



Scenario 1: Crib & Changing Table Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

Cribs

1. The space between the rail slats should be less than four-and-a-half inches (six centimeters) apart to prevent strangulation (a can of soda should not fit through the slats).²
2. Corner posts should not be higher than one-sixteenth of an inch (0.16 centimeters) above the top of the end panel.²
3. The mattress should be firm and fit snugly.² No more than two fingers should fit between the mattress and the side of the crib.
4. Always keep side rails up on cribs.¹
5. Remove bumpers, pillows and other soft materials out of the baby's sleeping area.³
6. Remove mobiles and crib gyms when an infant is five months old or can push up on hands and knees.
7. Ensure mobiles and toys do not hang within the reach of the child.
8. Never put toys or pillows in cribs as they may contribute to crawling out or lead to suffocation.²
9. Never put the crib next to a window with blinds or drapes.
10. Install soft flooring around cribs or beds to lessen the severity of a fall-related injury.²

Changing Tables

11. Never leave a child unattended on a changing table.¹
12. Use changing tables with two-inch (five centimeter) guardrails.¹
13. Always secure and use safety belts on changing tables.¹
14. If no guardrails or safety belts, keep at least one hand on the child at all times.²



¹ KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing*. Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

² SafeUSA. (2002, July 14). *Preventing childhood falls*. Retrieved from <http://www.safeusa.org/falls.htm>

³ American Academy of Pediatrics. "Back to Sleep" Campaign 2007.

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Scenario 1: General Household Safety

Date: _____

1. Crawl through each room and look at your home from a child's perspective.²
2. Secure rugs with nonskid pads/backing to hold them securely to the floor.^{1, 2}
3. Secure curtain and blind cords well out of a child's reach to avoid strangulation.
4. Never put children in safety, infant, or bouncer seats on a counter top or on top of furniture.¹
5. Ensure all pieces of furniture a child might climb on are sturdy and will not fall over.¹
6. Secure heavy furniture to walls with "L" brackets to avoid tipping over if climbed on.¹
7. Arrange furniture so that you can see children from all parts of the room.²
8. Attach protective padding or other covers to corners of any furniture or counter tops with sharp edges.^{1, 2}
9. Clean up any spills immediately to avoid slipping.^{1, 2}
10. Apply nonskid strips to the bottom of all bathtubs to prevent slips and falls.^{1, 2}
11. Lock doors and block access to any unsafe areas.² Be sure to hide any keys.
12. Route electrical and other cords behind furniture or along walls to prevent tripping.²
13. Cover all electrical outlets, even those with cords plugged into them.
14. Frequently pick up toys, books, and other items that may be on the floor to prevent tripping.²
15. Place hardware-mounted safety gates at the bottom and top of all staircases.
16. Keep stairs well lit and free of clutter; install nonskid stair runners.²



¹ KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing*. Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

² SafeUSA. (2002, July 14). *Preventing childhood falls*. Retrieved from <http://www.safeusa.org/falls.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: High Chair Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

The majority of injuries from high chairs are caused by children climbing out of the chair or sliding down off the seat and strangling because the straps were not properly fastened. Other injuries occur when the high chair tips over because a child pushes away from a table or rocks back and forth.

1. The high chair should be sturdy, with a wide base so it does not tip over easily.^{1, 2}
2. The high chair should have adjustable straps that secure the child across the hips and between the legs. **ALWAYS USE ALL HIGH CHAIR STRAPS!** Do not rely on the plastic tray to hold the child.^{1, 2}
3. The high chair's buckle should be difficult, if not impossible, for the child to unbuckle.^{1, 2}
4. The high chair's wheels should be locked to prevent accidental roll-aways.¹
5. The high chair's seat should be well padded and should not have any sharp edges along the front of the seat where the back of the child's legs rest. Check the bottom of the tray for holes or sharp edges.
6. The high chair's tray should lock securely on both sides.²
7. Always read the manufacturer's directions before using the high chair.¹
8. Always keep the child in your sight when he or she is in the high chair.^{1, 2}
9. Always buckle the child securely every time when using the high chair.^{1, 2}
10. Always position the high chair away from walls and tables so the child cannot push off on them.^{1, 2}
11. Always watch the child's fingers when locking the tray so that they do not get pinched.²
12. If the high chair folds, make sure the safety latch is locked before using it.¹
13. Never let the child climb into the high chair unsupervised.¹
14. Never allow the child to stand up in the high chair.²
15. Never allow older siblings to hang from the chair or tray.^{1, 2}
16. Readjust the high chair straps as the child grows.¹



¹ Disney Family.com. (n.d.). *Parentpedia high chair safety*. Retrieved from <http://family.go.com/parentpedia/baby/starting-solids/baby-high-chair-safety/#>

² University of Nebraska-Lincoln Extension. (n.d.). *High chair safety*. Retrieved from http://lancaster.unl.edu/family/Parenting/chair_975.shtml

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Outdoor Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

In the United States, every two-and-a-half minutes a child is injured on an outdoor playground.³ Supervising children and choosing appropriate outdoor playgrounds will reduce children's risk of injury.

1. Supervise children at all times, especially when climbing on equipment, swings, and slides.³
2. Ensure playground equipment is safe—no loose parts or rust, and in good repair.^{1,3}
3. Ensure playground surfaces are soft (i.e., sand or wood chips) to absorb the shock of falls.^{1,3}
4. Avoid playgrounds with concrete or packed dirt.^{1,3}
5. Select playground equipment that is age appropriate and child safe (i.e., low to the ground).^{2,3}
6. Discourage play on outdoor decks, balconies, fire escapes, high porches, and roofs.²
7. Check playground equipment for hot surfaces to avoid burn injuries.³
8. Ensure there are no obvious hazards around the playground (i.e., broken glass).³
9. Ensure there is fencing between the playground and street to prevent running in front of cars.³
10. Cover any window wells to prevent children from falling in.²
11. Keep sidewalks and outdoor steps clear of obstacles.¹
12. Repair or replace any walkways with cracks or missing pieces.¹
13. Remove or cut the child's hood and neck drawstrings to prevent entanglement and strangulation.³
14. Ensure the child wears a helmet when riding a bike.¹
15. Ensure the child wears shoes that will reduce the chances of falling (i.e., low-cut sneakers with rough, rubber shoes).²



¹ KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing*. Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

² SafeUSA. (2002, July 14). *Preventing childhood falls*. Retrieved from <http://www.safeusa.org/falls.htm>

³ SafeUSA. (2002, July 14). *Playground safety*. Retrieved from <http://www.safeusa.org/playgro/playgrou.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Stair Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Install hardware-mounted safety gates at the top and bottom of all accessible stairs.^{1, 3}
2. Never use pressure-mounted safety gates—children may be able to push them over.^{2, 3}
3. Never use accordion safety gates—a child's head may get trapped in the gate.³
4. Never use secondhand safety gates.²
5. Always read the manufacturer's mounting instructions to ensure the gate is installed correctly.²
6. Always keep safety gates closed at all times.²
7. After closing, always check the safety gate's locking mechanism to make sure it works properly.²
8. Never climb over safety gates—children may attempt to copy you.²
9. Install low railings. An easy-to-reach handrail can help keep children safe once they master the stairs.¹
10. Repair or replace any torn carpet on the stairs.^{1, 3}
11. Keep stairs free of obstacles.^{1, 3}
12. Close open-backed stairs to prevent children from slipping through and strangling between the steps.¹
13. Install banister or railing guards if the child is able to fit through the rails.³
14. Install a safety gate at the door of the child's room to prevent the child from ever reaching the stairs.³
15. Never leave children unattended, or rely on safety gates to keep them safe.^{2, 3}



¹ Parents.com. (2000, June 12). *Checklist: Stair safety*. Retrieved from <http://www.parents.com/baby/safety/babyproofing/checklist-stair-safety/>

² SafeKids. (n.d.). *Choosing a child or baby safety gate*. Retrieved from <http://www.safekids.co.uk/ChildSafetyGates.html>

³ KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing*. Retrieved from http://kidshealth.org/parent/firstaid_safe/home/safety_falls.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Walker Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

The U.S. Consumer Product Safety Commission estimates that more children are injured in walkers than in any other product. This is because infants can move around and get out of reach so quickly in a walker.

1. Most accidents occur in one of three ways:
 - Falling down the stairs^{1, 2}
 - Tipping over when the walker hits an edge of carpeting or a threshold^{1, 2}
 - Burns from touching hot oven doors, heaters, or fireplaces¹
2. Walkers also increase the likelihood of a child pulling heavy objects or hot substances on themselves.²
3. Walkers may give a child the momentum needed to break through safety gates.³
4. A better choice for caregivers is some kind of stationary activity center, where an infant can rotate but not walk freely, or can walk but in a limited space.^{1, 3}
5. The American Academy of Pediatrics recommends not using a walker.^{2, 3}
6. If a walker is used, it is important to make sure these safety precautions are followed:
 - Always keep the child in view.¹
 - Make sure the door or gate to the stairs is closed.¹
 - Place gates at both the top and bottom of stairs.
 - Use walkers only on smooth surfaces.¹
 - Keep walkers away from hot surfaces and containers with hot liquids.¹
 - Beware of dangling electrical cords that may be attached to hot appliances.¹
 - Keep walkers away from swimming pools and other sources of water.¹



¹ Discovery Health. (n.d.). *Baby walkers—beware of safety concerns*. Retrieved from <http://health.discovery.com/convergence/momsguide/gear/walker.html>

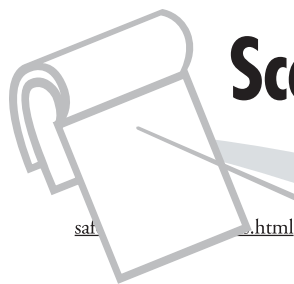
² American Academy of Pediatrics. (n.d.). *Age-related safety sheets: Birth to 6 months*. Retrieved from <http://www.aap.org/family/birthto6.htm>

³ KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing*. Retrieved from <http://kidshealth.org/parent/firstaid>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Window Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

Windows, even first story windows, pose a falling hazard to children. Each year, thousands of children are injured and/or killed due to falls out of windows and other window-related accidents.¹

