

Injury Prevention Guidelines for PEI Early Childhood Centres

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Injury Prevention Guidelines for Early Childhood Centres

Early childhood services have a duty of care to provide a safe environment for all children who access the service's facilities and /or programs. Implicit in this is the expectation that strategies to prevent injuries will reflect best practice guidelines.

This document aims to organize best practice guidelines for injury prevention according to the mechanisms of injury commonly used in injury prevention literature. The document is divided into two sections: section one outlines best practice guidelines and strategies for the prevention of injuries; section two elaborates on one particular strategy, the development of policies and procedures, and provides sample policies that may be adopted as is, or adapted to better suit a centre's individual needs.

Section 1: Injury Prevention Guidelines and Strategies

The injury prevention guidelines for early childhood settings contained herein encompass eight subject areas relevant to the early childhood setting: falls prevention, helmet safety, choking/strangulation prevention, burn and scald prevention, poisoning prevention, transportation safety, outdoor weather safety, and injury monitoring and reporting. The information is based on best practice recommendations from the Canadian Pediatric Society, local and national injury prevention groups, and other recognized authorities of topic-specific safety information. Pertinent local information related to implementation of the recommendation is provided as available. For select recommendations of policy development there are corresponding sample policies provided in section two.

1. Falls Prevention

Falls are the leading cause of hospitalization for the 0-4 age group and are the leading cause of injury in early childhood settings. A serious fall includes falling from one level to another (off a climber, down a staircase, out a window), from an adult's arms, or from a level taller than a child's own height (off a bed, off a countertop, off a couch), for example. Children are often injured by falls on the playground. Strategies to reduce fall related injuries focus on modifying the environment and restricting access to hazards.

Early childhood centres should employ the following strategies to prevent injury from falls:

- Use double sided tape on area rugs to prevent buckling and sliding.
- Bolt cubbies, cabinets, shelves, and bookshelves securely to the wall.
- Ensure toys are accessible to children so that they do not climb to reach them.
- Ensure windows open no more than 9 cm (3.5 in). Window screens do not provide adequate protection from falls out windows. Window safety mechanisms, such as guards/position locking devices, prevent children from opening windows.
- Ensure hallways and stairs are clear.
- Install hardware mounted safety gates at the top and bottom of all open stairways. Only hardware-mounted safety gates should be used at the top of stairs.

- Always use safety belts on highchairs, strollers, and other equipment as per the manufacturer's instructions.
- Ensure highchairs have a wide base to prevent toppling.
- Locate highchairs away from counters, walls and other furniture.
- Avoid using extension cords. If you must use one, run it behind furniture.
- Ensure that children and staff wear sturdy, slip-resistant footwear indoors.
- Ensure that platforms/stools used by children to reach water taps are stable/will not slip.
- Follow Canadian Standards Association (CSA) recommendations for outdoor play structures, and playground equipment and surfacing. Safety checklists do not replace the need to have the playground inspected by a certified playground inspector. Playground inspections can be arranged through Recreation PEI (892-5323 or 892-6445).
- For indoor play structures, which do not have CSA standards, the American Society for Testing and Materials (ASTM) standards suggest the following:
 - age and height restrictions are followed.
 - a maximum platform height : less than 80cm(32in) for children under 2 years of age; less than 1.2 m (4ft) for children 2-5 years of age.
 - a 1.8m (6ft) fall zone in all directions.
 - sufficient surfacing (in consultation with environmental health officer).
- Develop policies and procedures that address falls prevention (e.g., inclusion of falls prevention strategies on checklists, indoor footwear policy, playground safety policy).

* as of March 2013, decisions regarding crib safety remain outstanding. For more information visit Health Canada's website at <http://www.hc-sc.gc.ca/cps-spc/legislation/consultation/2010cribs-berceaux/consult-eng.php>

2. Helmet Safety

Injuries occur when riding tricycles, bicycles, and other wheeled toys. Helmet use is associated with a reduction in the risk of head, brain and facial injuries in children. The use of helmets when children begin to participate in activities for which helmets are recommended can contribute to establishing a good helmet-wearing habit.

