

**FACILITATOR'S MANUAL
TO ACCOMPANY
BLAST!**

BABYSITTER LESSONS AND SAFETY TRAINING

Third Edition

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



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19 18 17 16 15 10 9 8 7 6 5 4 3 2 1

SECTION 1. BEING A FACILITATOR.....	1
Introduction	1
Course Materials	1
Course Objectives	2
Responsibilities	2
Participants	3
Course Overview and Agenda	3
 SECTION 2. LEARNING METHODS.....	 5
Facilitating Learning	5
Effective Teaching Methods	6
 SECTION 3. PARTICIPANT EVALUATION.....	 8
Assessment Guidelines.....	8
Certificate of Achievement.....	8
 SECTION 4. LESSONS.....	 9
Lesson 1: Getting Started.....	9
Learning Objectives	9
Are You Ready to Care for Children?	9
Sitter Qualities.....	9
Be Prepared to Answer Questions	10
Be a Good Guest!	10
As They Grow: Ages and Stages.....	11
 Lesson 2: Safety First	 12
Learning Objectives	12
Before Saying “Yes” to a Job	12
A Few Important Points	12
When a Stranger Calls	12
House Rules and Routines.....	13
Safety Rules.....	13
Fire.....	14
Carbon Monoxide.....	14
Guns.....	15
 Lesson 3: Sitter Basics.....	 16
Learning Objectives	16
Diapering	16

Bottle Feeding	17
Burping a Baby	17
Feeding a Baby or Toddler.....	17
Crying	18
Preparing for Bed	18
Behavior Problems.....	19
Discipline.....	19
Sitter's Checklist	19
Lesson 4: First Aid	20
Learning Objectives	20
What Is Not an Emergency?	20
What Is an Emergency?	20
Calling 9-1-1 for Help.....	21
CPR and Choking Relief.....	21
Minor Scrapes, Cuts, and Open Wounds	24
Bone, Joint, and Muscle Injuries	24
Breathing Difficulties	24
Burns	25
Electrocution	25
Chemical Burns.....	25
Diabetic Emergencies	25
Diarrhea	26
Dog Bite	26
Eye Injuries	26
Fever	27
Head Injuries	27
Insect Stings.....	27
Nosebleed.....	28
Poisoning	28
Seizures or Convulsions	29
Tooth Knocked Out	29
Vomiting	29
Lesson 5: First Aid Kit and Recommended Supplies	31
Learning Objectives	31
Lesson 6: Kid Fun	33
Learning Objectives	33
SECTION 5. BLAST! PARTICIPANT SKILL ASSESSMENT LOG.....	34

SECTION 1. BEING A FACILITATOR

INTRODUCTION

Babysitting is a serious responsibility. A competent babysitter is knowledgeable in many basic child care skills as well as the fundamentals of emergency care procedures, such as choking and cardiopulmonary resuscitation (CPR). The babysitter must also effectively relate on an age-appropriate level to the child or children for which he/she is responsible. The babysitter must be ready to deal with any sudden issue that appears—from a temper tantrum to a cut finger. Many young adults first need to be trained in a formal course before taking on the responsibility of caring for children.

As a facilitator for the American Academy of Pediatrics' *Babysitter Lessons and Safety Training (BLAST!)* course, you have the unique and exciting opportunity to make a significant contribution to quality child care. As a facilitator, you will provide the necessary basic child care information to help young adults become responsible babysitters capable of handling a multitude of common situations that can arise while caring for a child.

This *Facilitator's Manual* was created with the needs of the young adult learner in mind. Young adults (ages 13 to 14 years) have shorter attention spans than adults do; this was considered when the lesson plans were created. The *Facilitator's Manual* was developed to provide teaching tips, while allowing facilitators significant flexibility to modify the suggested times and/or the manner in which the required course material is delivered to the participants. This allows the course to be taught to a variety of participant groups such as youth groups, Boy Scouts, Girl Scouts, school health classes, or at local training centers. Before teaching this material, it is important that you become familiar with all aspects of the content in the participant's manual because this is the core textbook for all participants.

COURSE MATERIALS

To facilitate this course properly, you need the following items:

- *BLAST!* student manual (one per participant)
- Access to a laptop/personal computer and LCD projector and screen or clear wall space to project image. Another option is to use the *BLAST!* online course, found at www.jblearning.com.
- Participant Skill Assessment Log (one photocopy for each participant in the class—provided at the end of this manual)
- Flip chart or dry erase board and markers
- Pencils and blank paper (one each per participant)
- Small (infant) and medium (toddler) dolls or mannequins (ideally one per participant, although they can be shared)
- A Pack 'n Play with the doll for role play.
- Diapers, washcloths, and changing unit, if available
- Infant feeding bottles
- Spoons
- Food bowls
- Bibs and towels
- High chair with secure strap (one)

COURSE OBJECTIVES

By the conclusion of the course, participants should be able to do the following:

- Describe the proper first aid procedures for common childhood emergencies.
- Describe the proper response to common childhood behavioral challenges.
- List the types of games and toys appropriate for each age group.
- Describe how to childproof a room according to the age of the child.
- Describe how to meet all of a child's needs properly.
- Describe the contents and appropriate use of items in a well-stocked first aid kit.

RESPONSIBILITIES

As a BLAST! facilitator you are responsible for the following tasks:

- Review the *Facilitator's Manual and BLAST!* participant manual thoroughly to ensure understanding of all material prior to teaching the course.
- Maintain a positive and professional manner at all times.
- Ensure an engaging and interactive learning environment.
- Recognize and be sensitive to ethnic and cultural diversity and adapt content and delivery methods to meet the varied background of course participants.
- Ensure that all of the required material is covered during the course.
- Use a variety of instructional methods, such as demonstration or participant role plays to enhance learning and participation.
- Record correctly learned skills on the Participant Skill Assessment Log.
- Ask the participants questions throughout the course to ensure that they understand the material being presented.
- Ensure that all participants meet all required course requirements to be issued a course completion certificate.

Facilitator Prerequisites

Although there are no requirements to become a BLAST! facilitator, the following individuals would make ideal facilitators. (Note: This list is only a sampling of appropriate profiles for facilitators.)

- Professional teachers
- Parent(s)/guardian(s)
- Healthcare providers
- Boy/Girl Scout leaders
- Youth group leaders
- Public safety personnel (i.e., emergency medical services [EMS] professionals)
- Career counselors
- Allied health personnel
- CPR-certified individuals
- First aid-certified individuals

PARTICIPANTS

The experience and age of the course participants will vary. Because of this wide variety of experience, you must present all of the course content, even if some of the participants report that they already understand the topic inside and out. Remind these participants that it's always a good idea to review critical first aid information. It also enables the participants to ask questions about the topic, which promotes greater understanding for all.

