Keeping Safe From Injury
Kiwanis Cal-Nev-Ha Foundation established the Pediatric Trauma Program (PTP) in 1994. One of its first hospital partnerships was established with UCSF Benioff Children’s Hospital Oakland, with the goal of developing projects to reduce the number of children injured or killed by trauma. Through this continuing partnership, we are able to provide this safety booklet, as well as many other educational materials and safety devices to our patient families and for our local community.

The focus of our injury prevention program is to develop strategies to increase parents’ knowledge about how to prevent injuries. We are passionate about keeping children safe.
Keeping Safe From Injury

We hope you’ll take the time to read this important and useful information and share it with your family, friends, and neighbors.

The information inside this booklet may make a difference in your child’s life. It is estimated that 90 percent of unintentional injuries could be avoided. The prevention tips you will learn about can help keep your child safe and healthy.

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Car Seats

Why should I use a car seat?
Motor vehicle crashes are the leading cause of death among children. A car seat, properly used, is the best way to prevent a child’s injury or death in a crash.

California car seat law:

- All children under 8 years of age must be properly restrained in the back seat of a vehicle in a correctly installed child passenger safety restraint that meets federal standards.
- All children who are between 8 and 16 years of age must be properly restrained in either an appropriate child passenger restraint or a properly fitted safety (seat) belt.*
- All children must remain rear-facing in the back seat of the vehicle in an appropriate car seat until 2 years of age unless the child weighs 40 or more lbs. or is 40 or more inches tall. The penalty for turning a child forward facing too soon with court fees is about $500 and a point on the license against the parent, or the driver if the parent is not present.
- All children 2 years old or older who have outgrown the rear-facing weight or height limit for their convertible car seat should be turned to ride facing forward in the seat for as long as possible, until the highest weight or height allowed by the manufacturer is reached.

*TIP
Car seats are not cribs or babysitters. Never leave a child unattended in a car seat!
Once a child outgrows the forward-facing convertible seat, if possible, they should ride in a higher weight “combination” seat (a forward facing seat with a 5 point harness which converts to a booster seat). If they are over the weight and height limits of the 5 point harness, then they should use the vehicle’s shoulder and lap belt system in a booster seat.

Safety tips:
- A child typically outgrows their booster seat by 4 feet 9 inches tall, which may be 10 to 12 years of age, and can then use the adult safety (seat) belt in the back seat of the vehicle.
- Safety (seat) belts fit properly when the lap belt lies across the upper thighs and the shoulder belt fits across the chest in front of the child.
- Car seat use reduces the risk for death to infants (0 to 1 year) by 71 percent and to toddlers (aged 1 to 4 years) by 54 percent in passenger vehicles.
- Booster seat use reduces the risk for serious injury by 45 percent for children aged 4 to 8 years when compared with seat belt use alone.

For older children and adults, seat belt use reduces the risk for death and serious injury by approximately half.
- Remember, never place a rear-facing child car seat in front of an airbag.
- All passengers age 12 or younger should be properly restrained in the back seat.
- Make sure to read the manufacturer’s instructions to see what positions are allowed for the carrying handle when securing an infant seat in the car.

**When should I use a car seat?**
- Always. No trip is too short. Most motor vehicle crashes happen within 25 miles of home. Use a car seat every time, on every trip, in any car.
- Make sure your friends, relatives, and childcare providers have a correctly installed car seat that they use every time your child is in their car.

Find a car seat inspection station in your area:
- 866-732-8243
- www.nhtsa.gov
- www.safekids.org
- www.aaa.com/carseats

Take the five-step seat belt test to determine if your child is ready to use an adult seat belt:
- Does the child sit upright with hips all the way back against the vehicle’s seat back?
- Do the child’s knees bend comfortably at the edge of the vehicle’s seat?
- Is the lap belt below the abdomen, on the top part of the thighs, and snug across the hips?
- Is the shoulder belt centered over the shoulder and across the chest?
- Can the child stay seated in this position for the whole trip?

If you answered “no” to any of these questions, your child needs a booster seat to ride safely in the car.