Early childhood centres should employ to the following recommendations for helmet use:

- Do not allow children less than one year of age to use ride-on toys and helmets. At this young age, children have weak neck muscles as the head is the heaviest part of the body; they are not able to support themselves on a ride-on toy or support the weight of a helmet. Most helmets are designed for use in children older than age one.
- Ensure that children (over age one) wear helmets while riding wheeled toys.
- Have at least one helmet per wheeled toy. More than one helmet per wheeled toy may be necessary to accommodate the variety of head sizes. Although one helmet per child is best practice, this may not always be feasible. Safe Kids Canada and Canadian manufacturer, Seven Star Sports, provide low-cost helmets for all sports, including cycling, skiing, snowboarding and hockey. Order forms can be accessed at <http://sevenstarsports.com/7SS-Parachute%202013.html>

- Use helmets that have an approved standards label. This means that the helmet was designed to safety standards. Helmets should have one of the following labels (found on or inside the helmet): CSA, ASTM, CPSC (United States Consumer Product Safety Commission), NOCSAE (National Operating Committee on Standards for Athletic Equipment), SNELL (SNELL Memorial Foundation), CEN (European Committee for Standardization). It is important to look for these standard labels when buying a helmet.
- Use the appropriate helmet. Different types of helmets are designed for different types of activities. Bicycle helmets are recommended for use with wheeled toys or activities. Child Safety Link’s website provides information on the type of helmet recommended for different activities (<http://professional.childsafetylink.ca/helmets-brain-injury.html>).
- Ensure that helmets are properly fitted. It is important that children wear a properly fitted helmet for best protection against head injury. Helmets come in many different sizes. While a toddler-size helmet may be the appropriate size for most children in a child care setting, always make sure a helmet fits properly before letting a child use it. Child Safety Link’s website provides guidelines on how to properly fit a helmet.
- Remove helmets before playing on any play equipment. The straps on the helmet could get caught on play equipment, causing unintentional risk to the child.
- Establish a helmet-wearing habit when a child first begins to participate in wheeled activities. The PEI Department of Highway Safety recommends the use of helmets on tricycles.
- Wash helmets with water and mild soap. Such cleaning is believed to be sufficient to remove head lice and nits. Harsher cleaners can affect the helmet’s ability to protect against injury.
- A bicycle helmet is a one, single-impact helmet. Replace bicycle helmets if there are any visible signs of damage, if it has sustained impact (with or without visible signs of damage) or after 5 years, whichever comes first. Never alter a helmet. Do not shave or cut the foam, or use stickers.
- Ensure that children wear helmets while sledding.
- Develop policies and procedures that address helmet safety.

3. Choking/Strangulation Prevention

A child’s airway can be obstructed by objects that physically enter the airway or by objects that apply pressure and restrict air entry. Small toys, food, strings/cords and openings that can entrap a child’s head can all compromise a child’s airway and result in choking and/or strangulation. Strategies to reduce choking related injuries focus on modifying the environment and restricting access to hazards.

Early childhood centres should employ the following strategies to prevent injuries arising from choking hazards:

- Ensure that younger children do not have access to toys intended for preschoolers. Any item that can be passed through a toilet paper roll is a choking hazard.
- Adhere to age-related warning labels on toys.
- Ban battery operated and electric toys, and latex balloons.

- Ensure that openings (in play structures, railings and fences, for example) do not pose an entrapment risk. A child's head may become entrapped in any opening that is larger than 3.5 inches but smaller than 9 inches, or in partially bound openings (in the shape of a V or U) where a child could get their neck over the top, lose their footing, and not get their head back through.
- Ban toys with cords or strings longer than 20 cm (8in).
- Remove cords and drawstrings from clothing.
- Eliminate loose or dangling window blind cords by cutting them short.
- Ensure foods that pose a high choking risk are cut appropriately (shredded, for example) or restricted. Foods known to pose a choking risk include sunflower seeds, grapes, hot dogs, raw carrots and apples.
- Remove helmets before going on play equipment.
- Develop policies and procedures that address choking hazards (e.g., inclusion of choking prevention strategies on safety checklists, nutrition policies).

4. Burn and Scald Prevention

Potential sources of burn and scald injuries in early childhood settings include fire, hot liquids and foods, steam, electricity, and chemicals. Children are particularly vulnerable to these hazards because their skin is thinner, and burns quicker and deeper than that of adults. Children also have less resistance to electric shock. Strategies to reduce burn/scald related injuries focus on modifying the environment to prevent access to hazards, and ensuring appropriate equipment and safety practices are in place.

Early childhood centres should employ the following strategies to prevent injuries arising from burn hazards:

- Ensure hot water accessible to children does not exceed 49°C. Hot water temperature is typically monitored by environmental health inspectors and checked during routine inspections. Hot water temperature at the point of contact can be monitored using a meat or candy thermometer. Instructions for determining the water temperature can be found at <http://www.safekidscanada.ca/parents/safety-information/scalds-and-burns/check-hot-water-temp/check-your-hot-water-temperature.aspx>
- Restrict children's access to food preparation area.
- Install tamper resistant electrical receptacles/cover electrical outlets when not in use. Electrical outlet safety is typically monitored by fire inspectors and checked during routine inspections.
- Store flammable materials in locked metal cabinets.
- Store combustible materials in locked well-ventilated areas. Storage of combustible materials is typically monitored by fire inspectors and checked during routine inspections.
- Develop policies and procedures that address burn/scald prevention (e.g., inclusion of burn/scald prevention strategies on safety checklists).

