

October 2024

Securing the Safety for Children

**Nursery School Division
Nursery School Eligibility and Coordination Division
Children and Youth Affairs Department
Setagaya City Office**

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About this training

To all those working at nursery schools, thank you for everything you do every day to bring smiles on children's faces and help them for their future.

On December 13, 2023 (Wednesday), a 4-month-old infant was found being placed on his stomach while sleeping at an unlicensed nursery school in Setagaya City, but dead at the hospital where he was taken in an emergency.

Serious accidents in child care can occur in a variety of situations, not limited to the above case. To prevent such serious accidents from happening again, we have compiled a list of precautions for each situation where serious accidents are likely to occur.

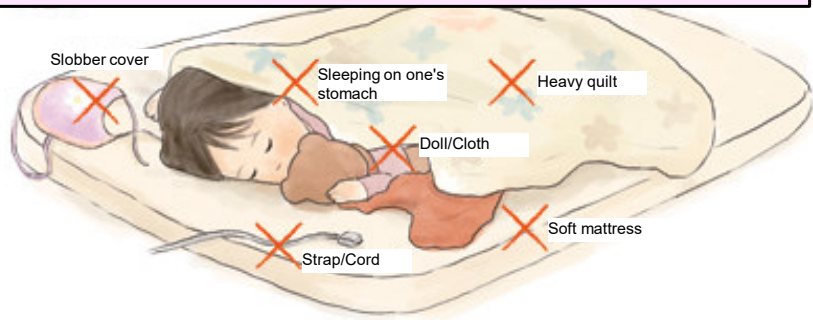
We are sure that everyone working at the nursery schools is working to ensure the safety of the children on a daily basis, but through this training, we would like to ask you to once again **recognize the risks of accidents in each situation and strive to prevent accidents.**

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During sleep (1) (Creating the environment)



Sleeping on one's stomach increases the risk of choking.



- ✓ **Never leave a child alone.**
- ✓ **Lay a child on his/her back to eliminate the risk of choking, etc.**
⇒ Also avoid positioning the child on his/her stomach with his/her face to the side.
- ✓ **Do not use soft mattresses, heavy quilts, stuffed animals, etc.**
⇒ The face may get buried under a blanket or the blanket cannot be dispelled, and the nose and mouth may get blocked.
- ✓ **Do not place string or string-like objects near his/her face.**
(e.g., straps on slobber covers, straps inside futon covers, power cords around beds, etc.)
⇒ The product may wrap around the neck, creating a choking hazard.

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During sleep (2) (Checking on Children)

- ✓ Check the mouth **for foreign matter or vomit such as milk or food eaten.**
- ✓ Check regularly for early detection of abnormalities such as respiratory arrest to prevent serious accidents. **Touch the child's body to inspect breathing, body position, and sleep status (sleep check), and record.**
⇒ Record also when the child is placed on his/her back from sleeping on his/her stomach or his/her face to the side.
⇒ **Even when baby sensors or other devices are installed, staff should still conduct sleep checks and other initiatives without fail.**
⇒ Communicate closely with parents at the beginning of the placement period.

[Sleep Check Interval under the Setagaya City Standards, etc. (Guideline)]

Under 2 year-old children : every 5 minutes

2 year-old children: every 10 minutes

children aged 3 and older: every 15 minutes



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During sleep (3) (Other precautions)

- ✓ Lighting should be kept bright enough to observe the children's complexion during sleep.
- ✓ Place items or other objects that may cause injury away from the sleeping children (Shelves, chests of drawers, etc., should be protected from tipping over.)
- ✓ Maintain spacing from neighboring children.
- ✓ No more than two children should sleep in one infant bed.
- ✓ Ensure no smoking in the nursery school.



To make children sleep and stop crying by putting them on their stomach increases the risk of choking.

⇒ Always lay each child on his/her back to avoid the risk of choking.

