

Preventing Injuries in Licensed Child Care Settings

Funding from the Orange County Children and Families Commission has enabled the Children's Home Society of California (CHS) to implement a new injury prevention program. CHS's **Child Care Injury Prevention Program** partners with the California Chapter 4, American Academy of Pediatrics Injury Prevention Program and the California Department of Social Services, Community Care Licensing (CCL) to provide follow-up injury prevention and safety training during site visits to child care providers that receive Type A deficiencies from CCL (deficiencies related to lack of supervision, over-capacity, health and safety practices and unsafe conditions in the environment). CHS conducts injury prevention workshops and distributes injury prevention materials for newly licensed child care providers as well. Providers receiving site visits have reported that the program provides a valuable resource, and that the time spent reviewing Title 22 (the written regulations that stipulate how a provider must operate a child care business) was very helpful.

Child care provider training focuses on successful strategies for preventing injuries and improving safety in early education facilities to address citable deficiencies related to lack of supervision, over-capacity, health and safety practices and unsafe conditions in the environment. The training and curriculum includes a copy of Title 22, the California Chapter 4, American Academy of Pediatrics **Injury Prevention Resource Tool Kit**, Children's Home Society of California safety brochures (in English, Spanish, and Vietnamese), California Poison Control information, Never Shake a Baby and SIDS brochures, Child Care Facility Assessment Guides, Car Safety Seat Growth Charts and CPSC Child Care Safety Checklists.

For more information about the program, please contact Pam Yates, Program Specialist at (714) 835-8252, ext. 6260.



CALIFORNIA CHAPTER 4, AAP IPP CALENDAR OF EVENTS

April 21st, 2004 • 8:00 a.m. - 9:30 a.m.

3rd Annual Jack and Jill Can't Get Up the Hill:
The role of physical activity and nutrition in childhood injury prevention

LOCATION CHOC Harold Wade Education Center

May 27th, 2004 • 2:00 p.m. - 4:00 p.m.

Injury Prevention Collaborative Meeting
LOCATION CHOC Harold Wade Education Center

For more information about any of these events, please contact the California Chapter 4, AAP IPP at (714) 971-0695.



WHAT'S NEW IN POISON CONTROL?

A new, easy to remember toll-free number: 800-222-1222.

The California Poison Control System has adopted a new toll-free phone number and the already existing number (800-876-4766) will remain active. By dialing (800) 222-1222 from anywhere in the nation, parents will be able to speak with a California Poison Control System expert, 24 hours a day, every day of the year.



SYRUP OF IPECAC

Syrup of Ipecac has been used for many years to induce vomiting in some cases of poison or drug ingestion. However the benefit of forced vomiting in the treatment of poisoning has been questioned. Currently, poison control centers rarely recommend the use of Ipecac. Recently the American Academy of Pediatrics reversed its longstanding advice that Ipecac should be kept on hand in the home. The new policy can be found on the AAP website at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/5/1182>.



MEDICAL CONSULTATION LINE 1-800-411-8080

This telephone number is reserved for health professionals. The California Poison Control System offers 24-hour expert telephone guidance with access to an attending Medical Toxicologist to assist with poison exposures of all types, including: snakebites, spider bites, plants, mushrooms and pesticides and overdose diagnosis and treatment. Specialty consultants are also available to aid in the care of hospitalized poisoning victims.

ANSWERS TO PARENTS' QUESTIONS:

