First Aid
Are You Prepared?

When Jayden and his mother arrived at Maria’s family child care home, Jayden’s mother was visibly upset. Jayden had swallowed two small blue berries he had picked off a bush. His mother is sure they are poisonous berries.

Malia, a four-year-old girl, has asthma. She arrived this morning with mild cold symptoms. Around 11AM her asthma flares up and she begins wheezing.

When faced with situations like these, early educators who know first aid and cardio pulmonary resuscitation (CPR) can respond quickly and knowledgeably. A quick response might be a matter of life and death. Turn to page 3 to find out the first aid responses for Jayden and Malia.

First aid is defined as immediate care given to an ill or injured person before regular medical aid can be obtained. This issue of the bulletin discusses how first aid is incorporated into early care and education settings to help keep children healthy and safe.

Most first aid emergencies can be prevented with supervision and safe environments.

To supervise children closely, early educators must be aware of where each child is and what he or she is doing at all times. Educators learn to anticipate normal incidents. Children, especially toddlers, will stumble, fall, climb and explore. Educators who stay near the children when they engage in physically active play can step in when the play becomes dangerous. Young children are learning what is safe and what is not, exactly how and why certain actions can hurt themselves or others. Educators can explain safety rules. As children are developing safe habits, educators reinforce the habits by repeating safety messages every day. “Walk in the hallways.” and “Chairs are for sitting.”

Safe environments for children are free of hazards and are developmentally appropriate for the children. Children are more likely to be hurt when they play on equipment that was designed for children who are bigger and have more advanced physical skills. Staff should check both indoor and outdoor environments daily for safety hazards, such as broken toys, unsafe stairs, or places where children can get their hands and fingers caught. A more thorough monthly check would uncover needed repairs such as taping down a rug that has become a tripping hazard or tightening the steering wheel on the climbing structure.

As an educator, be sure to model safe and respectful behaviors and to follow safety rules. Talk about what happens when a child is injured. Introduce first aid and who can help.
When children get hurt or sick unexpectedly, it can be a frightening experience. Early educators will find it is easier to stay calm and respond effectively if they have training in first aid and CPR. They are more likely to be able to recognize what is a medical emergency and what situations will only require first aid. All early educators should be familiar with the facility’s emergency medical plan and follow it when needed.

First Aid Training
First aid training is required for family child care providers and for one or more early educators working in centers. Training should be hands on because first aid is best learned through practice. NC Child Care Rules 10A NCAC 09.0705 and .1705 state that all staff trained in first aid must update their certification on or before the expiration date of the certificate or within 3 years, whichever is less. The number of staff trained in first aid depends on the number of children in the program:

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Staff Required</th>
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<tbody>
<tr>
<td>1-29</td>
<td>1 staff</td>
</tr>
<tr>
<td>30-79</td>
<td>2 staff</td>
</tr>
<tr>
<td>80 or more</td>
<td>3 staff</td>
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In addition, family child care providers and at least one center staff member should have current certification in CPR. There should be a staff member trained in CPR with the children at all times.

**Recommendation:** To be well prepared, everyone who provides direct care to children should know first aid and CPR.

Maintenance of First Aid Supplies
Every facility should have first aid supplies that are accessible to staff. Supplies should be kept in a closed container or cabinet out of children’s reach. Label the supplies clearly. Every staff member should know where the supplies are and how to use each item.

In case an injury or illness occurs outdoors, stock a portable first aid kit that educators can bring outdoors. The complete first aid kit can be centrally located in a child care center. Vehicles used to transport the children must also contain a first aid kit.

In addition to items used to care for injuries, first aid kits used for field trips should also include a list of children’s names and emergency contacts, along with any individual health care plans and medications. Since staff could also require first aid, consider including the names of staff, their emergency contacts, and any needed medical information, such as allergies or chronic health conditions.

Check first aid supplies at least once a month. Replace items that have passed their expiration dates or need restocking. Keep a signed, detailed log of all first aid checks that have been completed.

For a full list of needed items, see Standard 5.6.0.1 in Caring for Our Children, third edition. The entire book is available and searchable online at [http://cfoc.nrckids.org](http://cfoc.nrckids.org).

Responding To An Emergency Requiring First Aid
NC Child Care Rule .0802 states that every child care center needs a written Emergency Medical Care Plan. NC Child Care Rules .1719 and .1720 are similar rules for family child care homes.

