



Day One

Day One Program On The Road Again



With the new funding resources that the Day One program has received from the Claude Worthington Benedum Foundation and the West Virginia Health Care Authority, the Day One program staff is now available to conduct trainings for new staff/volunteers or provide a refresher course for those that have implemented Day One in the past but because of funding issues were not able to continue it.

The survey that was recently sent to Day One providers and potential Day One providers was reviewed and the consensus is that the Day One training would be a hot commodity in West Virginia. Trainings will be scheduled throughout the state during the months of September, October and November. If your facility would be interested in hosting a Day One training, please contact the Day One program staff at the West Virginia Hospital Association at 304/344-9744.

New Additions for the Day One Program

The Day One program staff has been busy ordering new parent educational materials, which include informational brochures on issues such as car safety, the importance of reading to your child and preventing overweight children. In addition to the new educational materials, there are also new parent giveaway items, such as a key chain that depicts the Day One logo on one side and a space for a child's picture on the opposite side.

These new materials have been added to the order form and are now available to Day One provider sites. The new order form may be accessed from the newly updated web site at www.wvha.org/day_one. Also available on the web site is an updated monthly report for hospitals that are conducting the Day One program in their facilities. The report is easy to complete and is due on the fifteen of each month.



Day One is also pleased to announce the addition of a part-time program manager, Lisa Lee-Ranson. Lisa has been with WVHA for ten years, but started her new duties with Day One July 1. She will be assisting in the Day One trainings. Lisa can be reached at 304/353-9705 or at llee-ranson@wvha.org.

West Virginia
Hospital Association

Aug/Sept 2004

Inside this
issue:

News To Use ²

Aspirin and Children

*Five A Day for Young
Children up to 2 Years
of Age*

Emergency Plan ^{3 & 4} for Your family

*Special insert for
families*

Consumer ⁵ Report

*Preventing deaths and
injuries*

Information & ⁶ Reminders

*Conferences and
Resources*

News to Use

Aspirin and Children

Remember those orange-flavored baby aspirin tablets? They're not usually for kids anymore.

Children and teenagers should never take aspirin, or products containing aspirin or other salicylates, if they have chickenpox or flu symptoms or are recovering from these or other viral illnesses. Such aspirin use has been associated with Reye syndrome, a rare but serious condition that can cause death.



"The incidence of Reye syndrome has dropped dramatically," says an FDA microbiologist in the Office of OTC Drugs, "but that doesn't mean it can't still happen."

FDA has proposed adding more descriptive warning labels on aspirin and other products containing salicylates. The label would describe symptoms of Reye syndrome in more detail than it does now.

Five-a-day for Young Children up to 2 Years of Age

Dietary guidance to eat five or more servings of fruits and vegetables each day for adults and children is found in the USDA's Food Guide Pyramid. When your baby is ready for solid foods, the 5 A Day principles can help you set a goal for offering a variety of fruits and vegetables each day, even if it's just a taste. Check with your physician or registered dietitian for guidance on when to start solid foods.

Often, during the transition to table foods, fruits and vegetables may be left behind in favor of easy-to-eat table foods. This is the time to share eating habits that carry into later childhood, so eating 5 A Day becomes second nature.

It's important to emphasize that 5 A Day is a goal - don't force a child who is not interested. Just keep trying. Make it fun. Make it colorful. Offer foods you may not like. Try not to bias your baby's fruit and vegetables preferences based on your own. An older baby or toddler may like them! A new fruit or vegetable may need to be offered several times before a baby accepts it. Be careful not to misread a baby's cues. A face that a baby makes may be saying, "What is this? It's new to me..." and not, "I don't like this." Let your baby's appetite drive the amount he eats. Watch her cues and offer what she wants; never force your baby to finish a whole jar or your toddler to "clean the plate." For more information visit: www.webdietitians.org

Easy Tips for Achieving 5 A Day Goal

- ♥ Convenience is key. Baby food in a jar is easy, safe, portable, nutritious and comes in appropriate portion sizes.
- ♥ Foods prepared at home as well as baby foods in a jar may help older babies and toddlers develop self-feeding and small motor skills.
- ♥ Be aware of choking risks. Prepare smaller amounts of food in forms easy to chew and swallow.
- ♥ Offer those first favorites like bananas or carrots to encourage kids to keep eating them while introducing new choices.
- ♥ Be creative. Design a forest of cooked broccoli tops, try strained peaches or mashed bananas on toast, or cover fingertips with raspberries.