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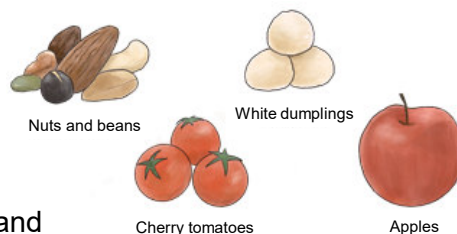
Meals (1) (Ingredients)

- ✓ Regardless of the age of children, foods they normally eat can lead to choking.
Assist and observe the children in eating, recognizing that there is such a possibility.
- ✓ To prevent choking and aspiration accidents, foods of a spherical, hard, or sticky shape or nature should not be provided to children after explaining to their parents.

(Examples.)

- Nuts and beans (peanuts, etc.)
- Cherry tomatoes
- White dumplings, grapes, etc.

[Ingredients with which accidents have occurred in the past]



- ✓ Basically avoid feeding the children apples, etc., and
if you must feed them these foods, heat them up and feed them
until the infant grows up enough not to need baby food.

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Meals (2) (How to feed and care for children)

- ✓ Give food **in amounts appropriate for children's mouth**

(do not feed too much at one time)

- ✓ **Provide adequate fluids**, such as soup.

- ✓ To eat slowly and calmly, **give food at a timing that suits the children's will.**

⇒ "I feel sleepy" or "I don't want to eat anymore."

If, after checking the expression of the children, you realize they can't concentrate on eating, don't force them to eat.

- ✓ **Do not surprise the children** during a meal.



Consideration should also be given to the method and temperature of serving meals to prevent burns, etc.

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Meals (3) (Sharing information and observing children)

- ✓ Before meals: **Share information about meals of the children among parents and staff.**

(e.g., function for eating, developmental status of eating-related behaviors, health status of the day)

- ✓ **Make sure food has been swallowed** (be careful not to leave any residue in the mouth).

- ✓ Note **whether the children are getting sleepy or sitting with good posture** during meals.

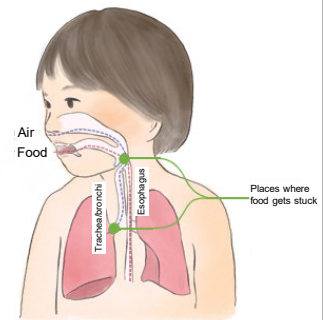
- ✓ If an infant is given milk, perform post-feeding procedures such as making the infant burp.

- ✓ If an infant is given weaning food, **pay attention to the situation after the meal.**

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Meals (4) (Risks)

- ⚠ Children do not have sufficient chewing and swallowing power because their **back teeth have not fully developed**.
- ⚠ There is a risk of choking, if nuts, legumes, etc., which are hard and need to be chewed, **get stuck in the throat or trachea, or small pieces may get into the trachea and cause pneumonia or bronchitis**.
- ⚠ After running, lying down, laughing, crying, being startled, or making noises with food in their mouth, **breathing in all at once can cause food pieces in the mouth to be sucked into the bronchial tubes, risking choking and aspiration**.



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Food Allergies

- ✓ Children with food allergies must have their parents/guardians complete and **submit a lifestyle management guidance chart, etc.**, and respond based on the chart.
- ✓ **Foods that have not been consumed at home should generally not be given.**
 ⇒ Even when giving food that has been taken at home, it may induce new symptoms. Therefore, if a child is limp after eating, the possibility of anaphylactic shock should be suspected and if necessary, emergency medical care should be provided.
- ✓ (No matter whether or not the child in your charge has an allergic disease)
The nursery school-wide status of children with allergies should be monitored and shared by each staff member.
- ✓ **Reduce human errors** by taking steps according to the actual conditions of the nursery school.
 (Examples)
 - Ensure that there is no confusion about where to place ingredients and other items, and where to cook them.
 - Clearly change the color and shape of containers, dishes and trays that are used to serve food to children with food allergies.

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Prevention of aspiration and accidental swallowing of toys and small objects, etc.