5. Poisoning Prevention

A poison is something that can make you sick if you taste it, smell it, or get it on your skin or in your eye. For example: swallowing a coin, breathing in fumes and getting bathroom cleaner in your eyes are all considered poisonings. Contact and/or ingestion of hazardous substances can result in life-threatening situations for children. Hazardous substances in the early childhood setting include cleaning and disinfecting products, medications, plants and cosmetics. Arts and craft supplies, or even some toys, can also contain potentially hazardous substances. Strategies to reduce poison related injuries focus on preventing access to potential hazards.

Early childhood centres should employ the following strategies to prevent injuries arising from ingestion and/or contact with potential hazardous substances:

- Store all hazardous substances in a locked cupboard or in an area inaccessible to children. This includes any personal bags (e.g., purses, backpacks) that may contain cosmetics or medications. Regulation 20(4) of the Child Care Facilities Act outlines requirements for hazardous substance storage.
- Keep all hazardous substances in their original containers, and ensure that the cap is on tightly after each use.
- Ensure all (poisonous) plants are inaccessible to children. Child Safety Link's website provides important Poison Prevention information and is a useful resource that outlines strategies for minimizing plant hazards for children. This resource can be accessed at <http://childsafetylink.ca/toddler-safety/poison-prevention/prevent-plant-poisoning.html>
- Use arts and crafts supplies that are labelled as child-safe.
- Be aware of toys that may contain potential poisons (e.g., toys that use button batteries or small magnets).
- Find updated information on emerging poisoning issues at <http://www.childsafetylink.ca/en/about/news/new-csi-poison-resources.html>
- Post the phone number for the IWK Regional Poison Centre by the telephone. The centre assists the public with information related to poisonings and possible poison exposures. The service is free, confidential, and available 24 hours a day via telephone at 1-800-565-8161. The centre can also be accessed online at www.iwkpoisoncentre.ca
- Develop policies and procedures that address poison prevention (e.g., inclusion of poison prevention strategies on safety checklists, medication administration policy).

6. Transportation Safety

Motor vehicle collisions are the leading cause of unintentional injury death in children aged 1-14 years. Studies have shown that 4 out of 5 children are not properly restrained in motor vehicles. Given the high risk of injury, early childhood educators should avoid transporting children.

If a program does take on the responsibility of transporting children, they should employ the following strategies:

- Ensure that all children aged 12 and under always ride in the rear seat.
- Ensure that every child passenger uses a developmentally appropriate child passenger restraint. Transport Canada provides useful information on choosing an appropriate child restraint and proper installation of child restraints on their website at <http://www.tc.gc.ca/eng/roadsafety/safedrivers-childsafety-index-53.htm>

In addition to “car seat” legislation, PEI also has “booster seat” legislation. Children should not ride in booster seats until they are 40lbs. More information on PEI’s booster seat law can be accessed at <http://www.gov.pe.ca/photos/original/boostseateng.pdf>

- Ensure that all child passenger restraints are certified. Certified child passenger restraints have a Canada Motor Vehicle Safety Standards (CMVSS) label.
- Ensure that the child passenger restraint has not reached its expiry date. The expiry date can be found on a label on the restraint, or in the manufacturer’s instruction manual.
- Ensure that child passenger restraints are installed according to the manufacturer’s instructions (in the car seat instruction manual). A properly installed seat will not move more than 2.5 cm (1in) forward or from side to side. Forward facing car seats must be tethered.
- Ensure that the harnessing system in the child restraint is adjusted securely.
- Ensure that child passenger restraints are installed according to the vehicle owner’s manual. Important information on appropriate seating position, universal anchorage systems, air bags, and seat belt systems are contained in the vehicle owner’s manual.
- Ensure that booster seats are used with a lap and shoulder belt.
- Ensure that the vehicles are registered and inspected.
- Ensure that all drivers have a valid driver’s license.
- Encourage individuals responsible for transporting children to further their knowledge of child passenger restraints. Child passenger restraint safety technician training is available through both Child Safety Link and the Infant and Toddler Safety Association (ITSA). The initial training is typically done over 2-3 days, and annual recertification takes one day. Contact Child Safety Link directly for information on training opportunities (1-866-288-1388); annual ITSA training/recertification is sponsored by Co-operator’s Insurance, and organized and hosted by Kids West Family Resource Centre in Alberton.
- Encourage individuals responsible for transporting children to attend a car seat clinic or safety inspection. Highway Safety in Charlottetown provides free child passenger restraint safety inspections by appointment. The group PEI Car Seat Safety hosts clinics and conducts individual appointments ([website: http://peicarseatsafety.ca/](http://peicarseatsafety.ca/)).
- Develop transportation policies and procedures.