News to Use

Will one of these children be your?

Emergencies happen. It could be a fall from a bike... a sudden high fever or seizure...a pot knocked from the stove. What if your child started choking during dinner? What if she was stung by a bee and suddenly couldn't breathe? Would you know what to do?

The American Academy of Pediatrics notes that an emergency exists if you think your child could die or suffer permanent harm unless care is received right away. Most parents feel they are prepared for emergencies because they know when and how to call 9-1-1. But often, that isn't enough. Your child may need care before emergency medical service personnel arrive. And being prepared can assure your child isn't further harmed by doing the wrong thing.

Why emergency planning is important.

The first moments after an injury or onset of an illness are often the most critical. The key is remaining calm, knowing what to do, and making a decision to act. Look at the list of potential emergencies, and ask yourself if you'd know what to do— or not to do— to help your child until emergency medical service personnel arrive:

- Loss of consciousness
- Seizure or convulsion
- Choking on food, drink, or object
- Serious fall
- Severe burn
- Firearm wound
- Suffocating
- Difficulty breathing
- Drowning
- Eating or drinking something poisonous
- Heavy bleeding that will not stop
- Injury from a car or bike crash
- High fever
- Diarrhea or vomiting lasting more than 24 hours

If you're like most parents, you would feel comfortable handling some, but not all, of these emergencies. That's why having a written plan is so important. If and when emergencies happen, you'll know who to call, what information you need, where to go, and what to ask. Talk with your pediatrician or health care provider to decide what's best for your family. Learn what resources are available in your community. Then, use the plan on the next page. Your pediatrician or health care provider can help you customize it to assure your family is well protected. If your child has a serious health problem, you may want to use the American Academy of Pediatrics's detailed Emergency Information Form at www.aap.org. For more information on being prepared, visit www.ems-c.org.

Ten ways to be better prepared.

1. Check if 9-1-1 is the right number to call.
2. Keep a well-stocked first-aid kit on hand.
3. Make a list of emergency phone numbers.
4. Teach your children who to call and what to say.
5. Make sure your house numbers are visible from the street.
6. Keep a clear and up-to-date record of immunizations.
7. Write down medical conditions, medications, and dosages.
8. Make a list of allergies and reactions.
9. If you have health insurance, check your emergency coverage.
10. Take first-aid classes.

Emergency Plan

Put this on your refrigerator. Put a copy by every phone in your house. Give a copy to day care providers, relatives, and babysitters. Give a copy to the school nurse and the local fire/EMS department. Give a copy to neighbors, friends, and coworkers. Put a copy in your purse, glove compartment, and child's backpack.



Where I Can Be Reached

Mother's Name _____

Father's Name _____

Home address _____

Home Phone _____

Mother's Work Address _____

Mother's Work Phone _____ Cell Phone/Pager _____

Father's Work Address _____

Father's Work Phone _____ Cell Phone/Pager _____

Numbers Of People I Can Call

Emergency _____

Poison Control _____

Fire _____ Police _____

Ambulance/Rescue _____

Pediatrician/Primary Care Provider _____

Local Hospital//Urgent Care Center _____

Reliable Neighbor _____

Nearest Relative _____

Other Things I Might Need

Closest Emergency Care Center _____

Insurance Plan Provider and Policy Number _____

Any Poisons in the Home _____

About My Child (Keep Up-to-date photo of child clipped to this page)

Name _____ Nickname _____

Birth Date _____ Height _____ Weight _____

Any Allergies? _____

Any Medical Conditions? _____

Any Medications/Doses? _____

Date of Last Tetanus Shot? _____

Age-Appropriate Immunizations Up to Date? _____

Any Hospitalizations? _____ When? _____ Why? _____

Glasses or Contacts? _____ Orthodontics or Dentures? _____

From the US Consumer Product Safety Commission...