Local laws differ regarding the age of babysitters. Take the time to learn the local laws in your area so that you can answer this question if it comes up during the course.

COURSE OVERVIEW AND AGENDA

The BLAST! course is divided into six lesson plans:

1. **Getting Started:** Discusses basic sitter preparation, qualifications, guest etiquette, and an introduction to fundamental child development.
2. **Safety First:** Reviews safety precautions for taking a sitting job, orientation to the guest home, handling telephone calls, knowing and following house rules, and exposure to basic safety rules in the home.
3. **Sitter Basics:** Covers an essential list of child care needs and behaviors ranging from diapering to discipline, with practical suggestions for each.
4. **First Aid:** Includes an overview of emergency procedures and appropriate responses for both serious and common childhood illnesses and injuries. (Note: This is not a first aid certification course. Additional training is required for certification.)
5. **First Aid Kit and Recommended Supplies:** Suggests the contents of a first aid kit that should either be available at the home or taken along by the babysitter, as well as appropriate use of its contents in an emergency until help arrives.
6. **Kid Fun:** Provides possible games, activities, and songs for the sitter to use with children while babysitting.

Some participants may be able to progress through the course material faster than others. As the facilitator, you must be cognizant of this and make certain that all of the course material is covered while keeping all of the participants engaged.

The following schedule will allow you to complete the course in 4–5 hours. Breaks are necessary to maintain course participants' full attention. These are not allocated in the following schedule. Provide breaks as you deem necessary as you progress through your course.

Lesson	Suggested Time
Getting Started	20–30 minutes
Safety First	60–75 minutes
Sitter Basics	75–90 minutes
First Aid	60–75 minutes
First Aid Kit and Recommended Supplies	10 minutes
Kid Fun	15 minutes

The course material does not need to be presented/completed all at once. Facilitators should feel free to organize and present the lessons in a manner that meets the needs of the group (e.g., one to two lessons a week for 4 weeks).

SECTION 2. LEARNING METHODS

FACILITATING LEARNING

You should use a variety of effective teaching styles and delivery methods to ensure that you reach each of your participants and maximize retention of the course material. Facilitators tend to rely on teaching according to the learning style that is most natural to them as adults. Facilitators must be conscious of the fact that the participants are young teens who learn differently and sometimes at different rates.

Learning can be defined as a long-lasting change in behavior that is consistently applied in one's life. As a facilitator, you must understand the learning curve of your course participants. Some participants may learn faster than others do, whereas others may not be able to maintain an attention span for long periods of time. The following are some tips for ensuring success in your courses:

- Clearly state the course objectives to participants and invite discussion regarding what they will be learning throughout the course.
- Allow participants to introduce themselves to the group and state their personal reasons for taking the course.
- Create a positive, friendly learning environment. Ensure the environment is safe, that adequate lighting is present, and that the necessary audiovisual equipment is set up and in working order. Also, course participants will be sensitive to the temperature, so make sure that the classroom is comfortable and not too hot or cold. This will assist in maintaining participants' attention during the course. Minimize any distractions that might interfere with the progression of the course.
- Stimulate your student's learning through probing questions and interactive discussions after key topics. Invite participants to share any personal stories or experiences that may be consistent with the course topics.
- Maintain control of your classroom at all times. Young teens naturally enjoy talking with their peers, so be aware of and discourage any distracting side conversations taking place during lecture time.

As a facilitator, you must also be aware of a participant's personal motivations to take the BLAST! course. Learners are either intrinsically or extrinsically motivated. If a participant is intrinsically motivated, he or she has a personal desire to learn about the material covered in the course. There is no outside influence forcing this type of motivated learner to enroll or complete the course. If a participant is extrinsically motivated, however, he or she is motivated by a requirement of one or more parents or guardians or potential employer to participate in BLAST! Extrinsically motivated participants may be less interested in participating than others. Pay special attention to identify extrinsically motivated learners and make a special effort to involve them in class discussions.

The BLAST! course allows for not only didactic instruction, but also a significant amount of course time to be spent on practical skills such as bottle feeding and changing a diaper. These skill sessions are extremely important to the success of your course. During demonstrations, encourage course participants to ask questions regarding the

procedures. The more interaction that you can have with your course participants, the more successful the BLAST! course.

EFFECTIVE TEACHING METHODS

The lesson plans attempt to use a variety of methods to maximize learning for course participants. The following list highlights some teaching methods that facilitate active participation and maximize learning of course participants. Employ these various teaching methods in all aspects of your course where appropriate.

- **Questioning/probing:** Open-ended questions are more appropriate for introduction of new concepts and/or skills, encouraging critical thinking, and problem solving of common problems that may arise in the course of babysitting. Close-ended questions are more of a probing mechanism that enables you to encourage participant feedback. Remember to provide positive feedback to all questions and answers, no matter their accuracy. This will encourage more involvement from your participants.
- **Discussion and interactive demonstration:** Frequent discussion of key concepts is important to maximize participant retention of course material. Interactive demonstrations and discussions also allow course participants an opportunity to ask questions regarding material covered and/or ask for clarification on unclear points. Use these discussions to probe your participants and to gauge their understanding of the material presented thus far.
- **Hands-on practice of skills:** It is critical to allow the participants to practice skills until they've mastered them. Practice sessions can be performed in pairs or groups. Many times it is more efficient to divide the class into teams shortly after the course begins to prevent confusion as you break into groups for hands-on skills practice. Allow participants to practice the skill until they feel comfortable performing each aspect of the skill. Allow participants to use the training devices such as baby bottles and infant mannequins/dolls. Be certain to supervise the practice sessions and correct any mistakes.
- **Review and recite:** After each key section of the course, it is a great idea to review the most important key points with course participants. By conducting an immediate review, directly after the material has been covered, you can quickly gauge the retention and understanding of the material with your course participants. Have participants recite back to you key components in a particular skill as if they were performing it on an actual child.
- **Personal experiences:** As a course facilitator, you can certainly share any personal experiences that you have had as a caregiver or parent with your course participants. Also, allow course participants to share any personal experiences that they have had with their parent(s)/guardian(s) or witnessed in another home setting.
- **Interactive role play:** Role play is a real-life learning strategy that is very effective at placing participants in a controlled, yet very probable situation that they might encounter as a babysitter. These role plays enable course partici-

pants to test their ability to apply the course material to a situation they may encounter while babysitting.

Whenever possible, facilitators should consider incorporating multimedia within the BLAST! course. Using multimedia components helps engage the students, encourages discussion, and reinforces key concepts.

It is also important for a facilitator to understand the basic human development characteristics of a child. These basic concepts should be conveyed to course participants so that participants have a better understanding of how to interact with the children they babysit. Following is a reference table that can be discussed with course participants. Consider transcribing the table on a flip chart in advance of the course for easy reference throughout the course. Ask participants to relate any personal observations regarding child development that they have observed of young siblings, family, or friends.