(Source: www.carseat.org)
Kids and Car Safety

What can you do to protect your family:

- Do not allow your child to play in or around parked or moving cars, no matter where the cars are located.
- Check online, in the automotive department of a local store or at auto parts retailers, for camera devices to help prevent backover injury. All vehicles can and should have rear view visibility.
- Walk around your car before starting it to make sure a child is not behind it.
- Teach your child to never run up to a moving car and never walk behind a car.
- In an effort to reduce deaths and serious injuries caused by backovers, the Cameron Gulbransen Kids Transportation Safety Act was passed in 2014 that requires rearview technology be standard in all new cars. However, persons driving older model cars that do not have the new technology should continue to vigilantly practice all the precautions advised.

Did you know?

In the U.S., 50 children are backed over by vehicles every week, and at least two of these children are fatally injured. In 70 percent of the incidents, the driver of the vehicle is the child’s parent, grandparent, aunt, uncle, or older sibling. In one minute, your life can change forever. There are many simple ways that we can keep children safer around cars.
Hyperthermia:
- Protect against hyperthermia. Hyperthermia is a greatly increased body temperature. Even when the temperature is 60°F outside, the temperature inside a car will rise to above 110°F in a short period of time. On an 80°F day, the temperature inside the car can be deadly within 10 minutes. A child’s body temperature can rise up to five times faster than an adult’s. Leaving the windows opened slightly does not help keep the temperature down.
- Never leave your child alone in the car.
- Many children die every year from heat stroke (fatal hyperthermia) from being left alone in a car.
- Store your purse on the floor in the back seat so you never forget your child.
- It is against the law to leave a child 6 years old or younger in a car without a child 12 years old or older to supervise them.
- The Hot Cars Act was advanced as a part of the AV START Act in Oct. 2017. The legislation will require technology to be put in vehicles as standard equipment to help prevent children from dying of heatstroke in cars (legislation pending approval at time of printing). However, persons driving older model cars that do not have the new technology should continue to vigilantly practice all the precautions advised.

Projectiles:
In a crash, small objects become big missiles or “projectiles,” making impacts of 20 to 30 times their weight. A 40-lb. object could impact the skull at a weight of 1,000 lbs. Even the smallest object could injure your child.

For more information, go to www.kidsandcars.org.
Steps you can take to keep your child safe when walking:

- Teach your child to watch and listen to police officers, adult crossing guards, and school safety patrols.
- Tell your child that traffic signs and signals are safety helpers for their protection.
- Educate your child to:
  - Stop and look for moving cars in all directions before starting to cross the street.
  - Cross at the corner, especially if there is a traffic signal or crossing guard.
  - Pay attention at all times—especially for cars that are turning the corner.
  - Teach your child that crosswalks are not “magic” lines that make cars stop.
- Remember that your child cannot judge speed, distance, or direction well and is easily distracted.
- Children think that if they can see a car, then the driver can see them. Explain to your child that this is not necessarily true.
- Always hold your child’s hand in a parking lot.
- Make sure a responsible adult supervises your child when they are playing. Children should play in a yard, a playground, or a park. They should never play on the street or in a driveway.
Be safe: Always wear a helmet!

Helmet checklist:

- Buy a helmet that meets the safety standards of the Consumer Product Safety Commission (CPSC) or the Snell Memorial Foundation.
- Place the helmet directly down over the forehead.
- Tighten the chinstrap to keep the helmet from slipping forward or backward. Only one finger should fit inside the chinstrap.

Did you know?

- Wearing a helmet can reduce the risk of head injury in a bike crash by as much as 85 percent.
- Only 50 percent of all bikers wear helmets regularly.
- Universal use of helmets could prevent one death every day and one brain injury every four minutes.
- California law requires all youth under the age of 18 to wear helmets during all wheeled activities—which includes bikes, scooters, skateboards, in-line skates, and hover boards.

TIP

A helmet must be worn correctly with the straps buckled to prevent injuries.
What is a concussion?
A concussion is a type of traumatic brain injury. It is caused by a hit to the head or body, making the brain move rapidly back and forth in the skull, stretching and damaging brain cells, and creating chemical changes in the brain.