Q. What should I do if my child has ingested a poison or drug?

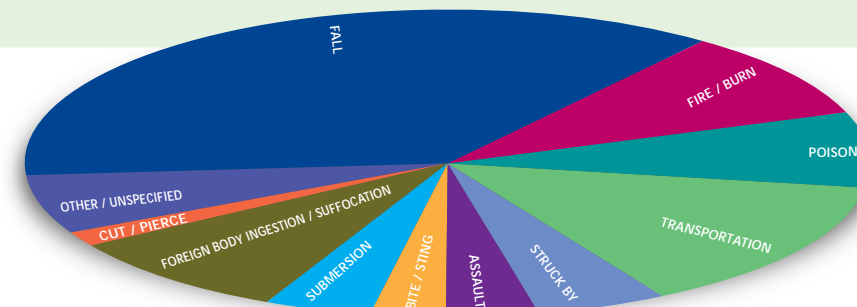
A. As always, it is recommended that you immediately call the poison control center at 1-800-222-1222 (formerly 1-800-876-4766 in California) for advice. In most cases no treatment is needed. In a few cases the California Poison Control System (CPCS) may recommend a visit to the hospital emergency department or your physician's office. The CPCS does not recommend alternate methods of inducing vomiting, nor do they recommend the home use of activated charcoal.

Q. What should I do with the Ipecac in my medicine cabinet?

A. The American Academy of Pediatrics has recommended that existing Ipecac in the home should be disposed of safely. The CPCS advises that you place it in your trash in a secure manner, such that children and pets will not be exposed to it before it is picked up.

NATIONAL POISON PREVENTION WEEK

- MARCH 21 - 27
- Please join us in our efforts to eliminate unintentional poison exposure in children.
- Copies of a clear and informative brochure, telephone stickers and display materials on how to use the poison center in English and Spanish can be ordered online at www.calpoison.org.
- All materials are provided without cost.



Category	Count
POISONING	190 Total (1 death)
DRUG	144
CLEANSER / CHEMICAL	21
OTHER	25

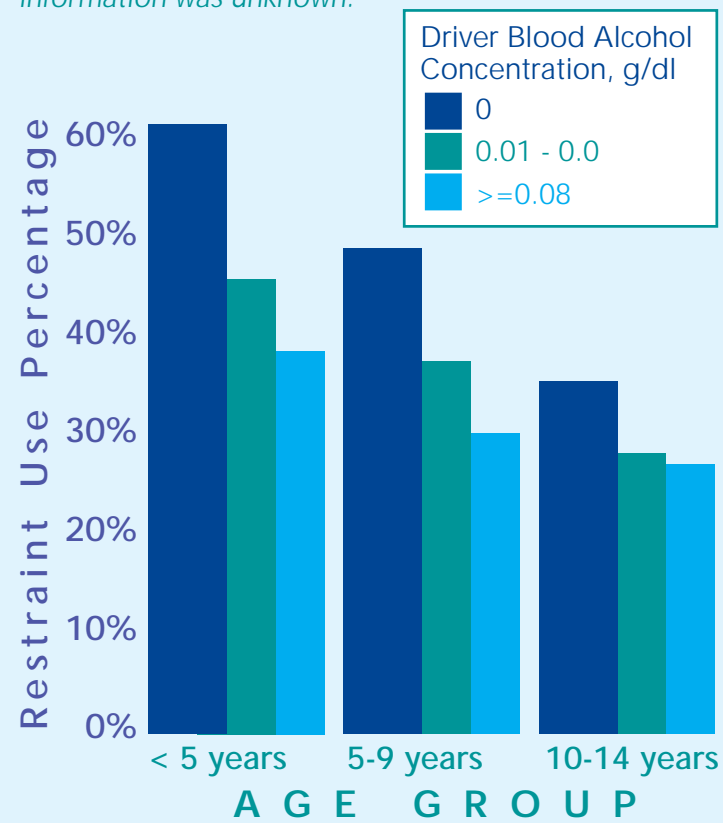
"1998-2000 Leading Causes of Death and Hospitalization for Orange County Children Ages 0-5."

Profile of Childhood Injuries, 0-5 years produced and distributed by the California Chapter 4, AAP, IPP. Data analysis for this report was done by Diane Winn, RN, MPH, Child Injury and Transportation Safety Research Group at the University of California, Irvine using data provided by California Department of Health Services EPIC Branch.

Children Killed in Alcohol-related Crashes Most Often Unrestrained Passengers of Drinking Drivers

Restraint use among child passenger fatalities by child's age and blood alcohol concentration of the child's driver, United States, 1997-2002 (N=8,839).