Stage of Development	Age of Child	Developmental Characteristics
Infant	Birth to 1 year of age	Rapid growth and physical change; very attached to family members, especially primary caregiver; begins to form trust; prefers social play and interactions (peekaboo); cries to show pain or tiredness.
Toddler	1 to 3 years of age	Throws tantrums when angry; poor sharing; simple pretend play.
Preschooler	3 to 5 years of age	Continued growth; begins to develop a self-image concept; now interested in playing with others for social interaction; develops large vocabulary; usually able to follow parent(s)/guardian(s) commands; imitates adults; understands authority but tests it.
School Age	5 to 8 years of age	Interested in personal achievement, enjoys recognition; ability to read and write; enjoys organized activities.

As a facilitator, the more background information you can provide to course participants, the more effective they will become as future babysitters. A thorough background in basic child care contributes to a competent and successful babysitter.

SECTION 3. PARTICIPANT EVALUATION

ASSESSMENT GUIDELINES

Throughout the course, you will assess the skill level of each participant for core activities listed on the Participant Skill Assessment Log found at the back of this manual. To complete the course successfully, each participant must fulfill these requirements:

- Participate in all required activities and attend all classroom sessions.
- Demonstrate a basic knowledge of key concepts and activities detailed on the Participant Skill Assessment Log.

Observe a participant's performance of the required skills during practice sessions to determine whether he or she is capable. Be positive when evaluating participants and also look for overall understanding of each required skill. Remember that participants will make mistakes. This is part of the normal learning process. If a participant does make a mistake in performance of a skill, remember to provide constructive immediate and positive feedback.

You will use the Participant Skill Assessment Log to determine if each participant passed or did not pass the course. After each participant has completed one of the required skills, place a "P" for Pass in the corresponding category in the Participant Skill Assessment Log. To pass the course, the student must attend the entire course and correctly perform every step in each skill. A participant must be given an Incomplete (I) if he or she did not attend the entire course or did not properly perform all of the skills.

CERTIFICATE OF ACHIEVEMENT

When the participant passes the course, a certificate of achievement is given to prove that she or he completed the American Academy of Pediatrics' BLAST! course. A fillable PDF can be located in the *BLAST!* Instructor's Resources. Participants can offer a copy to prospective employers as proof of completion of this nationally recognized course.

SECTION 4. LESSONS

Lesson 1: Getting Started

SUGGESTED MODULE TIME: 20–30 MINUTES

LEARNING OBJECTIVES

After completing this lesson, participants will be able to:

- decide whether they are capable of caring for children as a professional, responsible babysitter.
- define and understand basic sitter qualities.
- confidently answer parents' /guardians' questions regarding experience, training, references, availability, and pay.
- understand the stages of growth and development of children.

FACILITATOR'S NOTE

Remind students that the parents/guardians are looking for someone who takes the job seriously. This includes someone who can understand the needs of the children at various ages.

ARE YOU READY TO CARE FOR CHILDREN?

Discussion

Invite discussion from participants as to their level of readiness as a professional babysitter. Discuss the following:

- Have you discussed with your parent(s)/guardian(s) whether you are ready to take on this responsibility?
- How many children are you comfortable babysitting at one time?
- Are you willing to watch infants?
- Have you been trained in CPR? If not, do you intend to take a CPR course so you are better prepared to care for a medical emergency?

SITTER QUALITIES

Discussion

Ask participants what they feel are some of the qualities of a successful sitter. Refer students to page 7 of the student manual to review the bulleted list of qualities.

Sample answers include the following:

- Mature
- Trustworthy

- Patient
- Responsible
- Safety-conscious
- Fun-loving
- Punctual
- Likes children

BE PREPARED TO ANSWER QUESTIONS

Discussion

Discuss common questions that parent(s)/guardian(s) will ask participants prior to hiring them as a sitter. Participants should be confident in their responses and rehearse them ahead of time. Encourage group participation or create a role play in which one participant is the parent(s)/guardian(s) and the other is the sitter being interviewed. Refer students to pages 7–8 of the participant manual to see a list of common types of questions they will most likely be asked during an interview.

Sample questions include these:

- Experience: What experience with babysitting do you have?
- Training: What specialized training do you have that qualifies you to be a sitter? Do you know first aid and CPR?
- References: Can you provide names and phone numbers of families who have hired you before and can verify your reliability?
- Availability: When are you willing to babysit? Weekdays, weekends, summers?
- Pay: What is your rate for babysitting?
 - This can be an awkward topic for teens. Inform students to be prepared to discuss their expected pay per hour. Encourage discussion among the class about what they perceive as a fair rate.

BE A GOOD GUEST!

Discussion

Begin discussion by asking participants if they would eat food from the refrigerator of a client's home without permission. Encourage participants to think about the fact that they are guests in a client's house. They should be respectful of the parents'/guardians' rules. Some general recommendations may be found on pages 8–9 of the student manual.

Sample answers include the following:

- Eat food only if you have been given permission to do so. If you are welcome to eat, clean up and wash any dishes when you are done.
- Avoid “exploring” another person's home, such as opening closets or drawers or looking through personal belongings.

- Friends should not visit without the prior permission of the parents of the children you are watching.
- Avoid personal phone calls. The phone should be kept available for incoming calls from the child's/children's parent(s)/guardian(s).

AS THEY GROW: AGES AND STAGES

Discussion

Remind participants that as children grow, they experience life changes in both behavior and personal growth. Refer participants to pages 10–13 of the participant guide to review the table that lists the communication, care, safety, play, and misbehavior patterns of infants, toddlers, preschool, and school-age children. Ask participants if they have a younger sibling and if they noticed any of the traits mentioned.

LESSON 2: SAFETY FIRST

SUGGESTED MODULE TIME: 60–75 MINUTES

LEARNING OBJECTIVES

After completing this lesson, participants will be able to:

- identify key safety rules that will maintain the safety of both the sitter and child/children.
- properly handle a stranger calling the home while the parents/guardians are away.
- list several tips for making a home safer for children.
- describe the procedures for handling a fire in the home.

FACILITATOR'S NOTE

Remind students that the parents/guardians will be entrusting the sitter with the life and safety of their child(ren). This lesson covers many safety aspects associated with babysitting.

BEFORE SAYING "YES" TO A JOB

Discussion

Review some of the specific instructions that sitters need to be aware of prior to accepting a babysitting job found on pages 14–15 of the participant guide. Ask participants for examples.

Sample responses might include bedtimes, meals, medicines, and so forth.

A FEW IMPORTANT POINTS

Discussion

Ask participants to list some important points that they need to understand prior to the parents'/guardians' leaving. Use a flip chart to record the participants' responses. Examples can be found on pages 15–16 of the participant guide.