- ✓ Whether toys, small objects, etc., which may inadvertently cause children in the child-care environment to choke are located where children can freely reach, should be inspected regularly.
- ✓ Disinfectant solutions, chemicals, detergents, etc. should not be left unattended and should be kept out of the reach of children.
- ✓ For play that uses hand and fingers, use objects with devices that prevent parts from coming off, and are suitable for the behavior of the children.
- ✓ Ask parents for their cooperation in preventing their children from acquiring objects that can lead to aspiration (hair elastic ornaments, key chains, marbles or stones, etc.)

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Activities outside nursery school

- ✓ Need to set up with multiple staff.
- ✓ Implement initiatives to ensure the safety of children according to the actual conditions of the nursery school.

(Examples)
 - Confirm the safety of the destination and route in advance, and also share the information among staff members.
 - The staff allocation and the division of roles, and the method of communication in the event of an emergency should be considered.
 - Not only upon arrival at or departure from the destination, but also to check the number of children and health status at any time as needed.

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Heat stroke prevention (1) (Characteristics of children, etc.)

✓ Children have not yet developed the ability to regulate their body temperature.

⇒ In particular, the ability to sweat is immature, and compared to adults, it takes longer for them to sweat after feeling hot and to lower their body temperature, which makes it easier for them to retain heat and for their body temperature to rise.

✓ The following symptoms are signs of heat stroke:

- Dizziness and facial hot flashes ● Muscle aches and cramps ● Physical lethargy and nausea
- Unusual sweating ● High body temperature, abnormal skin ● Inability to stay hydrated
- Unresponsive to calls, unable to walk straight

⇒ Take appropriate measures such as replenishing the body with fluids and salt, cooling the body temperature, and transporting the child to a hospital as soon as possible.

✓ Children can become engrossed in the fun of playing outdoors.

Therefore, sometimes they don't even notice when something is wrong with their body.

⇒ Watch out for their complexion, amount of sweat, etc.

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Heat stroke prevention (2) (Improvement of environment, etc.)

✓ Hydrate them properly before activities. Create an environment where replenishing their bodies with water and salt is possible, as needed.

⇒ Since children have an active metabolism, they tend to sweat and urinate out a lot of water, which can easily cause dehydration. When they feel "thirsty," they have already lost a significant amount of water.

✓ Rehydrate and give salt during and after activities.

✓ Use air conditioning and fans accordingly, as heat stroke can occur indoors.

✓ To make the children aware of their own physical condition and to be able to tell others when necessary, encourage appropriately according to developmental stages, etc.

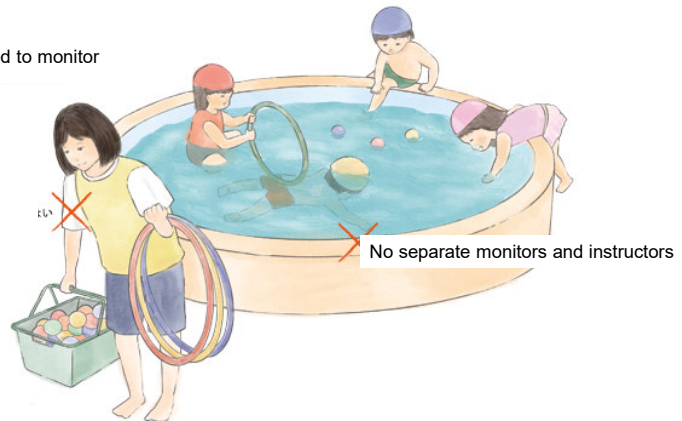
(e.g.) Tell the children that "If you feel your condition is different from usual, tell us immediately."

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Pool activities and water play (1) (Ensure monitoring)

- ✓ Separate "staff who exclusively monitor" from "staff who provide guidance(instructor)," etc. Assign and clarify the division of roles.
- ✓ If adequate supervision cannot be ensured, pool activities and water play may be suspended as an option.

Not dedicated to monitor



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Pool activities and water play (2) (Role of the monitor)

- ✓ Monitors should not clean up or attend to other children.