Vehicle-pedestrian events account for a large number of transportation-related injuries. In early childhood settings, such events may occur during drop-off and pick-up, or when the children are on an outing away from the early childhood centre.

To reduce the incidence of such injury events, the following strategies are recommended:

- Ensure that children exit the vehicle on the curbside of the street.
- Ensure that children are never left alone in a vehicle.
- Develop drop-off/pick-up policies and procedures.

7. Injury Monitoring and Reporting

A reporting system provides essential documentation for the purpose of communicating information and demonstrating compliance with safety practices. The use of incident/injury

reports and safety checklists provide a systematic approach to documenting information in the early childhood setting.

Monitoring allows for the prompt recognition of risks that may be amenable to intervention. The use of routine safety checklists, and routinely accessing consumer product recalls allows the centre to monitor the safety of their equipment and environment. Routine monitoring of injury/incident reports can help identify trends in injuries/incidents and help direct appropriate interventions.

Early childhood centres should employ the following strategies to report and monitor injury/injury risk:

- Use a comprehensive injury/incident report that includes: the date, time and location of the incident/injury, the nature and extent of the incident/injury (indicated on body outline), the action taken, the individuals present (including staff ratio), the equipment/environment /product involved, the first aid administered, who was contacted, and suggested preventive actions. For example, see the Canadian Pediatric Society injury report form (http://library.cps.ca.s3.amazonaws.com/cfk/en/injury_report.pdf).
- Develop policies and procedures for the completion of incident/injury reports.
- Maintain a log of all incident/injury reports.
- Conduct regularly scheduled safety checks using comprehensive check lists that address a broad range of injury prevention strategies such as those developed by the Canadian Pediatric Society (http://www.caringforkids.cps.ca/wellbeings/forms_and_checklists)
- Develop policies and procedures for the completion and maintenance of safety checklists.
- Maintain an up-to-date equipment log.
- Subscribe to Health Canada's consumer product safety electronic newsletter, and check for recalls on a regular basis. Subscribers receive updates when new information, consumer advisories and warnings, consumer product recalls, and consultation documents regarding consumer product safety are posted on the Health Canada Web site. Registration is free and can be accessed at http://www.hc-sc.gc.ca/cps-spc/advisories-avis/_subscribe-abonnement/index-eng.php

8. Outdoor Weather Safety

Regulations governing early childhood programs require daily outdoor play for all children, conditions permitting. Infants and young children, however, are a vulnerable population with respect to weather conditions because they have a greater surface-area-to-body-mass ratio than adults (and do not adapt to extremes of temperature as effectively as adults), are unable to perspire as much as adults (and therefore are more prone to heat stress than adults), and are dependent on caregivers. Weather that poses a significant health risk includes temperature and/or wind chill factor at or below minus 25°C and humidex at or above 40, as identified by Environment Canada (<http://www.weatheroffice.gc.ca>).

Early childhood centres should implement the following strategies to prevent heat-induced illness, and injuries from exposure to high UV and extreme cold conditions:

- Require children to play indoors if the temperature or wind chill is minus 20°C or lower. This is consistent with local elementary schools that require indoor play when outdoor temperatures are minus 20°C or lower. Research has shown that exposed skin will begin to freeze at minus 25°C.
- Be aware of the local UV index reported by Environment Canada (<http://www.weatheroffice.gc.ca>), and take necessary precautions. Health Canada’s sun protection recommendations are outlined below:

UV Index	Sun Protection Strategy
0-2	Minimal sun protection required. If outside for more than one hour, wear sunglasses and sunscreen. Reflections can nearly double UV strength.
3-5	Take precautions. Cover up, wear a hat, sunglasses and sunscreen if outside for 30 minutes or more. Look for shade near midday.
6-7	Protection required. UV damages skin and can cause sunburn. Reduce time in the sun between 11 a.m. and 4 p.m. Seek shade, cover up, wear a hat, sunglasses and sunscreen.
8-10	Extra protection required. Unprotected skin can be damaged and burn quickly. Avoid the sun between 11 a.m. and 4 p.m. Seek shade, cover up, wear a hat, sunglasses and sunscreen.
11+	Maximum protection required. Unprotected skin will be damaged and burn in minutes. Avoid the sun between 11 a.m. and 4 p.m. Remain in the shade, cover up, wear a hat, sunglasses and sunscreen.

Adapted from Health Canada website <http://www.hc-sc.gc.ca/hl-vs/sun-sol/protect-protegez/index-uv-indice-eng.php>.