WHEN A STRANGER CALLS

Discussion

Ask participants to describe how they might react if a stranger came to the house while the parents/guardians are away.

Key Points

Review the key strategies for maintaining security while the parents/guardians are away. These can be found on page 15 of the participant manual.

Sample responses might include the following:

- Always keep the doors locked when caring for a child.
- Never allow strangers into the house unless the family members specifically informed you that a person would be coming over.
- Keep the door closed unless you know the person.
- Stay inside with the doors locked if you hear suspicious noises or activities outside.
- If someone telephones, there is no reason to tell a caller that you are a sitter for the children.

HOUSE RULES AND ROUTINES

Discussion

Ask participants to list what information a parent or guardian(s) should provide a sitter prior to leaving so that he/she will be able to care for the child(ren) properly. These can be found on page 18 of the participant manual.

Sample responses might include these:

- Information on allergies or illness
- Information on medications to be administered
- Dinner and snack times, including appropriate foods
- Television guidelines (amount of TV time, which shows the children can watch)
- Guidelines for outside play
- Guidelines for having children's friends visit
- Bedtime routine
- Parents'/guardians' discipline practices

SAFETY RULES

Discussion

Discuss the basic safety rules identified on pages 18–21 of the participant manual.

Sample responses might include the following:

- Never leave children unattended with small objects.
- Any food given to children under age 4 should be cut into tiny pieces.
- While holding a baby or young child, you should not eat or drink.
- Medicine should only be given with permission of the parent(s)/guardian(s).
- Be alert when a child is near water.
- Always dress children properly for outdoor play activities.
- Keep children away from electrical outlets, stairs, and stoves.
- Check a sleeping child often.
- Supervise children at all times, especially in the kitchen and bathroom.

FACILITATOR'S NOTE

Ask students to identify potential choking hazards for young children.

FIRE

Discussion

Ask participants how they would react to a smoke detector going off in the home while they were caring for two small children. What would their first concern be after hearing the alarm sound?

Review the fire emergency procedures as outlined on pages 24–25 of the participant manual:

- Remain calm and think about the exit routes you located previously.
- Sound the alarm—yell “FIRE!” as loud as possible to alert neighbors.
- Test doors before you open them. Touch the door with the back of your hand—at the knob and around the frame. If there is a fire on the other side, it will feel warm on the knob and around the cracks. If the door is warm, try another escape route.
- If possible, close the door to the area where the fire is. Smoke kills, and shutting doors stops it from advancing.
- Leave the fire alone. Attempt to save lives—yours and the child(ren)’s. Do not worry about personal possessions. Time is of the essence.
- Get everyone out of the house immediately, and do not go back in for any reason. Children may try to return to the house to “save” a pet or favorite toy or blanket. Many people are killed returning to a burning building.
- Keep all the children together. Go to a known neighbor’s house.
- Call, or have the neighbor call, the emergency telephone number. Then, call the parent(s)/guardian(s).

CARBON MONOXIDE:

Key Points

Review the key points for carbon monoxide and what to do in case the alarm goes off found on page 25 of the participant manual.

- There should be a carbon monoxide (CO) alarm on every level of the home, especially near sleeping areas.

In Case the Carbon Monoxide Alarm Goes Off . . .

- If the CO alarm sounds, you need to immediately move outdoors for fresh air and then call 9-1-1.

GUNS

Key Points

Review the key points for guns and what to do if one is found on page 25 of the participant manual.

- A gun can be dangerous if a child tries to play with it. If you come across a gun at the home, follow these safety rules:
 1. Stop.
 2. Don't touch the gun.
 3. Gather the children and leave the area where the gun is.
 4. Tell an adult right away.

Wrap-Up

Simulate a fire evacuation in the classroom. Assign one of the participants the responsibility of taking charge of the other students and evacuating them to safety.

LESSON 3: SITTER BASICS

SUGGESTED MODULE TIME: 75–90 MINUTES

LEARNING OBJECTIVES

After completing this lesson, participants will be able to:

- diaper a baby.
- properly bottle feed and burp a baby.
- spoon-feed a baby.
- place an infant to sleep.
- comfort a crying child.
- prepare a child for bed.
- confidently handle discipline and behavior problems.
- develop and use a sitter's checklist.

FACILITATOR'S NOTE

Remind students that as babysitters, they are responsible for common daily activities such as diapering, feeding, playing, and comforting the child. This lesson covers these and other aspects associated with babysitting.

DIAPERING

Discussion/Activity

Using a baby mannequin, have participants demonstrate the proper technique for diapering. Proper steps can be found on pages 26–27 of the participant manual.

Proper technique is as follows:

- Wash your hands.
- Get ready. Have everything you need within reach.
- Cover the changing surface with a towel or changing cloth.
- Remove the dirty diaper.
- Wipe in the correct direction. Using a warm washcloth or baby wipes, gently wipe the baby clean from the front to the back.
- Dry the baby with a clean washcloth or clean wipe; apply diaper ointment if needed.
- Put on a clean diaper.
- Fasten the diaper.
- Get rid of the old diaper. Remember, never leave the baby alone on the table!
- Change any wet or dirty baby clothes.
- Wash your hands thoroughly after changing a baby's diaper to avoid getting sick.

BOTTLE FEEDING

Discussion/Activity

Using a bottle and baby mannequin, simulate the proper technique to bottle feed a child. Pass the mannequin and bottle around and allow participants to demonstrate the technique. Proper steps for bottle-feeding can be found on pages 28–30 of the participant manual, and are as follows:

- Wash your hands before and after feeding the baby.
- Test the milk’s temperature by sprinkling a few drops of it on the inside of your wrist before giving it to the baby.
- If you offer the bottle and the baby doesn’t immediately start sucking, try stroking his or her cheek with your finger. When the mouth opens, insert the nipple completely and make sure it’s on top of the tongue, not under it.
- The best position for feeding a baby is sitting in an armchair or rocking chair with your elbows and arms supported.

BURPING A BABY

Discussion/Activity

Have a participant demonstrate the proper technique for burping a baby using the baby mannequin. Ask participants if they feel comfortable and review steps for burping a baby, which can be found on pages 30–31 of the participant manual.

- Hold the baby up against your shoulder and chest and rub, pat, or massage his or her back.
- Sit the baby on one side of your lap, support his or her chest with your opposite hand, lean the baby slightly forward, and with your other hand, rub or pat his/her back.
- Lay the baby face down across your lap and gently rub or pat his or her back—place his/her stomach on one leg and the head on the other leg.

FEEDING A BABY OR TODDLER

Discussion/Activity

Using a high chair, child mannequin, and spoon, have participants practice spoon-feeding a toddler. Ask participants to identify the steps in feeding a toddler, which can be found on pages 31–32 of the participant manual.

