

Preventing Injuries: Strategies to Maximize Learning and Keep Children Safe

Hira Khan: Hi, everyone. Welcome and thank you for standing by. My name is Hira Khan and I'm the program manager for the National Center for Early Childhood Health and Wellness. I am pleased to welcome you to the first session of the Promoting Health and Safety Through Child Care Health Consultation webinar series. Today's webinar is titled

Preventing Injuries: Strategies to Maximize Learning and Keep Children Safe, and it will be presented by Kim Clear-Sandor. Before we begin, I have a few announcements for you. All participants will be muted throughout the presentation portion of the webinar. There is a slide presentation being shown through the webinar system, and if you're unable to see it, or are having any other technical difficulties, please type it in the chat box and let us know. My colleague, Robinn Yu, or I will try to address those during the session. You can also use the chat box to submit your questions to the presenter at any time. We will get to those at the end of the webinar. A feedback survey, and your certificate, are available afterwards. And lastly, this webinar is being recorded. We will send you a link to view the webinar in the following days. All right, and now I will turn it over to the presenter, Kim Clear-Sandor.

Kim Clear-Sandor: Thank you so much, Hira, and welcome everybody to this quarter's Child Care Health Consultant webinar. It's so fun when Hira lets everyone into the presentation room and to see some familiar names pop up, as well as many new ones. Our registrants today include child care health consultants, Head Start health managers, teachers, directors, and other folks from early care in education that are representing programs across the country.

So, it's always fun to see everybody together in one place. I see some "Go Tigers" call-outs in regards to the game last night, so glad you're all bonding over sporting events on the chat box, too. We hope you find these webinars are meaningful to your work and you share them with your colleagues. If you are watching it alone, you might think in the future about bringing a director, perhaps an education consultant, a nutrition consultant, or other colleague that you work with to join in and listen with you. Listening together about your shared work often goes a long way in getting the work done.

As Hira said, my name is Kim Clear-Sandor and I am a senior training and technical assistant associate with the National Center on Early Childhood Health and Wellness. In addition to my work with the National Center, I still provide child care health consultation to a number of programs in New York, so a shout-out to my New York colleagues that are signing in there. I'm passionate about leveraging my background and experience as a nurse and a child care health care consultant to advance children's health, safety, growth, and development in Early Care and Education settings. Although I'll be the primary speaker today, you may see some comments pop in the chat box from some of my other National Center on Early Childhood Health and Wellness colleagues who are on in the background.

So, Toby Barton, Steve Shuman, Robinn Yu, and Hira Khan, they also pop into that chat box and say hello and answer your questions as we go along today. As you can see, we have a very large

group with us today and that chat box is going to be going fast, but you're all using it so well. We have a lot of opportunities for us to chat and learn and share from each other. So keep it up, saying hello, and connecting with each other, that's always a lot of fun. So, today's webinar is really focusing on preventing injuries.

As we go through the slides today, we're going to start off just talking about common injuries that happen with young children as a way to just set the stage for all of us, so that we're talking about ... From the same body of knowledge, about the same kinds of injuries that we know can happen around young children. Then we're going to go ahead and take a peek at Child Care Health Consultant Competency number nine, which is on Safety and Injury Prevention. Some of you may be aware, if you attended our webinars in the past, that we do have a number of tools for child care health consultants, and one of those is a set of child care health consultant competencies. So as we continue to offer these quarterly webinars, we will always identify which competency is being covered in the webinar, so that you can use that for your own professional development and learning.

So today, we will be looking specifically at competency number nine, Safety and Injury Prevention, so that we can think about what the role of a health consultant looks like in working with their programs to prevent injuries. As we do that, we will be looking at different strategies you can use and explore the role of active supervision. So I think it's important to always remember ... Here we go, in our work as health consultants, when we work with our Early Care and Education partners, we share an important goal that we want children to be healthy and offer experiences to grow, develop, and learn. Early Care and Education environments provide lots of opportunities for learning, whether it's learning self-regulation by taking turns and using their words to express feelings, or learning healthy behaviors, like washing hands or covering a cough.

When children are in a safe environment, they're really fully able to experience and engage all the learning opportunities that your education colleagues have presented for them. Despite the variation across states, in our webinar, as we approach the role in term of a child care health consultant as it's outlined in Caring for our Children, the National Health and Safety Standards. So those key points are listed on the slide, but we acknowledge that all of you may work in different parts of the country, under different names, and do different activities, but in general, child care health consultants support health, safety, and wellness of young children, families, and staff in early care and education settings. Are we doing OK there? If you cannot, I see some things popping up about the sound, so I wanted to make sure most of us could hear me. If you could let me know, that would be great.

Sorry about that. So one of the biggest issues when we're working with our programs is injury prevention, and as a health consultant, you can really be a resource to help create and develop policies and practices, and not only that, but also support the implementation of them, and work with programs to identify challenges and obstacles and do some problem-solving and really be a real issue—help identify safety issues. So as we talk about creating safe environments that promote growth and prevent injuries, let's take a look at the National Injury Data from the CDC.