1. Windows that can be opened more than four inches (10 centimeters) are particularly hazardous.¹
2. When children are present, close and lock windows.^{1, 2}
3. Use child proofing window guards or window locks on all windows.^{1, 2, 3}
4. Ensure window guards are childproof but easy for adults to open in case of fire.³
5. Remove any crank handles to help prevent children from opening them.¹
6. When using a window fan or air conditioning unit, block access with a gate.¹
7. Keep all cords from window blinds out of children's reach.^{1, 2}
8. Never place a child's crib or bed near a window or window blinds with cords.^{1, 2}
9. Keep children's play away from windows and glass doors.²
10. Never place chairs, cribs, beds, or other furniture near windows.³
11. Do not depend on screens—they are designed to keep insects out, not prevent falls.^{2, 3}



¹ TotSafe. (n.d.). *Childproofing tip of the month: Window safety*. Retrieved from <http://www.totsafe.com/tipofthemonth.htm>

² Andersen Corporation. (n.d.). *Look out for kids: Window safety*. Retrieved from <http://www.andersenwindows.com/lofk/mainlofk.html>

³ KidsHealth. (2007, November). *Household safety: Preventing injuries from falling, climbing, and grabbing*. Retrieved from http://kidshealth.org/parent/firstaid_saf/home/safety_falls.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Bruise First Aid

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Bruising occurs when a blow breaks small blood vessels near the skin's surface, allowing a small amount of blood to leak out into the tissues under the skin.¹
2. If skin is not broken, a bandage is not needed.¹
3. To enhance bruise healing, follow these steps:
 - Immediately apply ice or cold pack to the bruised area for 20 to 30 minutes.^{1, 2, 3}
 - Continue to apply ice or cold pack several times a day for a day or two after the injury.¹
 - Elevate injured area so that it is higher than the heart.^{1, 2, 3}
 - Keep minor bruises evaluated for 15 minutes; severe bruises at least one hour.²
 - Rest the injured area, if possible.¹
 - For pain relief, take acetaminophen as needed.^{1, 3}
 - After 48 hours, apply a warm washcloth to the bruised area for 10 minutes, two or three times a day.³
4. Call your doctor or seek emergency care if:
 - unusually large or painful bruising occurs, especially if developed without reason¹
 - bruising occurs easily and abnormal bleeding is experienced (i.e., blood from nose or gums, blood in eyes, stool, or urine)¹
 - no history of bruising, although bruising occurs suddenly¹
 - bruising is accompanied by persistent pain or headache¹
 - bruising does not appear to be getting any better and more than 24 hours have passed²
 - bruising is accompanied by swelling, especially if it occurs at a joint²



¹ Mayo Foundation for Medical Education and Research. (2008, January 8). *Bruise: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-bruise/FA00039>

² Family Education Network. (n.d.). *First aid for scrapes, cuts, bumps, and bruises*. Retrieved from <http://life.familyeducation.com/cuts-and-scrapes/wounds-and-injuries/48248.html>

³ WebMD. (2006, May 24). *Bruises treatment*. Retrieved from http://firstaid.webmd.com/bruises_treatment_firstaid.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Cuts and Scrapes First Aid

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. For cuts that are not severe:
 - Rinse wound with clear water—soap can irritate the wound.^{1, 2}
 - If dirt or debris remains, use tweezers cleaned with alcohol to remove any particles.²
 - To stop bleeding, apply pressure continuously for 20 to 30 minutes with sterile gauze, bandage, or clean cloth.^{1, 2}
 - Replace bandage as needed, although do not keep checking to see if bleeding has stopped because this may damage or dislodge the forming clot.^{1, 2}
 - Raise injured area above the heart to slow bleeding, but do not apply a tourniquet.¹
 - Apply thin layer of an antibiotic cream or ointment.²
 - Cover wound with new, clean bandage to keep harmful bacteria out.^{1, 2}
 - Change bandage at least daily or whenever it becomes dirty or wet.²
 - Watch for signs of infection—redness, increasing pain, drainage, warmth, or swelling.²
2. For cuts that are not severe, contact your doctor if the cut:
 - seems deep or the edges are widely separated¹
 - is on the lip and crosses the pink border onto the face¹
 - continues to ooze and bleed even after applying pressure¹
 - is from an animal or human bite¹
3. For severe cuts, seek emergency care but begin the treatment above if delayed for any reason.¹
4. Seek emergency care if the child:
 - has a partially or fully amputated body part¹
 - has a cut and the blood is spurting out; difficult to control¹
 - is bleeding so much that bandages are becoming soaked with blood¹



¹ KidsHealth. (2007, June). *Cuts instruction sheet*. Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/cuts_sheet.html

² Mayo Foundation for Medical Education and Research. (2008, January 8). *Cuts and scrapes*. Retrieved from <http://www.mayoclinic.com/health/first-aid-cuts/>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Falls First Aid

Name: _____

Date: _____

1. Do not move the child and seek emergency care if the child:
 - may have seriously injured the head, neck, back, hipbones, or thighs¹
 - is unconscious, or was briefly unconscious¹
 - is having difficulty breathing, or is not breathing (start CPR)¹
 - has a seizure¹
 - has clear fluid or blood coming from the nose, ears, or mouth¹
2. If you feel it is safe to move the child:
 - Hold and comfort him or her until crying stops.¹
 - Place a cold compress or ice pack on any bumps or bruises.¹
 - Give acetaminophen for any pain.¹
 - Let the child rest, as needed, for the next few hours.¹
 - Watch the child closely, looking for any unusual symptoms or behaviors, for the next 24 hours.¹
3. Seek emergency care if the child:
 - will not stop crying¹
 - becomes very sleepy and is difficult to wake¹
 - becomes irritable and difficult to console¹
 - vomits¹
 - complains of neck, back, or increasing pain¹
 - is not walking normally¹
 - does not seem to be focusing his or her eyes normally¹
 - has any unusual behavior or symptoms that worry you¹



¹ KidsHealth. (2007, June). *Falls instruction sheet*. Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/falls_sheet.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Nosebleeds First Aid

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Stay calm and reassure the child.¹
2. Place the child upright and tilt his or her head slightly forward.^{1, 2}
3. Gently pinch the child's nose with a tissue or clean washcloth.^{1, 2}
4. Keep pressure on the child's nose for 10 minutes; if released too soon, bleeding may start again.^{1, 2}
5. It may be helpful to apply ice wrapped in a paper towel on the child's nose.¹
6. Do not allow the child to lean back—this may cause blood to flow down the back of the throat.^{1, 2}
7. Have the child rest a while after a nosebleed. Discourage nose-blowing, picking, or rubbing.^{1, 2}
8. Seek emergency care if bleeding:
 - is heavy^{1, 2}
 - is accompanied by dizziness or weakness^{1, 2}
 - is the result of a fall or blow to the head^{1, 2}
 - continues after two attempts of applying pressure for 10 minutes each^{1, 2}



¹ KidsHealth. (2007, November). *Nosebleeds*. Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/nose_bleed.html

² Mayo Foundation for Medical Education and Research. (2008, January 16). *Nosebleeds: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-nosebleeds/HQ00105>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Puncture Wounds First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Ensure nothing is left in the wound; ensure the object that caused the wound is intact.²
2. Allow wound to bleed freely; if heavily bleeding, apply pressure until it stops.²
3. For minor puncture wounds, follow these steps:
 - To stop bleeding, apply gentle pressure with clean cloth or bandage.^{1, 2}
 - Rinse wound with clear water and remove small, surface particles with clean tweezers.^{1, 2}
 - Clean area around wound with soap and clean washcloth.¹
 - Apply thin layer of antibiotic cream or ointment to keep surface moist.^{1, 2}
 - Cover wound with clean bandage.¹
 - Change bandage regularly, at least daily or whenever it becomes wet or dirty.¹
 - Watch for signs of infection (redness, drainage, warmth, swelling).¹
4. Call doctor or seek emergency care if:
 - the wound was deep enough to draw blood and bleeding persists (if blood spurts or continues to flow several minutes after applying pressure)^{1, 2}
 - large debris are deeply embedded and thorough wound cleaning is needed^{1, 2}
 - wound does not heal¹
 - signs of infection exist (redness, drainage, warmth, swelling)¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 12). *Puncture wounds: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-puncture-wounds/FA00014>

² WebMD. (2006, May 24). *Puncture wound treatment*. Retrieved from http://firstaid.webmd.com/puncture_wound_treatment_firstaid.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: Splinters First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Wash your hands, then wash the splinter area with soap and warm water.¹
2. Sterilize a needle and tweezers with boiling water, then wipe off with clean cotton ball or alcohol pad.¹
3. If the end of the splinter is poking out of the skin:
 - Apply firm grip on the end of the splinter with the tweezers.^{1, 2}
 - Pull slowly and gently at the same angle as the splinter entered the skin.^{1, 2}
 - Pulling too quickly or at the wrong angle can break the splinter, making it harder to remove.¹
4. If the end of the splinter is not poking out of the skin, use the needle to gently scrape the skin away until the splinter is exposed enough to grab the end with tweezers.^{1, 2}
5. Ensure all pieces of the splinter were removed.¹
6. Wash injured area with soap and warm water.^{1, 2}
7. If opening left by splinter is noticeable, cover with bandage to prevent infection.¹
8. Call your doctor or seek emergency care if:
 - the splinter is too deep^{1, 2}
 - the wound is bleeding heavily¹
 - the splinter cannot be fully removed^{1, 2}
 - the splinter becomes infected^{1, 2}



¹ KidsHealth. (2007, July). *Splinters*. Retrieved from http://kidshealth.org/teen/safety/first_aid/splinters.html

² WebMD. (2006, May 24). *Splinters treatment*. Retrieved from http://firstaid.webmd.com/splinters_treatment_firstaid.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 1: The RICE Method First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

The RICE Method helps with many types of joint and muscle injuries, easing pain and speeding recovery.^{1, 2} RICE is most helpful when all four parts (Rest, Ice, Compression, Elevation) are used immediately after an injury. If pain and swelling persist, call your doctor or seek emergency care.

