Each year, nationwide, more than 300 children under 5 years old drown in residential swimming pools. In addition, more than 2000 children in that age group are treated in hospital emergency rooms for submersion injuries. One-third of children who are comatose on admission to hospital after a near-drowning event, but survive, suffer significant brain damage. Drowning and near-drowning events emotionally devastate families, caregivers, and communities. In addition, the annual lifetime cost attributable to drowning and near-drowning in children is $384 million.

The US Consumer Product Safety Commission (CPSC) has found that most children under 5 who drowned or nearly drowned entered the pool from the home through the unprotected side of the pool. (The unprotected side of the pool is the side that directly faces the house, where no fence is present in between the pool and house.) The CPSC also found that most children were last seen in the home and were out of an adult’s view for only a moment.

Pool submersions happen quickly. A child can drown in the time it takes to answer the phone. Moreover, drowning is a silent death. There’s no splashing to alert you that the child is in trouble. Survival after drowning depends on rescuing the child quickly and restarting the breathing process. This is why the National Health and Safety Performance Standards require complete pool fencing and training of caregivers in CPR and water-safety if swimming or wading is possible at the child care facility. Seconds count in preventing death or brain damage.

(Continued on page 2)
Barriers

While CPR is important after a child suffers a submersion injury, barriers can prevent the event from happening in the first place. Barriers are not childproof, but they can provide layers of protection for a child who strays from supervision. They also give adults additional time to locate a child.

Some organizations recommend the use of pool alarms and pool covers. The American Academy of Pediatrics (AAP) cautions that neither of these two devices are reliable preventive measures for very young children. The AAP says that the single most effective way to reduce drowning in children is to install 4-sided fencing.

Caregivers must install a 5 foot fence around all four sides of the pool. This fence must completely separate the pool from the house and play area of the yard. The fence should not have any foot or handholds that could help a child climb it. Make sure vertical slats are less than 4 inches apart to prevent a child from squeezing through. Use gates that self-close and self-latch, with latches higher than the children can reach.

Safety Tips

- Never let children out of your sight when near water ... pools, bathtubs, spas, ponds, irrigation ditches, toilets, etc. If a child is missing, always check the pool first. Learn CPR so you will be able to rescue a child if needed.
- Wear a “Water Watcher” tag around your neck if you are the caregiver directly responsible for watching the children in the water. This clears up any misunderstanding about who has responsibility for supervision of children in or near the water.
- Do not rely on swimming lessons to make a child “drown-proof.” The AAP does not recommend swimming instruction for infants and toddlers because very young children may swallow dangerous amounts of water during these activities. Also, swimming lessons may lead to a false sense of security.
- Install a 5 foot fence around all four sides of the pool that will completely separate the house from the pool.
- A motorized pool cover operated by a switch that meets the standards of the American Society for Testing and Materials (ASTM) helps protect, but should not be used in place of a fence.
- Keep a telephone by the pool. Make sure rescue equipment (shepherd's hook or life preserver) is available on both sides of the pool. Reaching and throwing aids should remain stationary and not be misplaced through play activities.
- Don't let children use pools or spas with missing or broken grate outlets.
- Avoid air-filled swimming aids because they are not a substitute for approved life vests and can be dangerous.
- Assure a clear view of the pool at all times. Clear away vegetation and other visual obstacles.
- Keep chairs and tables away from the pool fence so a child can't use them to climb over the fence. Also remove tree limbs and low overhanging roof parts that a child could use to get over the fence.
- After the children are done swimming, secure the pool so they can’t get back into it. Remove all toys from the pool after use so children aren’t tempted to reach for them.
- Teach children how to be courteous and safe with general pool rules: no running, no pushing, no jumping on others, no diving or jumping in shallow water, no dunking.

For more pool safety information, browse the American Academy of Pediatrics website at www.aap.org, the Consumer Product Safety Commission at www.cpsc.gov, and the National Spa and Pool Institute (NSPI) at www.poolsapworld.com. For pool safety print material, check off the order form on page 7. To borrow a drowning prevention or a water safety video, call 800/24-ECELS.