- Be aware of the local humidex reported by Environment Canada (<http://www.weatheroffice.gc.ca>) and take necessary precautions. The humidex combines the temperature and humidity into one number to reflect the perceived temperature. While a humidex level of 40 causes health problems for most people, some can become sick at lower humidex levels.
- Always be alert for signs of heat illness/stroke. These include thirst, fatigue, leg or stomach cramps, and cool moist skin. General recommendations for high humidex ratings are as follows:

Humidex	Heat-Illness Protection Strategy
30-39	Outdoor activity should be toned down or modified.
40+	All unnecessary activity should be limited. Play indoors in cooler area.

- Develop a sun protection policy that addresses both managing the physical environment (shade and time of day), and protective behaviours and practices (sunscreen and clothing).

Note: Safe Kids Canada and ThinkFirst Canada are now part of Parachute, a national, charitable organization dedicated to preventing injury and saving lives. Information from and links to these pages are being transferred to the new website www.parachutecanada.org.

Section 2: Injury Prevention Policies

A policy is a plan of action. This plan is influenced by both knowledge and beliefs. While some policies offer a range of acceptable actions within agreed limits (e.g., guidance policies), others need to be more prescriptive as they generally outline best practice (e.g., health and safety policies).

Early childhood educators who already have established injury prevention practices within their service often question whether policies are necessary. Early childhood services need policies to ensure consistency between educators. Effective policies provide a means of communication, creating common understandings and expectations. Furthermore, policies developed by early childhood services need to be documented. Written policies provide a record of both the rationale for specific actions and the sources of information that influenced them. Written, accessible policies also provide stakeholders with information about expectations: what they can expect from a service and what is expected of them by the service.

Developing injury prevention policies involves gathering information. The types of information relevant to early childhood services include legal and regulatory requirements, recommendations from recognized authorities, research evidence, and the service's philosophy. Documented information such as recorded conversations with families and children, incident reports, letters and emails may also inform policy.

When writing policies, it is important to use plain language, avoiding the use of jargon. Adopting a standardized template can assist with both policy development and implementation, the same type of information is in the same place all the time. One must always remember that policies are "living" documents; they are intended to be reviewed on a regular basis in collaboration with stakeholders and updated as necessary to reflect current recommendations from recognized authorities and the needs of individual services.

Sample Policies

The sample policies on the following pages have been designed to be either adopted as is or adapted to meet the needs of individual services. These specific injury prevention policies were identified following conversations with early childhood professionals. The policy template is standardized; all of the sample policies have the following sections:

- Policy statement – statement(s) describing any combination of the service's philosophy, what the policy covers, and/or the purpose of the policy.
- Rationale – statement(s) of reasons that detail why the policy and/or procedures have been developed; may outline research that influenced the development of the policy.
- Strategies and practices – explain how the policy statements will translate into everyday actions.
- Sources – the source and publication date of any information used to develop the policy; may reference related policies, legislation or regulations.
- Related documents – documents associated with the implementation of the policy.
- Further reading – a list of articles of interest that are indirectly associated with the policy.
- Dates – of issue and review.

Sample Safety Checklist/Inspection Maintenance Policy and Procedures

Title: Safety Checklist/Inspection Maintenance	Date of issue:
Approved by:	Date of review:

Policy statement

- <service name> has a duty of care to provide staff and children who access <service name's> services and programs a safe environment.
- Daily visual safety scans and regularly scheduled safety checks will be conducted by staff; regular safety inspections will be conducted by an Environmental Health Officer and a Fire Safety Officer.
- The purpose of this policy is to ensure a safe environment, and to provide a systematic means for identifying and documenting real and potential safety hazards.

Rationale

- Child Care Facilities Act Regulations require regular inspections by a public health officer and a fire inspector.
- Safety checklists are considered to be an effective and efficient means of monitoring a wide range of injury risks and compliance with injury prevention strategies.

Strategies and practices

- Staff shall conduct daily visual safety scans of the play space at the beginning of each day. Debris will be removed and any structural damage will be investigated. Documentation shall be recorded in a play space safety log.
- Safety checklists (weekly, monthly, seasonal and annual), as provided in the Canadian Pediatric Society's Well Beings, will be used to conduct comprehensive safety checks (accessed online at http://www.caringforkids.cps.ca/wellbeings/forms_and_checklists).
- Safety checks shall be conducted by the owner/operator (or designate).
- Safety checks shall be regularly scheduled, and shall be completed at the beginning of each designated time period (i.e., beginning of week, month, season).
- Safety checklists must be signed and dated (including time of day) by the individual conducting the safety check. Documentation shall be recorded in a play space safety log.
- Required remedial action shall be documented on the checklist. If the check is performed by an individual other than the owner/operator, any required remedial action will be brought to the attention of the owner/operator, and acknowledgement by the owner/operator will be indicated by his/her signature on the bottom of the checklist.
- Action plans will be noted in the play space safety log.
- Equipment identified as posing a safety hazard will be removed from access, or restricted from access if removal not possible.
- The owner/operator assumes responsibility for all remedial action and action plans.
- Safety checklists and the play space safety log will be maintained in a safety binder.