National Injury Data shows us why injury prevention is a big concern in young children. Injuries are the leading cause of ER visits for young children and the children in child care, birth to 4, have the highest injury rate—only second to adolescents. And it's only a one percentage difference. So children, birth to age 4, and adolescents are pretty close in having the highest number of injuries. Astoundingly, one child every four seconds gets treated for an injury in an emergency room. So that's one child every four seconds in an emergency room. That does not count all of the little injuries. I say little, but injuries that are happening at home and being managed with first aid at home, or child care programs, or those that just don't result in that ER visit, which must be a number much, much higher.

The CDC national data also highlights the fact that injuries is the leading cause of death for children ages 1 to 14. I think that's such an amazing statistic to consider. That is the number one cause of death for children 1 to 4, right up to 14. Our children that are infants, less than 1 years old, unintentional injury is ranked fifth—the fifth leading cause of death, but you can see the items above it, such as SIDS, and then the other issues that are related to the pregnancy or in-utero development, so the unintentional injury is still very, very high. So, let's take a moment and chat in the box.

Seeing that the injuries are so high, why do you think that's happening? Let's chat in the box why we think that young children are prone to all these injuries. And I see you starting typing in there. "They're curious." "They lack supervision." "They're trying new things." You guys are really fast. "Some of them don't recognize fear." "They may have developmental delays." "Learning new skills." "Their growth motor skills are developing." "They're learning to walk and move." "They may be uncoordinated." "They may lack judgement." I think that's such an important feature we all think about, that they're really learning judgement at this point and they're really driven by that curiosity, and having that curiosity, with the lack of coordination and skill, tends to put them at risk for injuries. Somebody commented, Selena, "Big head, little body." It's true, when you're top-heavy, you fall over, and you may get stuck in places, such as a bucket that has water in it. Having a bigger head makes it harder—easier for them to fall in and harder to get out. Sherry also mentions that you may have unsafe environments. And again, supervision is coming up a number of times. You guys are good.

So knowing that our young children are prone to all these injuries, and we know that, for all those reasons, children can be injured, let's look in a little bit deeper to better understand what type of injuries are actually happening because of all those things, because they're curious and they lack coordination and they want to explore. What else is happening if injuries are so big? So, if we look at this slide, the three things that are circled—suffocation, drowning, and motor vehicles—those are actually the leading injuries that result in death. So, suffocation, drowning, and motor vehicles are the leading injuries that can lead to death, and the other injuries posted on the slide are the most injuries that happen.

So fall, bites, fire, those are the most common types of injuries that young children experience. So, what does this mean to us? How can this data help inform our work with programs? We know that any of these things could happen in early care and education setting. So again, let's take a quick chat in the box and let's think about what are ways in an early care and education setting that these things might happen, such as suffocation. How could that happen in an Early

Care and Education setting for children under the age of 1? What might cause suffocation? You say negligence. Not following safe sleep practices. Unsafe things in the crib. Yes. Loose blankets, plastic toys, plastic bags, Choke toys, teddy bears.

Teddy bears have little eyeballs and things that can fall off, as well as for children under 1, that crib should be bare. So looking at all these items on here, any one of them can cause airway obstruction that leads to suffocation. Some of you are even bringing up the plastic bags, the importance of not having plastic bags around children. Lisa mentioned unsafe, sorry, head entrapment, so if a child gets their head stuck somewhere, it may cause that. How about drowning? What do we think of ... How could drowning happen in an Early Care and Education setting? You guys are, I think, two steps ahead of me here on my list. I see in here mop buckets, toilet bowls, water tables, buckets left out, wading pools, unattended water play. Out of ratio teacher supervision for water play. Toilet, sensory table. Sinks. You got it! Any one of those things could lead to a child falling in and those are all things that are in the early care and education—that may be in the environment. How about falls? Where do you think falls are happening? How are falls happening in an Early Care and Education? Virginia mentioned no gates. Again, supervision. I love that you guys are highlighting the importance of supervision. Folks are saying they could fall from changing tables, slides, chairs, playgrounds. You guys hit it. Playgrounds are the number one place for falls to happen. But we can't forget about they're curious and uncoordinated. They're going to climb on furniture. They're going to try and climb up shelves.

So yeah, someone mentions uneven pavement when they're running around, uneven pavement, that's pretty easy to trip and fall 'cause they're not going to have the coordination or ability to slow that down and stop and pick up those feet. Their own feet Carla, yes, those little, uncoordinated feet get in the way and they do fall over them. How about fires, burns, or scalds? How might that happen in an early care and education setting? What might lead to that happening? We got electrical outlets left open if the safety covers aren't in there. Virginia mentions the water heater being set at the correct temperature. Crock-Pots—Crock-Pots with dangly cords or left within reach of children—very dangerous. Coffee mugs. Bottle warmers, food. We know that with young children, scalding burns are the most frequently seen, and that usually happens from the hot liquids as you're noting. Teachers' hot drinks. Hot water from a Crock-Pot or bottle warmer. Those dangly cords. Thank you for noting that. Oh, glue guns, that's another one. Wow, I hadn't thought of that, but that would be very dangerous if a young child got them. Coffee, coffee, coffee, coffee! Many of us that enjoy our coffee in the morning and throughout the day.