1. **Rest** the injured area until pain decreases.^{1, 2}
2. **Ice** the injured area as soon as possible, even if on your way to the doctor.¹
 - Ice for 10 to 15 minutes (adults, 20 minutes) every two to three hours while awake.^{1, 2}
 - For best results, use crushed ice in a plastic bag and wrap with moist towel.¹
 - During the first 48 to 72 hours, or as long as swelling persists, avoid heat.¹
3. **Compress** between icings, wrapping the injured area with an elastic bandage.^{1, 2}
 - Begin wrapping at the farthest point away from the body, wrapping toward the heart. This allows the blood to flow back into the body and away from the injury.¹
 - Never sleep with the injured area wrapped, unless directed by a doctor.¹
 - Do not wrap too tightly—it should not hurt or throb.^{1, 2}
 - Remove and reapply elastic bandage every four hours.²
4. **Elevate** the injured area at least 12 inches (30 centimeters) above the heart.^{1, 2}



¹ Park Nicollet Institute. (n.d.). *The RICE method: Rest, ice, compression, elevation*. Retrieved from <http://www.parknicollet.com/healthadvisor/firstaid/rice.cfm>

² University of Iowa Hospitals and Clinics. (2005). *Rice: Rest, ice, compression, elevation*. Retrieved from <http://www.uihealthcare.com/topics/preparemergencies/prep4922.html>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Car Seats & Broken Bones

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

Scenario: As the parent/guardian of a five-month-old arrives by car at the day care facility, an animal unexpectedly runs out into the road causing the driver to brake quickly. Upon braking, the infant who was sitting face forward in a car seat in the front seat was forcefully thrown forward. The caregiver rushes to the scene of the accident and notices that the infant's right leg is swollen, red, and in an unusual position. The caregiver suspects a broken leg. What steps would you take as the caregiver?

Prevention: What safety steps should the parent/guardian have taken to PREVENT this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Car Seat Safety

Name: _____

Date: _____

It is recommended to follow your car seat manufacturer instructions.

Here are some helpful guidelines:

1. All infants and toddlers should ride in a Rear-Facing Car Seat until they are two years of age or until they reach the highest weight or height allowed by their car seat's manufacturer.¹
2. Any child two years or older who has outgrown their rear-facing weight or height limit for their car seat, should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed by their car seat's manufacturer. This also applies to any child younger than two years who has outgrown the rear-facing weight or height limit of their seat.¹
3. All children whose weight or height is above the forward-facing limit for their car seat should use a Belt-Positioning Booster Seat until the vehicle seat belt fits properly, typically when they have reached four feet nine inches in height and are between eight and 12 years of age.¹
4. Always read the vehicle and seat owner's manuals before installing and using the seat.
5. Never place a rear-facing seat in the front seat with front passenger air bags.¹
6. Ensure the seat is installed tightly in the vehicle and that the harness fits the child snugly.¹
7. Ensure the seat's harnesses are in the slots at or below the infant's shoulders.¹
8. Ensure that the seat belt is routed through the correct belt path, and buckle the belt.¹
9. Remove any slack in the seat belt by pressing down firmly on the seat to tighten up the belt.
10. Ensure that the seat does not move more than an inch side to side or front to back.¹
11. Use the vehicle's LATCH system, if available (check vehicle owner's manual).¹
12. Use seat belt locking clips, if recommended (check vehicle owner's manual).¹
13. Ensure the seat is at the correct angle (check seat angle indicator or adjuster).¹
14. Always attach the seat's tether strap, if available, to an anchor point in the vehicle.¹
15. Always return the stroller warranty card to be notified of any recalls.
16. Do not transport sharp or heavy objects (i.e., groceries) loose in the vehicle or give the child hard or long, pointed items (i.e., lollipop) to play with while riding. Any loose object or pointed item can become deadly in a sudden stop or accident.
17. Do not use a seat if you do not know whether or not it has been in an accident.
18. Talk with a Child Passenger Safety (CPS) Technician in your area, if additional help is needed.¹



¹ American Academy of Pediatrics. (2013). *Car safety seats: A guide for families 2013*. Retrieved from <http://www.aap.org/family/Carseatguide.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Riding Toy Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

Riding toys are responsible for the majority of toy-related injuries among children ages 14 and under.³ Most injuries occur when a child falls from the toy, typically injuring the child's head and face area. Riding toys provide a fun means to expend energy and get physical activity when these safety precautions are followed.

1. Ensure riding toys age-appropriate for the child—not too large or too advanced.²
2. Ensure riding toys are safe—check for sharp edges, unstable joints, or other potential hazards.²
3. Use riding toys only on hard, flat surfaces.¹
4. Keep riding paths clear of obstacles.²
5. Keep riding toys away from areas with inclines and/or declines (i.e., hills, sloped driveways).¹
6. Avoid pushing a riding toy while the child is riding it—the child's legs and feet can only move so fast.¹
7. Keep riding toys away from swimming pools, ponds, or any open water.¹
8. Never leave the child on a riding toy unsupervised.^{1, 2}
9. Keep riding toys away from traffic, since visibility is limited to automobile drivers.¹
10. Never allow a child with loose clothing to use a riding toy—loose clothing could catch in pedals.¹
11. Always adhere to the manufacturer's weight requirements to ensure the toy will support the child.²
12. Teach the child proper hand signals for turning and stopping.¹



¹ QualityPedalCars.com. (n.d.). *Safety tips for users of pedal cars, pedal planes, and other ride on toys*. Retrieved from http://www.qualitypedalcars.com/pedal_toy_safety_tips

² RidingToys.com. (n.d.). *Safety tips for riding toys*. Retrieved from <http://www.ridingtoys.com/pedal-toys/safetytipsforridingtoysarticle.cfm>

³ Morgan Stanley Children's Hospital of New York-Presbyterian. (n.d.). *Toy safety: Injury statistics and incidence rates*. Retrieved from <http://www.childrensnyp.org/mschony/P03000.html>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Stroller Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

The U.S. Consumer Product Safety Commission reports that more than 11,000 children seek emergency care each year from stroller-related injuries.¹ Strollers offer a wonderful, convenient service if used properly.

1. Always follow manufacturer's instructions on stroller assembly, care, and use.¹
2. Ensure the stroller's latches (locking-mechanisms) are fully engaged prior to use.^{1, 2}
3. Ensure the stroller has parking brakes that can be easily set, locking the wheels in place.
4. Always use the stroller's parking brake when stopped.²
5. Do not overload the stroller or hang heavy bags on the stroller's handles.^{1, 2}
6. Ensure the stroller has a safety belt and/or harness and can be easily fastened around the child.
7. Always use the stroller's safety belt and/or harness as recommended by the manufacturer.^{1, 2}
8. When in the reclined position, there should be no openings through which a child could slip.¹
9. Never leave a child unattended, even if sleeping, while in the stroller.¹
10. When folding or unfolding, keep children away to avoid pinching fingers.^{1, 2}
11. Never use a pillow or blanket as a mattress in the stroller.²
12. Always return the stroller warranty card to be notified of any recalls.²
13. An umbrella stroller is not appropriate for an infant because it does not offer proper head support.
14. If the stroller has a shopping basket, make sure it is located low on the stroller and above or in front of the rear wheels. This minimizes the chance of the stroller tipping over.



¹ Expectant Mother's Guide. (n.d.) *Stroller safety*. Retrieved from <http://www.expectantmothersguide.com/library/EUSstrollers.htm>

² Consumers Union. (2003, May). *Child car-seat and stroller safety tips*. Retrieved from <http://www.consumersunion.org/products/carseat-tips403.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Back or Neck Injury First Aid

Name: _____

Date: _____

1. If you suspect back or neck (spinal) injury, do not move the injured child.¹
2. Assume the child has a spinal injury if:
 - There is evidence of a head injury and ongoing change in level of consciousness¹
 - The child complains of severe pain in his or her back or neck^{1, 2}
 - The child will not move his or her neck¹
 - The injury has exerted substantial force on the back or head¹
 - The child complains of weakness and/or numbness of limbs, bladder, or bowel^{1, 2}
 - The back or neck is twisted or unusually positioned¹
3. If you suspect a spinal injury, follow these steps:
 - Call 911 or your local emergency number.^{1, 2}
 - Do not move the child; try to keep the child in the same position as he or she was found.¹
 - Hold the head and neck or place heavy towels on both sides of the neck to stabilize and keep it from moving.^{1, 2}
 - Administer as much first aid as possible, without moving the child's head or neck.¹
 - If you must roll the child because he or she is vomiting (thus in danger of further injury), use at least two people and work together to keep the child's head, neck, and back aligned.^{1, 2}



¹ Mayo Foundation for Medical Education and Research. (2008, January 8). *Spinal injury: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-spinal-injury/FA00010>

² WebMD. (2005, August 10). *Wilderness: Neck and back injuries*. Retrieved from http://www.emedicinehealth.com/wilderness_neck_and_back_injuries/article_em.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Broken Bones First Aid

Name: _____

Date: _____

1. The child may have a broken bone if:
 - a “snap” or grinding noise was heard²
 - there is swelling, bruising, tenderness, or feeling of “pins and needles”²
 - it is painful to move or bear weight on it²
2. Any broken bone (fracture) requires medical attention, but call 911 or your local emergency number if:
 - the broken bone is the result of major trauma or injury¹
 - the child is unresponsive or not breathing (begin CPR)¹
 - there is heavy bleeding¹
 - gentle pressure or movement is painful¹
 - the limb or joint appears deformed¹
 - the broken bone has pierced the skin (do not move the child)^{1, 2}
 - the end of the injured arm or leg (i.e., toe or finger) is numb or bluish at the tip¹
 - you suspect a broken bone in the neck, head, or back (do not move the child)^{1, 2}
 - you suspect a broken bone in the hip, pelvis, or upper leg¹
3. While waiting for the emergency medical assistance team to arrive, follow these steps:
 - Remove any clothing from the wound, if possible without moving the injured area.²
 - Apply pressure to wound with sterile bandage or clean cloth.¹
 - Do not try to realign the broken bone, but if knowledgeable about how to splint, apply splint to the injured area.¹
 - Apply ice packs to help relieve pain (do not apply directly to the skin; wrap in towel).^{1, 2}
 - If child feels faint or is rapidly breathing, lay him down with his head slightly lower than his trunk and, if possible, elevate his legs.¹
 - Do not allow the child to eat, in case emergency surgery is needed.²



¹ Mayo Foundation for Medical Education and Research. (2008, January 10). *Fractures (broken bones): First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-fractures/FA00058>