Symptoms of a concussion are:
- Loss of consciousness (even briefly).
- Inability to recall events after a hit or fall.
- Dazed or stunned appearance.
- Confusion.
- Clumsy movement.
- Answering questions slowly.
- Changes in mood, behavior, or personality.
- Complaints of headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems, dizziness, or double or blurry vision.
- Irritation due to light or noise.
- Sluggish, hazy, foggy, or groggy feelings.
- Difficulty concentrating.
- “Just not feeling right.”

There are built-up effects on the brain from repeated concussions!

Concussion rule: No return to play until cleared by a qualified healthcare provider. Recovery may last from one week to several months.

Go to www.cdc.gov/headsup for more information about concussions.
Scooters can be fun, but they can also be dangerous.

Here are some things to keep in mind:

- The rider’s weight is positioned forward, near the scooter’s front wheel, increasing the risk of tumbling over headfirst.
- Stopping a scooter may require putting one foot on the ground—causing a loss of balance.
- The wheel base is narrow, increasing instability when a wheel hits a small crack in the pavement or a rock.
- If you have a motorized scooter or a moped, you must be 16 years old or older and have a valid California driver’s license to use it on city streets.
- If you have an electrically motorized board, such as a hoverboard, you must be 16 years old or older, and you must ride it in the bike lane at a maximum speed of 20 mph.
- Different rules apply to motorized skateboards.
- For definitions of a motorized bike, moped, motorized scooter, electrically motorized skateboard, and hoverboard, please visit:
  https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB604
  https://www.dmv.ca.gov/portal/dmv/detail/motorcycles/motorcycles

Remember, it is California law that you wear a helmet for all of these wheeled activities!
What can you do to help prevent burns?

- Keep hot food and drinks away from the edges of counters and tables.
- Don’t set hot plates on a tablecloth; children can pull them off.
- Don’t hold your child while drinking hot coffee or tea.
- Keep children away from the stove:
  - Turn pan handles in.
  - Cook on the rear burners when possible.
- Don’t allow children to use the microwave without supervision:
  - Some plastics, paper, and foil may catch on fire.
  - Children may not realize how hot the bottom of a container is after it is microwaved.
  - Steam burns to the face and hands are possible if popcorn, Hot Pockets®, or other food containers are opened too soon. Cup Noodles® may spill onto the hands, scalding the child.
  - Burns to the mouth can occur due to unevenly heated food and from food that gets hot quickly—such as peanut butter.
  - Eggs cooked in the shell may explode.
- Make sure your water heater is set to no higher than 120°F. Children can get scalded when they turn on the faucet: If the water is 140°F, they will have a scalding burn in less than five seconds.

Did you know?

Heating and cooking equipment are the number-one cause of home fire injuries in the United States.
What can you do to help protect your family?
- Purchase 10 year battery operated smoke detectors.
- Install smoke detectors on each level of the home and outside each bedroom.
- If you do not have 10 year smoke detectors, change the batteries in your smoke detectors every Spring and Fall when you change your clocks.
- Plan and practice two escape routes from every room in your home.
- Teach children: “Don’t hide; go outside!” and “Never go back in the house!”
- Never smoke in the house, and don’t drink too much alcohol.

TIPS
- Cool burns with cool water, not ice.
- Never use butter or Vaseline®.

Did you know?
House fires are most commonly caused by the careless use of cigarettes.
For your child’s safety, always follow these precautions:

Do not feed a child younger than 4 years old any of these foods:
- Nuts (including peanuts, walnuts, cashews, and hazelnuts)
- Sunflower or pumpkin seeds
- Watermelon with seeds
- Goldfish crackers
- Grapes
- Cherries
- Gummy bears
- Raw carrots
- Raw peas
- Raw celery
- Popcorn
- Hard candy
- Cheese cubes
- Hot dogs and other sausages.

Keep these objects out of your young child’s reach:
- Button batteries (These can become lodged in the esophagus and begin to cause significant damage within 15 minutes. There are many known complications from ingestion that can lead to major injury or death.)
- Magnets or small pieces of toys containing magnets (When two or more magnets are swallowed, they can attract one another internally, resulting in serious injuries, including intestinal blockage.)
- Pencils
- Erasers
- Toys purchased from vending machines (These may contain lead.)
- Crayons
- String
- Bottle caps
- Buttons.