- This article is based on the AAP policy statement, “Drowning in Infants, Children and Adolescents”, and pool safety materials of the AAP, CPSC, NSPI, and the Children's Hospital of Orange county.
**Happy Birthday to Us!**

ECELS is proud to announce its 10th birthday this year! We’re celebrating with the release of the 3d edition of *Model Child Care Health Policies* included with this edition of HEALTH LINK. Look how ECELS has grown …

In 1988 ECELS was an idea -- a way to help child care providers get advice about health and safety. Funds from Robert Wood Johnson and the federal Maternal and Child Health Bureau (MCHB) helped ECELS get started. Now ECELS is supported with funding from the Pennsylvania Department of Public Welfare (DPW), the Pennsylvania Department of Health (DOH), the federal MCHB, and contributions from private organizations.

In 1998 we expect to answer over 5000 calls on health and safety issues. This year, we’re also planning new workshops, conferences, and self-learning module opportunities to reach over 2200 Pennsylvania child care professionals.

In 1988 ECELS was making plans to create a newsletter to be distributed to about 9,000-10,000 child care facilities statewide. Today, 15,000 copies of HEALTH LINK are printed quarterly for caregivers, health consultants, state leaders, and subscribers.

Read more about ECELS’ history and accomplishments … check out the PA AAP website at <http://www.voicenet.com/~paaap/> for “The First Decade of ECELS.”

---

**Warm Weather Warning**

Springtime means warmer weather and open windows. Adjust windows to limit the exit opening to 4 inches or less. Openable windows should be childproofed and screened too.

Share with parents window safety tips they should practice at home:

- Position beds and other furniture away from windows. Children can quickly climb to window ledges or sills and fall.
- Don’t depend on insect screens to keep children from falling out of windows. Screens are designed to provide ventilation while keeping insects out. They will not prevent a child’s fall.
- Keep window treatments (blinds, cords, drapes, etc.) away from cribs and playpens and out of children’s reach. Children may injure themselves when climbing or be strangled.
- Consider installing window guards that have easy release mechanisms for emergency escape purposes. Consult your local fire department to determine proper window guard placement and to ensure that you are not impeding an avenue of escape in the event of an emergency.

For more information on window and patio door safety, check off the order form on page 7 for a copy of “Look Out For Kids.”


---

**New Lead Screening Recommendations… on their way**

In November 1997, the Centers for Disease Control (CDC) announced that although there have been dramatic improvements in reducing lead in the environment, there are still nearly one million U.S. children with elevated blood lead levels. This statistic led the CDC to recommend that state health officials develop a statewide plan for childhood lead screening. The CDC’s Guidance for State and Local Public Health Officials will help these health care professionals identify children who are still at risk for lead exposure and who may need follow-up services.

Pennsylvania’s new childhood lead screening recommendations are expected out this fall. HEALTH LINK will highlight the new recommendations as soon as they are available. In the meantime, child care providers should check health records to make sure all children receive lead screening at 9-12 months and again, if possible, at 24 months.

To order a free lead poisoning prevention sponge, sticker, and pamphlet while supplies last, check out the order form on page 7.
See no evil ...

Radon is a naturally occurring gas produced by the breakdown of uranium in soil, rock and water. You can’t see, smell, or taste radon. But it may be a problem in your home or child care facility.

Air pressure inside a home or building is usually lower than pressure in the soil around the building’s foundation. Because of this difference in pressure, the building acts like a vacuum, drawing radon in through foundation cracks and other openings. Radon may also be present in well water, but presents a small risk compared to radon in soil.

Experts estimate that radon causes many thousands of deaths each year. That’s because when you breathe air containing radon, you can get lung cancer. Only smoking causes more lung cancer deaths than radon. The U.S. Public Health Service reports that children may have twice the risk for lung cancer of adults exposed to identical levels of radon because of differences in respiratory mechanics, including higher respiratory rates in children.

Where is it?

Radon is found all over the United States. Radon can affect new or old homes/buildings, well-sealed or drafty, with or without basements. Nearly 1 out of every 15 homes in the U.S. is estimated to have elevated radon levels. The only way to know if you have a radon problem is to test.

What’s a safe radon level?

Caring For Our Children, The National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs states that radon concentrations shall be less than 4 picocuries per liter of air (4 pCi/L). This is also the recommendation of the Environmental Protection Agency (EPA).