² KidsHealth. (2007, June). *Broken bones instruction sheet*. Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/broken_bones_sheet.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 2: Head Injury First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. For minor head injuries, watch the child closely for 24 hours for any concerning symptoms; if the child is sleeping, wake him or her every two to three hours and ask simple questions to check for alertness.²
2. Acetaminophen or ibuprofen may be used for minor head injuries.²
3. Most minor head injuries do not require medical attention, however call 911 or your local emergency number if any of the following signs are evident:
 - severe bleeding from the head or face; bleeding from the nose or ears^{1, 2}
 - severe headache^{1, 2}
 - loss of consciousness, confusion, or drowsiness for more than a few seconds^{1, 2}
 - black-and-blue discoloration below the eyes or behind the ears¹
 - low breathing rate or no signs of breathing^{1, 2}
 - loss of balance¹
 - irritability²
 - weakness or inability to use an arm or leg^{1, 2}
 - unequal size of pupils^{1, 2}
 - recurring vomiting^{1, 2}
 - slurred speech or blurred vision^{1, 2}
 - seizures^{1, 2}
4. For severe head trauma, follow these steps while waiting for the emergency medical assistance team to arrive:
 - Do not move the child unless necessary; avoid moving the child's neck.¹
 - Keep the injured child lying down and quiet in a darkened room.¹
 - Hold the head and neck or place heavy towels on both sides of the neck.^{1, 2}
 - Apply firm pressure to the wound with sterile gauze or clean cloth (do not apply direct pressure or remove any debris from the wound if you suspect a skull fracture).^{1, 2}
 - Apply ice packs to any swollen areas.²
 - If the child shows no signs of breathing, coughing, or movement, begin CPR.^{1, 2}
 - If you must roll the child because he or she is vomiting (thus in danger of further injury), use at least two people and work together to keep the child's head, neck, and back aligned.²



¹ Mayo Foundation for Medical Education and Research. (2008, January 3). *Head trauma: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-head-trauma/FA00008>

² MedlinePlus. (2007, January 8). *Head injury*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000028.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Burns

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

Scenario: As you turn around and answer the phone in the kitchen, the toddler in your care pulls down on the handle of a pot that is on the stove, spilling boiling fluid on her arm and chest. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other “Good-to-Know” Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Burn Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Turn down the hot water heater to keep hot water temperature below 120° F (49° C).^{1, 2}
2. Test bath water with wrist or elbow before placing the child in the tub.¹
3. Do not let the child play with the faucet.¹
4. Never leave the child alone in the bathroom or kitchen.^{1, 2}
5. Do not hold the child while eating, drinking, or preparing hot food.¹
6. Keep the child out of the kitchen while cooking.¹
7. Turn pot handles inward or use back burners when cooking.^{1, 2}
8. Keep electrical cords out of the child's reach.^{1, 2}
9. Do not expose the child to direct midday sun (10:00 AM to 2:00 PM).¹
10. Apply sunscreen on the child at least half an hour before playing outdoors.¹
11. Test the temperature of the car seat and belt before putting the child in the vehicle.¹
12. Always use a cool mist vaporizer, not steam.¹
13. Keep lighters and matches out of the child's reach.^{1, 2}
14. Never allow the child to handle fireworks.²
15. Use fireplace screens or doors.¹
16. Do not leave the child alone near hot appliances.¹
17. Teach the child not to play with electrical cords.¹
18. Install safety outlet covers on all unused outlets.^{1, 2}
19. Keep all chemicals out of the child's reach, in a locked cabinet.¹
20. Install smoke alarms on every level and in every sleeping area.¹



¹ Nationwide Children's Hospital. (1999, July). *Burn prevention: Infant and toddler*. Retrieved from <http://www.nationwidechildrens.org/gd/applications/find-adoc/pdf/IV-15%20BURN%20PREVENTION.pdf>

² Disney Family. (n.d.). *Be aware! Burn prevention tips from SAFE KIDS*. Retrieved from <http://www.preschoolerstoday.com/articles/safety/be-aware-1500/>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Chemical Burn Safety

Unit Three—Lesson Four
*Safety, First Aid, and
Infant Health: Part One*

Name: _____

Date: _____

1. Always read and follow label instructions, including any precautions.^{1,2}
2. Avoid prolonged exposure to any chemical.¹
3. Purchase potentially poisonous chemicals in safety containers, and only the exact amount needed.¹
4. Never store chemicals in food or drink containers; leave them in their original containers.¹
5. Avoid using potentially poisonous chemicals in the kitchen or around food.¹
6. Safely store chemicals immediately after use.¹
7. Avoid mixing chemicals; mixing can produce hazardous fumes.¹
8. Use chemicals which produce fumes in well ventilated areas only.¹
9. Always store chemicals in a locked cabinet, out of the reach of children.^{1,2}
10. Wear safety clothing and eye protection, as needed.²



¹ MedlinePlus. (2007, January 17). *Chemical burn or reaction*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000059.htm>

² WebMD. (2005, August 10). *Chemical burns*. Retrieved from http://www.emedicinehealth.com/chemical_burns/article_em.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Electrical Burn Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Install self-closing outlets on outlets frequently used.¹
2. Install outlet covers on outlets seldomly used.^{1,2}
3. Ensure all plugs are tight and not easily removeable.¹
4. Bundle all exposed cords with plastic wire ties, out of reach of children.¹
5. Tie lamp cords in a knot around a table leg.¹
6. Install power strip covers on all power strips or mount them inside the appropriate cabinet.¹
7. Clean up any “spider webs” of wires behind cabinets.¹
8. Never place cords under rugs or bedding.²
9. Read and follow the safety tips on all appliances.²
10. Check cords for signs of wear; replace any frayed or cracked cords.²
11. Fix electrical problems right away.²
12. Always use three-pronged cords properly; do not remove the “extra” prong.²
13. Never overload outlets.²
14. Avoid using extension cords long term.²
15. Always use the correct size light bulb; check labels on lamps for proper bulb size.²



¹ Baby Safe Home. (n.d.). *Home safety tips*. Retrieved from <http://www.babysafehome.com/info/safety/safetytips.php>

² Wisconsin Department of Health Services. (2004, November 23). *Electrical and fire safety*. Retrieved from <http://dhs.wisconsin.gov/hometips/DHP/FIRE.HTM>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Fire Safety

Name: _____

Date: _____

1. Install and maintain smoke alarms on every level of the home and outside of sleeping areas.^{1, 2}
2. Test smoke alarms monthly and replace batteries at least once a year.^{1, 2}
3. A smoke alarm should be installed and maintained in the child's bedroom if the door is kept closed while sleeping. If needed, use a monitor so you can hear when the alarm sounds.¹
4. Familiarize the child with the sound of smoke alarms as soon as he or she is able to understand.¹
5. Store matches and lighters in a locked cabinet.^{1, 2}
6. Instruct the child to tell you when he or she finds a match or lighter.¹
7. Never use matches or lighters as amusement—the child might imitate your actions.¹
8. Keep space heaters at least three inches (seven-and-a-half centimeters) away from anything that could burn (i.e., curtains).²
9. Always turn space heaters off when leaving the room or going to bed.²
10. Never leave a burning candle unattended.²
11. Never smoke indoors, and be sure to douse cigarette butts with water before placing in the trash.²
12. Store and use gasoline in the garage or a shed—never inside the home.²
13. Inspect and clean chimneys, fireplaces, stoves, and furnaces at least once a year.²
14. Keep glass or metal screens in front of any fireplaces.²
15. Develop a detailed fire escape plan and practice it on a regular basis.^{1, 2}
16. Keep exits free of obstacles.¹
17. Teach the child that firefighters can help in an emergency.¹
18. Teach the child how to crawl under smoke and to touch closed doors first before opening.¹
19. Teach the child how to “Stop, Drop, and Roll” if his or her clothes catch fire.²
20. Decide upon a safe meeting place outside of the home, in case of a fire.^{1, 2}



¹ U.S. Fire Administration. (2007, January 17). *A parents' guide to fire safety for babies and toddlers*. Retrieved from <http://www.usfaparents.gov/>

² Home Safety Council. (n.d.). *Think safe be safe: Fire prevention tips*. Retrieved from http://www.homesafetycouncil.org/safety_guide/sg_fire_w001.aspx

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Kitchen Safety

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Install child safety locks on all cabinets and drawers within the child's reach.²
2. Store all cleaners and supplies out of children's reach in a locked cabinet.²
3. Secure large appliance doors to prevent pinched fingers or ability to crawl inside.
4. Keep electrical cords rolled up and out of the child's reach.
5. Always supervise the child in the kitchen.¹
6. Keep sharp objects out of the child's reach.^{1, 2}
7. Always turn pot and pan handles inward while cooking, out of the child's reach.^{1, 2}
8. Keep cups or other containers with hot fluids out of the child's reach.^{1, 2}
9. Carefully remove lids or other coverings from microwaved food to prevent steam burns.²
10. Turn down the hot water heater to keep hot water temperature below 120° F (49° C).^{1, 2}
11. Keep kitchen walkways clear of obstacles.²
12. Always keep the trash can covered.²
13. Avoid leaving the kitchen while cooking.²
14. Keep all flammable items (i.e., dish towels, paper bags) at least three feet (one meter) away from the stove.²
15. Ensure the child stays at least three feet (one meter) away from the stove at all times.²



¹ American Red Cross. (n.d.). *Kitchen safety*. Retrieved from <http://www.redcross.org/services/hss/tips/healthtips/kitchen.html>

² Home Safety Council. (n.d.). *Kitchen safety checklist*. Retrieved from http://www.homesafetycouncil.org/safety_guide/sg_kitchen_p001.pdf