Sources

Canadian Pediatric Society. 2008. Well Beings: A Guide to Health in Child Care. Ottawa, Ontario: Canadian Pediatric Society.

PEI Child Care Facilities Act Regulations 15(1), 19(1)

Related documents

Canadian Pediatric Society Weekly, Monthly, Seasonal, and Annual Safety Checklists. Accessed March 2013 at http://www.caringforkids.cps.ca/wellbeings/forms_and_checklists

Play Space Safety Log

Sample Helmets for Wheeled Toys Policy and Procedures

Title: Helmets for Wheeled Toys	Date of issue:
Approved by:	Date of review:

Policy statement

- <service name> has a duty of care to provide children who access <service name's> services and programs a safe environment that supports the development of lifelong safety practices.
- This policy is a shared responsibility between the staff and management of <service name>, and the children and parents/guardians of children accessing the services and programs of <service name>
- All children over one year of age must wear an approved, properly fitted bicycle helmet while riding a wheeled toy.
- The purpose of this policy is to prevent head and facial injuries in children riding wheeled toys and to establish/reinforce a helmet wearing habit when children first learn to ride wheeled toys.

Rationale

- Current scientific evidence supports the use of bicycle helmets to prevent head and facial injuries in preschoolers.
- Establishing a helmet wearing habit when beginning to ride wheeled toys may lead to an increase in helmet wearing later in childhood.
- Child development practitioners emphasize the importance of consistent practices when establishing safety-related behaviors in children.

Strategies and practices

- <service name> shall maintain at least one helmet per wheeled toy on the premises.
- A helmet log containing date of purchase, type of helmet, date of and reason for removal from service for each helmet shall be maintained.
- All helmets must have an approved standards sticker.
- All helmets must be of appropriate size (toddler or child).
- Staff must attend a training session on helmet fitting prior to fitting a helmet on a child.
- Staff must review this Helmet Policy for Wheeled Toys and the helmet fitting guidelines as outlined by Child Safety Link on an annual basis.
- A log of staff training/review of helmet fitting guidelines shall be maintained.
- Staff ensure that the helmet is properly fitted on the child prior to the child's engagement with the wheeled toy.
- Staff ensure that helmets are removed following play on the wheeled toy.
- Staff ensure that helmets are never permitted on play structures or playgrounds.
- Staff shall wipe helmets out with a damp cloth between users, and shall clean the helmet with a mild soap and water on a regular basis.

- Helmets shall be replaced if there is visible damage to the helmet, following a collision (with or without visible damage), or after 5 years, whichever comes first.

Sources

Powell, E., and Tanz, R. 2000. Cycling injuries treated in emergency departments: need for bicycle helmets among preschoolers. Archives of Pediatric and Adolescent Medicine 154: 1096-100

Wheeled Activities, Safe Kids Canada. Accessed March 2013

<http://www.safekidsCanada.ca/Professionals/Safety-Information/Wheeled-Activities/Index.aspx>

Related documents

PEI Bicycle Helmet Legislation: sections 194 (1) & 194 (2) of the [Highway Traffic Act](#)

Child Safety Link. 2008. Keep Kids Safe: A Parent's Guide to Helmet and Recreation Safety. Accessed March 2013 at

http://childsafetylink.ca/user_uploads/English_KKS_Helmet_June_2008_Web.pdf

Further reading

Think First Canada. Helmet Clinic Guide Appendix 1: Helmets and Lice. Accessed March 2013

http://www.thinkfirst.ca/documents/HelmetClinicGuide_Final.pdf

Pollack RJ, Kiszewski A, Spielman A. 2000. Overdiagnosis and consequent mismanagement of head louse infestations in North America. Pediatric Infectious Disease Journal 19:689-693.

Sample Transportation Policy and Procedures

Title: Transportation	Date of issue:
Approved by:	Date of review:

Policy statement

- <service name> has a duty of care to ensure that children accessing <service name's> programs and services are provided safe transportation to scheduled off-site activities .
- This policy is a shared responsibility between the staff and management of <service name>, and the children and parents/guardians of children accessing the services and programs of <service name>
- All children will be transported in the rear seat(s) of the vehicle in developmentally appropriate, properly-installed child passenger restraints.