- Wash your hands before and after feeding the child.
- Get the food ready before putting the child into the chair or seat.
- Secure the child in the seat with a safety belt if available and lock the tray in place.
- Test to see that the food’s temperature is OK.
- Use a spoon and put small amounts on the tip.
- When finished, wash the child’s hands and face, and wipe up any spilled food.

CRYING

Discussion

Sitters can get frustrated when a baby cries, especially if the child does not stop. The longer the baby cries, the more difficult it will be to stop. Remind participants that they should not shake a baby ever! Babies have very weak neck muscles that are not yet able to support their heads. If someone shakes a baby, he or she can damage the baby's brain or even cause death. Even a brief period of shaking an infant can damage his or her brain forever. Ask participants to list some techniques for appropriately handling a crying child (see pages 32–33 of the participant manual).

Sample techniques might include the following:

- Go for a walk with the baby in a carrier.
- Rock the baby in your arms.
- Talk to the baby.
- Cuddle the baby.
- Sing a song to the baby.
- Massage the baby's back, arms, or legs.
- Use a pacifier.
- Place the baby in the crib or playpen.

PREPARING FOR BED

Discussion

Using a flip chart, have participants identify specific strategies for preparing for bed for each age group. Review the key points for preparing for bed found on pages 34–35 of the participant manual:

Infants

- Ask the parent(s)/guardian(s) about the usual bedtime routine for the baby.
- Gently rub the baby on the back before putting him/her in the crib.
- Lay the baby on his or her back, and take all stuffed toys out of the crib.
- Play soft music.
- Once the baby is calm, try sitting quietly in the room.
- If the baby cries a lot, help him or her to relax and settle down to sleep.
- Make sure the baby is asleep and turn on the baby monitor and night-light before you leave the room.

Toddlers

- Ask the parent(s)/guardian(s) the best methods to get the child to sleep.
- Encourage quiet time as bedtime approaches.
- Make reading or storytelling a fun part of bedtime.
- Stay in the room until the child is asleep.
- Turn on a night-light if appropriate.
- Place the door to the room according to the request of the parent(s)/guardian(s) and child (e.g., leave the door open slightly).

Preschoolers

- Ask the parent(s)/guardian(s) what the child likes to do to get ready for sleep.
- Keep activities calm before naptime or going to bed.
- Read a book together.
- Relax and play imagination games to help the preschooler close his or her eyes.

School-Age Children

- Ask the parent(s)/guardian(s) what time the child should be in bed, and what time he or she should be asleep.
- Older children may want to read, or have you read to them, before they go to sleep.
- Play soothing music.
- Play imagination games.
- Assure children that their parent(s)/guardian(s) will be home when they wake up in the morning.

BEHAVIOR PROBLEMS

Discussion

Ask participants to provide examples of typical behavior problems and their causes (see page 35 of the participant manual).

Sample responses might include the following:

- Tired
- Ill/sick
- Hungry or thirsty
- Bored
- Frustrated
- Too much excitement
- Scared
- Needs attention

DISCIPLINE

FACILITATOR'S NOTE

Refer participants to the sitter's checklist found on pages 37–38 of the participant's manual. Provide examples for participants to identify proper ways that parents may want to have their children disciplined.

SITTER'S CHECKLIST

FACILITATOR'S NOTE

Review the sitter's checklist found in the participant manual. Provide sample answers that a babysitter may get from a parent or guardian for each item. Ask students if they have any questions regarding any items in the checklist.

LESSON 4: FIRST AID

SUGGESTED MODULE TIME: 60–75 MINUTES

LEARNING OBJECTIVES

After completing this lesson, participants will be able to:

- describe when to call 9-1-1 and what to tell the dispatcher.
- recognize and care for select injuries and illnesses.

FACILITATOR'S NOTE

Remind students that no matter how safe they make the house, an injury (or illness) can still occur. This lesson covers injuries and illnesses and how to care for them.

WHAT IS NOT AN EMERGENCY?

Discussion

Some problems require quick help but are not emergencies. Ask participants to list injuries they think are not actual emergencies. Compare this list with the items on page 39. Review the following:

- Small cuts
- Slight fevers
- Diarrhea or stomachaches
- Earaches
- Minor bruises
- Nosebleeds
- Rashes
- Sprained ankles

WHAT IS AN EMERGENCY?

Discussion

Ask participants to list injuries they think are emergencies. Compare this list with the items on page 40. Review the following list of actual emergencies:

- Unresponsiveness
- Seizures or convulsions
- Choking on food, drink, or object

- Falls from high places
- Severe burns
- Trouble breathing
- Eating or drinking something poisonous
- Heavy bleeding that will not stop
- Cannot move arms or legs

CALLING 9-1-1 FOR HELP

Scenario

Have each participant rehearse a 9-1-1 call (see pages 40–41 of the participant manual). Make sure that each participant provides the following to the dispatcher:

- His/her name and the phone number from where he/she is calling
- What happened and who it happened to
- Exact address of the emergency and the closest major cross streets/intersection

CPR AND CHOKING RELIEF

Discussion

Review with participants the steps in RAP-CAB, which can be found on pages 41–48 of the participation manual.

R = Responsive? Tap the child or infant and shout, “Are you OK?”	
<i>If child or infant ...</i>	<i>Then...</i>
Does not move, moan, or answer and is not breathing or is only gasping (sounds like a snort, snore, or groan)	CPR is needed. Go to step A = Activate .
Moves, moans, or answers and is breathing	Place on his/her side and keep checking the child or infant. Go to step A = Activate to call 911 – no CPR needed .
A = Activate the emergency medical service (EMS) by calling 9-1-1.	
<i>If...</i>	<i>Then...</i>
You are alone with an unresponsive child/infant	Initiate CPR then after 5 sets (or 2 minutes) of 30 compressions and 2 breaths, call 9-1-1.
Another person is available with you and an unresponsive child/infant	Send him/her to call 9-1-1 and get AED if available while you start CPR with 2 minutes of 30 compressions and 2 breaths.
P = Position on his/her back and on a firm, flat surface	
C = Chest compressions. Push hard and fast	