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Burns First Aid

Name: _____

Date: _____

1. First-degree burns are the least serious in which the outer layer of skin is burned.^{1,2}
2. Second-degree burns are more serious in which the second layer of skin is also burned.^{1,2}
3. Third-degree burns are the most serious in which all three layers of skin are burned.^{1,2}
4. Treat first- and second-degree burns as minor unless substantial portions (larger than three inches, or seven-and-a-half centimeters, in diameter) of the body are burned.¹
5. For minor (first- and second-degree) burns, follow these steps:
 - Hold the burned area under cold running water, immerse it in cold water, or cool it with cold compresses (do not put ice on the burn) for at least five minutes, or until the pain reduces.^{1,2}
 - Loosely wrap the burned area with gauze (do not use fluffy cotton).^{1,2}
 - Use an over-the-counter pain reliever, as needed (do not give aspirin to children).^{1,2}
 - Watch for signs of infection (i.e., increased pain, redness, fever, swelling, oozing).¹
 - Avoid re-injuring or tanning if burns are less than one year old; use sunscreen.¹
 - Do not apply butter, ointment, grease, or powder.^{1,2}
 - Do not break blisters.^{1,2}
6. For major (third-degree) burns, follow these steps:
 - Call 911 or your local emergency number.^{1,2}
 - Do not remove any burned clothing or jewelry.^{1,2}
 - Do not immerse the burned area in cold water.¹
 - Check for breathing, coughing, or movement; and begin CPR, if needed.¹
 - Elevate the burned area above the heart, if possible.^{1,2}
 - Cover the burned area with a cool, moist, sterile bandage, cloth, or towel.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 5). *Burns: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-burns/FA00022>

² KidsHealth. (2006, April). *Burns*. Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/burns.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Chemical Burns First Aid I

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. For minor burns, follow these steps:
 - Flush the chemical off the skin's surface with cool, running water for at least 20 minutes.^{1, 2}
 - If increased burning is experienced, flush the burned area for several more minutes.¹
 - Remove any contaminated clothing or jewelry.^{1, 2}
 - Apply a cool, wet towel or cloth.^{1, 2}
 - Loosely wrap the burned area with a dry, sterile bandage or cloth.^{1, 2}
 - Do not apply butter, ointment, grease, or powder.²
 - Do not break blisters.²
 - Be careful not to contaminate yourself when giving first aid.²
2. Seek emergency care or call 911 or your local emergency number if:
 - the child shows signs of shock (i.e., fainting, pale complexion, shallow breathing)^{1, 2}
 - the burned area is more than three inches (seven-and-a-half centimeters) in diameter¹
 - the chemical burned the eye, hands, feet, face, groin or buttocks, or a major joint¹
 - the child has pain that cannot be controlled with an over-the-counter pain reliever¹
3. If you seek emergency care, bring the chemical container or a complete description.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 5). *Chemical burns: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-chemical-burns/FA00024>

² MedlinePlus. (2007, January 17). *Chemical burn or reaction*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000059.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Chemical Burns First Aid II

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. If a chemical splashes in the child's eye, follow these steps:
 - Flush the child's eyes immediately with lukewarm tap water for at least 20 minutes.^{1, 2}
 - Place the child into the shower and aim a gentle stream of water on the forehead above the affected eye or if both eyes were affected, on the bridge of the nose.^{1, 2}
 - Put the child's head down, turn it to the side, and hold under a gently running faucet.^{1, 2}
 - Lie the child in the bathtub or lean him or her over a sink while you pour a gentle stream of water on the forehead above the affected eye or on the bridge of the nose.^{1, 2}
 - Wash the child's hands with soap and water.¹
 - Remove contact lenses, if needed.¹
 - Seek emergency care or call 911 or your local emergency number, if necessary.^{1, 2}
2. Ensure the child does not rub his or her eye to prevent further damage.¹
3. Do not use an eyecup (eyebath).²
4. Do not flush with anything other than water or contact lens saline rinse.¹
5. Do not use eye drops unless directed by emergency personnel.¹
6. Do not bandage the child's eye.²
7. If you seek emergency care, bring the chemical container or a complete description.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 5). *Chemical splash in the eye: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-eye-emergency/FA00041>

² Prevent Blindness America. (n.d.). *First aid for eye emergencies*. Retrieved from <http://www.preventblindness.org/safety/firstaid.html>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Electrical Burns First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Electrical burns do not always show on the skin; instead, damage occurs deep into the tissues.¹
2. If a strong electrical current passes through the child's body, internal damage can occur.¹
3. Immediately call 911 or your local emergency number if the child is in pain, confused, or experiencing changes in his or her breathing, heartbeat, or consciousness.^{1, 2}
4. While waiting for emergency medical assistance, follow these steps:
 - Look first, do not touch.^{1, 2}
 - Turn off the source of electricity, if possible.^{1, 2}
 - If not able to turn off the source of electricity, move the child away from the source using a dry, nonconducting object made of cardboard, plastic, or wood.^{1, 2}
 - Check for breathing, coughing, or movement, and begin CPR if needed.^{1, 2}
 - Lay the child down with his head slightly lower than his trunk, and elevate legs.^{1, 2}
 - Cover any burned areas with a sterile bandage or clean cloth.¹
 - Do not use a blanket or towel, to avoid loose fibers sticking to the burn.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 5). *Electrical burns: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-electrical-burns/FA00027>

² MedlinePlus. (2007, August 9). *Electrical injury*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000053.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 3: Smoke Inhalation First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Seek emergency care if the injured child has:
 - a hoarse voice²
 - difficulty breathing²
 - prolonged coughing spells²
 - mental confusion²
2. Call 911 or your local emergency number if:
 - you suspect that the child's condition could quickly get worse²
 - you suspect that significant injury or death could occur if transported by a private vehicle²
3. While waiting for the emergency medical assistance team to arrive, follow these steps:
 - Drag the injured child away from the smoke, if possible—do not endanger yourself.^{1, 2}
 - Check for breathing, coughing, or movement, and begin CPR if needed.^{1, 2}
 - Cover the child with a blanket.¹
 - Loosen clothes around the child's neck and torso.¹
 - Lay the child on his or her back.¹
 - Place a pillow behind the child's head if he or she is having trouble breathing.¹
 - Use a pillow to elevate the child's legs, if possible.¹
 - If the child is unconscious, turn his or her head to the side to prevent choking if vomiting occurs.¹



¹ Family Education Network. (n.d.). *Smoke inhalation: How to avoid it and how to treat it*. Retrieved from <http://life.familyeducation.com/smoking/first-aid/48286.html?page=1&detoured=1>

² WebMD. (2008, August 19). *Smoke inhalation*. Retrieved from http://www.emedicinehealth.com/smoke_inhalation/article_em.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Heat and Cold Exposure

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

Scenario: It is a very hot and humid day and you take the infant in your care outside for a ride in the stroller. After 30 minutes outside, you notice that the infant's face and skin are bright red, her forehead is hot to the touch, and she is getting very sleepy. What steps do you take as the caregiver?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Cold Exposure Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Dress the child warmly with several loose fitting, thin layers to keep him or her dry and warm.^{1, 2, 4, 5}
2. Always dress the child in one more layer of clothing than an adult would wear in the same conditions.¹
3. The child's outer clothing should be tightly woven and water repellent.^{4, 5}
4. Avoid cotton clothing; instead, dress the child in wool or other warm fabrics.^{2, 3, 5}
5. Tuck an extra pair of gloves or mittens (mittens are more effective) in the child's pockets.^{2, 5}
6. Cover the child's head with a hat or other protective covering to prevent body heat from escaping.⁵
7. Cover the child's mouth with a scarf to protect his or her lungs.⁴
8. Set reasonable time limits for outdoor play in cold weather.¹
9. Give the child a snack before going outdoors—the calories will provide energy in cold weather.²
10. Prevent overexertion by avoiding activities that cause the child to sweat heavily.⁵
11. Ensure the child stays as dry as possible.⁵
12. Apply sunscreen to the child's face—snow can reflect up to 85 percent of the sun's UV rays.^{1, 2}
13. Infants less than one year should never sleep in a cold room; if you cannot maintain a warm temperature, make temporary arrangements for the child to stay elsewhere.³
14. Always carry additional warm clothing and blankets appropriate for cold-weather conditions.^{3, 4, 5}
15. Prepare your home and car in advance for possible cold-weather emergencies.^{3, 5}



¹ American Academy of Pediatrics. (2007, November). *Winter safety tips*. Retrieved from <http://www.aap.org/advocacy/releases/decwintertips.cfm>

² KidsHealth. (2006, September). *Cold, ice, and snow safety*. Retrieved from http://kidshealth.org/parent/firstaid_safe/outdoor/winter_safety.html

³ Centers for Disease Control and Prevention. (n.d.). *Extreme cold*. Retrieved from http://www.bt.cdc.gov/disasters/winter/pdf/cold_guide.pdf

⁴ Governor's Office of Emergency Services. (n.d.). *Cold weather safety tips*. Retrieved from <http://www.oes.ca.gov/WebPage/oeswebsite.nsf/Content/843862AF659391F988257412005D3CE6?OpenDocument>

⁵ Mayo Foundation for Medical Education and Research. (2007, June 8). *Hypothermia*. Retrieved from <http://www.mayoclinic.com/health/hypothermia/DS00333>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Heat Exposure Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Avoid prolonged time in the sun from 10:00 AM to 4:00 PM, even on cloudy, cool days.^{1, 2}
2. Dress the child in loose fitting, lightweight, light-colored clothing.³
3. Ensure clothing screens out harmful UV rays by placing your hand inside the garment—if you can not see your hand through the garment, the clothing item will properly shield the skin from UV rays.¹
4. Set reasonable time limits for outdoor play in hot weather.³
5. For all-day outdoor gatherings, use a wide umbrella or pop-up tent.^{1, 3}
6. Sunscreen is not recommended for children under six months old; therefore:
 - Keep infants under six months out of the sun whenever possible.^{1, 2}
 - Cover an infant's skin with a sun hat, long-sleeved shirt, and long pants.²
 - Dark, thick fabrics provide better protection, but may cause overheating in the summer.²
 - Put a T-shirt on the infant when in the water. Replace with a dry T-shirt after the infant is out of the water.²
7. Generously apply sunscreen (SPF 15 or higher) whenever the child will be in the sun.^{1, 3}
8. Apply sunscreen 30 minutes before going outside, then reapply every two to three hours.¹
9. Encourage the child to wear sunglasses to prevent burned corneas.¹
10. Check current medications or ask a doctor or pharmacist if any can increase sun sensitivity.^{1, 3}
11. Transport the child in a canopy stroller or get an attachment.²
12. Never leave the child in a parked car in hot weather for any period of time.³
13. Beware of surfaces that reflect sun (i.e., sand, snow, concrete, water).²
14. Make sunscreen application a regular part of your morning routine.²
15. Ensure the child stays hydrated; provide plenty of fluids throughout the day.³
16. Be prepared—always keep sunscreen, shirts, hats, and umbrellas handy.²