So as you can see from all of the copious amount of wonderful things you're putting in the chat box, an Early Care and Education environment can be set up, but regardless, there are going to be risks and hazards that we see in that early care and education environment. So we need to really think about how do we support staff to create safe environments and minimize that risk for injuries? The early child care professionals are working really hard to create environments that are stimulating and encourage children to learn by exploring and experimenting, which are great things, but they're also the things that you all identified as being some of the reasons that children are prone to injury.

And children depend on the adults in their environment to set up safe environments and teach them how to judge what is safe, what is dangerous. It's also important to create an environment where the teacher doesn't say, "No, don't do this, don't do that," all the time. The environment should really be encouraging of curiosity and exploration. So how do we do that? How do we help staff identify risks and remove hazards before injuries occur while maintaining that appropriate level of challenge going on in the classroom? And we talk about this by saying, "Maximizing learning by reducing risk." The reality is that risks are all around the children and we cannot wrap them in bubble wrap.

As we shared on the slide before, we want them to engage in that specially-crafted environment so that they can learn and grow and benefit from all that's there. So a health consultant brings their knowledge of health and safety and collaborates with the directors and teachers to find that balance, to create positive, meaningful learning environments. So, you know, these little friends here are so happy, they're outside and they're playing.

So consider for a moment how can a program increase the benefits of outdoor play and minimize injuries? Reducing the risks for injuries doesn't mean limiting the play equipment or enforcing rules that restrict children's ability to move and explore. The ideal playground is one that encourages children to challenge themselves while also presenting little risk for injury. In fact, studies show that playgrounds that are high challenge but low risk are the best at promoting the goals of outdoor learning. Children get more physical activity, develop better physical and cognitive skills, and develop better social skills, including respect for others, and are happier and more resilient.

So, the benefits of that are endless. So, knowing that, we want to maximize learning and reducing risk. There's two other things I want us to think about as we bring to our role as a health consultant working with programs to create these safe environments and maintain them, and that is that injuries are predictable and preventable. Injuries are not accidents, and some of you may have heard that before. It's something we like to talk about. So, we wanted to think about what does this really mean. So, in this picture you see water's on the floor from hand washing, and hand washing is going to happen every day, right? It's going to happen a number of times every day.

So, if an adult is in this situation and they spotted water on the floor, they might predict that an injury could occur where a child could slip and fall. They could slip and fall and hurt their legs, their ankles, they could hit their head. So, in the chat box, let's share what can be done to prevent this slip and fall injuries. What can we do to prevent the water on the floor? And as you're typing, I just want you to know that Hira mentioned there was a broken link to a safety checklist, and it is working now, so please go ahead and download that.

A number of you were talking about safety checklist. So how are we going to prevent this injury? We're going to clean it up! We're going to mop it up! We're going to block off the area under the sink. How about using mats under the sink so that if the water falls, it's either absorbed or falls through. Supervision. The supervision is going to notice it's there, maybe helped a little friend walk around it. Clean it up, clean it up, clean it up. You got it. We gotta get rid of the thing that's causing—that's going to go ahead and cause the injury.

So how can we identify as potentially causing an injury in the moment, such as in hand washing? And the national data, we know that falls are the number one cause of injuries. So here you go; it could happen. We also know that the regular routines can happen. All day kids are going to wash their hands. So, adults can predict that this situation that we see right here, is going to happen again, and again, and again. If children are splashing in the water, it falls through.

But as you noted, that folks can do things to prevent a child from having an injury in this moment, such as wiping it up, as well as future moments, by putting a mat down. So, there's also things we can do that help us prevent injuries, and you can take the same approach to prevent other types of injuries in things that are just set in your environment. So you might put a smoke detector in, or you have a smoke detector in to detect smoke. When you put in a playground, you put in impact, shock-absorbing surfacing so that children don't suffer from a very severe type of injury you have. So, we can understand why many safety precautions are in place in early care and education programs, such as these that I just pointed out on the screen. So, knowing that injuries are predictable and preventable, looking at all the injuries that we saw that children have, we can't prevent everything, but we can try and put some things in place to prevent injuries.

So, thinking about what we're showing you here, like the impact-absorbing surfacing, the smoke detector, can you name anything in your program that's there to prevent a predictable injury? And I see my colleagues here are typing up in here that we should have medications in a locked box. Ensuring that you have locked boxes and putting them out of reach is one way to make sure children are preventing injuries. Safety drills to check for hazards. Playground checklists. Folks have carbon monoxide detectors. Wood chips on the fire—on the playground. Outlet covers. These are all practices, and you keep writing in there more 'cause you guys are going to share more with each other than I can read 'cause it goes so fast. But look at what your colleagues are sharing because maybe some of these things are things that you hadn't thought about putting in place in your hearts or practices, such as a gate or some sort of barrier to hot surfaces so that children don't have any injuries.

And so, we can predict and prevent injuries in the moment. We can recognize that there's a problem and address it there, but we can also use that information to prevent future injuries and take action to make changes in our environment. Grace mentions removing heavy items from shelves. Putting on corner protectors and cover blocks. Having fire extinguishers in place. These are all really important things that you do, or your programs do, to prevent injuries in those environments. And we like to talk about injuries happening within the context of the injury's prevention framework, and that's thinking that injuries have three characteristics: the child, the adult, and the environment.