Here are some more guidelines to keep your child safe:
- Do not allow children to run and play with hard candy (especially lollipops or suckers) in their mouths.
- Do not allow children to eat in the car.
- Never give a latex balloon to a child younger than 8 years old. They may bite it and then choke on the pieces.
- Clean the floor carefully. Food that has been dropped or loose parts from an older child’s game, for example, are tempting—but dangerous—for a young child.

TIP
Young children like to explore. Keep in mind that small objects—including food, coins, small batteries, and toys—can become lodged in a child’s throat and block breathing.
Preventing Dog Bites

How to help prevent dog bites:

- Never approach a dog you don’t know.
- Don’t disturb a dog that’s sleeping, eating, playing with a toy, or caring for her puppies.

What to do if you see warning signs that a dog may bite:

- Do not run. Running may trigger the dog’s chase instinct.
- Remain motionless. Stand still with fists up under your chin.
- Say “No!” or “Go home!” in a firm voice.
- Don’t stare the dog in the eyes.
- If you are on the ground or knocked down, lie still with fists over your ears, elbows over your face, and knees drawn to your chest.
- In case of an attack, put something (perhaps a purse, a backpack, or a jacket) between you and the dog.

TIP

Warning signs that a dog may bite:

- Snarling and growling
- Ears laid back
- Showing teeth
- Tail up
- Stiff legs.
Preventing Drowning

TIPS
- All parents and guardians who have a pool should learn CPR.
- Enroll your child in swimming lessons by 4 years of age, or earlier if they are developmentally ready. Swim lessons may be a benefit for some children 1 to 4 years of age.
- SB 442 signed by the Governor in Oct. 2017 increases the barrier requirement around a pool from one to two out of the current seven allowed safety barriers. All new residential pools, or pools being retrofitted, and pools associated with a home sale in California will be required to comply with this updated CA Pool Safety Act law. Pools associated with a home sale out of compliance will be listed in the home sale home inspection defect report.

Did you know?
- Drowning is the leading cause of injury death for children 1 to 4 years of age and the second-leading cause of death for children 1 to 14.
- African-American children 5 to 19 years of age are over 5 times as likely to drown.
- Boys are more apt to drown than girls, especially in adolescence.
- Alcohol use is a major contributing factor in up to 50 percent of drowning of teenage boys.
- Many near-drowning survivors suffer severe, permanent brain damage and loss of basic functioning.
(Source: CDC)

In natural bodies of water:
- Strong currents can carry even expert swimmers far from the beach or shore. If caught in a current, the swimmer must swim parallel to the shoreline until out of the current, then swim toward the shore.
- When in a boat, make sure children wear U.S. Coast Guard-approved life jackets.
- Weather and water conditions can change from hour to hour.
- Always have your child swim with a buddy.
- Do not depend on air-filled swimming aids, such as water wings, in place of life jackets.
In pools, wading pools, and tubs:

- Most children drown in swimming pools.
  - These children were last seen in the home, had been missing for less than five minutes, and were in the care of one or both parents at the time of the drowning.
- Children should not have direct access to a pool.
  - If you have a private pool, use a four-sided isolation fence to separate the pool from the house and the outdoor play area.
  - Four-sided isolation fencing decreases the chance of drowning in in-ground pools by 60 percent.
  - The fence should be at least five feet tall. It should have a self-closing and self-latching gate. Never prop the gate open or leave toys in or around the pool.
  - Use an ASTM-approved power pool cover (see CPSC model at www.cpsc.gov). Add a talking, wireless voice alarm that alerts you inside the house for another layer of protection. There are advanced sensor and alarm technologies, such as in-ground and above-ground pool immersion alarms, that are available as well.
- Some children drown in the bathtub. Bathtub rings are not a safety device. The suction cups often fail to hold. Do not depend on them for your child’s safety.
- Children can drown in just one inch of water within a few seconds. Drowning is quick and silent!
  - Empty buckets when household chores are done.
  - Empty and turn over wading pools when not in use.

