Health and Safety Quality Improvement Needed in Pennsylvania

ECELS has a 2007 Fact Sheet that calls for action. Its title is “Health and Safety Quality Improvement Needs”

- Pennsylvania data shows that higher ranked programs in STARS are improving overall. Yet, the observers still found too many risky practices and hazards in early learning programs. Health and safety is an issue for children in school age programs too.

- Health and safety are key aspects of program performance for ensuring school readiness. The quality of program performance in health and safety improves with professional development and technical assistance. ECELS finds, mentors and links Child Care Health Consultants with early learning programs so programs can receive these quality improvement services.

- Health and safety are an especially important focus for early education and child care programs that serve infants and toddlers and children with health problems.

Health and safety includes both ensuring healthful environments and making sure that everyone practices health-promoting behaviors.

Use the ECELS helpline, hard-copy materials and Internet postings. Be sure to sign up on the ECELS home page for E-Mail Alerts from ECELS to know when new information is posted on the website.

Click here for the link to all of the ECELS Fact Sheets on the ECELS website. If you are reading a hard-copy of this newsletter, go to the ECELS home page that you will find at www.ecels-healthychildcarepa.org. Locate the Fact Sheets by clicking on one of the section headings at the top of the home page, and then choose Fact Sheets from the Handy Tools menu that appears in the left pane of every section page.

Car Seats and Swings Are Not Safe for Sleeping

National safety standards say that infants should sleep only in commercially-designated sleep equipment or in the arms of a caregiver. Many early educators ask why babies shouldn’t sleep in seats and swings. The answer is that infants can suffer serious harm from sleeping in this type of equipment.

Recently, injury prevention experts from the American Academy of Pediatrics reviewed the known data on injury related to the use of various types of seats when infants sleep in them. A representative of the Consumer Product Safety Commission (CPSC) said that product safety standards for bouncy seats, high chairs, swings, and strollers address the risk of sleeping in these seats.

Monitoring of blood oxygen levels of infants sleeping contentedly seated in these devices shows that their blood oxygen can drop to levels that can injure brain tissue. Also, strangulation has occurred when infants get caught in the straps or slip into positions that trap them against hard parts of these devices. Such injuries continue to be reported. It is very easy to turn away from a child who appears to be comfortably sleeping in these seats.

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Another problem that the CPSC reported with seats is that they can over-turn when the child is left unattended as the child wiggles during sleep. When the seat turns over, the infant can asphyxiate. Such a case occurred recently when a car seat was placed in a play yard. Even though the play yard surface is relatively firm, the car seat turned over with the child in it. The child died.

A common misperception among health professionals as well as many caregivers is that sitting up will help reduce spitting up. No evidence supports that widely held belief. In fact, one study showed that sitting in an infant seat is worse for reflux (food coming up) than lying flat.

Seat restraints are essential protection for babies traveling in motor vehicles. Infants do fall asleep while riding. If possible, have someone ride seated in the back next to the baby. The car seat should be at the correct angle with the harness snug and the baby sitting in the semi-reclined position, rear-facing. Do what you can to limit the amount of time infants spend riding in vehicles.

The bottom line is that car seats, swings, infant seats and similar devices should not be used as sleep equipment. Transfer infants who fall asleep in one of these devices to a crib, except those who are riding in a vehicle. Direct supervision is always required no matter what equipment is used.

Helmets for Riders of All Ages

Many early educators ask whether children under 6 years of age need helmets to ride on tricycles or other pedal-cycles. A December 2006 study reported by the Centers for Disease Control and Prevention makes clear that the answer is YES! Preschool children who wear helmets have fewer injuries and are more likely to wear helmets in the future. Whether they ride alone or with an adult on a pedal-cycle, young children are injured often. The state of Wisconsin looked at more than 2000 pedal-cycle injuries that brought children less than 6 years of age to an emergency department between 2002 and 2004. More than half of these involved injuries to the head and neck. Helmets reduce the risk of this type of injury.

You only need a few helmets. Children can share helmets as long as they fit properly and the inside of the helmet is cleaned to remove soil (and lice) between users. Each helmet should have a non-porous lining and an easily cleanable strap. To clean the inside of the helmet, use a wet paper towel or commercial wipe. Let the helmet air-dry before the next user puts it on.


May is Healthy Vision Month

Healthy eyes are powerful tools for learning. Be sure that a health professional screens infants and toddlers for common childhood eye problems. Pediatricians should look for strabismus (crossed eyes) and amblyopia (lazy eye) during each check-up. It’s easy to miss these conditions if the child is fussy and uncooperative during an office visit. All children should have formal vision testing starting at around 3 years of age.

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