Rationale

- Motor vehicle collisions are the leading cause of unintentional injury death for children in the 1-14 age group.
- Appropriate, properly installed child restraints reduce the risk of injury by 70% or more.
- Unrestrained/improperly restrained passengers increase the risk of injury to other passengers.

Strategies and practices

- Families/care givers will be requested in writing to supply an appropriate, CMVSS certified child restraint and the instruction manual. Booster seats must be high back. The child restraint should be labelled with the child's full name.
- Families/care givers assume the responsibility of ensuring the child restraint is appropriate for their child's height/weight, CMVSS certified, and is not expired.
- Signed permission will be sought from families/caregivers so that educators/parent volunteers can install the child restraint in the vehicle.
- All educators/parent volunteers must review information on properly installing child restraints outlined in Child Safety Link's publication Keep Kids Safe: A Parent's Guide to Car Seats.
- Child restraints must be installed according to the manufacturer's instruction manual and the vehicle owner's manual.
- Child restraints will only be installed in the rear seat(s) of the vehicle.
- Educators/parent volunteers shall refuse to install a child restraint if it is not appropriate for the height/weight of the child, does not bear a CMVSS label, the expiry date is not visible/has passed, the instruction manual is not available, or is deemed unsafe due to condition or missing parts.
- Educators/parent volunteers shall secure rear and forward facing child restraints using either the seat belt or the universal anchorage system (UAS) so that there is no more than 2.5 cm movement of the restraint in any direction. If the seat belt is used to secure the

restraint, the locking mechanism of the seat belt must be switched to the automatic locking mode.

- All forward facing child restraints must be tethered.
- Educators/parent volunteer may adjust the internal harnessing system such that there is no greater than one finger width of space between the harness and the child measured at the collarbone, and the chest clip is at the armpit level.
- All booster seats require a lap and shoulder belt.
- Children aged 10 and older and at least 4'9" will be transported in the rear seat(s) of the vehicle and will use the vehicle's seat belt system for restraint. The seat belt must be a lap and shoulder belt properly positioned across the top of the thigh and across the centre of the chest.
- <service name> must ensure that all drivers have a valid driver's license.
- <service name> must ensure that vehicles used to transport children are inspected and insured. Vehicles used to transport children in winter months must have winter tires.
- The travel route must be predetermined.
- All drivers must carry a cell phone.
- <service name> must maintain a transportation log which includes the name, license number and cell phone number of the driver, the names of the children being transported, the license plate number, date of inspection and insurer of the vehicle, the destination with approximate travel time, and the date/time of departure and return.

Sources

C van Schaik; Canadian Paediatric Society Injury Prevention Committee. 2008. Position Statement: Transportation of infants and children in motor vehicles. Paediatric Child Health 13(4):313-8

Car Seats, Seat Belts, and Your Child. Transport Canada. Accessed March 2013 at <http://www.tc.gc.ca/eng/roadsafety/safedrivers-childsafety-car-index-873.htm>

Related documents

Keep Kids Safe : A Parent's Guide to Car Seats. Child Safety Link. Accessed March 2013 at http://childsafetylink.ca/user_uploads/English_KKS_Car_Seats_April_2009_Small_Web.pdf

Transportation Log

Sample Incident/Injury Report Form Policy and Procedures

Title: Incident/Injury Report Form	Date of issue:
Approved by:	Date of review:

Policy statement

- <service name> has a duty of care to provide families/caregivers detailed information about the circumstances of an incident/injury.
- Staff will document all injuries and incidents involving children who access the programs and services of <service name> using a comprehensive incident/injury report form.
- The purpose of this policy is to ensure consistent and comprehensive documentation of injuries and incidents that occur at <service name>.

Rationale

- Incident/injury reports provide a written record of the event, and an opportunity for educator recommendations for dealing with future incidents.
- Educators have a responsibility to communicate details of an incident/injury to parents/caregivers and appropriate authorities.
- The use of a comprehensive incident/injury report form assists in consistent documentation by prompting the reporter for specific details of an incident/injury.
- Detailed documentation provides a means for identifying trends or recurring causes of incidents/injuries.

Strategies and practices

- <service name> will use a comprehensive report form to record the details of the incident/injury event, such as the injury report form developed by the Canadian Pediatric Society (http://library.cps.ca.s3.amazonaws.com/cfk/en/injury_report.pdf).
- A report will be completed in any of the following circumstances:
 - An occurrence where an injury is known or suspected.
 - A dangerous occurrence that does not result in injury, but could have.
 - An extreme reaction to a common situation.
- If there is any question whether a report should be completed, the report shall be completed.
- The same form may be used to document an incident or injury, but the reporter must clearly indicate on the top of the report whether it is for an incident or injury.
- If any section of the report is not applicable to the event, N/A will be written in that section.
- The form shall be completed immediately after the event.

