

Home Safety webinar

Kelly Towey: Hello and welcome. Thank you for joining us today for the Home Safety webinar. This webinar is a presentation by the Head Start National Center on Health. My name is Kelly and I'm a consultant for the National Center on Health. Before we begin today's webinar, I would like to highlight a few housekeeping issues.

First, a few webinar details. If you are using Wi-Fi and are not hard-wired, you may experience greater lag time during the presentation. Also, the slides will advance automatically throughout the presentation. Attendees will not have control over the slides. All attendee lines are muted, but if you have a question, we encourage you to type your question in the "ask a question" box on your screen. If time permits, there will be a short question and answer session at the end of the webinar. If we don't have time to address your question during the webinar, we will send you an answer directly via email over the next several weeks. If you need copies of the handouts for this webinar, they are located in the "event resources" at the bottom of the "ask a question" box.

To view the presentation in full screen, you can click on the black button at the upper right-hand corner of the presentation slide. During this webinar, we'll be having a number of polls for you to participate in. Please note that depending on your connection you may experience a slight lag time before the poll appears. When you have complete the poll, select "submit." After you see the graph results, please click on the "return to presentation" button to bring yourself back to the presentation slides.

After the webinar, you will be directed to an online evaluation survey. Please take a few moments to share your feedback with us. Only participants who complete their evaluation will receive a certificate of participation. If you are watching today's webinar as a group, the person who logged into the webinar will receive an email with a link to the survey. Please share this link with the rest of the group so that they can complete their evaluation to receive their certificate. If you need technical assistance during the webinar, please type your question in the "ask a question" box. At this point, I'd like to introduce our speakers for today's webinar.

First is Nancy Topping-Tailby. She is an NCH staff member. She works at the Education Development Center where she leads a team of NCH staff that work on safety and injury prevention topics and other NCH priority health issues. She brings a deep understanding of the medical, dental, and mental health needs of diverse populations and has contributed to numerous projects and publications in the field. She has held several high-level management positions in the Head Start community, first as a Head Start and Early Head Start director, and later as Executive Director of the Massachusetts Head Start Association and Consultant to the Office of Head Start. She is a licensed independent clinical social worker and early childhood mental health clinician with more than three decades of experience working with young children and their families. She has an MSW in Clinical Social Work from Smith College.

Our next presenter is Kimberly Clear-Sandor. She is the Senior Training and Technical Assistance Specialist for the National Center on Health. She develops resources and training on safety and injury prevention, health management networks, and home visiting. She is a family nurse practitioner and has supported health and safety of children and families for over 20 years. She provides health consultation to early childhood programs and delivers the National Training Institute for Child Care Health Consultation modules to nurses and health managers in Connecticut. And now I'm turning the presentation over to our first presenter, Nancy.

Nancy Topping-Tailby: Thank you, Kelly. Welcome to the National Center on Health webinar on Home Safety. My name is Nancy Topping-Tailby. My colleague Kim Clear-Sandor and I work for the National Center on Health, and we are really looking forward to spending this time together to discuss the important role that each of you can play in talking with families about home safety issues. You can partner with families to help them protect their children from the many common hazards that frequently lead to child injuries. Next slide, please.

Our objectives for today's webinar are to identify the most common injuries among infants, toddlers, and preschool children, explore ways to engage families in a collaborative discussion about home safety, review some sample safety checklists that you can use with families to help them recognize hazards, and review some prevention strategies to reduce the risk of injuries to children. Next slide, please.

So, let's begin with a poll, because we're really interested in finding out how much time you generally spend or the home visiting staff that you supervise generally spends talking about home safety issues with families. Do you think that on average you spend less than 15 minutes? Or do you think you spend closer to 30 minutes? Or would you say that you spend more than 30 minutes? Or perhaps you don't talk about home safety issues with families, but you do give the family a safety checklist. Or would you say that in general you don't usually discuss home safety topics at all? Please take a moment to make your selection now, and we'll give you a minute before we pull up the results.

So, it looks like a number of you are saying that you really talk less than 15 minutes, if I'm reading this correctly. If I'm not, let me know. Let's broadcast the results, so everybody can see. Well, it looks like most of you, in fact, do talk to families about home safety for just a little bit, and only a very few people generally never bring it up, and a small number of you are actually sharing home safety checklists with families. Thank you, let's continue with our presentation.

So, why do we think that it's important for you to talk to families about injuries? It's important because injuries are predictable and preventable. They are not just a part of growing up. They can happen to anyone. And they are serious problems and a high priority. Many everyday objects have the potential to cause injury. Young children are natural explorers. They learn by doing, but they depend on their caregivers to create safe environments, to teach them safety rules, and to help them learn how to judge risks. You can help families understand the types of hazards that endanger young children so they can take some simple but important steps to protect their children from injury. Next slide, please.