How to test

There are many kinds of low-cost do-it-yourself radon test kits you can get through the mail and in hardware stores and other retail outlets. A short-term test usually remains in your home or facility for several days. Because radon levels tend to vary from day to day, a short-term test is less likely to determine your year-round radon level. A long-term test is used for more than 90 days and gives a better idea of year-round exposure. Place the test on the lowest level of the building in a room that staff and children use regularly. Put the kit on a surface at least 20 inches above the floor in a location where it won’t be disturbed. Follow the test kit instructions. Once the test is complete, send the kit to the lab specified on the package right away for study. You should receive your test results within a few weeks.

Make sure you buy a test kit that meets EPA requirements or is state certified. Or, contact a trained contractor to do the testing for you. Call the Pennsylvania Radon Information Center at 800/237-2366 for a list of certified radon testers and other information on testing and radon reduction systems. For information about free radon testing by county and radon education programs, browse the Department of Environmental Protection’s website at www.dep.state.pa.us. Choose the “search” option and type in the word “radon.”

Solicit the help of school age kids in your care to assist you in setting up radon test kits. Use radon and radioactivity as science project topics in your after-school program. Use the order form on page 7 to order a free copy of “The Radon Student Activity Book” for more ideas.

Just as the Winter edition of HEALTH LINK went to press, the American Academy of Pediatrics (AAP) was in the news. The AAP’s new breastfeeding policy statement recommends breast milk as the preferred source of feeding for almost all babies for at least the first year of life.

The AAP reports that breastfeeding can decrease episodes of diarrhea, ear infections, and bacterial meningitis. Breastfeeding may also offer protection against sudden infant death syndrome (SIDS), diabetes, and allergic diseases.

Encourage breastfeeding mothers to feed their babies at the child care facility if possible. Provide a quiet, private place for mother and baby. Let breastfeeding mothers know they are welcome to nurse their babies at drop-off and pick-up times, or on breaks from work.

Use the order form on page 7 for a reprint of the HEALTH LINK article that teaches about refrigerating and freezing breastmilk.

---

**Babywalker Warning!**

In 1992, ECELS first reported in HEALTH LINK that babywalkers were dangerous. Over five years later, according to an article published in *Pediatrics*, some people still aren’t listening. Between 1993 and 1996, doctors at Children’s Hospital in Columbus, Ohio collected data on 271 children treated in the emergency department for babywalker-related injuries. Approximately one child every 4 days needed emergency treatment due to a walker mishap.

Researchers determined that about 96% of the children were injured when they fell down stairs in their walkers. Some fell off an elevated surface (curb or porch) or fell out of the walker. Others burned a hand on a kerosene heater or shut a finger in a door. Of the children who fell down the stairs, most had contusions and abrasions; 10% had skull fractures.

Many people think that as long as they are watching a child in a babywalker, everything will be OK. Researchers in this study, however, recorded that supervision was present in 78% of the babywalker injury cases. Believe it or not … 45% of the families even kept the babywalker after their child was injured in it.

What can caregivers do?

- Ban the use of mobile babywalkers in your child care facility even if there are no stairs.
- Discuss the hazards of babywalkers at your next parent-staff meeting.
- Photocopy this article and send copies home with parents.
- Educate parents and your staff-peers that:
  - Babywalkers do not help young children walk.
  - Stairway gates do not adequately prevent walker injuries.
  - Walkers give babies extra height to reach dangerous objects.
  - Walkers allow babies to move at a speed in excess of 3 feet per second.
  - Babies are developmentally unprepared for this increased mobility.
  - If an adult is distracted for just a moment, it is enough time for a babywalker injury to happen.
  - Use stationary play devices that allow babies to bounce and swivel as an alternative to babywalkers.

Neighborhood News

Five local partnering organizations recently launched Child Care Matters, an initiative designed to help improve quality and availability of child care in southeastern Pennsylvania. This new multi-year, multi-million dollar project is funded by the William Penn Foundation and the United Way of Southeastern Pennsylvania. Partnering organizations include: the Delaware County Association for the Education of Young Children (DVAEYC); Delaware Valley Child Care Council; Philadelphia Committee for Children and Youth; Philadelphia Early Childhood Collaborative; and the United Way of Southeastern Pennsylvania.