The emergency medical care plan should offer clear instructions on how to respond when any child enrolled needs emergency medical attention. It should name staff members and backup staff who will take charge in an emergency. Include written permission from all parents/guardians in case a child needs emergency medical transportation.

Be sure to list those who are responsible for giving first aid and CPR and when their training took place. Set up a formal relationship with a health care professional who can answer questions that arise. Add this person’s phone number to the plan.

Provide a copy of the plan to families and staff. Review it at staff meetings regularly to make sure they know it well. Revise the plan when needed.

Many injuries in the early care and education settings are minor ones that early educators trained in first aid can handle without help. Cuts and scrapes can be cleaned and bandaged. Soap or dirt in a child’s eye can be quickly washed out with sterile water. Bruises and swollen areas can be treated with the instant cold pack and a protective cloth. A few will require medical treatment.

Inform parents and guardians after an incident requiring first aid occurs. Document minor first aid that is given. Complete an Incident Report each time a child receives medical treatment as a result of an incident that occurred while the child was in the early care and education setting. See NC Child Care Rules .0802(d) and .1721(b)(3) for what to include on the Incident Report. The person completing the form and the child’s parent should sign the report. Maintain the report in the child’s file. Mail a copy of the report to a representative of DCDEE within seven days after treatment. Add the incident to the facility’s Incident Log.
Ouch!

Who Needs First Aid?

Children with any medical conditions, such as asthma, allergies or diabetes, should have health care plans that authorize the emergency treatment they need. Medication can only be given with written permission from the child’s parents or guardians.

Call 911 immediately if a child

- is unresponsive
- is not breathing
- is bleeding uncontrollably
- has a severe head or neck injury
- ingests something unusual
- appears very pale or the skin changes color
- has a severe allergic reaction or asthma attack
- has an object in a puncture wound.

CPR should be given when a person is unresponsive or not breathing.

If in doubt about whether a 911 call is needed, call 911 and ask for assistance. The person who answers the 911 line will ask questions, suggest appropriate first aid, and send emergency medical technicians when needed.

First Aid Skills for Children

Older preschoolers can learn the following first aid skills.

**Call for help!** When someone is hurt or sick, teach children to get an adult to help. If the adult is hurt, and no other adult is available, the child can call 911.

Many children four and older can dial 911. Demonstrate how to dial 911. Use toy phones to practice dialing and what to say. Have children give their names and state “I need help.” Ask “Why do you need help? What happened?” Teach the children not to hang up until the person at 911 says to hang up.

Explain that people call 911 only when someone is badly hurt or very sick.

**Nose Bleed** Show the children how to pinch their noses and lean their heads forward if their noses begin to bleed. Another child should shout, “(Teacher), help! (Child) has a bloody nose.” Tipping the head forward keeps the blood from running down the back of the throat.

**Sand in the Eye** Demonstrate how to gently hold the top eyelid closed. This helps the eye to tear up and wash the sand out. Do not rub the eye. The sand will scratch the eye and cause more pain in the eye.

**Choking Rescue** Show two children how to make a fist and place it on their tummies, just above their belly buttons. Have one child be the rescuer and go behind the other child. Help the rescuer find the same spot on the friend’s tummy. The rescuer then wraps the other hand around the child and places it on the fist. The rescuer gives a belly “hug” or squeeze. This pushes trapped air up and pushes out the item caught in the throat. Closely supervise children learning the Choking Rescue.

First Aid Activities for Children

Preschool children are learning about their bodies and are interested in what they experience at their medical check-ups. Many are fascinated with injuries and illnesses and are interested in learning first aid. They can come to the rescue, offering bandages, calling for help.

Waa, I’m hurt! Explain to children that first aid means following simple steps to help someone who is sick or hurt, including themselves. Ask children if they have ever been hurt and needed first aid. What happened?

**Community Helpers** Add ambulances, police cars and fire trucks to the accessories in the block area. Talk with children about what ambulance drivers, firefighters, and police do. How do they help when someone is hurt? If no toy ambulances or fire trucks are available, work together and make one from a shoe box.

Read books about first aid and emergency workers such as I Drive an Ambulance by Sarah Bridges. Tell the story as a felt board story by cutting the people and buildings in the story out of felt. Children can use the felt pieces to make up their own story.

**Practice through Dramatic Play** Add doctor kits, community helper uniforms, and first aid supplies to dramatic play. Children can act out the different scenarios, give first aid, drive ambulances, work in emergency rooms, and save the day.