This chart is a great visual that shows us that injuries are one of the greatest and most under-recognized threats to the well being of young children and families. Injuries are not accidents. In fact, they are the leading cause of death among children ages one through five. Most injuries to young children occur in their home. As home visitors, you are in a unique position to explore safety issues and help families think about injury prevention strategies. Next slide, please.

We can use the national data to determine the most common injuries among young children. Here we can see that falls are the number one cause of unintentional injuries. You can also see that fire or burns, poisoning, motor vehicle incidents, and suffocation are also among the major causes of children's injuries. Next slide, please.

While the number of falls far exceeds the other categories, this chart is another way to display the number of injuries reported in each category. The chart demonstrates that more children are injured as a result of fire and burns and motor vehicle-related causes than either poisoning or suffocation. One important thing to note, though, about this chart is that the data is only telling us the story of non-fatal injuries to children. Drowning is another important hazard that's not shown here because it's often a fatal injury. But even non-fatal injuries can also be very serious because they can result in life-long disabilities to a child. Next slide, please.

We know that there is always some level of risk in every situation, but it's important for families to know what these risks are and what they can do to protect their children. Every childhood injury involves three elements or major factors: the child, the cause of the injury, and the environment in which it occurs. An injury happens when a child interacts with something which might cause him harm in an environment that is not safe. Examples of some of the child factors are the child's age, his or her developmental level and temperament; for example, some children are naturally more curious or even fearless while others are more cautious. And as we've just seen, some of the causes of injury may include falls, burns, motor vehicle-related injuries, and choking. And finally, factors in the environment that can lead to injury include not having smoke alarms, not having cabinet locks to prevent young children's access to chemicals and medication, not having or using safety gates or other safety equipment, and most important, a lack of adult supervision. Understanding these three elements in the injury triangle can help you to talk to families about how they can identify and reduce children's exposure to hazards that can compromise their safety. Now, Kim will share some information with you regarding specific safety hazards. Kim?

Kimberly Clear-Sandor: Next slide, please. Thank you, Nancy; hi, everyone. I'm happy to be here today and to continue our discussion about home safety. We hope that this information will help you become more aware of safety hazards and that you will share this information with families. You should have received a resource list to accompany this webinar. This extensive list of resources are listed by topic and in alphabetical order. They include links to infographics, videos, parent handouts, informational websites, and other resources.

We hope you find the resources helpful as you individualize your work with families. Now, let's take a deep dive into the most frequent types of injuries that young children experience. Let's begin with falls. As we follow the injury table, falls are the leading cause of injuries to children ages birth to five and one of the major reasons that children go to the emergency room. According to the Center for Disease Control and Prevention, also known as the CDC, in 2010, 2.8 million children visited an emergency department for fall-related injuries and 40 percent of them were toddlers. That is almost 3,200 toddlers a day. But families can play a key role in protecting children from falls. Next slide, please.

So, let's take a quick poll about preventing falls in the home. Which of these actions can prevent falls? Check all the statements that you think apply. Staying within arm's reach of very young children whenever they are using playground equipment, fastening the safety straps when children are sitting in a high chair or stroller, keeping a hand on a child at all times while on elevated surfaces like a changing table, keeping infant seats or bouncy seats on the floor, not on a table or raised surface, or using a gate at the bottom and top of the stairs. I will give you a few moments to respond. Wow, I see that many of you are identifying all of the items listed. April, if you can please show the results. Yes, these are all excellent actions that families can take to prevent falls in the home. Next slide, please.

Children are curious and love to explore, but their motor skills are still developing. They can easily lose their balance and they're still learning how to tell what is safe. As a result, children this age have many falls. Families can make their home safer by using inexpensive safety devices such as guards on windows that are above ground level and gates and guardrails on stairs. Home visitors can share these safety tips with families so they can prevent children from falling out of a window by keeping furniture away from windows so children do not climb near and possibly fall out of an open window, never depending on screens to keep children from crawling out of windows, installing window locks so that windows open no more than four inches, and whenever possible, open windows from the top, not the bottom. Also, simple behaviors such as keeping a hand on the child while on a high place, such as a changing table or bed, and using safety straps in high chairs and strollers will go a long way towards preventing falls. You can sign up to receive safety recalls at the recalls.gov URL listed on the screen and share this information with families. Next slide, please.

The Consumer Product Safety Commission reports that, on average, more than 18,000 children eight years and younger are injured each year when a television, a piece of furniture, or an appliance falls on them. Children may try to climb on a shelf or dresser or pull on furniture while trying to stand or trying to reach for a favorite toy or other object when the furniture topples over. To prevent a tip-over tragedy, the CPSC urges all families to secure by anchoring heavy furniture and objects to the wall or floor so that they do not fall on to young children. Infographics are a nice way to share information with families. It's also a great way for you to review the current recommendations. An example of one of the infographics is pictured here, and the link is also on your resource sheet. We have also included a link on your resource sheet to a short three-minute video about preventing tip-overs. Families may enjoy watching this with you if you have a smartphone or a tablet. Next slide, please.