Active supervision:

- Active supervision means watching your child in a way that allows you to prevent injuries from happening.
- Active supervision is especially important when there is high risk around water.
- It is impossible to actively supervise your child 24 hours a day, but you must use active supervision any time injury risk is high.
- Supervision by other children can never substitute for adult supervision!
- There are three parts to active supervision of young children: **Attention, Continuity, and Closeness.**
  - **Attention** means focusing on your child and nothing else. Anything that takes your attention away increases your child’s injury risk. Common distractions are talking on your cell phone or texting.
  - **Continuity** means constantly watching your child. For example, do not leave your child by the pool to go inside and get a towel.
  - **Closeness** means staying close enough to actually touch your child. If you are out of arm’s reach of your child, your ability to prevent injury goes down significantly.

Be on guard!

Make sure children playing in the water are always actively supervised by an adult who is not distracted by other activities such as reading, playing cards, using a cell phone, or drinking alcohol.
Preventing Falls

Did you know?
Falls are the leading cause of emergency room visits for nonfatal injuries. 2.8 million children visit emergency departments for fall-related injuries; 40 percent of them are toddlers. (Source: CDC)

- Children fall from windows, down stairs, off furniture, from bikes, while skating, and off outdoor play equipment.
- Each year, more than 200,000 children are injured on U.S. playgrounds; a child is injured every two and a half minutes.
- Most playground injuries relate to age appropriateness and involve children younger than 5 years playing on equipment designed for children who are 5 or older.

What can you do?
- A responsible adult should always supervise young children.
- Don’t use a baby walker. Baby walkers tip over easily and allow children to get to dangerous places. A child in a baby walker can fall down the stairs.
- Make sure playground equipment looks safe; there should not be any broken parts or jagged edges. Playground equipment should have protective surfacing under and around it.
Look for age-appropriate equipment and separate play areas for different age groups—often ages 2 to 5 and 5 to 12. Children’s size and physical abilities vary with age. Most children ages 2 to 5 are smaller, weaker, and less coordinated than 5- to 12-year-olds. They also have a higher center of gravity. Young children need smaller steps and crawl spaces. Their hands require smaller grips, and their bodies require appropriately spaced railings on platforms.

**Prevent window falls!**

- Move furniture that children can climb on away from windows.
- Do not open windows more than four inches. Children can fit through windows open as little as five inches.
- Install window fall protection in all rooms above ground level with Super Stoppers or window guards.
- Screens will not protect your child from falling!
- When possible, open windows from the top, not the bottom.
- Actively supervise your child when around windows.
When putting your baby to sleep:
- Always place your baby on their back for sleeping at nap time and night time. Sleeping on the back has been proven to not increase the risk of choking and may decrease the risk. This is because of the location of the tube to the lungs in relation to the tube to the stomach.
- Your baby should never bed share with another child or adult. This puts your infant at risk for “overlay” when an adult or child rolls onto their infant, called “over-lay”, or when the infant is trapped between a mattress and a wall, called “entrapment”. One example of strangulation is when an infant’s head is stuck in-between the slats of an unsafe crib. These causes of death are from an unsafe sleep environment and can all be prevented.
- Place your baby to sleep on a firm sleep surface. Never place your baby to sleep on pillows, quilts, couches, waterbeds, beanbags, air mattresses, memory foam mattresses, pillow top mattresses, sagging mattresses or other soft surfaces.
- It is best for your baby to sleep in your room on a separate sleep surface designed for infants (ideally a crib or bassinet that meets the safety standards of the Consumer Product Safety Commission) until 1 year of age or at the very least until your baby is 6 months old. Room sharing without bed sharing decreases the risk of SUID by as much as 50%.
- Keep soft objects, toys, crib bumpers, and loose bedding out of your baby’s sleep area. These can pose a risk of suffocation or strangulation.