So, consider the water falling on the floor during the hand washing that we just saw. You have the child washing their hands, splashing it, they're having a great time, singing songs, washing their hands. You have the environment, which in this scenario, there is no mat, there is no lip on the counter, so the child is not holding their hands lower in the sink, so water is splashing. So water is getting on the floor in this environment, and we have an adult in the environment who is supervising and watching them.

So in this scenario, the adult can—you can change anyone of these factors to prevent the injury. So the adult is recognizing the environment and addressing that. So, as a health consultant, you realize that you can set up an environment but the minute an adult or child or anybody walks into the environment and begin to use it, other risks for falls or injuries can start to happen. And as a health consultant, you're not there to do the work.

As a health manager, you're not in the classroom doing the work, your staff and teachers and volunteers are in the classroom. So it's not only important that things are set up, to reduce injuries, but that our staff and the adults in the room accept the responsibility that they have of ensuring that a safe environment for children, and to do that, they need to really understand children and be able to identify risks and hazards as they pop up so they can address them. So, as we move forward in our conversation today about the role of the health consultant in injury prevention, we want to keep some of these pieces in mind.

At this moment, I just want to take a pause, make sure I haven't missed any important questions. I think folks are good, and I also just want to remind folks that at the end of this session, we'll leave the webinar open for a little while so you can download any web links or files that are in the file pod at the bottom, or the web link at the bottom. Please note, to access those files ... it is a two-step process, you have to click on the file and then press the little bottom below it that says, "download." And we have included a PDF of today's presentation slides in that file pod right below the PowerPoint slides screen, so you can go ahead and download a PDF of the presentation today if you would like. It's called CCHC Webinar Slides. We've also put a number of different resources and web links that we show you throughout the presentation today in the file and web link pods.

So, I just want to give you a heads up about that in case you were wondering and before we keep going here. OK. So now that we have, we're all on the same place, thinking about injuries, we're thinking about all the injuries our little kids can have and we're thinking about what are the characteristics of an injury so that we can support staff and programs in creating that healthy, safe environment so children can grow, develop, and explore and do all the wonderful things we want them to do. So as a health consultant working with a program, we've included in the Child Care Health Consultant Competencies, Safety and Injury Prevention as one of the areas that a health consultant should have some expertise around.

In the Child Care Health Consultant Competencies, the PDF of the complete set of competencies is in the file pod. It's also available online. And you can see there's a lot of things that a health consultant might know. Depending on where you are and where you work, your work might look a little bit differently, but we're going to go ahead and think about this role and the biggest breath and depth you can think of as it relates to injury prevention. How does a consultant share their expertise and knowledge about safety and injury prevention in their work with a program? If you are also interested in other items to support your ongoing professional development or to catch up on any webinars you might have missed about some of our professional development tools, I did include this slide in here just as a reminder that there's a number of different materials that the National Center has created for health consultants, for you specifically.

So, we do have child care health consultant competencies, we have six online skills building modules that talk about your work in collaborating and problem-solving together with early care and education programs. We have a MyPeers virtual community, which is a way to connect to other health consultants so that you can ask each other questions, share policies, procedures, tips, best practices, just not feel so isolated in the role because sometimes you feel like you're on an island out there, depending on the system you're working with.

We also have two tip sheets that really can go a long way in working with your programs to talk about all the things you could do in support with the program. Not all programs understand the breadth and depth of the knowledge that a health consultant could bring and support them in solving other problems in their program, so the tips sheets are a great way to share that with folks. And then, we also do have a state-based registry documents. So I wanted to direct you to, in addition to today, and the other materials we're doing, we do have a number of other tools that can support you in your work. I see Francie is saying, "Offering professional development, asking a health consultant to come in and do a staff training." I think that's such an important role of a health consultant is to be able to support training or even support others in developing training, so thank you for sharing that.

And as Laura mentions, some states require health consultants to be trained. Some states have specific training that health consultants do for Early Care and Education programs and they may need to be part of a state early care and education system in order to meet requirements that the programs must have. So it's so important, regardless of where you work, that you understand the early care and education system that you work within so that you are really collaborating to the best of your ability with your programs. So as the competencies reflect best practices and they really provide a detailed view of how health consultants working in an Early Care and Education setting can apply their specialized knowledge and skills to improve health and safety wellness outcomes.

The Injury Prevention Competency has three components to it. The first is collaborating with programs to promote safety and reduce injuries, and in this competency, we talk about the health consultant assessing, identifying hazards that are indoors and outdoors, even working with programs to promote safety by understanding the interaction between the child, adult, and the environment and how they may contribute to injury risks as we just discussed. 9D talks about promoting active supervision practices, and as you know from that chat box, I think for every little scenario we talked about, supervision, supervision, supervision is such a key injury prevention strategy, and the health consulting can support a program in really thinking about making supervision not a passive skill, but an active skill so that folks are intentionally supervising and interacting and engaging with children in a way that promotes safety.