¹ KidsHealth. (2007, September). *Sun safety*. Retrieved from http://kidshealth.org/parent/firstaid_safe/outdoor/sun_safety.html

² SHADE Foundation of America. (n.d.). *Sun safety*. Retrieved from <http://www.shadefoundation.org/sunsafety.php>

³ Mayo Foundation for Medical Education and Research. (2007, November 22). *Heat exhaustion*. Retrieved from <http://www.mayoclinic.com/health/heat-exhaustion/DS01046>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Heatstroke First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Heatstroke is the most severe of the heat-related problems.¹
2. Signs and symptoms of heatstroke include:
 - obvious body temperature elevation to 104° F (40° C)^{1, 2}
 - rapid heartbeat¹
 - difficulty breathing^{1, 2}
 - elevated or lowered blood pressure¹
 - little or no sweating^{1, 2}
 - unconsciousness or fainting^{1, 2}
 - dizziness, light headed, or confusion^{1, 2}
 - severe, throbbing headache^{1, 2}
 - nausea¹
 - flushed, hot, dry skin²
3. If you suspect heatstroke, follow these steps:
 - Move the child out of the sun and into a shady or air-conditioned environment.^{1, 2}
 - Call 911 or your local emergency number.^{1, 2}
 - Lay the child down and elevate his or her feet slightly.²
 - Cover the child with damp sheets or spray with cool water.^{1, 2}
 - Direct air onto the child with a fan or newspaper.¹
 - Give the child cool water to drink, if he or she is able and conscious.^{1, 2}
 - If vomiting, turn the child's body to the side to prevent choking.²
 - Monitor the child's temperature.²



¹ Mayo Foundation for Medical Education and Research. (2008, January 4). *Heatstroke: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-heatstroke/FA00019>

² KidsHealth. (2007, June). *Heat exhaustion and heatstroke instruction sheet*. Retrieved from http://kidshealth.org/parent/fitness/safety/heat_exhaustion_heat-stroke_sheet.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Dehydration First Aid

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Signs and symptoms of mild to moderate dehydration:
 - dry, sticky mouth^{1, 2}
 - little or no tears when crying^{1, 2}
 - fussiness (infants)¹
 - flat or slightly sunken soft spot (infants)¹
 - no wet diapers in four to six hours (infants)^{1, 2}
 - no urination for six to eight hours (toddlers)^{1, 2}
2. Signs and symptoms of severe dehydration:
 - very dry mouth^{1, 2}
 - dry, wrinkly skin^{1, 2}
 - inactivity or decreased alertness¹
 - weak or limp¹
 - sunken eyes^{1, 2}
 - sunken soft spot (infants)^{1, 2}
 - excessive sleepiness or disorientation¹
 - muscle cramps or contractions¹
 - no wet diapers for more than six to eight hours (infants)^{1, 2}
 - no urination for more than eight to ten hours (toddlers)^{1, 2}
 - fever²
 - rapid breathing¹
 - low blood pressure^{1, 2}
3. If you suspect mild to moderate dehydration, follow these steps:
 - Give the child an oral electrolyte solution (one to two tablespoon every 15 to 20 minutes).^{1, 2}
 - Continue to slowly give the child fluids until their urine becomes clear in color.²
 - Avoid giving the child salty broths, milk, sodas, fruit juices, or gelatins.²
 - Carefully monitor the child to ensure it does not become severe.¹
4. If you suspect severe dehydration, seek emergency care.^{1, 2}



¹ KidsHealth. (2007, June). *Dehydration instruction sheet*. Retrieved from http://kidshealth.org/parent/firstaid_safe/sheets/dehydration.html

² Mayo Foundation for Medical Education and Research. (2007, January 3). *Dehydration*. Retrieved from <http://www.mayoclinic.com/health/dehydration/DS00561>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Frostbite First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. The areas most likely to be affected by frostbite are the hands, feet, nose, and ears.¹
2. Frostbite occurs when the skin and underlying tissues freeze when exposed to very cold temperatures.¹
3. Frostbite causes the affected area to become hard, pale, and cold; red and painful as it thaws.¹
4. Infants and toddlers are at greater risk for frostbite than adults.²
5. If the child suffers frostbite, follow these steps:
 - Get out of the cold and get the child into dry clothing.^{1, 2}
 - Tuck the child's frostbitten hands under his arms or cover the child's frostbitten nose, ears, or face with his dry, gloved hands.¹
 - Do not rub (with or without snow) the affected area(s).^{1, 2}
 - If chance of refreezing, do not thaw out the affected area(s).^{1, 2}
 - If affected area(s) thawed out, wrap them up so they do not refreeze.^{1, 2}
 - Do not use direct heat (i.e., fire or heating pad) to warm affected area(s).²
 - Seek emergency care if numbness remains during or after warming.¹
 - If unable to get immediate emergency care, warm severely frostbitten hands or feet in warm, not hot, water; warm other areas by covering with warm hands or applying warm cloths.^{1, 2}
 - Warming may cause blisters; do not disturb any blisters.²
 - Apply sterile dressing to the affected area(s), placing it between fingers and toes, if needed.²



¹ Mayo Foundation for Medical Education and Research. *Frostbite: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-frostbite/FA00023>

² KidsHealth. (2008, July). *Frostbite*. Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/frostbite.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Heat Cramps First Aid

Unit Three—Lesson Four
*Safety, First Aid, and
Infant Health: Part One*

Name: _____

Date: _____

1. Heat cramps are painful, involuntary muscle spasms.¹
2. Heat cramps most often occur in the calves, arms, abdominal wall, and back.¹
3. If you suspect heat cramps, follow these steps:
 - Make the child rest briefly and cool down.^{1, 2}
 - Give the child clear juice or an electrolyte solution (i.e., sports drinks) to drink.^{1, 2}
 - Assist the child with gentle, range-of-motion stretching and massage of affected area(s).^{1, 2}
 - Call your doctor if cramps do not go away within one hour.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 4). *Heat cramps: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-heat-cramps/FA00021>

² WebMD. (2007, August 15). *Heat cramps, heat exhaustion, or heat stroke treatment*. Retrieved from http://firstaid.webmd.com/wilderness_heat_cramps_exhaustion_or_stroke_firstaid.htm

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Heat Exhaustion First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Signs and symptoms of heat exhaustion include:

- fainting, dizziness, nausea^{1, 2}
- heavy sweating^{1, 2}
- rapid heartbeat¹
- low blood pressure¹
- fast, shallow breathing²
- cool, moist, pale skin^{1, 2}
- low-grade fever¹
- heat cramps¹
- headache^{1, 2}
- fatigue^{1, 2}
- dark-colored urine¹

2. If you suspect heat exhaustion, follow these steps:

- Move the child out of the sun and into a shady or air-conditioned environment.^{1, 2}
- Lay the child down and elevate his or her feet slightly.^{1, 2}
- Loose or remove the child's clothing.^{1, 2}
- Give the child cool water to drink.^{1, 2}
- Fan and spray or sponge the child with cool water.^{1, 2}
- Carefully monitor the child—heat exhaustion can quickly become heatstroke.^{1, 2}
- Call 911 or your local emergency number if the child's fever raises (greater than 102° F, or 39° C) and/or fainting, confusion, or seizures occur.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 4). *Heat exhaustion: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-heat-exhaustion/FA00020>

² KidsHealth. (2007, June). *Heat exhaustion and heatstroke instruction sheet*. Retrieved from http://kidshealth.org/parent/fitness/safety/heat_exhaustion_heatstroke_sheet.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Hypothermia First Aid

Unit Three—Lesson Four Safety, First Aid, and Infant Health: Part One

Name: _____

Date: _____

1. Hypothermia is caused when more heat is lost than the body can generate.¹
2. Signs and symptoms of hypothermia include:
 - uncontrollable shivering^{1, 2}
 - slurred speech¹
 - abnormally slow breathing^{1, 2}
 - cold, pale skin^{1, 2}
 - loss of coordination^{1, 2}
 - fatigue, lethargy, or apathy^{1, 2}
 - confusion or memory loss^{1, 2}
3. If you suspect hypothermia, follow these steps:
 - Call 911 or your local emergency number.^{1, 2}
 - Closely monitor the child's breathing; if breathing stops, begin CPR.^{1, 2}
 - Move the child indoors, out of the wind, or cover his or her head and insulate his or her body.^{1, 2}
 - Remove wet clothing; replace with warm, dry covering.^{1, 2}
 - Apply warm compresses to the child's neck, chest, and groin; do not warm the arms or legs.^{1, 2}
 - Do not apply direct heat (i.e., hot water, heating pad, or heating lamp).^{1, 2}
 - Do not give the child alcohol; offer warm nonalcoholic drinks unless the child is vomiting.^{1, 2}
 - Handle the child gently; do not massage or rub the child.¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 12). *Hypothermia: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-hypothermia/FA00017>

² MedlinePlus. (2007, January 16). *Hypothermia*. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000038.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 4: Sunburn First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Signs and symptoms of sunburn generally appear within a few hours.¹
2. Sunburn can cause pain, redness, swelling, and occasional blistering.¹
3. If you suspect sunburn, follow these steps:
 - Have the child take a cool bath; add a half cup of cornstarch, oatmeal, or baking soda.^{1, 2}
 - Apply cold washcloths on the affected area for 10 to 15 minutes, several times a day.²
 - Apply aloe vera lotion on the affected area several times a day.^{1, 2}
 - Do not apply petroleum jelly, butter, or other home remedies on the affected area.^{1, 2}
 - Do not remove blisters; if they burst on their own, apply antibacterial ointment.¹
 - Do not wash the affected area with harsh soap.²
 - Give the child ibuprofen or acetaminophen for pain, as needed.^{1, 2}
4. See your doctor if the child's sunburn begins to blister or if immediate complications are experienced (i.e., rash, itching, or fever).¹
5. Call 911 or your local emergency number if the child shows signs of shock, heat exhaustion, dehydration, or other serious reactions (i.e., dizziness, rapid pulse, extreme thirst, nausea, chills).¹



¹ Mayo Foundation for Medical Education and Research. (2008, January 9). *Sunburn: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-sunburn/FA00028>

² MedlinePlus. (2006, July 17). *Sunburn first aid*. Retrieved from <http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/000062.htm>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Infant Illness

Unit Three—Lesson Four
*Safety, First Aid, and
Infant Health: Part One*

Name: _____

Date: _____

Scenario: A neighbor brought her toddler over to play with the toddler in your care two days ago. You were told that the neighbor's toddler had a runny nose and cough when the two children played, and that the two children played with the same toys. Today, the toddler in your care is crying more than usual, feels warm to the touch, has diarrhea, and just vomited for the third time. What do you do?