In the past, a monitor had been working on other tasks, such as cleaning up playground equipment, and an accident in which a child drowned occurred when the supervisor had suddenly taken his/her eyes off the playground.

- ✓ Wear a conspicuously colored hat, for example, to be able to identify who is the monitor.

- ✓ Regularly moving your eyes while monitoring the area from a place where you can see the entire activity.

- ✓ Be aware of any child who is moving in unnatural ways
(is not moving or is moving out of the group, etc.)



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Vehicles used for the purpose of transporting children (such as courtesy buses)

- ✓ Ensure that children's whereabouts are confirmed when they board and disembark the vehicle **by way of a roll call or other means by which the children's whereabouts can be reliably ascertained.**
- ✓ When a vehicle is operated on a daily basis for the purpose of transporting children, it needs to be equipped **with buzzers or other devices to prevent children in the vehicle from being left behind.**

* Excluding vehicles, etc. with two or fewer rows of seats, where it is considered that the children's whereabouts can be reliably confirmed, even if the vehicle is not equipped with a device to prevent any child from being left behind.

- ✓ Depending on the actual conditions of the nursery school, **safety initiatives** are implemented.

(Examples)

- The roster of the day is prepared, and the names and numbers of the passengers are matched when the children board and disembark.
⇒ In case of absence notification, etc., both the nursery school and vehicle staff should share the information.
- After the children were disembarked, several staff members check the cars individually.
⇒ If necessary, this should be done in conjunction with checking for lost items, cleaning and disinfecting the inside of the vehicle, and so on.

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Emergency Preparation

- ✓ **Regularly attend practical skills training courses (e.g., lifesaving courses) related to emergency response (CPR (Cardiopulmonary Resuscitation), removal of foreign objects in the airways, use of AED, EpiPen®, etc.)**
- ✓ **Conduct call training** to ensure that the 119 call is made smoothly.
⇒ Change situation or location, scenes, and staffing, and devise ways to make things more practical during activities in a nursery school yard, activities outside the nursery school, pool activities, etc.
- ✓ Organize in advance a list of medical institutions, relevant agencies (local government, police, etc.), and emergency contact information for parents.
- ✓ Assign roles in case of emergency and post them in an easily viewable location in the office, etc.

(Examples of role assignment in case of emergency)

- Perform CPR and first aid.
- Call an ambulance.
- Accompany to the hospital.

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[Reference] First aid (1) (CPR)

● Chest compressions (cardiac massage)

Strength: Strength to sink about one-third the thickness of the chest.

Speed: 100 to 120 times per minute.

<Toddler> Press the lower part of the sternum with the base of the palm of the hands.

<Infant and baby> Press a little foot side at the center of the line connecting the left and right nipples with two fingers.



● Artificial respiration

Lay a child on his/her back, tilt the head back and raise the chin to clear the airway.

<Toddler> Pinch the nose, put your mouth to the mouth, and breathe in.

<Infant and baby> Cover the mouth and nose together with your mouth and blow in until the chest rises lightly.

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[Reference] First aid (2) (Removal of foreign material from airways)

< Children under 1 year old >

● Back slapping method

Put a child on his/her stomach while supporting his/her face with one arm and keeping his/her head low.

Slap the middle of the back repeatedly and continuously.



a few times
each and
alternate



● Thoracic thrusting method

Support the child with one hand and firmly support the back of the head with the palm of the same hand.

Compress in the same manner as the chest compressions for CPR.



***If the child is unconscious, perform CPR.**

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<Children over 1 year old>

● **Back slapping method**

Put a child on his/her stomach while supporting his/her face with one arm and keeping his/her head low.
Slap the middle of the back repeatedly and continuously.



If the foreign body cannot be removed

● **Abdominal thrusting method**

Hold the child up from behind with both of your arms. Make a fist with one hand and put your hands on his/her abdomen and press upward.



***If unconscious, perform CPR.**

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**Thank you for listening.
Please continue from the link in
the overview section.**

Please take a mini-test.

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