- The director of the center shall be made aware of the incident/injury report. Acknowledgement of the report shall be indicated by the director's signature on the report.
- A copy of the report shall be given to the parents/caregivers, and a copy retained for the child's file.
- All reports shall be documented in an incidents/injury log.
- The incident/injury report log shall be reviewed by the director once a month.

Sources

Canadian Pediatric Society. 2008. Well Beings: A Guide to Health in Child Care. Ottawa, Ontario: Canadian Pediatric Society.

Related documents

Canadian Pediatric Society Injury Report Form. Accessed March 2013 at http://www.caringforkids.cps.ca/wellbeings/forms_and_checklists

Incident/Injury Report Log

Sample Sun Protection Policy and Procedures

Title: Sun Protection	Date of issue:
Approved by:	Date of review:

Policy statement

- This policy is a shared responsibility between the staff and management of <service name>, and the children and parents/guardians of children accessing the services and programs of <service name>.
- <service name> has a duty of care to ensure that staff and children accessing <service name's> programs and services are provided a safe environment with a high level of sun protection.
- Families/caregivers are responsible for supplying an SPF 30 sunscreen, testing the sunscreen on their child's skin for adverse reactions, and signing a permission-to-apply-sunscreen form.
- <service name> will use sun protective practices through managing both the physical environment (shade and time of day) and protective behaviours and practices (sunscreen and clothing).
- The purpose of this policy is to guide families, staff and children in appropriate sun protective practices.

Rationale

- Current evidence suggests that overexposure to ultraviolet (UV) radiation during childhood contributes to an increased risk of skin cancer throughout an individual's lifetime.
- Preventing sunburn assists in reducing the probability of skin cancer and further skin damage.
- Sun protection practices reduce the incidence of skin cancer and eye damage.

Strategies and practices

- Families/care givers will be requested in writing to supply a broad spectrum sunscreen with an SPF 30+. The container should bear the child's name and will be stored in an area inaccessible to children.
- Families/care givers assume the responsibility of testing the sunscreen on their child's skin for adverse reactions at least one day in advance of supplying it to the staff at <service name>.
- Signed permission will be sought from families/caregivers so that educators can apply sunscreen to the child's exposed skin (face, arms, hands, legs, back of neck, ears).
- <service name> will maintain a hypoallergenic, broad spectrum sunscreen with an SPF 30+ that may be used upon verbal permission from the family/caregiver should the child's personal supply be exhausted.

- Every day from the beginning of May until the end of September, educators will apply a broad spectrum sunscreen with an SPF 30+ to the exposed skin of children greater than 6 months of age at least 30 minutes prior to commencing outdoor play.
- The service will plan and program for outdoor experiences during non-peak UV radiation hours, before 10 am and after 2pm.
- Educators will use shaded areas of the outdoor environment for play when possible.
- Infants less than 12 months of age will not be exposed to direct sunlight.
- Families/caregivers will be requested in writing to supply a sun protective hat that adequately covers the face, back of the neck and ears. All cords must be removed from hats.
- Every day from the beginning of May until the end of September, all children must wear a sun protective hat outdoors.
- Spare hats may be available for children who do not have a hat. <service name> will ensure that hats are laundered after each use.
- If the spare hat supply is exhausted, children who do not have a hat will be either asked to play indoors, if staffing ratios permit, or be restricted to shaded areas when outdoors.
- <service name> recommends loose fitting and closely woven fabrics for sun protection.
- If sunglasses are worn when outdoors, sunglasses that have even shading, medium to dark lenses (grey, brown or green tint), and UVA and UVB protection are recommended
- Water will be offered to children throughout the day regardless of indoor or outdoor play settings.
- Staff and volunteers are responsible for modeling sun safe practices.

Sources

Health Canada. Sun Safety. Accessed March 2013 at <http://www.hc-sc.gc.ca/hl-vs/sun-sol/index-eng.php>

Canadian Pediatric Society. 2008. Well Beings: A Guide to Health in Child Care. Ottawa, Ontario: Canadian Pediatric Society.

Related documents

Letter of request for sunscreen and sun protective hat.

Permission to apply sunscreen form.

Further reading

Wolpowitz D, Gilcrest BA. 2006. The Vitamin D Question: How Much Do You Need And How Should You Get It? *Journal of the American Academy of Dermatology* 54:301-317

Canadian Cancer Society. Vitamin D. Accessed March 2013 at http://www.cancer.ca/Ontario/Prevention/Vitamin%20D.aspx?sc_lang=eN