And lastly, the last part of the injury prevention competency is helping programs with planning and responding to injuries, and that's really making sure that health consultants can ensure staff have the training they need on how to identify and respond to injury. And as folks mentioned in the chat box, that training that you do may be something that's required by your state, it may be individualized training that you're doing in your program, but regardless, when you're doing training and working with your program, it's so important to understand the system that you're working with.

So, we're going to start with 9A, which is the competency that works on working with the program to promote safety and reduce injuries. So we're going to go ahead and hear from all of you. We're going to go ahead and launch that first poll, Hira, if you could do that, and we'd like you to select all that applies. Let us know activities that you do in your programs to promote safety and prevent injuries. So, what are you doing in your program to promote safety and prevent injuries? So, we have someone who asked a question, while you are filling in the poll there, is the child care health consultant different from the nurse consultant?

And you know what, across the country, in regulations, in quality standards, different names are used: nurse consultant, health consultant, child care consultant. There's a lot of different ways that folks refer and define the role. So unfortunately, there's not just one term, but we are using the term that is from Caring for Our Children. Someone else has asked how can someone become trained to become a child care health consultant? Again Jennifer, I would suggest you look at your state system. We do have a link to the state regulations, when that screen pops back up, that can tell you, you can look through your own state regulations and look into your state early care and education system to see if they have a training. Otherwise, you can begin to use some of the materials I showed you on that slide earlier to support your own professional development, so hopefully you'll have a chance to do that.

So let's go back to this poll here and it looks like the majority of you do some sort of observation in the classroom for unsafe materials and practices, and that's super fantastic because in the classroom, when things are in play, is where policies and procedures come to life, and you can really play a critical role in supporting any challenges or misconceptions and misunderstandings and work together to understand on how that classroom is working, even what might have been missed. Using safety checklists, assessing playgrounds. This is great. Train staff—train staff on responding to injuries. So, look at all the things that you're doing. You can go ahead and close that poll for me, Hira.

And these are all things that are captured in that competency. So when you look at the competency document, we have what we call application, and the applications really describe what are the activities a nurse—a health consultant, nurse consultant may do to go ahead and prevent injuries? And as you can see from the screen, there's a parallel to what we just in the poll, but these are all ways that a health consultant may work with a program to prevent injuries, to be able to assess if there's hazards and knowing what to do to address them when they come and knowing how to address things as they emerge. So, from training to using the evidence-based checklists, to helping them respond when they notice something, to making sure that environments to your observation and evaluation are developmentally appropriate. Even say, sleep is such an important part, as we saw, in children under 1. Suffocation is such a concern in those safe sleep environments.

Choking, ensuring safe toys are there. Even the important role a health consultant may play in connecting programs to training and resources on these, even around vehicle safety. Maybe you have someone come in and do child car seat checks, as we know that installation of car seats can be a challenge and maybe a health consultant may not do that work, but they are knowledgeable about community resources and connecting to them to support the program in meeting their goals.

So, that competency is pretty deep and covers a lot of ground. I'd like to just share with you, I don't know if many of you are aware of some of these resources that can support you in your policy development, but two come to mind that are really based on some best practices. We have Model Child Care Health Policies, and this was actually a document that the American Academy of Pediatrics, in the Pennsylvania chapter, which has a lot of fillable form kind of type policies, so they're kind of neat to use as a jumping place, as you're trying to align policies to perhaps a NAEYC standards or your state regulations or Head Start practices, but using this other resources to give you ideas about things to improve and ways you can do them. The nrckids.org/caringforourchildren is the website for Caring for Our Children, which is a collection of national standards that represent best practices based on evidence, expertise, and experience for quality and health and safety policies and practices in Early Care and Education settings—that's a mouthful. Basically, they're evidence-based best practices and when you have policies and procedures, we need some guidance on what are some things that really work in the context of Early Care and Education settings. And these standards are so beautiful because they're written for the early care and education environment and they reflect best practices and evidence.

So, you can really feel confident when you're drawing information and practices from here, from exclusion criteria to using checklists, there's lots of information that can support you in that work. When we also think about, and again these links are down below, so if you're trying to write furiously, do know that they are down there. As you're thinking about what policies and practices you might put in place for injury prevention, such as using checklists or even what incident form you might use and how to use the form, how to ensure playgrounds maintain proper depth in their impact absorbing surfacing, policies and procedures can really run the gamut. But it's important that your procedures really describe how a policy can be implemented, and it's important because they assure that all staff are implementing the policy in the same way. And it really it is important when you have staff turn-over, maybe you have a younger staff, that those policies and procedures really capture those steps that folks can take, because policies are the what and procedures are the how, so the folks are really focusing in on those procedures in their daily works. And they're both equally important for effective safety practices.

So, CCHC may develop policies and procedures and it's really important that it's done with input from all stakeholders, including staff who is responsible for using them and that's because who's doing the work? The folks on the frontline. And it's so important that the common scenario, situations, challenges are addressed so that they can actually be successfully implemented. OK. Another shout-out, the link to Active Supervision materials was updated as well. And just remember, all that stuff down below is a two-step process where you have to click it and then press either "browse to," or "download." OK. Another tool that can really—I think this tool is pretty cool because it gives you like a checklist to go ahead and say, "All right, let me look at some of my health policies and see do I have some of these components included in them."