First aid for Jayden: Call Poison Control, 1-800-222-1222, and follow their advice.

First aid for Malia: Follow the instructions in Malia’s Health Care Plan.

References for Pages 1-3:


Prematurity Awareness

Each year, 500,000 infants in the US are born prematurely. An infant born before the 37th week of pregnancy is considered premature.

Infants who are born prematurely are at risk for many serious medical conditions. These include problems with their hearts, lungs and brains. These infants often need extra care to survive. Some conditions related to prematurity may affect children throughout their lives. There are many known risks for premature birth, including lack of prenatal care and exposure to smoking and alcohol. Sometimes, the cause is completely unknown.

To reduce the risk of premature birth, mothers who are pregnant can seek early and consistent health care during pregnancy. Health care providers monitor the health of the mother and the baby. They provide information to guide the mother through the pregnancy and can help deal with any complications that occur. Eating nutritious foods, exercising and getting plenty of rest are important ways to reduce the risk of pre-term delivery. Read Healthy Mom, Healthy Baby at www.nchealthystart.org/HMHB%20Audio/index.html for more information on health during pregnancy.

Early care and education facilities can help support parents and staff who are expecting by providing them with information about community resources and health needs during pregnancy.

Appropriate, flexible work practices for pregnant employees lower physical and mental stress. Being open to enrolling children who were born early and need extra care requires being prepared to support the children’s development appropriately and provide any specialized care that might be needed.

Reference:
First aid is the care given immediately after illness or injury. Sometimes this response is all that is needed for a safe recovery and healing. Cleaning and putting a bandage on a small cut or ice on a bruise will address many childhood injuries. “Kissing the boo-boo and making it better” is a tradition that can ease these hurts. Occasionally, first aid controls the situation until the person can receive medical care. Knowing what to do and having supplies on hand helps families be prepared to give first aid and may save lives. What are the best responses to common injuries? What supplies should be available? When is medical care needed?

Getting Prepared
CPR and First Aid courses are available through local American Red Cross (ARC) and American Heart Association (AHA) chapters. Through hands-on learning, their courses prepare families to assess and cope with unexpected injuries and illnesses. The ARC and the AHA recommend taking the courses again before the renewal date on the participant’s card. New procedures or better practices may increase the chances of saving lives. Children eleven years of age and older may also be interested in learning the skills babysitters need by enrolling in ARC’s Babysitter’s Training.

The ARC has a list of supplies to put in a first aid kit, including a first aid manual. Supplies should be checked and re-stocked regularly. First aid kits can also be purchased at a drugstore or online. Keep a traveling first aid kit in a fanny pack in the car. All family members and caregivers should know where first aid kits are located.

Another resource is a chart with current emergency contact information on it. Post it on the refrigerator and in the traveling first aid kit for easy reference.

Responding to Injuries and Illnesses
First assess the extent of an illness or injury. If it is minor, first aid may be enough. If it is more serious, first aid and medical consult or care may be needed. Give first aid or CPR, and call 911, when a situation is serious or life threatening. Use the chart below to guide responses to unexpected illness or injury.

<table>
<thead>
<tr>
<th>Assess the extent of the illness or injury.</th>
<th>Injury or illness is safe to treat at home</th>
<th>Injury or illness needs a health care provider</th>
<th>Injury or illness is an emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Give first aid</td>
<td>• Give first aid</td>
<td>• Give first aid or CPR until help arrives</td>
<td></td>
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<tr>
<td>• Monitor symptoms</td>
<td>• Call health care provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Call health care provider or 911 if conditions become serious</td>
<td>• Call 911 if conditions become more serious or life threatening</td>
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Resources for Families
Anatomy of a First Aid Kit
www.redcross.org/prepare/location/home-family/get-kit/anatomy

First Aid and Safety Center
http://kidshealth.org/parent/firstaid_safe/safety_center.html

Is it a Medical Emergency?
http://kidshealth.org/parent/general/aches/emergencies.html

Teaching Your Child How to Use 911
http://kidshealth.org/parent/firstaid_safe/emergencies/911.html

Preparing Children
Discuss injuries and illness with children. Tell them what to expect and who will help them. Talk with children about how to remain calm and cooperate when there is a small injury. Children can draw on that experience if something more serious happens later. Reading picture books about injuries and illness show children how others got better and how they felt during the process. Try reading

*Doctor Meow’s Big Emergency* by Sam Lloyd,
*Jessica’s X-Ray* by Pat Zonta, or
*The Boo Boo Book* by Joy Masoff.