Airway obstruction is a leading cause of unintentional injury-related death among infants under age one and a major risk for children up to age four. Young children are vulnerable to airway obstruction because they have small airways, are inexperienced chewers, and like to put objects in their mouth as they use all of their senses to explore the world. This puts them at high risk for suffocation, choking, or an airway obstruction. Airway obstruction applies to all the possibilities in which a piece of food or an object gets caught in a child's throat causing the child to choke, constricting of the child's neck which is known as entrapment, or something that blocks the child nose and mouth so he can't breathe which results in suffocation. Infants can't lift their heads or move out of dangerous positions, so they are vulnerable to getting stuck in a position that inhibits their ability to breathe. Airway obstruction can lead to permanent brain damage and even death. When you look at the objects in the slide, you may notice that these are common items that can be found in many homes, often in plain sight. Next slide, please.

So let's take a poll. Suffocation is when the child runs out of air. What are some of the causes of suffocation to young children? Please check all that apply. Toy chests, car trunks, washers and dryers, or plastic bags? Please take a moment to make your selection. I see that some of you have identified toy chests, car trunks, and washers and dryers as places that children can suffocate. April, please share the results. While children do like to explore small spaces and climb inside objects, this is also dangerous behavior as children can get stuck inside an airtight space and run out of air. Next slide, please.

These sleep spaces are compliant of injury prevention. Cribs are very at-risk to airway obstruction. The distance between a flat and all dimensions of the crib and mattress are specified to prevent a child from entrapment. The federal government recognized the importance of safe sleep spaces and published new crib standards that took effect in June 2011. In addition to other changes, cribs with drop-down sides can no longer be sold and families should not use them. These safety standards were designed to create a safe sleep environment for babies. What goes into the crib keeps the child safe as well. Bare is best. This means that it is best not to use a bumper pad, and families should never place pillows or thick quilts in the baby's sleep environment. As a home visitor, you will want to make sure that families have a safe crib for their baby. Next slide, please.

There are many strangulation hazards that you can help families to identify such as window cords, clothing draw strings, ribbons, necklaces, and pacifier strings that could potentially get wrapped around a child's neck and strangle him. The CPSC recommends the use of cordless window coverings in all homes where children live or visit. If the family does not use a blind with a cord, there should be no acceptable loose cords on the front, side, or back of the product. If the window covering has loop beaded chains or nylon cords, tension devices can be used to keep the cord taut. Two inexpensive devices to secure cords are pictured here and cost only about \$1.50 each. Even cords and common appliances in the home, such as a baby monitor, can pose a risk to young children. The Consumer Product Safety Commission has a wonderful handout that you may share with your families and that is included on your resource sheet. Next slide, please.

Small objects can easily become lodged in and obstruct the airway. This is the most common cause of choking in young children. According to the National Resource Center Caring for Our Children: National Health and Safety Standards, 90 percent of fatal choking occurs in children younger than four years of age. Families can protect their children by simply cutting food into quarter-inch pieces for infants and half-inch or smaller for toddlers so that the pieces are small enough for children to safely swallow the food whole. Families can also establish safety rules such as a mealtime routine that requires the children to be sitting when eating and not allowing rough play at the table. It is also a good idea for an adult to be nearby and have basic first aid skills so that if the child does choke she can provide immediate assistance. Next slide, please.

Little objects and toys are another common choking hazard. Reading labels with families and testing small objects, toys, and items that are within the child's reach to see if they have small parts is a great way to raise awareness of these hazards. Sometimes, older siblings have toys with small parts. Adults need to remember to keep toys intended for older children out of the reach of babies and toddlers. Any object that fits into the clear plastic choke tube tester, as shown on the previous slide, should not be used for children under three. We have included a reference on the resource sheet on how to purchase a tube or cylinder to determine if a small toy or object could be a choking hazard. Next slide, please.

Ingesting a small magnet or battery will cause serious harm to a young child. Small magnets can be found in children as well as some adult toys and may look like a toy or jewelry to a young child. Button batteries can be found in remote controls, games, toys, and calculators and many other items around the home. Swallowing a button battery can cause life-threatening or permanent disabling injuries to a child if it's not removed within two hours. Next slide, please. According to Caring for Our Children, drowning is the leading cause of injury death for children ages one to four. Next slide, please.

Let's take a poll to find out some of the places where a child can drown. Please check all that apply. A bathtub, a pool, a toilet, or a bucket? I'll give you a moment to complete your survey. Yes, children can drown in two inches of water, just enough to cover their nose and mouth. So, all of these places are a potential place that a young child can drown. Please show the results. Thank you. Next slide, please.

