maintenance Form
ECELS - Active Play Safety Checklist & Planning Tool
ECELS - Active Play Checklist of Environment Rating Scale Items
www.ecels-healthychildcarepa.org/tools/checklists

ECELS - Playground Equipment Sign Recommendations
www.ecels-healthychildcarepa.org/tools/posters

Let’s Move Child Care  http://www.healthykidshealthyfuture.org/


National Program for Playground Safety (NPPS)  http://playgroundsafety.org/
Playground safety information on standards, products and education. The S.A.F.E Curriculum focuses on Supervision, Age-Appropriate Design, Fall Surfacing and Equipment Maintenance.

National Recreation and Park Association (NRPA)  www.nrpa.org/cpsi  800.626.NRPA (6772)
Access a list of Pennsylvania’s Certified Playground Safety Inspectors (CPSIs). Click on the Registry link. Fill in only the state first to obtain the most comprehensive state list. You may refine the search as needed by adding other information. Contact the NRPA with questions concerning certified inspectors.

Dirty Dozen Brochure - The Top 12 Safety Hazards in America’s Playgrounds
2.2.7 Supervision

The quality of the supervision depends on the quality of the supervisor’s knowledge of safe play behavior. Playground designers should be aware of the type of supervision most likely for their given playground. Depending on the location and nature of the playground, the supervisors may be paid professionals (e.g., childcare, elementary school or park and recreation personnel), paid seasonal workers (e.g., college or high school students), volunteers (e.g., PTA members), or unpaid caregivers (e.g., parents) of the children playing in the playground.

Parents and playground supervisors should be aware that not all playground equipment is appropriate for all children who may use the playground. Supervisors should look for posted signs indicating the appropriate age of the users and direct children to equipment appropriate for their age. Supervisors may also use the information in Table 1 to determine the suitability of the equipment for the children they are supervising. Toddlers and preschool-age children require more attentive supervision than older children; however, one should not rely on supervision alone to prevent injuries.

Supervisors should understand the basics of playground safety such as:

- Checking for broken equipment and making sure children don’t play on it.
- Checking for and removing unsafe modifications, especially ropes tied to equipment, before letting children play.
- Checking for properly maintained protective surfacing.
- Making sure children are wearing footwear.

### TABLE 1. EXAMPLES OF AGE APPROPRIATE EQUIPMENT

<table>
<thead>
<tr>
<th>Toddler — Ages 6-23 months</th>
<th>Preschool — Ages 2-5 years</th>
<th>Grade School — Ages 5-12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climbing equipment under 32” high</td>
<td>Certain climbers**</td>
<td>Arch climbers</td>
</tr>
<tr>
<td>Ramps</td>
<td>Horizontal ladders less than or equal to 60” high for ages 4 and 5</td>
<td>Chain or cable walks</td>
</tr>
<tr>
<td>Single file step ladders</td>
<td>Merry-go-rounds</td>
<td>Free standing climbing events with flexible parts</td>
</tr>
<tr>
<td>Slides*</td>
<td>Ramps</td>
<td>Fulcrum seesaws</td>
</tr>
<tr>
<td>Spiral slides less than 360°</td>
<td>Rung ladders</td>
<td>Ladders – Horizontal, Rung, &amp; Step</td>
</tr>
<tr>
<td>Spring rockers</td>
<td>Single file step ladders</td>
<td>Overhead rings***</td>
</tr>
<tr>
<td>Stairways</td>
<td>Slides*</td>
<td>Merry-go-rounds</td>
</tr>
<tr>
<td>Swings with full bucket seats</td>
<td>Spiral slides up to 360°</td>
<td>Ramps</td>
</tr>
<tr>
<td></td>
<td>Spring rockers</td>
<td>Ring treks</td>
</tr>
<tr>
<td></td>
<td>Stairways</td>
<td>Slides*</td>
</tr>
<tr>
<td></td>
<td>Swings – belt, full bucket seats (2-4 years) &amp; rotating tire</td>
<td>Spiral slides more than one 360° turn</td>
</tr>
</tbody>
</table>

* See §5.3.6

** See §5.3.2

*** See §5.3.2.5
**Head Bumps Matter-Playing Safely Self-Assessment**

1. A brain injury may occur even without loss of consciousness.
   a. true
   b. false

2. Some common play rules include all except:
   a. walk far away from swings
   b. one person on the slide ladder and one person on the slide at a time
   c. run only on designated paved surfaces
   d. use two hands and watch your feet on ladders and climbers

3. Injury risk differs according to:
   a. the child’s age
   b. the size of the child’s torso
   c. the developmental stage
   d. a and c

4. The single most dangerous hazard in an active play area because of the potential for a serious head injury is:
   a. excited children who aren’t watching where they’re going
   b. equipment spaced too close together
   c. improper surfacing under climbable equipment
   d. slides that don’t have hand rails on the ladder
   e. swing chains that can trap small fingers

5. Signs and symptoms that can occur 2-3 weeks after a child sustains a serious head injury includes:
   a. Subtle changes in behavior
   b. Subtle changes in learning
   c. Unusual sleepiness
   d. All of the above

6. Active and positive supervision on the playground includes:
   a. Know each child’s ability
   b. Establish clear and simple safety guidelines
   c. Scan play activities and move around to be near each child periodically
   d. Be close to equipment where injury is likely to occur
   e. All of the above

7. The area under and around a climber that should be covered with protective surfacing extends:
   a. one foot beyond the edge of the climber
   b. two feet beyond the edge of the climber
   c. three feet beyond the edge of the climber
   d. six feet beyond the edge of the climber
   e. nine feet beyond the edge of the climber
Head Bumps Matter-Playing Safely Self-Assessment