Some children may like acting out the scenes and being the “first responder”. In some real life situations, children may be relied on to get help, especially if the adult has been injured or become ill. Many preschool age children are developmentally ready to learn how to get help. Encourage young children to learn their street address, phone number, and how to call 911.
Understanding Technical Assistance (TA)

The National Association for the Education of Young Children (NAEYC) and the National Association of Child Care Resource and Referral Agencies (NACCRRA) published the *Early Childhood Education Professional Development: Training and Technical Assistance Glossary*. They define technical assistance (TA) as “targeted and customized supports by a professional(s).”

When a family child care provider enrolls a child with diabetes, she might call a child care health consultant (CCHC) for TA. The CCHC would focus her TA on helping the provider learn about the child's diabetes. The CCHC might suggest ways to safely care for the child.

TA providers understand how adults learn. They each specialize in their area of expertise. They may assist with child health and safety, infant and toddler care, healthy social behaviors, school age care, and quality enhancement. Early educators can learn and develop skills by consulting with a TA provider.

Partners in the Process

Sometimes the TA is short term and addresses an immediate need. For example, an infant teacher may want help introducing solid foods into an infant's diet.

TA can also work toward longer term goals that may take a few months to address. The TA provider and the director or early educator(s) make a written agreement that specifies the goals and length of the TA. A director concerned about aggressive behavior in the preschool classroom may ask a behavior health specialist to help. Together they can try out ideas to support social and emotional development in young children.

First the TA provider and director or early educators develop trust and respect for each other. They listen to each other and share honest observations. Together, they identify unique personal and programmatic strengths. They discuss how those strengths can help improve identified areas of need. Then they develop the TA improvement plan by setting goals and choosing strategies to meet their goals.

Throughout the TA process, each person involved reflects on how things are progressing. Are the strategies working? If not, should something else be tried? Once a goal is reached, celebrate! Then work toward another goal. Success builds confidence. Mistakes are often unexpected gifts. They lead to new ideas and strategies to try. Quality improvement is an ongoing process for early educators.

Technical assistance works best when TA provider and director or early educator(s) work as partners and commit to the process. It takes time and effort, but the experience and results can be very rewarding.

Locating TA Providers in North Carolina

**Child Care Health Consultants** are health professionals with special training in child health and child care. They work with early care and education programs to promote healthy and safe environments. Call 1-800-367-2229 to locate a CCHC or check the CCHC Directory on [www.healthychildcarenc.org](http://www.healthychildcarenc.org).

**Behavior Specialists** encourage child care centers to help children develop the emotional skills they need in everyday life.

**Infant Toddler Specialists** help child care centers and family child care homes provide high quality care for infants and toddlers.

**Quality Enhancement Specialists** (also known as Quality Improvement Specialists) help child care centers, family child care homes, Head Start programs and preschools work towards their goals for higher quality child care.

**School Age Specialists** work with after school programs to meet their goals for improving quality.

Contact the local Child Care Resource and Referral Agency or the local Smart Start Quality Initiative (Partnership for Children) to locate a behavior specialist, infant toddler specialist, quality enhancement specialist, or a school age specialist: [http://ncchildcare.nc.gov/providers/pv_providercontacts.asp](http://ncchildcare.nc.gov/providers/pv_providercontacts.asp).
Winter Veggies ~ Pumpkins and Squash

Pumpkins and winter squash deliver healthy doses of potassium, vitamin C, fiber, and a variety of phytonutrients and antioxidants. They add beautiful color to autumn harvests. Whether prepared savory or sweet, they add fabulous flavor to daily meals and holiday feasts.

Gather pumpkins and squash in a variety of sizes and colors to use for activities.

Colors of Pumpkins and Squash

At the art easel, put out yellow and red paint. Marvel at how mixing the two colors together, makes a new one – orange. Add green and brown paint. Encourage children to create big and small pumpkins and squash with their variety of colors. Ask them about their artwork and write down what they say. Display the words next to the painting.

How Big Is It?

Have children measure how tall and round the squash and pumpkins are. Use Duplo [Lego] blocks for the height. Count how many Duplos tall the vegetables are. Use a piece of yarn to measure the circumference. Based on measurements, encourage children to estimate which pumpkin or squash is the heaviest. The lightest? Weigh them to find out!