*Sudden Unexpected Infant Death (SUID)*
- Sudden Unexpected Infant Death (SUID) is the umbrella term now used for all sleep related infant deaths. SUID includes explained and unexplained causes. One type of SUID is Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of an infant under 1 year of age when no other cause of death can be found.*
- Many SUIDs of infants under 1 year of age are determined or explained as suffocation, asphyxiation or strangulation. Suffocation or asphyxiation happens when an infant’s airway is blocked by soft bedding or pillows, or when a parent rolls onto their infant, called “over-lay”, or when the infant is trapped between a mattress and a wall, called “entrapment”. One example of strangulation is when an infant’s head is stuck in-between the slats of an unsafe crib. These causes of death are from an unsafe sleep environment and can all be prevented.
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TIPS
- Breastfeeding and a safe sleep environment give your baby a great start. Breastfeeding is associated with a reduced risk of SIDS.
- Get your baby immunized with all the recommended shots. Recent evidence suggests that immunizations may have a protective effect against SIDS.
- For more information, go to www.nichd.nih.gov/sts/Pages/default.aspx

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*A Safe Sleep Environment*

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"Infant sleep deaths are also referred to as “SIDS and other sleep related infant deaths”."
Your baby should sleep in light clothes or a wearable blanket on a mattress covered with one tight fitting crib sheet. This reduces the chance of the baby's head being covered. If you chose to swaddle always place your baby on their back. Swaddling should be snug around the chest but allow for more room at the hips and knees. When your baby shows signs of starting to roll swaddling should no longer be used. There is a high risk of death if a swaddled infant is placed in or rolls onto their stomach. Swaddling has not been shown to reduce the risk of SIDS.

Don’t let your baby get too hot. Over bundling in clothes should be avoided. A top sheet or a blanket may cover your baby’s face, head or neck and overheat them as well as being a suffocation risk.

Don’t use your baby’s car seat, stroller swing or infant sling as a place to sleep at home. Place your baby back into their safe sleep environment.

Do not feed your baby in an arm chair or on a sofa. These areas put your baby at risk for suffocation or entrapment (wedging between seat cushions) if you fall asleep.

If you feed your baby in your bed, clear the bed of pillows, blankets, sheets, comforters and soft objects that could obstruct your baby’s breathing. If you fall asleep during the feeding return your baby to their separate sleep surface as soon as you wake up!

There is a particularly high risk of SUID for babies younger than 4 months who bed share. This risk exists whether they were a term normal weight infant or an infant with a history of prematurity or low birth weight.

Offer your baby a pacifier when you place them on their back to sleep. Studies have shown there is less risk for SIDS if a pacifier is used even if it falls out of the infant’s mouth. (if you are breastfeeding wait until breastfeeding is well established so there is no nipple confusion). Do not dip the pacifier in anything sweet. If your baby spits the pacifier out, do not place it back in his mouth. A pacifier should not be hung around your baby’s neck because of the risk of strangulation. A pacifier that attaches to your baby’s clothing should not be used when your baby is sleeping.

Do not smoke during your pregnancy or after your baby is born, and do not allow anyone to smoke around your baby not even if they smoke outside. Remember tobacco residue on clothes can be very harmful.

E-cigarettes are to be treated the same as cigarettes. Do not smoke or allow anyone to smoke an e-cigarette around your baby. The Surgeon General reports that e-cigarettes contain dangerous ingredients like heavy metals, ultrafine particles and chemicals linked to deadly lung diseases.

Marijuana use: THC (Tetrahydrocannabinol) is the chemical in marijuana that makes a person feel “high.” THC exposes a baby to smoke just as cigarettes do. Whether marijuana is smoked or used in edible or vaporized form, it passes THC to the baby through breast milk. The long term effects of marijuana on a baby are not known but it is known that it is harmful.

Avoid products that claim to prevent SIDS including Home monitors. Most have not been tested for safety, and none have been shown to reduce the risk of SIDS.

Make sure your childcare provider places your baby on their back. Babies who are used to sleeping on their backs are at high risk for SIDS if placed on their stomach.