8. To avoid entrapping a child’s head, make sure:
   a. there are no open “S” hooks
   b. all metal edges are capped
   c. there are no openings that measure between 3½ and 9 inches
   d. there are no tripping hazards

9. The following equipment should NOT be on your playground:
   a. 3 foot slide with guardrail
   b. heavy character figure swings
   c. trampolines
   d. answers a and b
   e. answers b and c

10. Carpeting and gym mats are acceptable materials to use under an indoor climber or slide less than 40" high.
    a. true
    b. false

11. Indicators of a concussion or brain injury may include all but:
    a. nausea
    b. headache
    c. problems with thinking or remembering
    d. equal pupil size
    e. Irritability

12. If wood mulch, gravel or sand are used as surfacing materials under equipment, they must be maintained at a depth of at least 9-12 inches.
    a. true
    b. false
Health & Safety Resources
For National Indian Head Start Directors Association Conference
June 6 – 9, 2016
Limited List, Internet accessed May 2016

PA Chapter of American Academy of Pediatrics (AAP), Rose Tree Corporate Center II, 1400 North Providence Road, Suite 3007, Media, PA 19063. Phone (484) 446-3000, www.healthychildcare.org/index.html

Traffic Injury Prevention Project www.pakidstravelsafe.org Information available about Bike Safety, Car Seats, Pedestrian, School Bus, Special Needs. This is information used in the Head Bumps Matters—Protecting Your Brains workshop.

Early Childhood Education Learning System—Healthy Child Care Pennsylvania (ECELS-HCCPA), Pennsylvania Chapter Academy of Pediatrics (PA AAP), Rose Tree Corporate Center II, 1400 North Providence Road, Suite 3007, Media, PA 19063. Phone (484) 446-3000, www.ecels-healthychildcarepa.org

Publications tab
- Manuals/Pamphlets/Policies
  - Caring for Our Children
  - How to Choose and Use a Child Care Health Consultant
  - Model Child Care Health Policies

Professional Development / Training tab
- Audio Conferences
- College Course Online Child Care Health Advocate (CCHA): Directors, lead teachers and family child care providers can earn three (3) college credits while taking an up-to-date course through Northampton Community College, PA. The course teaches practical implementation of health and safety in the early education and child care setting. The course addresses how to comply with guidelines of NAEYC and national health professional organizations. Susan Aronson, MD at the PA Chapter of the American Academy of Pediatrics developed the course curriculum to teach early childhood practitioners how to see to it that their programs integrate health and safety as best practice. Interested participants can call 610-332-6585 or email che@northampton.edu for more information. **NOTE: Interested colleges or universities interested to offering this course may contact Susan S. Aronson, MD, FAAP at ecles@paaap.org**
- Self-Learning Modules
- Webinars

Tools tab
- WellCareTracker™ www.ecels-healthychildcarepa.org/tools/well-care tracker assesses the completeness and timeliness of routine preventive health services, immunizations, vision and hearing screening, lead and anemia screening, etc.
- WellCareTracker™ (WCT) determines which immunizations and/or services are up-to-date, currently due, or overdue based on the American Academy of Pediatrics’ recommendations in its Guidelines for Health Supervision schedule of services. WCT will generate compliance reports for childcare programs. **NOTE: Although WellCareTracker™ was originally designed for Pennsylvania child care centers, it is currently in use in Connecticut, Illinois, Louisiana, Texas, and Utah.**


Shop AAP Bookstore for the following resources shop.aap.org/: Caring for Our Children: National Health and Safety Performance Standards, 3rd Edition; Stepping Stones to Caring for Our Children, 3rd edition; Managing Chronic Health Needs in Child Care and Schools; Managing Infectious Diseases in Child Care and Schools, 3rd Edition; Model Child Care Health Policies, 5th Edition; Preventing Childhood Obesity in Early Care and Education Programs!

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Child Care Health & Safety, LLC
On-Site Consultation & Professional Development (PA-PQAS)
Health & Safety Resources
For National Indian Head Start Directors Association Conference
June 6 – 9, 2016
Limited List, Internet accessed May 2016

Administration for Children and Families, Office of Head Start (OHS), 8th Floor Portals Building, Washington, DC 20024, 1-866-763-6481 EST, www.acf.hhs.gov/programs/ohs/—Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

Glo Germ™ Glo Box available at www.glogerm.com (can be purchased as part of a kit or by itself)

Public Playground Safety Handbook published by U.S. Consumer Product Safety Commission, 4330 East West Highway, Bethesda, MD 20814, Phone (301) 504-7923 www.cpsc.gov This is information used in the Head Bumps Matters—Protecting Your Brains workshop.

Environment Rating Scales (ERS) http://ers.fpg.unc.edu/

(ECERS-R) The Early Childhood Environment Rating Scale-Revised: A thorough revision of the ECERS, designed to assess group programs for preschool-kindergarten aged children, from 2 through 5 years of age. Total scale consists of 43 items. (Available in Spanish).


(FCCERS-R) The Family Child Care Environment Rating Scale-Revised: A thorough revision of the FDCRS, designed to assess family child care programs conducted in a provider’s home. Total scale consists of 38 items. (Available in Spanish).

(SACERS) The School-Age Care Environment Rating Scale: Designed to assess before and after school group care programs for school-age children, 5 to 12 years of age. The total scale consists of 49 items, including 6 supplementary items for programs enrolling children with disabilities.