Yum! Yum! Roasted Seeds

Roast pumpkin or squash seeds with older toddlers and preschoolers. Directions: Extract the seeds. Separate and discard pulp. Thoroughly wash seeds in warm water. Spread seeds out on a cookie sheet. Sprinkle with a little salt. Put into oven and bake at 350º F for approximately 20 minutes. Check every five minutes and stir. Seeds are done when the insides are dry. Sample to see if they are done. Cool, and then serve.

Nutrition Squash & Pumpkin Facts

The rich yellow and orange colors of winter squash and pumpkins are a dead giveaway that they are loaded with the antioxidants, alpha- and beta-carotene. These carotenes convert to vitamin A in the body and may reduce the risk of developing:

- certain types of cancer
- heart disease
- type 2 diabetes
- some degenerative aspects of aging and other diseases

Pumpkin and squash seeds are highly nutritious, containing zinc and trace minerals that can slow the progression of vision loss. They also help boost eye health, reducing the risk of cataracts and macular degeneration.

Did You Know?

- How are pumpkins and winter squash different? There is no botanical difference between them. Pumpkins are a type of squash. Both are members of the cucurbit (gourd) family. The difference is in their texture and taste. Winter squash have finer texture and milder flavor. Pumpkins are somewhat coarse and have stronger flavor.
- Every line on the outside of a pumpkin is a row of seeds on the inside! A pumpkin has hundreds of seeds. Try counting them!
- Types of winter squash include: acorn, banana, buttercup, butternut, calabaza, delicata, golden nugget, hubbard, spaghetti, sweet dumpling, and turban.
- Squash has long been a staple of Native Americans’ diet. It was once so important to their diet that squash were buried with the dead to provide nourishment on their final journey.

Children’s Books on Pumpkins & Squash

- It’s Pumpkin Time by Zoe Hall 1999
- Sophie’s Squash by Roberta Grobel Intrater 2002
- Too Many Pumpkins by Linda White 1997
- The Vegetables We Eat by Gail Gibbons 2008
- Winter Punches to Nut Crunches (Yummy Tummy Recipes: Seasons) by Marilyn Lapenta 2013

JOKES

Q. What would you call a pet squash?
A. Call it anything you want - it won’t hear you!

Q. What did the farmer say to the green pumpkin?
A. Why orange you orange?
Ask the Resource Center

Q. Each day I mix the bleach solutions for my child care center. The recipes I use now make the solutions too strong. I noticed the bottle of bleach has an 8.25% concentration. Is that why the solutions are too strong? Are there new recipes for mixing sanitizing and disinfecting solutions?

A. Glad you are checking your solutions. Mixing them is different than it used to be. The bleach concentration now sold in most stores is 8.25% sodium hypochlorite. That is higher than the 5.25-6% concentration that used to be sold. The recipes you have been using to mix sanitizing and disinfecting solutions were based on the 5.25-6% bleach solution. As you noticed, when you used the higher concentration, it came out too strong.

The National Resource Center for Health and Safety in Child Care and Early Education (NRC) worked with national experts to determine that a recipe is no longer a reliable way to mix solutions.

The new recommendation for early care and education programs mixing their own bleach solutions is:

• Use an EPA registered product.
• Follow the directions on manufacturer’s label for mixing sanitizing and disinfecting solutions.
• Mix solutions in a well-ventilated room.
• Wear gloves and eye protection to avoid direct contact with the bleach.
• Use a funnel to avoid spills and splashing.
• Add bleach to cool water to reduce exposure to fumes from the bleach.
• Use a text strip to check that the solution meets NC Sanitation of Child Care Center Rule. 2801.
  o Sanitizing solution: 50-200 ppm
  o Disinfecting solution: 500-800 ppm
• If the solution is too strong, add more cool water. If the solution is too weak, add small amount of bleach.
• Retest until the solution amount is within the appropriate range.
• Label the bottle with contents and date it was mixed.
• Mix fresh bleach solutions every day.

Reference: Appendix J: Selecting an Appropriate Sanitizer or Disinfectant, found in Caring for Our Children, 3rd edition has more information. Call us at 800-367-2229 for a copy or go to http://cfoc.nrckids.org/WebFiles/AppedicesUpload/AppendixJ.pdf.