Prevention: What safety steps should the caregiver have taken to PREVENT this accident from happening?

1. _____
2. _____
3. _____
4. _____
5. _____

Intervention: What first aid steps must the caregiver take to INTERVENE and help the infant?

1. _____
2. _____
3. _____
4. _____
5. _____

Other "Good-to-Know" Information:

1. _____
2. _____
3. _____
4. _____
5. _____

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Common Cold Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Wash the child's hands thoroughly and frequently.^{1, 2, 4}
2. Teach the child the importance of hand washing.¹
3. Use hand sanitizer—a little dab will kill 99.99 percent of germs.⁴
4. Use paper towels versus shared cloth towels.⁴
5. Always wash your hands before feeding or caring for an infant.³
6. Keep kitchen and bathroom counter tops and other commonly touched surfaces clean.^{1, 4}
7. Wash and disinfect the child's toys and pacifiers frequently.^{1, 3}
8. Encourage the child to sneeze and cough into tissues.^{1, 3}
9. Discard any used tissues immediately, then thoroughly wash hands.^{1, 2, 3}
10. Teach children to sneeze or cough into the bend of their elbow when a tissue is not available.^{1, 3}
11. Do not share drinking glasses or utensils with the child.^{1, 2}
12. Avoid close, prolonged contact with anyone who smokes or has a cold.^{1, 2}
13. Avoid giving the child unnecessary antibiotics—more antibiotics increase the chance of getting sick.⁴
14. Ensure the child is getting enough sleep—less sleep increases the chance of getting sick.⁴
15. Ensure the child drinks plenty of water—fluids are needed for the immune system to function properly.⁴
16. Offer the child yogurt—some active yogurt cultures help prevent the common cold.⁴
17. Ensure the child's child care setting has sound hygiene practices.¹
18. A child care setting where there are six or fewer children dramatically reduces germ contact.⁴



¹ Mayo Foundation for Medical Education and Research. (2007, September 14). *Common cold*. Retrieved from <http://www.mayoclinic.com/health/common-cold/DS00056>

² KidsHealth. (2007, November). *Common cold*. Retrieved from <http://kidshealth.org/parent/infections/common/cold.html>

³ Mayo Foundation for Medical Education and Research. (2007, May 10). *Babies and the common cold*. Retrieved from <http://www.mayoclinic.com/health/common-cold/PR00038>

⁴ MedlinePlus. (2008, January 18). *Common cold*. Retrieved from <http://www.nlm.nih.gov/MEDLINEPLUS/ency/article/000678.htm#Prevention>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Diarrhea Safety

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Wash your hands and the child's hands well and often.^{1, 2}
2. Keep bathroom surfaces clean.²
3. Use and serve dairy products that have been pasteurized.¹
4. Thoroughly wash fruits and vegetables before eating.²
5. Serve food right away and immediately refrigerate any leftovers.^{1, 2}
6. Ensure meat is thoroughly cooked before serving—no longer pink, even in the center.²
7. Thoroughly clean kitchen counters and cooking utensils after working with raw meat.²
8. Teach the child to never drink from streams, springs, or lakes unless safe for drinking.²
9. Use caution (i.e., watch what you and the child eat and drink) when traveling to developing countries.^{1, 2}
10. Do not wash pet cages or bowls in the same sink that family meals are prepared.²
11. Keep pet feeding areas separate from family eating areas.²



¹ Mayo Foundation for Medical Education. (2008, June 27). *Diarrhea*. Retrieved from <http://www.mayoclinic.com/health/diarrhea/DS00292>

² KidsHealth. (2007, March). *Infectious diarrhea*. Retrieved from <http://kidshealth.org/parent/infections/common/diarrhea.html>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Hand Washing

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Hand washing, when done correctly, is one of the best ways to avoid getting sick.¹
2. Infectious diseases (i.e., the common cold, flu, diarrhea) are spread through hand-to-hand contact.¹
3. Inadequate hand washing also contributes to food-related illnesses (i.e., salmonella, E. coli).¹
4. Proper hand washing includes the use of soap and water or an alcohol-based hand sanitizer.¹
5. To properly wash your hands, follow these steps:
 - Wet hands with warm (not cold or hot), running water.^{1, 2}
 - Apply liquid soap or use clean bar soap; lather well.^{1, 2}
 - Vigorously rub hands together for at least 15 to 20 seconds.^{1, 2}
 - Scrub all surfaces—backs of hands, wrists, between fingers, and under fingernails.^{1, 2}
 - Rinse well.^{1, 2}
 - Dry hands with a clean or disposable towel.^{1, 2}
 - Use a towel to turn off the faucet.¹
6. To properly use an alcohol-based hand sanitizer, follow these steps:
 - Apply a half teaspoon of the hand sanitizer.¹
 - Rub hands together, covering all surfaces, until dry.¹
7. Place hand washing reminders at the child's eye level.¹
8. Ensure the sink is low enough for the child to reach, or place a stool underneath.¹
9. Tell the child to wash his or her hands for as long as it takes them to sing a short song, such as the “Happy Birthday” song.^{1, 2}
10. Teach the child to wash his or her hands before eating or touching food, after using the bathroom, after blowing his or her nose or coughing, after touching pets or other animals, after playing outside, and before and after visiting a sick family member or friend.^{1, 2}



¹ Mayo Foundation for Medical Education and Research. (2007, October 16). *Hand washing: An easy way to prevent infection*. Retrieved from <http://www.mayoclinic.com/health/hand-washing/HQ00407>

² KidsHealth. (2007, August). *Why do I need to wash my hands?* Retrieved from http://kidshealth.org/kid/talk/qa/wash_hands.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: How Germs Are Spread

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Nose, mouth, or eyes ⇌ hands ⇌ family and friends^{1, 2}

Germs are transmitted to the hands by sneezing, coughing, or rubbing the eyes and then are transferred to family and friends when contact is made. Wash your hands well and often.

2. Hands ⇌ food ⇌ family and friends^{1, 2}

Germs are transmitted from unclean hands to food and then to family and friends who eat the food.

3. Food ⇌ hands ⇌ food^{1, 2}

Germs are transmitted from raw foods (i.e., chicken) to hands while preparing a meal and then transferred to other uncooked foods (i.e., salad). Wash your hands well and often.

4. Animals ⇌ people^{1, 2}

Germs are transmitted from petting animals or touching any surfaces they come into contact with.

5. Infected child ⇌ hands ⇌ other children^{1, 2}

Germs are transmitted from a child with diarrhea to the caregiver's hands during diaper changing. If the caregiver does not immediately wash his or her hands, the germs are passed to other children.



¹ Centers for Disease Control and Prevention. (2000, March 6). *Why is handwashing important?* Retrieved from <http://www.cdc.gov/od/oc/media/pressrel/r2k0306c.htm>

² Minnesota Department of Health. (n.d.). *5 common ways germs are spread.* Retrieved from <http://www.health.state.mn.us/handhygiene/why/5ways.pdf>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Washing & Disinfecting Toys

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Germs are easily spread among toys.¹
2. Choose washable toys whenever possible.¹
3. Washing and disinfecting toys helps prevent the spread of communicable diseases.¹
4. It is best to wash and disinfect toys daily, especially in a child care setting.¹
5. Toys that the child puts in his or her mouth should be washed and disinfected between use.²
6. To wash toys by hand, follow these steps:
 - Scrub each toy with HOT water and soap or detergent.^{1, 2}
 - Rinse toys well with clean water.^{1, 2}
 - Immerse toys in a mild bleach solution (one fourth teaspoon bleach to one quart cool water) and allow the toys to soak in the solution for 10 to 20 minutes.¹
 - Rinse toys well with cool water.²
 - Allow toys to completely dry in a hot dryer or air dry overnight.^{1, 2}
7. To wash cloth or stuffed toys in a washing machine, follow these steps:
 - Place toys in washing machine filled with HOT water and soap or detergent.¹
 - Allow toys to completely dry in a hot dryer or air dry overnight.¹
8. To wash wood, hard plastic, or metal toys in a dishwasher, follow these steps:
 - Place toys in dishwasher, top rack only.¹
 - Run a complete wash and dry cycle, using the proper amount of detergent.¹



¹ Child Care Health Program. (2002, February 13). *Clean toys help prevent disease*. Retrieved from <http://www.metrokc.gov/health/childcare/cleantoys.doc>

² All Family Resources. (n.d.). *Washing and disinfecting toys*. Retrieved from http://www.familymanagement.com/childcare/practices/washing_toys.practices.html

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Diarrhea First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Signs and symptoms of diarrhea include:
 - fever^{1, 2}
 - loss of appetite²
 - nausea²
 - dehydration²
 - weight loss²
 - vomiting²
2. Keep the child home from school or child care if he or she has diarrhea—it spreads easily.¹
3. Mild diarrhea usually clears within a couple days without treatment.^{1, 2}
4. If diarrhea is mild, continue the child's regular diet giving smaller food portions until the diarrhea ends.²
5. Do not give the child an over-the-counter anti-diarrhea medication until directed by your doctor.^{1, 2}
6. Give the child liquids, additional breast milk or formula, and/or an oral rehydration solution.²
7. Do not offer the child plain water, soda, ginger ale, tea, fruit juice, gelatin desserts, chicken broth, or sport drinks—all of these items could actually make the child's diarrhea worse.²
8. Gradually offer the child semisolid and low-fiber foods (i.e., saltines, toast, eggs, rice, chicken)—avoid dairy products, fatty foods, high-fiber foods, and highly seasoned foods for a few days.¹
9. Call your doctor if the child has diarrhea and is younger than six months old or has:
 - a severe or prolonged diarrhea^{1, 2}
 - a fever of 102° F (39° C) or higher^{1, 2}
 - recurring vomiting, or refusal to drink fluids²
 - severe abdominal pain^{1, 2}
 - diarrhea containing blood or mucus^{1, 2}
 - signs and symptoms of dehydration (i.e., dry mouth, few or no tears, lack of urine)^{1, 2}
10. If diarrhea is severe, the child may need to receive IV fluids for a few hours at the hospital.²



