

SAFETY BEHAVIOR CHECKLIST

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SAFETY BEHAVIORS	
CHECKING	
	hypervigilance and scanning a crowd or group for people who look unwell
	constant body scanning/ruminating about how they feel
	checking their temperature or asking a parent or teacher to check it
	asking for frequent reassurance, “Do you think I will get sick?”
	checking on how other people are feeling
	checking expiration dates on food (not just refrigerated foods, anything with a date on it) and throwing it out or asking about how long something has been out of the refrigerator
	scanning for bathrooms and exits, sitting in places only near exits
	checking that food is fully cooked, overcooking food
	checking online for news on norovirus outbreaks, the meaning of symptoms, causes of nausea and vomiting, etc.
AVOIDING	
	talking about vomit or saying the word(s)
	being alone and insisting on being with a “safe person” or avoiding being with anyone else
	sleeping away from home
	remaining near a sick person even if it is their child or a family member who needs their help (this can result in enormous guilt)
	relationships because someone was ill or could be sick
	going into a bathroom or fetching a bowl/bucket (as it may “make them vomit”)
	hearing someone vomit (plugging ears)
	getting pregnant and possibly sexual activity
	eating or drinking, or eating very little
	specific foods except what they have deemed safe (some reasons include texture, contains raw egg, might cause burping, associated with vomiting)
	eating leftovers even if refrigerated or known to be safe
	medical help (in case they are trapped in a hospital with more sick people)
	medication (in case the side effects are nausea/vomiting)
	places, situations, or crowds (where one could vomit, see vomit or someone vomiting, or heard someone had vomited there)
	eating at normal speed (which they deem “too quickly”)
	eating with anyone else
	eating food when the preparation cannot be controlled or observed (restaurants, friends or family’s home)
	touching things that might be contaminated with germs (norovirus) like knobs, buttons, surfaces, items in the grocery store, money, etc.
	school, riding the bus, participating in gym

	visual or physical motion sickness causing activities (e.g., 3-D movies, boats, trains, rides, etc.)
	wearing clothing worn when sick, or fabrics of the same color
	specific time commitments because unable to predict how one will be feeling
	anxiety-provoking situations in general
PREVENTION	
	use of over-the-counter (OTC) medications to control vomiting (Pepto Bismol, Dramamine, Tums, Gas-X, etc.)
	prescription anti-emetic medication or tranquilizers
	chewing gum or sucking on lozenges or mints, usually peppermint
	always carrying bottled water and sipping it when “nauseous”
	taking a “safety kit” with them which may contain items such as medications, mints, water, and a plastic bag
	insisting on having a parent or grandparent sit in the classroom
	refusing to put children in daycare, nursery, preschool, or school
	mental neutralizing, replaying, replacing, reassuring, distracting, and avoiding (this can be quite similar to the symptoms of OCD)
	subtle behaviors like repeated swallowing, verbal sounds, posture changes, spitting
	excessive decontaminating (e.g., hand washing, bleaching counters, etc.) may also result in high use of paper, soap, and other cleaners
	performing various rituals or superstitious behaviors