<p>Where to place hands?</p> <p>For child: Use 1 or both hands—If using 1 hand place the heel of hand on the breastbone in center of chest. If using 2 hands, place one hand on the chest with the other hand on top and interlock fingers to keep them off the chest.</p> <p>For infant: use 2 fingers with one touching and both below imaginary line nipple.</p>	<p>How deep? Push hard!</p> <p>For child: about 2 inches; For infant: about 1½ inches.</p> <p>Push straight down. Allow chest to come back up to its normal position after each compression.</p>	<p>How fast? Push fast!</p> <p>Push chest at same beat of the Bee Gee’s song “Stayin’ Alive.” Count at fast rate: “1, 2, 3, 4, 5...30.”</p> <p>At least 100 per minute.</p>	<p>How many? Give 30 compressions without interruption.</p>
<p>A = Airway open. Open airway by tilting head by pushing forehead back and lifting chin.</p>			
<p>B = Breaths. Give 2 normal breaths (1 second each) that make chest rise.</p> <p>For child: Pinch child’s nose shut, cover the child’s mouth with your mouth, making an airtight seal. Use CPR mask if available.</p> <p>For infant: Cover infant’s mouth and nose with your mouth, making an airtight seal. If this does not work, try either the mouth-to-mouth or mouth-to-nose technique.</p>			
<p>If...</p>	<p>Then...</p>		
<p>2 breaths make chest rise</p>	<p>Continue CPR:</p> <ul style="list-style-type: none"> • 30 chest compressions (push hard and fast). • 2 breaths (1 second each). Take a regular breath, not a deep breath, between the 2 breaths. • DO NOT stop to check for breathing until after every 5 sets of compressions and breaths. 		
<p>First breath does not make chest rise; the airway may be blocked.</p>	<p>Retilt head, give a second breath:</p> <ul style="list-style-type: none"> • If second breath does not make chest rise, continue CPR. Each time the airway is opened to give a breath, look for an object in the mouth and, if seen, remove it. 		
<p>Continue CPR until:</p> <ul style="list-style-type: none"> • Victim begins breathing, speaks, or moves • You are replaced by a trained person • You are physically exhausted and unable to continue 			

FACILITATOR’S NOTE
If time permits, ask if any of the participants have taken a CPR course. If one has, you can ask that student to demonstrate the technique on the mannequin. Provide participants with information on where to take a local CPR course.

Hands-Only CPR

If you have no CPR training, are unsure about what to do, or unable to give breaths for any reason, at least do the following:

1. Call 9-1-1 or other local emergency number for help.

2. Give chest compressions only. Push hard and fast in the center of the chest. Refer to the above chart about how to give chest compressions.

Choking Child

<i>What to Look For</i>	<i>What to Do</i>
<ul style="list-style-type: none"> • Coughing loudly and makes some sounds. • Nods head “yes” when asked if he/she is choking. 	Let the child cough while you watch for signs of no improvement.
<ul style="list-style-type: none"> • Is responsive but not coughing or making any sound. • Is not breathing • Grabbing or clutching at throat (the choking sign) 	<ol style="list-style-type: none"> 1. Stand or kneel behind the child and wrap your arms around the child’s waist with your hands in front. 2. Make a fist with 1 hand and place the thumb side slightly above child’s belly button (navel) with your knuckles up. 3. Grab the fist with your other hand and press fist into the child’s abdomen with quick, upward thrusts 4. Continue giving thrusts until: <ul style="list-style-type: none"> • The object comes out, • The child starts coughing, talking, and/or breathing, • You are replaced by a trained person, or • The child becomes unresponsive (in this case, go to the next step below).
Becomes unresponsive	<ol style="list-style-type: none"> 1. Place the child on a firm, flat surface and give 30 chest compressions. 2. Open the airway and look for an object. Try to take it out only if you see an object in the mouth. 3. Give 2 breaths. If first breath does not make chest rise, retilt head, and give a second breath. If second breath does not make chest rise, give 30 compressions followed by 2 breaths. Before each set of 2 breaths, check the mouth for objects. Only if you see an object in the mouth should you try to take it out. 4. Call 9-1-1 after 5 sets of 30 compressions and 2 breaths. 5. Continue giving sets of 30 compressions and 2 breaths until: <ul style="list-style-type: none"> • The object comes out, • The child starts coughing, talking, and/or breathing, • You are replaced by a trained person.

Choking INFANT

<i>What to Look For</i>	<i>What to Do</i>
Coughing loudly and making some sounds	Let the infant cough while you watch for signs of no improvement.
Is responsive but is not crying, breathing, or coughing	<ol style="list-style-type: none"> 1. Hold infant’s head and neck with one hand by supporting infant’s jaw between your thumb and fingers. 2. Place infant face down over your forearm with head lower than his/her chest. Brace your forearm and infant against your leg. 3. Give 5 back blows between the infant’s shoulder blades with the heel of your free hand. 4. Turn infant face up while supporting head. 5. Give 5 chest compressions using 2 fingers over the breastbone as you would in giving CPR but at a slower rate. 6. Repeat 5 back slaps and 5 chest thrusts until: <ul style="list-style-type: none"> • The infant breathes, coughs, or cries, • You are replaced by a trained person, or • The infant becomes unresponsive (in this case, go to the next step below)

Becomes unresponsive	<ol style="list-style-type: none"> 1. Place the infant on a firm, flat surface (such as a table) and give 30 chest compressions. 2. Open the airway and look for an object. Try to take it out only if you see an object in the mouth. 3. Give 2 breaths. If first breath does not make chest rise, retilt head, and give a second breath. If second breath does not make chest rise, give 30 compressions followed by 2 breaths. Before each set of 2 breaths, check the mouth for objects. Only if you see an object in the mouth should you try to take it out. 4. Call 9-1-1 after 5 sets of 30 compressions and 2 breaths. 5. Continue giving sets of 30 compressions and 2 breaths until: <ul style="list-style-type: none"> • The object comes out, • The infant starts coughing, talking, and/or breathing, • You are replaced by a trained person.
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MINOR SCRAPES, CUTS, AND OPEN WOUNDS

Key Points

Review the key points for controlling bleeding and preventing shock found on pages 48–50 of the participant manual.

- Using a sterile dressing or clean, dry cloth, press on the wound to stop bleeding.
- If bleeding is from an arm or leg, raise the arm or leg while still pressing on the wound, unless the arm or leg is broken.
- Shallow wounds can be washed with clean running water.
- A deep wound requires care by a medically trained person.

BONE, JOINT, AND MUSCLE INJURIES

Key Points

Emphasize the RICE method of care for bone, joint, or muscle injuries (found on pages 50–51 of the participant manual).

- R = Rest, keep the body part in place and out of use.
- I = Ice, cover the injury with a wet cloth and apply a cold pack for about 20 minutes every 2 hours.
- C = Compression, when not applying an ice bag, wrap an elastic bandage around the body part.
- E = Elevation, raise the injured body part above the heart level.

Call the parent(s)/guardian(s) or neighbor.

BREATHING DIFFICULTIES

Discussion

Ask participants if they have asthma or if a relative or friend has asthma. If so, ask the family for the child's asthma management plan.

For asthma, emphasize these key points found on page 51 of the participant manual:

- Keep the child upright.

- If the child has an inhaler or a nebulizer, provide the needed medicine.
- Give the child water to drink if he or she can swallow.
- Call parent(s)/guardian(s).

BURNS

Key Points

Remind participants of the following tips for handling a burn emergency:

- Apply cool water or cool, wet cloths until the pain stops.
- If it is a minor burn, after the pain has stopped, apply a dry gauze pad.
- Call 9-1-1 and the parent(s)/guardian(s) if the burn is severe (ash-white or charred skin).