So again, that link is there but it's a way ... If you're responsible for doing like an annually review of policies and procedures, it's a nice tool to kind of reflect on the policy and procedure, what's working, what's not, and making sure all components are in there. Carmen [Inaudible]

mentioned that they do revise policies periodically, and you often notice that policies and procedures are often updated when an incident or something has happened that kind of triggers or prompts, look at the policies and procedures a change, the strengthening of it, or it's just done as part of a normal rotation of reviewing policies and procedures.

OK. Here we go. Another really important role, I think, for health consultants is that not only in training staff to support policy and procedure implementation, is to support them in the implementation side of it. Oftentimes we can do training, we can review things, but then, when you go back to the classroom, or you go back to the way observing and monitoring things happening, that you may realize what's working and what's not working, or you might, you know, pick up on areas of confusion. You'll be there in the moment to address any questions.

So, I encourage you that, if you're working with programs on policies and procedures, that you talk about whether you're doing the support for implementation, but making sure someone is supporting that implementation. With all the things that are going on in an Early Care and Education classroom, there's so many things to think about, so it's important to have someone available that can do that work with them. So, that can be successful in completing the policies and procedures as written.

And I talked about training as the bridge to implementation. It's really hard for folks to know ... If you find that things are happening that you're worried about in regards to safety and injury prevention, part of the issue may be that they do not have, OK, my nursing colleagues out there, a knowledge deficit, right? They don't know yet that those are things that they should be concerned about and they never have been shared with them and they never have thought about it. So really thinking about training as an opportunity to get everyone on the same page, about what are those risks and hazards that can happen with young children.

So I'd like to share this, you may develop your own training, again or maybe state-based training, but the American Academy of Pediatrics does have a set of online modules that health consultants could use. There are PowerPoints that have notes underneath and they just released one, I want to say this is a year or two years old, about keeping children safe in Early Care and Education settings. I don't know if folks have seen it or used any of their other materials. Healthy Futures does have an Infectious Disease and a Medication Administration module that are up there as well that you might have been familiar with, but it's a really nice tool that you might take look at if you're doing the training about either something specific, such as falls or motor vehicles, transportation injuries, it may give you some slides, some ideas and things you can use in your ongoing training with program.

And I always like to remember that, when we're working with training programs and doing education mode programs, let's reflect on how it is for us, sitting in a room, listening to a workshop or training or lecture, and we all know doing stuff with our hands and applying it to something that's relevant to our work is really critical. So, I encourage all of you there doing your training, to always be thinking about improving your training to make sure it's meaningful to the staff in the room. I know online in our Child Care Health and Consulting Community and some of the other communities, folks have shared different practices in ways that they've tried to be creative and inventive in sharing a training objectives with people.

But no matter what you do, you want to make sure that you are verifying that the participants heard the key messages, they understand why it's important, when both understand why it's important they're much more inclined to follow through and be intentional about it. And then, how to do it. It's not just knowing it but then how do you do it, and that's an implementation part, so if you can practice the implementation part and really think through how it's going to be implemented in the day-to-day, then it's even more meaningful when you go in to that observation to see how it is going. In that list of applications to promoting, working with programs to create healthy and safe environments, one of the things is, supporting programs and using checklists.

So, the easiest way, in fact, to ensure a safe environment is to conduct frequent safety checks, and using checklists that are adapted to the specific—your environment, the aids, developmental abilities, regulations, and standards that you are following is important. I put these on the screen to share with you, they are health and safety checklists for Early Care and Education and they are evidence-based. They come out of ... The one on the left, is a daily and monthly playground inspection and maintenance form, it comes out of The American Academy Pediatrics in Pennsylvania, their early education and learning group, and the one on the right comes out of UCSF California, and their child health group.

And the one on the right is actually hyperlinked to training for our children standards, so as you are looking at the standards you can learn more about the importance and why this is put into a checklist, as well as what I love about them is when you can then read the rationale about why. So they're really nice, evidence-based checklists that you can use with your program. This one, the one from California that's linked to Caring for Our Children, also has a user's manual, and I think the idea of the user's manual is so great because, as wonderful as checklists can be, there's a lot of inherent problems in checklists.

People get checklist fatigue, right? Check, check, check, check, check, and you know, they're not really used as intentionally as it might be, but they're a great learning tool for knowing, learning hazards, identifying hazards, and then just making sure that there's a continually ongoing checking for them to happen, but it's really important that the user understands really what they're looking for. To use, ensuring that there's training to support staff in using the checklist is just as important as using the actual checklist.

So we like to say that there are a number of steps to ensure a safe environment when using checklists, and the first is that either you work with a program or you come up with a procedure so that there is ongoing safety checking happening. Those safety checks are identifying hazards and those hazards as prioritized. So it's not just good enough that we do a checklist, right? But then what, right? How do we close that loop. So ensuring folks are identifying and prioritizing hazards, and then something next happens, whether it gets closed, whether there's a report sent that it gets repaired, but something needs to happen at that point, and then someone needs to check that whatever the issue was there was resolved.