Child Care Matters will sponsor 200 scholarships per year for low income children who are eligible for state subsidy dollars. They will also introduce the TEACH program to Pennsylvania. TEACH stands for Teacher Education and Compensation Helps, a scholarship program for teachers in child care who agree to come back to their programs for at least one year after receiving educational compensation.

A major piece of Child Care Matters involves two neighborhood demonstration projects in Philadelphia. Child Care Matters will select child care programs from Germantown-Nicetown, and the eastern part of North Philadelphia (including parts of Kensington and Fishtown) to receive a wide range of resources in the form of mentors, training support, and grants to assist with facility improvements, equipment, and supplies. The demonstration project will, among other things, help child care facilities achieve accreditation from the National Association for the Education of Young Children (NAEYC).

For information on accreditation, contact the Delaware Valley Association for the Education of Young Children at 215/963-0094. For information on Child Care Matters, call the Delaware Valley Child Care Council at 215/922-7526.

ECELS BOOK REVIEW

Making It Better: Activities for Children Living in a Stressful World is a 133 page softback book designed to help teachers and caregivers nurture children through traumatic times.

Readers learn how to help children affected by violence, loss, and separation to recover through healing play and learning activities. One of the “healing heart” activities involves creating colored paper hearts. Children select a meaning for each color. For example,

- green = worried
- silver = cold
- navy blue = scared
- yellow = hopeful

Children are encouraged to express their feelings and their need for support when they choose to wear a special heart they select from the heart box.

Making It Better: Activities for Children Living in a Stressful World includes over sixty activities and is available from Redleaf Press. For ordering information, call 800/423-8309.
ECELS Q & A

Q: I care for a five year old who hasn’t had his chickenpox vaccine. When I checked the immunization schedule, it looked like children don’t need the vaccine until they’re 11-12 years old if they missed getting it as babies. Is that right?

A: No. Children who missed getting their chickenpox (varicella) vaccines as babies need the vaccine at their next visit to the primary care provider. The reason there is a shaded area under the 11-12 year mark for varicella is to remind physicians to make a special effort to check at this time for unimmunized or inadequately immunized children (see Immunization Schedule included with this edition of HEALTH LINK).

To have up-to-date child health assessment records, the Pennsylvania Department of Public Welfare (DPW) requires a review of the child’s immunization status according to recommendations of the American Academy of Pediatrics (AAP). The AAP began recommending chickenpox vaccine in May, 1995. The chickenpox vaccine is not optional. Unless the child has a medical contraindication or parents have a religious need for exemption, parents must get varicella vaccine for their children even if the primary care provider is unwilling. In these cases, parents should obtain the vaccine through the local department of health, clinic, or alternative health care professional.

ECELS ORDER FORM
(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

Please use this form to order any brochure listed below. Check the box beside the item you would like and return the form to PA AAP, ECELS, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

Brochures/Handouts: (One copy per organization)
- [ ] Preschool discipline flier
- [ ] Tantrum flier
- [ ] Hepatitis b brochure
- [ ] Pool safety information
- [ ] Breastfeeding article reprint
- [ ] Radon student activity book
- [ ] Window safety flier
- [ ] Lead poisoning prevention information

Self-Learning Module:
- [ ] Asthma
  Learn about asthma, its triggers, and how to care for children with the disease. Video must be returned to ECELS within 10 days.

Name: ________________________________________________________________
Organization: __________________________________________________________
Address: ________________________________________________________________________________________________
City: _____________________________ State: __________ Zip: __________
Telephone # and Area Code: ______________________________________________
ECELS AWARD

The Spring 1998 award goes to Luzerne county Head Start regional nurse, Sandra Murphy.

Sandy has worked with ECELS for many years, first as a Health Consultant and later as an American Red Cross Child Care Instructor. Sandy has always been enthusiastic about her work and dedicated to keeping the children in her Head Start region healthy and safe. Sandy’s latest idea demonstrates her creativity as well …

Sandy used ECELS’ Safe Active Play self-learning module to teach Head Start staff at a recent health and safety conference. In just one day, she was able to teach over 80 teachers about playground safety! Great idea, Sandy!

IN THIS ISSUE:

- Pool Safety
- Window Safety
- Lead Screening Recs
- Radon
- Babywalker Warning
- Immunization Schedule

Sandra Murphy, RN