Refer participants to the chart of burn tips on page 52 of the participant manual.

ELECTROCUTION

Key Points

Remind participants that electrocution is a very real and dangerous hazard in the home. Refer participants to page 52 of the participant manual for tips to prevent electrocution.

CHEMICAL BURNS

Key Points

The basic tips for responding to chemical burns can be found on page 53 of the participant manual, and are as follows:

- Wear medical gloves to protect yourself from contact with the chemical.
- Flush with running water for about 15 minutes (until an ambulance arrives).
- Call 9-1-1 and parents or guardians or neighbor.

DIABETIC EMERGENCIES

Key Points

The basic tips for responding to a diabetic emergency can be found on page 53 of the participant manual, and are as follows:

- If the child is old enough, ask the child to check his or her blood sugar, and then call parent(s)/guardian(s) with results.
- If the child cannot check blood sugar but can swallow, give him or her some food or drink containing sugar (soda or fruit juice).
- If the child is not better in 10–15 minutes, give the child more sugar and call parent(s)/guardian(s).
- If the child is unresponsive, call 9-1-1 immediately.

DIARRHEA

Key Points

Diarrhea is common in children. It is frequent, watery, mushy stool. Tips for handling a child with diarrhea can be found on page 54, and include the following:

- Have the child drink lots of fluids.
- Most children should continue eating a normal diet, including formula or milk, while they have mild diarrhea.
- Some children are not able to tolerate cow's milk when they have diarrhea and it may be temporarily removed from the diet.
- If a child wears diapers, change the diaper immediately and clean the child after each diarrhea episode. Wash your hands after every diaper change.

DOG BITE

Discussion

Ask participants how many of them own a dog or have friends with dogs. Ask if a dog ever bit them or someone else they know. Review the details on how to care for a dog bite (found on pages 54–55 of the participant manual).

Key Points

- Children should not be left alone in a room with a dog.
- Keep children away from eating or sleeping dogs.
- Children should not tease or hurt dogs.
- Toddlers should not play close to a dog.
- If a dog scares you, you can refuse to sit for the family.

Care for dog bites includes the following:

- Place a sterile dressing or clean, dry cloth over the bite site.
- Press on the wound to stop bleeding.
- After bleeding has stopped, wash the bite wound with soap and water.
- Cover the bite wound with a sterile dressing or clean cloth.
- Call parent(s)/guardian(s).
- If the animal is unknown, get a good description of it.
- If the animal is a family pet, isolate it.

EYE INJURIES

Discussion

Ask participants if they have experienced an eye injury and how it was treated.

Refer students to page 55 of the participant manual for tips on treating minor eye injuries such as the following:

- If an object is stuck in the child's eye: Call 9-1-1. Leave the object where it is. Call the parent(s)/guardian(s) or neighbor. Attempt to cover the injured eye with an eye shield or paper cup.
- If a chemical is in the child's eye: Flush the eye with lukewarm water for 15 to 20 minutes. Call the parent(s)/guardian(s) or neighbor.
- If a loose object is in the child's eye: Gently grasp the upper lid and pull it out and down over the lower eyelid. Tears that occur when you pull the upper lid over the lower lid may help dislodge the object.

FEVER

Key Points

Ask participants if they have ever suffered with a fever. How long did it take to go away? Remind participants of the tips to reduce fever (pages 55–56 in the participant manual).

- Give sips of water, crushed ice, or electrolyte solutions.
- Call the parent(s)/guardian(s) before giving acetaminophen when the fever is above 101°F. *Aspirin should never be given to a child.*
- Dress the child in light clothing, but do not allow the child to shiver.
- Bathing with lukewarm water helps bring fever down.
- For a high fever (105°F or higher), which can be a sign that the child has a potentially serious problem, call the parent(s)/guardian(s) or neighbor.

HEAD INJURIES

Key Points

Refer participants to the chart on page 57 of the participant manual to review how to handle head injuries.

- If bleeding from the scalp, apply gentle pressure to control bleeding. Call parent(s)/guardian(s). For shallow scalp wound, flush with water from a faucet. Put a clean bandage on the wound once the bleeding has stopped.
- If swelling appears and is painful, apply ice pack for 15 to 20 minutes.
- If the child does not move but is breathing, place the child on his or her left side to keep airway open, to drain fluids, and to handle possible vomiting. If the child is not breathing, see rescue breathing and CPR section (on pages 41–48).

INSECT STINGS

Key Points

Ask participants if they have ever been stung by an insect such as a bee.

Review the following points found on page 58 in the participant manual:

- If the child is known to be allergic to insect stings and has a doctor-prescribed epinephrine kit, use it. Then call 9-1-1 and finally the parent(s)/guardian(s).
- Wash stung area with soap and rinse well with water. Remove any stinger or part of the biting insect by scraping it with a credit card or fingernail.

- Apply ice bag for 15 to 20 minutes.
- Observe for breathing difficulty and swollen face and if found, call parent(s)/guardian(s). For very difficult breathing, call 9-1-1.

NOSEBLEED

Key Points

Remind participants of the following points related to nosebleeds (page 58 in the participant manual):

- Keep the child in a sitting position leaning slightly forward. Remind the child to breathe through the mouth.
- Gently pinch both of the child's nostrils together for 10 minutes. If able, the child can do the pinching.

If bleeding continues for more than 30 minutes, call parent(s)/guardian(s) or neighbor.

POISONING

Key Points

Poisoning is a common childhood emergency. Young children are curious and get into many things that look interesting.

Discussion

Ask participants to identify common poisons found in homes. Sample responses include the following:

- Medicines
- Cleaning products
- Batteries
- Cigarettes
- Plants
- Iron pills
- Laundry products
- Bug and weed killers
- Alcohol
- Mouthwash

Prevent poisoning by keeping children in sight, and place dangerous items out of sight and out of reach. Review the "In case of poisoning chart" found on page 61 of the participant manual.

FACILITATOR'S NOTE

Remind participants of the Poison Control Center phone number, 1-800-222-1222. Encourage participants to save the Poison Control Center phone number in their cell phone.

SEIZURES OR CONVULSIONS

Discussion

Ask participants if they have ever witnessed a person having a seizure. Have them discuss how they reacted.

Key Points

Causes of seizures can include high fever, head injury, serious illness, and poisoning. Points to remember include the following:

- Allow the seizure to occur. Do not try to hold the child down.
- Do what you can to prevent further injury. Roll the child onto his or her left side to allow saliva to drain and to keep the tongue from blocking the airway.
- Nothing should be forced between the child's teeth.
- After the seizure stops, keep the child on his or her side to rest.
- Always call the parent(s)/guardian(s) when a seizure occurs.