So, the worst thing that can happen is someone just does the checklist and it becomes a big pile in the classroom, and nothing else happens. So as health consultants, we can really support programs and thinking through, what is the next step now that we found them? And you can also use those checklists as a way to look over your own program data to see what are some of

those issues and maybe, what are some of the pieces of information we can work on. We're not going to have time to do this activity, but it's a way to think about, and you might think about using this activity if you do a training on using checklists in your programs, or even just a brush up on using checklists in your program, but when you look in a finding and then thinking about in your program, what would you do if you found it, how are you going to prevent it from it happening again, and then who in the management or administrative team, who needs to know, what needs to happen next? How is that going to get communicated? These are three little things that you can always think about as you work on implementing checklists or thinking about how checklists are used in programs.

So I mentioned about using the checklists as data to see what is going on in a program, what issues keep popping up, to then inform some of your work with the program. Another thing you might think about doing to address taking injury—in preventing injuries and promoting safe environments is to use the program data, to understand the injuries that are actually happening in the program. If any of you are using your own program data, I would love to hear about it in the chat box, what kind of data you're using? And how you're using that data to then reduce injuries? So if any of you are using data now with your program to support some of your interventions, go ahead and pop it in there. I see Robinn share that they are using ChildPlus so, in putting data in there and ChildPlus is an electronics system for those of you that may not be familiar with it, where you can collect information and then allows you to analyze it. So, Brandy mentioned they analyze data in their monthly leadership meeting. Excellent! Polly uses ChildPlus.

Kelly brought up Hazard Mapping, wanted ... I was going to talk about that next, so I didn't plant Kelly to say that. Stacy is using ChildPlus and the old Excel spreadsheet. Those spreadsheets are super useful, especially if you have a manageable amount of data. They get a little hard when you have a lot of data. A lot of people using ChildPlus. Folks are using safety committee monthly meetings to discuss data, monthly safety checklists to address issues immediately and then brought up to safety committee. Excellent! Trish is using the UCSF CPH checklist. Awesome! Corea is using tracking sheets they have. Ana is sharing that in their program, the program she works with, they have staff dedicated to be part of a safety team and they look at the data and do the checks.

So, it's so important that you use all those great ... It might seem like paperwork and just practices, but when staff understands why it's important, and then they see you using that as data, to help them do their work, so that they can really focus on creating and, you know, wonderful relationships and engaging the children in their learning, you are supporting them in their work, and that, doing those checklists and thinking about that data, becomes much more meaningful. So if programs use your data, we've looked at programs, and heard from programs in the past that have shared that injuries are more likely, that they may be more likely during a transition, at the beginning of a program year, which kind of makes sense, right? When kids are back to school and they're learning a routine and we're learning about the children, so we are understanding their temperaments, and who's curious, and who's not. Playground, that's where a lot of injuries happen and as a result of falls.

So, using your own data, you may find information like this, and this can inform in your practices. So if you know there's a lot of injuries during transitions, let's take a look on what we are doing, what transitions, and how we can create that to be a little bit safer.

If you know the beginning of the program year is a high, injury time, what can we do? Do we need extra staff on the playground? Do we need, just to make sure we're including some safety principles along the way and just being more intentional about it? So using that, your own data can be really helpful with that. Hazard Mapping, which is a process ... We kind of borrowed it from Public Health, but it is a way that you can look at your injury prevention data and map out where are the injuries happening on the playground or classroom, and then see where those areas of most frequent injury are happening so that then, you can say, "OK so what's going on?" Is it during a certain time of the day, is it always a certain child, but it's a way to aggregate data to help inform you how to do it.

So the link to how to do Hazard Mapping is provided below in the web links, and it's a nice little package that has some examples and ways you can go about using this in your program. The Hazard Mapping idea is that you have ... Teachers collect data when there's an injury or incident about the child, the place, the equipment that's used, and then that information is put into some sort of tracking system. In this scenario we put it into an Excel sheet, and then in using that Excel sheet, we map out where did everything happen, and then you can use that data. Teachers can do this on their own. It's a really great tool for teachers to think about how they can keep that, what's going on in their classroom at those times, and how they can prevent those types of injuries.

So I see there was a question about the health that ecetta.info email that's provided at the top of the web link, and yes, that is not a web link, but it is probably one of the most important emails that you can have in your tools, for reaching out for help. It is a direct email to the National Center on Early Childhood Health and Wellness, and we are there to answer your questions. Any question you have, send it to us at that email and we can either get the answer for you or direct you to someone who has that answer. So thank you for asking that question, Sonya, 'cause it prompted me to remind everybody about that great resource. So again, this is called Hazard Mapping, and it's just another way that it helps consultants to either do the Hazard Mapping when they're reviewing injuries, incident reports, or can encourage programs to use their own data to look at how they can create safe environments.

I'm noticing that we are coming on the end of the hour, so I want to make sure I get in these next two parts of our competency here. I just encourage you that ... We did talk about almost all of you clicked that you do do observations in the classroom, and sometimes really learning how to observe classrooms for helping health and safety issues, it's a learned process. I continue to learn every time I go and do a program, but we did do a webinar on sharpening your observation skills. It's in the MyPeers peer-to-peer learning community. Again, there's a link for that at the bottom, how to create that account, and all the webinars we have done are there, too.