Daily “tummy time” when your baby is awake and being supervised will help prevent flat spots on the back of the head, promote motor development and help your baby develop upper body muscles.
Poisoning

How to help prevent poisoning:

Medicines
- Use child-resistant caps only.
- Keep medicines in a locked cabinet.
- Return medicines to the cabinet immediately after use.
- Measure every dose only with the measuring device that comes with the product.
- Keep a journal of the time a dose is given and the amount.
- Know all products that contain acetaminophen so there is no risk of accidental overdose when using more than one medicine (for example, when using both a cough and fever medicine).
- Never tell a child that medicine is candy.
- Never take medicine in front of a child.
- Keep all purses out of a child’s reach.
- Do not administer Balguti Kesaria or Kesaria Balguti, an Ayurvedic herbal treatment for cough and cold, rickets, worms and teething in infants and youths.

Household products
- Use products with child-resistant caps.
- Keep household products in locked cabinets.
- Return household products to the cabinet immediately after use.
- Store household products and food in separate areas.
- Never put household products into food or beverage containers.
- Keep liquid concentrated detergent pods (packets) out of reach of children. They may bite into them and choke, have trouble breathing & get burns to their throat. They can also get serious burns to the skin and eyes from the detergent on their hands.
- Keep e-cigarettes away from small children. The small amount of liquid caffeine may be fatal if swallowed & poisonous if splashed on the skin.

TIP
Do not give ipecac syrup or activated charcoal at home.
Plants
- Know the names of all your plants and which ones, if any, are poisonous.
- Keep all plants out of the reach of small children.
- Teach children not to put any part of the plant in their mouths.

Marijuana
- If there is marijuana in a household, keep it locked up and out of reach of children & pets.
- The active chemical in the marijuana plant is tetrahydrocannabinol, or THC for short. The long term effect on children of inhaling or ingesting it is not yet known but it is known that it is harmful.
- Most children get sick from swallowing marijuana in cookies, brownies, soft drinks, or candy that belong to their parents, grandparents, babysitters, or friends of the family. Edible products have high amounts of marijuana and children may have severe symptoms requiring hospitalization.
- There is an increase in reported marijuana poisoning in children in States that have legalized marijuana.

Lead
Lead paint is still present in millions of homes, sometimes under layers of newer paint.
- Check window sills, walls, and blinds for peeling or chipped paint. If paint contains lead, breathing in dust from paint chips or eating paint can put dangerous amounts of lead into a child's body.
- Lead pipes and lead solder were commonly used until 1986. Lead enters drinking water when pipes corrode. Significant amounts can enter water from faucets or fixtures with lead solder, especially into hot water.
- Lead is also found in some painted toys and from other sources such as soil. Some folk remedies that contain lead, such as “greta” and “azarcon,” are used to treat an upset stomach. Some folk remedies for morning sickness, including “nzu”, “poto” and “calabash chalk,” contain dangerous levels of lead and other chemicals.
- Let your healthcare provider know if you feel your child may have been exposed to lead from any source.

TIP
If you suspect poisoning, call the National Poison Control Center at 1-800-222-1222. The pharmacists, physicians, nurses, and poison information providers are available to answer any questions you may have 7 days a week, 365 days a year. Language interpreters are always available.
What can you do to protect your children?

- If a gun must be in your home, store it unloaded, in a locked place, and keep the bullets in a separate locked place.
- Before allowing your child to play at someone else’s home, make sure there is a responsible adult present, and don’t be afraid to ask, “Do you have a gun in your house?”

In the U.S., one out of three homes with children has a gun, and nearly 1.7 million children live in a home with a loaded, unlocked gun.

Gun Violence Prevention

Gun violence is a critical and preventable public health problem:

- More than one in five U.S. teenagers (ages 14 to 17) report having witnessed a shooting.
- An average of seven children and teens are killed by guns every day.
- Firearm homicide is the second-leading cause of death (after motor vehicle crashes) for young people ages 1 to 19 in the U.S.
- The lifetime medical costs for all gun violence victims in the United States are estimated at $2.3 billion, with almost half the costs paid by taxpayers. (Source: Brady campaign)
- Become active in your community to find solutions to end gun violence!

Every two hours in the United States, someone’s child is killed with a loaded gun. Don’t let it be your child!

Did you know?

- The risk of suicide is five times greater if there is a gun in the home.
- A gun in the home triples the risk of homicide.
- Each year approximately 7,500 children are admitted to U.S. hospitals with gunshot wounds and more than 500 children die during hospital admission from these injuries.