Review with students when to call 9-1-1 for seizures (pages 61–62 of the participant manual).

TOOTH KNOCKED OUT

Discussion

Ask participants if they have ever had a tooth knocked out. Encourage discussion on how the situation was handled. Did they rush to the dentist? How did they transport the tooth to the dentist's office?

Remind participants of the difference between baby teeth and permanent teeth.

Refer participants to page 63 of the participant manual for steps on handling a knocked-out tooth.

- Position the child so blood does not compromise the airway. Stop the bleeding with sterile gauze and direct pressure. Pick up the tooth by the crown, not the root.
- Clean tooth with water. Be gentle and avoid soap or chemicals, scrubbing the tooth, drying the tooth, or wrapping it in a tissue or cloth.
- If possible, place the tooth back in the socket. Do not attempt to reinsert a baby tooth. If reinserting the tooth is not possible, place the tooth in a glass of milk.
- Call parent(s)/guardian(s) immediately.
- Child should be seen by dentist within 30 minutes if possible.

VOMITING

Key Points

Remind participants that vomiting in children is common and can be caused by multiple factors. Persistent vomiting is something to be concerned about, but occasional

episodes are generally not a cause for alarm. Refer students to page 64 of the participant manual for general guidelines on proper handling of vomiting.

- Children should not eat or drink for 1 hour after vomiting.
- After 1 hour of tummy rest, provide small, increasing amounts (1/2–2 ounces) of fluid every 20 minutes for four feedings. If the child begins vomiting again, allow the stomach to rest for another 30 minutes and then start over.
- Call the parent(s)/guardian(s) if:
 - the child is an infant under 6 months of age.
 - the child is unable to keep any fluid in the stomach for several hours.
 - the child shows signs of dehydration such as dry lips and mouth, a dry diaper for several hours, or small amounts of deep-gold-colored urine.
 - the child has severe abdominal pain.
 - there is blood or dark green matter in the vomit.

LESSON 5: FIRST AID KIT AND RECOMMENDED SUPPLIES

SUGGESTED MODULE TIME: 10 MINUTES

LEARNING OBJECTIVES

After completing this lesson, participants will be able to:

- identify contents of a well-stocked first aid kit capable of handling typical emergencies that might arise until advanced help arrives.

FACILITATOR'S NOTE

Remind students that as babysitters, they will need to know where first aid supplies are located when caring for children. This lesson covers the contents of a first aid kit.

Explain

Participants should request an orientation to the location of emergency equipment such as the first aid kit when they first arrive at a new home to babysit. This will allow the babysitter an opportunity to inspect the contents of the kit and also ensure that he/she is familiar with its location and location of supplies within the kit itself.

Some families may not own a first aid kit of their own. In this case, you should recommend participants bring one of their own. They can make their own with supplies purchased separately at the store or purchase one that is commercially prepared.

Review

Review the list of recommended basic first aid kit items located in the participant manual on page 65. Here are the basic supplies to discuss with participants:

- Elastic wrap (2 inch) for wrapping joint and muscle injuries
- Scissors with rounded tips
- Adhesive tape to hold dressings in place
- Instant cold compress for applying on joint and muscle injuries
- Dressings (2-inch sterile gauze pads) and adhesive strips of various sizes for covering cuts and scrapes (children like the ones with designs)
- Antibiotic ointment for burns, cuts, and scrapes
- Hydrocortisone ointment (1%) for rashes that itch
- Tweezers to remove small splinters
- Thermometer (digital; nonmercury and nonglass) for measuring fever in children 5 years old and older
- Medical exam gloves (disposable) to protect your hands from blood and reduce chance of infection (2 pairs)
- Face shield or face mask

- Small flashlight
- *BLAST!* manual
- The Completed Sitter's Checklist (pages 37–38 of the participant manual) or a list of emergency phone numbers

Emphasize to participants that this list is simply a sample list and that some first aid kits may contain more or fewer supplies.

LESSON 6: KID FUN

SUGGESTED MODULE TIME: 15 MINUTES

LEARNING OBJECTIVES

After completing this lesson, participants will be able to:

- select age-appropriate children’s games, songs, and activities to entertain the children they are babysitting.

FACILITATOR’S NOTE

Remind students that as a babysitter, they will keep children engaged through playing many games and singing songs with the children they supervise.Ú

Explain

Children love babysitters who will play with them and have fun on their level. Many children have particular games that are their favorites. Instruct participants to probe the child(ren) for possible favorite games or activities. It is always a good idea to bring several board games that are appropriate for the age of the children the sitter will be watching. If the participant has a doubt as to the appropriateness of a game or play item, it is always best to consult the parent/guardian.

Pages 66–67 of the participant manual detail several games that can be played with children of various ages to entertain them. Explain (or play) a few of these games so participants understand them. Consider bringing in some sample games for participants to view. Show participants the age recommendations on the games. Also point out why certain games are not appropriate for young children (e.g., they contain small playing pieces that pose a choking hazard).

Pages 70–71 also lists sample contents for a “Sitter’s Busy Bag” that can easily be kept in a bag and taken along to a babysitting job. Ask participants to identify other items that might engage the children they will watch.

FACILITATOR’S NOTE

Activity suggestion: If time and resources permit, you may want to consider having participants make/personalize their own Sitter’s Busy Bag tote during the class. Participants can use fabric pens, rubber stamps, ribbons, and so forth to personalize a Sitter’s Busy Bag that will appeal to the young children for whom they will care.

Explain

Instruct participants how to fill in their certificates for completion. Explain that they can keep this card in their *BLAST!* booklet and take this booklet with them when babysitting.

SECTION 5. BLAST! PARTICIPANT SKILL ASSESSMENT LOG

Participant Name _____

Course Date _____

Course Location _____

Lesson Participation:

Check the appropriate box to indicate when a lesson is completed by the participant. A student must participate in each lesson as well as successfully complete the identified skills to pass the BLAST! course. Once complete, participant forms should be handed in to the program sponsor.

- Lesson 1 – Getting Started
- Lesson 2 – Safety First
- Lesson 3 – Sitter Basics
- Lesson 4 – First Aid
- Lesson 5 – First Aid Kit and Recommended Supplies
- Lesson 6 – Kid Fun

Place a "P" for Pass in the "Complete" column to indicate when the participant completes the skill indicated. If a participant does not complete the skill or does not complete it correctly, place an "I" for Incomplete in the "Incomplete" column.

Skill	Complete	Incomplete
Interviewing		
Stranger Safety		
Diapering		
Bottle Feeding		
Burping an Infant		
Spoon Feeding		
Call 9-1-1 for Help		
Choking—Child (ages 1–8)		
Choking—Infant (under 1 year of age)		
Bleeding and Shock		
Nosebleed		
First Aid Kit Review		
Games and Songs		

Notes or observations for participant:

Instructor's Signature

Date