And as many of you did mention, this is something you're doing and I did want to point out that, that tool is available for you.

And, Evelyn, thank you for sharing that you've been using the Hazard Mapping since it was introduced a couple of years ago and it's worked out well, so thank you. Thank you for sharing that. As a health consultant, it's also important to really think about that you work with a director in leadership in your program to set the tone for the organization, and that safety really starts with leaders who are to be able to articulate their vision for safety and share the vision with everybody.

So as a health consultant, really taking the time to understand injuries and understand what's going on, and being supportive of hearing concerns so that you can solve problems and approaching them that way is really important, creating a safe environment for children and a health consultant can go a long way, in that as they're exploring health and safety concerns with their leadership. I also just want to share a couple ... All right, so let's just move in to 9B which is the second part of the Injury Prevention Competency, which is promoting active supervision. So many of you identify supervision as something that is a cause for many injuries. So as a health consultant, a role we play is then to support creating supervision to be a very active skill. So, let's just ask this quick poll, Hira, if you can pop up that poll, I'm just curious, how often are you involved in conversations about supervision of children? Sometimes health consultants are brought into this conversation and sometimes they're not.

So, I see those numbers coming in, and a good majority of you are involved in conversations about supervision. If you haven't been involved in one yet, this might be new and something new to think about, and if you are involved in them, I hope to share some information and resources that may support you in that work. So you can go ahead and close that. Thank you. OK. The National Center has created lots of information about supervision and they can support you in reviewing or revising policies on supervision, as well as implementing the supervision strategies inside and outside, because we know injuries can happen anywhere that kids are, inside, outside, moving from place to place. And a health consultant can really go a long way in collaborating with the program to plan environments, so that teachers can see children in all different areas and can notice where there are blind spots, and a health consultant can do those observations, see what's going on and then strategize.

A big piece of active supervision is the staff's ability to maintain attention, and there may be things that are distracting staff, so it's important that we address staff attention management as well. So, these are the six strategies in active supervision, they are basically taking the time to set up an environment to ensure there's no blind spots, ensuring staff are positioned in a way that they can see all the children, and then they need to communicate with each other as they move around the room. They need to listen, they need to understand the children so that they can engage. We have a lot of materials around. Active supervision posters, tool kits, webinars, everything that you can think of, related to active supervision all in the links that will support you in doing this work with program.

You can also help them think about redundant systems in different ways that we can make sure active supervision is really happening. We also share with you a nice list that you can use in supervision to look at supervision practices, so it's a nice little safety checklist for you that can happen. So, Francie says that, or Kristi says active supervision is a must for all staff, not just education staff, and thank you for saying that, and it really addresses the issue that supervision

of children is everywhere children are all day, every time they're with you. So anybody that comes in contact with a child throughout the day really needs to know that active supervision is something that they should be taking very seriously.

So, safety huddles are much like a nurse-to-nurse report at the end of the shift, it's another way to promote active supervision, as staff can share with each other, as they may be changing over or moving from a regular program into the afternoon to talk about, where are the children, what are they struggling with, maybe you have a new friend who's learning how to use the bathroom and needs to know where the bathroom is in a new environment. Or maybe that friend needs to be introduced to the teacher that's going to be monitoring with them in the afternoon, so that teacher can support them.

So, talking about safety huddles as a safety strategy is important. Talking about staff wellness so they can support their own attention management is important, and there's no way I'm getting done with all of this, so, I apologize for that but I hope that you will take the time to flip through some of these pieces as we go. I am a big, people laugh at me because I get a little overly enthusiastic at times, but I think it's super important in a stressful environment where there are so many things going on, that we celebrate wins often and I think that as child care health consultants, we can go a long way in calling out practices in the program, with directors and leadership and really celebrating things that you see that are being done that really promote child safety.

The last part that a health consultant does in the preventing injuries competency is they help program with planning and response to injuries. And as we said earlier, that may include how to dial emergency medical services, getting CPR and first aid training. We include CFOC Appendix P as a resource for you as a way to look at your policies, procedures, training and to think about are the staff in the program you're working with having things that they need to address emergencies right away? So with that, we are at the top of the hour.

Together, I think, working in collaboration with health and safety in mind with our programs, we can go a long way to ensure children have the opportunity to be curious and to learn, and as a safety and injury preventing competency can really guide you in your own professional development in the work you are doing with programs, to support the programs in being successful and achieving that.

At this point, I am going to just pass this over to Hira, so she can let you know how to do the evaluation and get a certificate. Thank you all for your active participation today. It was wonderful being with you and we'll see you again soon, and Hira, take it away.

Hira: All right, thank you, Kim. The audience, if you want more information or if you have additional questions, you can contact the National Center directly, the email address and phone number are on your screen right now. As a reminder, a survey and instructions will be available to you after this webinar.

Kim: Hira, I'm sorry, I just wanted to mention one more thing. If there's any unanswered questions, we will address them on MyPeers, so I do encourage folks to ... Where under the web links where it says MyPeers create account, an account. If you don't have one, please

create one and then you can get access to the Child Care Health Consultant community where we can continue our discussions. So thanks again.

Hira: Thank you, everyone.