Does not include 734 children for whom restraint use was unknown and 49 children for whom driver information was unknown.



The majority of children killed in alcohol-related crashes in the United States between 1997-2002 were riding unrestrained in the same vehicle as the drinking driver, reported the CDC in the February 5 issue of the *Morbidity and Mortality Weekly Report* (MMWR) <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5304a2.htm>. The author, Ruth Shults, PhD, an epidemiologist for CDC's Injury Center, examined national crash data from the National Highway Traffic Safety Administration for the 6-year study period. Results showed that 24 percent of all child passenger deaths (2,335 of 9,622) involved alcohol, and of these, 68 percent (1,588) of the children were riding unrestrained with the drinking driver. The median blood alcohol concentration (BAC) of the drinking drivers who had child passengers was 0.13 grams/deciliter (g/dL). Driving with a BAC of 0.08 g/dL or higher is illegal for persons age 21 or older in most states.

The study also showed that children who died in an alcohol-related crash were less likely to be properly restrained than children who died in crashes that did not involve alcohol (see figure). The majority of the drivers in these crashes survived, suggesting that many of the children who were killed might still be alive if they had been properly restrained. To reduce child passenger deaths, CDC recommends strong enforcement of child safety seat laws and passage of primary enforcement safety belt laws in all states and territories. Primary enforcement safety belt laws allow police to stop a driver solely because an occupant is riding unrestrained. CDC also recommends that communities implement effective strategies to reduce alcohol-impaired driving (see below). For more information about proven interventions to reduce motor vehicle deaths and injuries visit <http://www.thecommunityguide.org/mvoi/>.



WHY Jack and Jill Can't Get Up the Hill

Children in their natural state tend to be in motion. Often adults are the limiting factor in allowing children to be in motion. So, in this day and age of fast food, television/computer based activities, and an ever-increasing incidence of childhood obesity, **how do we get kids active and then keep them active?**

During the April 21st CHOC Grand Rounds "Why Jack and Jill Can't Get Up the Hill," Chris Koutoures, M.D., a pediatrician and sports medicine physician, will energize you to encourage and discuss age-appropriate activity and sport participation in young patients. Dr. Koutoures will explore motor and social development as it relates to activity, review several position statements and literature reviews on activity, and also discuss the importance of good activity habits in children 0-5 years of age.

He will also break down some of the common barriers that adults and structure place in the way of activity, and will review age-appropriate and natural means for **keeping kids playing actively**. Most importantly, Dr. Koutoures will provide you with anticipatory guidance tips to help develop regular activity patterns in families that will extend not just into later childhood, but hopefully into adulthood as well.

For more information about this Grand Rounds, please contact the California Chapter 4, AAP IPP at (714) 971-0695.

WHY Jack and Jill Can't Get Up the Hill
CHOC Grand Rounds
April 21, 2004, 8:00 to 9:30 am
CHOC's Harold Wade Education Center
Cost: Free

Strategies to Reduce Child Passenger Deaths Involving Drinking Drivers

FAMILIES

- Adopt "zero tolerance" policy when transporting children

HEALTH CARE PROVIDERS

- Screen adult patients for alcohol problems
- Include information on the dangers to child passengers when they counsel patients about risks of alcohol-impaired driving

STATES AND COMMUNITIES

- Consider lowering legal BAC limit for drivers transporting children
- Evaluate the effectiveness of current child endangerment laws that apply special sanctions for drinking drivers who transport children
- Strictly enforce existing "DUI" laws
- Increase enforcement of child restraint and seat belt laws
- Pass primary seat belt laws that cover all children in all seats
- Increase penalties for transporting unrestrained children



Injury Prevention Program

California Chapter 4, American Academy of Pediatrics

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The California Chapter 4, American Academy of Pediatrics Injury Prevention Program was developed in 2001 with the mission to contribute to the prevention of injury, death and disability and secure wellness for children age 0-5 years and their families. Funding for this project is provided by the Children and Families Commission of Orange County.

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