CPSC Prevents Deaths and Injuries With Swift and Effective Cooperation with Industry: Drawstrings on Children's Clothing

The Consumer Protection Safety Commission serves customers by preventing deaths and injuries through swift and effective voluntary coordination with children's clothing manufactures and retailers.

CPSC worked with Thelma Sibley of Milan, Michigan, who suffered the worst nightmare of any parent - death of her child. Five-year-old Nancy Sibley was strangled by a hidden hazard when the drawstring of her winter coat was caught on a playground slide. Nancy's death was not the only incident. Since 1985, there were 17 deaths and 42 nonfatal incidents caused by drawstring entanglement. Playground slides were involved in over one-half of the incidents. Also implicated were school buses, cribs, and other products such as an escalator, a fence, farm grinder, turn signal lever, ski chair lift and tricycle.

Because of the number of drawstring-related incidents, the CPSC first worked with manufactures to remove catchpoints on playground slides and other products. Upon further analysis, CPSC decided that removing strings from the garments was the best approach.

CPSC Chairman Ann Brown and Thelma Sibley forged a partnership, combining their fiery determination and creativity to solve the problem by bringing together representatives from leading manufacturers of children's clothing. In April 1984, CPSC presented the industry with the evidence that drawstrings on jackets, coats and sweatshirts (mostly located in the hoods of these garments) could kill children. In just 4 months, the manufacturers voluntarily agreed to remove neck and hood drawstrings from most of the 20 million children's garments manufactured annually in this country, and promised that garments without these drawstrings would be available to consumers beginning with the Spring or Fall 1995 clothing line. No regulation was required.

CPSC took the additional step of issuing voluntary guidelines that: (1) advise manufactures to eliminate drawstrings and to replace them with safer alternatives, such as snaps and velcro, and (2) advise parents to remove drawstrings from the hoods and necks of jackets and sweatshirts and to shorten drawstrings around the bottom of the garments. CPSC is distributing these guidelines widely to manufactures and consumers. By putting a human face on government, CPSC achieved common sense solution within only a few months. CPSC worked with companies to make their redesigned product safer and took decisive action to protect our children from future drawstring deaths. For more information visit their website at www.cpsc.gov/cpsc/pub/pubs. The U.S. Consumer Product Safety Commission protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. To report a dangerous product or a product-related injury and for more information on CPSC's fax-on-demand service, call CPSC's hotline at (800) 638-2772 or

Playground Safety



Now that back to school is fast approaching children will not only be learning the ABC's of reading, writing and arithmetic, but they will also be enjoying recess, which means playing on the school's playground equipment. Be sure that your child's school yard is safe by following this playground check list:

- ✓ Carefully maintained equipment
- ✓ Swings made of soft materials such as rubber, plastic or canvas
- ✓ Children can not reach any moving parts that might pinch or trap any body parts
- ✓ Metal slides are cool enough to prevent child's legs from getting burned

**West Virginia
Hospital Association**

100 Association Drive
Charleston, WV 25311

Phone: (304) 344-9744

Fax: (304) 344-9745

E-mail: dayone@wvha.org



Address Label



Building Blocks for a Bright Baby



Information & Reminders

National Perinatal Association Annual Conference

Humanity, Technology, and Perinatology: Good Ethics Based on Good Information

October 14-16, 2004 La Jolla Marriott, San Diego, California

A breath of Fresh Air! Independence from Smoking

www.4woman.gov/QuitSmoking

1-800-994-9662 1-888-220-5446 (TDD)

The National Women's Health Information Center

The federal government source for women's health information

West Virginia Early Childhood Training Connections and Resources

Phone 888-WVECTCR

Fax 304-529-2535

www.wvearlychildhood.org

Day One Wants to Hear from YOU! Let us know if you have any information, events or articles you would like to see in the newsletter! Also, please share any events that you would like added to the *local events* section of the Day One web site; health fairs, educational seminars, community-wide baby showers, etc. You can reach the Day One program staff by phone at 304/344-9744 or by fax at 304/344-9745.