¹ Mayo Foundation for Medical Education. (2008, June 27). *Diarrhea*. Retrieved from <http://www.mayoclinic.com/health/diarrhea/DS00292>

² KidsHealth. (2007, March). *Infectious diarrhea*. Retrieved from <http://kidshealth.org/parent/infections/common/diarrhea.html>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Fever First Aid I

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. A fever is a sign that the child's body is fighting an infection.^{1, 2}
2. Touch the child's forehead; if it feels hot to the touch, he or she probably has a fever.
3. Taking the child's temperature with a thermometer can pinpoint the degree of fever.
4. Digital thermometers are the quickest, most accurate and can be used orally, rectally, or axillary.¹

How to Use a Digital Thermometer

5. Turn the thermometer on and make sure the screen is clear.¹
6. Put on a disposable plastic sleeve or cover, if available.¹
7. If using a **rectal thermometer**, follow these steps:
 - Lubricate the tip of the thermometer with petroleum jelly or another lubricant.^{1, 2}
 - Place the child belly-down or face-up with his or her legs bent toward his or her chest.^{1, 2}
 - Insert the thermometer into the anal opening about one half to one inch; stop if any resistance.^{1, 2}
 - Hold the thermometer and child still until it indicates that the temperature is ready.^{1, 2}
8. If using an **oral thermometer**, follow these steps:
 - Place the thermometer under the child's tongue, closing his or her lips around it.^{1, 2}
 - Hold the thermometer and child still until it indicates that the temperature is ready.^{1, 2}
9. If using an **axillary thermometer**, follow these steps:
 - Place the thermometer under the child's arm, in the armpit with arms down.^{1, 2}
 - Hold the thermometer and child still until it indicates that the temperature is ready.^{1, 2}
10. Discard the disposable plastic sleeve or cover, if needed.¹
11. Clean the thermometer and place it back in its case.¹



¹ KidsHealth. (2007, November). *Fever and taking your child's temperature*. Retrieved from <http://kidshealth.org/parent/general/body/fever.html>

² Mayo Foundation for Medical Education and Research. (2008, January 12). *Fever: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-fever/FA00063>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Fever First Aid II

Name: _____

Date: _____

1. The child has a fever when his or her temperature is at or above 100.4° F (38° C) measured rectally, 99.5° F (37.5° C) measured orally, or 99° F (37.2° C) measured axillary.^{1, 2}
2. If the child has a fever, follow these steps:
 - Give the child acetaminophen or ibuprofen, as needed.¹
 - Give the child a sponge bath with lukewarm water.¹
 - Dress the child in lightweight clothing.¹
 - Cover the child with a light sheet or blanket.¹
 - Ensure the child's room is a comfortable temperature—not too hot or too cold.¹
 - Give the child plenty of fluids to avoid dehydration.¹
3. Call your doctor or seek emergency care if an:
 - infant, three months old or younger, has a temperature of 100.4° F (38° C) or higher^{1, 2}
 - older child, older than three months old, has a temperature of 102° F (38.9° C) or higher²
 - older child, younger than age two, has a fever for more than one day²
 - older child, age two or older, has a fever for more than three days²
4. Immediately call your doctor or seek emergency care if any of the following accompanies a fever:
 - severe headache^{1, 2}
 - severe swelling of the throat²
 - unusual skin rash^{1, 2}
 - unusual eye sensitivity to bright light²
 - stiff neck^{1, 2}
 - mental confusion²
 - constant vomiting²
 - difficulty breathing or chest pain^{1, 2}
 - extreme irritability^{1, 2}
 - abdominal pain or pain when urinating^{1, 2}
 - seizures¹
 - blue lips, tongue, or nails¹



¹ KidsHealth. (2007, November). *Fever and taking your child's temperature*. Retrieved from <http://kidshealth.org/parent/general/body/fever.html>

² Mayo Foundation for Medical Education and Research. (2008, January 12). *Fever: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-fever/FA00063>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Seizure First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. Remain calm.¹
2. Ensure the scene is safe.¹
3. Remove anything within reach that could harm the child.^{1, 2}
4. Loosen the child's clothing around his or her neck.²
5. Monitor seizure length.¹
6. Make the child as comfortable as possible.¹
7. Keep all onlookers away.^{1, 2}
8. Do not try to hold the child down or restrain him or her in any way.^{1, 2}
9. Do not put anything in the child's mouth.^{1, 2}
10. Do not give the child water, pills, or food until he or she is fully alert.¹
11. Call 911 or your local emergency number if the seizure lasts longer than five minutes.^{1, 2}
12. Be sensitive and supportive; ask any onlookers to do the same.^{1, 2}
13. After the seizure, place the child on his or her left side, ensuring the child's head is turned.^{1, 2}
14. Stay with the child until he or she fully recovers, about 5 to 20 minutes.^{1, 2}



¹ Epilepsy.com. (2004, July 19). *Seizure first aid*. Retrieved from <http://www.epilepsy.com/epilepsy/firstaid>

² WebMD. (2007, February 1). *Epilepsy: First aid for seizures*. Retrieved from <http://www.webmd.com/epilepsy/guide/first-aid-seizures>

Basic Infant Care

Safety, First Aid, and

Infant Health: Part One



Scenario 5: Vomiting First Aid

Unit Three—Lesson Four
Safety, First Aid, and
Infant Health: Part One

Name: _____

Date: _____

1. If an infant (age birth to one year) is vomiting, follow these steps:
 - Avoid giving the infant plain water, unless directed by your doctor.^{1, 2}
 - Offer the infant small, frequent amounts (about two to three teaspoons) of an oral electrolyte solution every 15 to 20 minutes then gradually increase if he or she is able to keep it down.^{1, 2}
 - For an infant over six months of age, flavor the electrolyte solution with a half teaspoon of juice or offer a frozen oral electrolyte solution pop, as needed.¹
 - Do not give more electrolyte solution at a time the infant would normally eat.¹
 - Reintroduce formula and/or solid feedings slowly after eight hours of no vomiting.¹
 - Resume the infant's normal feeding routine after 24 hours of no vomiting.¹
 - Immediately call your doctor if an infant under one-month-old vomits all feedings.¹
2. If the child (age one and older) is vomiting, follow these steps:
 - Offer the child small, frequent amounts (two teaspoons to two tablespoons) of clear liquids (i.e., ice chips, sips of water, flavored oral electrolyte solutions or pops) every 15 minutes.^{1, 2}
 - If the child continues to vomit, offer a smaller amount of clear liquid.¹
 - Introduce bland, mild foods (i.e., saltines, toast, broth) gradually after eight hours of no vomiting.^{1, 2}
 - Resume the child's regular diet, other than milk products, after 24 hours of no vomiting.¹
 - Resume milk products after two to three days of no vomiting.¹
3. Give the child acetaminophen for discomfort, as needed.²
4. Call your doctor if the child refuses fluids, vomiting persists, or signs of dehydration exist.^{1, 2}
5. Call your doctor if the child's vomit is forceful, accompanied by a fever or severe stomach pain, resembles coffee grounds, is bloody, and/or is colored bright green or yellow-green.^{1, 2}



¹ KidsHealth. (2005, April). *Vomiting*. Retrieved from http://kidshealth.org/parent/firstaid_safe/emergencies/vomit.html

² Mayo Foundation for Medical Education and Research. (2008, January 9). *Gastroenteritis: First aid*. Retrieved from <http://www.mayoclinic.com/health/first-aid-gastroenteritis/FA00030>

Basic Infant Care

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Scenario 5: When to Call the Doctor

Unit Three—Lesson Four
Safety, First Aid, and
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Name: _____

Date: _____

1. Appetite changes—child refuses several feedings or eats poorly.^{1, 2}
2. Mood changes—child is lethargic, persistently irritable, or cries inconsolably.¹
3. Skin color changes—child's skin becomes yellowish or lips or nails turn bluish.^{1, 2}
4. Tender navel or penis—child's umbilical area or penis is red or starts to ooze or bleed.¹
5. Fever—younger than two months old with rectal temperature of 100.4° F (38° C) or older than two months old with oral or ear temperature of 102° F (38.9° C) or higher.^{1, 2}
6. Diarrhea—child's stools are especially loose or watery for six or eight diaper changes.^{1, 2}
7. Vomiting—child spits up a large portion of every feeding or vomits forcefully after feedings.^{1, 2}
8. Dehydration—child does not wet a diaper for six hours or longer, soft spot sinks, and/or no tears.^{1, 2}
9. Constipation—child cries during bowel movement, passes bloody or jelly-like stools, and/or has fewer bowel movements than usual for a few days.^{1, 2}
10. Upper respiratory infections—child has a cold that interferes with breathing or feeding, and/or cold is accompanied by severe coughing or discolored phlegm.¹
11. Ear pain—child pulls at one or both ears, fails to respond to loud sounds, or has drainage.¹
12. Rash—child's diaper rash or patch of eczema is red and raw, an unexplained rash develops suddenly, or rash is accompanied by a fever.¹
13. Eye discharge—child's eye(s) is pink, red, swollen, or leaking sticky fluid.¹
14. Minor injuries—if you are unsure how to treat a minor cut, bruise, or burn.¹
15. Immediately seek emergency care or call 911 or your local emergency number for uncontrollable bleeding, poisoning, seizures, difficulty breathing, high fever, head injuries, sudden lethargy or inability to move, choking, or unresponsiveness.¹



¹ Mayo Foundation for Medical Education and Research. (2007, February 7). *Sick baby? When to call the doctor*. Retrieved from <http://www.mayoclinic.com/health/healthy-baby/PR00022>

² March of Dimes Foundation. (n.d.). *When to call the doctor: When you should worry*. Retrieved from http://www.marchofdimes.com/pnhec/298_1449.asp