Alerting families to drowning risks will help them to be vigilant about protecting their children. Drowning can happen in a matter of seconds, and a child who falls in the water will quickly sink to the bottom and lose consciousness with little to no sound. Most children drown in the presence of a supervising adult and within a few feet of safety. Infants drown most frequently in the bathtub, while swimming pools pose the greatest risk to toddlers. Adults should use touch supervision whenever a child is in or near a body of water. Touch supervision means that an adult is within arm's reach of a child at all times. Ensuring that children don't play in the bathroom can prevent them from drowning in toilets. Talking with families about routinely emptying buckets and pails used for household chores when they're done and emptying wading pools are other ways they can keep their children safe. It's never too early to begin to teach children rules about water safety. To learn more about water safety, we've given you a link to the Consumer Product Safety Commission video on preventing drowning in the home and steps to take around pools. Next slide, please.

We can't emphasize enough to always say "hands on" and use touch supervision whenever a child is in the bath or any other body of water. Next slide, please.

Poisons are hidden throughout your home but are also in plain view. According to Safe Kids, half of the 2.4 million calls to the Poison Help Line in 2010 involved children ages five and under. In fact, nine out of 10 poisonings occur at home. Next slide, please.

Let's take a poll to identify places in the home environment. Please select which items below are poison. Daffodils, cosmetics, dishwasher soap detergent packets, or toilet bowl cleaner? Please check all that apply. I'll give you a moment to complete the poll. And I see that many of you are identifying toilet bowl cleaner, detergent packets, and some of you have even selected daffodils. And, yes, these are all poisons that can be found in the home environment. Please share the slide results. Next slide, please.

Look at these pictures. Some poisonous items come in brightly-colored packaging and resemble items that a child may think is a treat. The one on the left is a piece of candy. The one on the right is laundry detergent. Imagine how these two items may look the same to a young child. Most children cannot tell the difference between the orange color of a cleaning product and that of an orange drink. To make matters more challenging, items can be used according to directions on a regular basis, such as a small amount of mouthwash, can become a poison if a young child ingests too much. Poison comes in many forms and can be found throughout the home or outside. Poisons can enter the body from eating, drinking, touching, or smelling them. According to Caring for Our Children, the top four items most commonly involved in poison exposure among children include cosmetics, personal care products, cleaning substances, and medication. As you can see, we use many items in our everyday lives that can be poisonous to a young child. Children learn by imitation and they copy adults that they see using medicines, cosmetics, or other substances that could be poisonous to a young child. For instance, some things, like medicine, can make you sick if you take someone else's medicine or you take too much medicine. It is important to remember that child-resistant packaging on medication is not child-proof. Always store medicine up, away, and out of reach from all children. Families should take care to store these items in their original containers and in the last area so that they are out of reach. It's also important to teach children that these items are for adults only, and adults should make it a habit to put these items away immediately after they are used. Next slide, please.

Throughout the discussion today, we've been talking about the most frequent types of injuries to young children such as falls, drowning, or poisoning. You can read the home safety checklist to help families try to prevent these hazards. All of these checklists are designed to help families recognize the injuries that are most likely to occur in each room of their house. For example, this poster shows many places where poisons will be found in the home. Note the wild mushrooms in the yard, the paint thinner in the garage, and medications in the bedroom and the bathroom. Thinking about what could be dangerous to a young child in each room of the house may be a helpful way for some families to identify safety hazards in their home. Next slide, please.

As home visitors, you can ensure all of your families know how to call the Poison Help Line if they believe a child has been poisoned or if they want to find out whether a substance may be harmful. For example, even if a child has not been poisoned, families can still call the Poison Help Line with questions like: Could this plant in my yard be harmful? Posting the Poison Control Help Line number in a central location or adding it to a mobile phone makes it accessible during an emergency. Poison Control is open 24 hours a day, 7 days a week, and can provide information on what to do to treat the child. It is important to make sure families feel comfortable using this life-saving resource. The instructions on the label on many cleaning products and other household chemicals are often difficult to understand, especially for adults who have low literacy levels or if English is not their first language. You may want to ask families if they would like to read the labels with you so they know how to use and safely store everyday household cleaners, chemicals, medications, and other products that would be poisonous if children ingested them. When a label says "toxic," it means that those items need to be locked out of reach and sight of children. Many labels also give clear instructions about what to do if a child comes in contact with a product in an unintended way. Talking with families about routinely practicing good safety habits may help them remember to put away all poisonous products. Now, Nancy's going to share some information regarding burns and fire safety. Next slide, please.

Nancy: Thank you, Kim. Fires and burns are a leading cause of injury-related death to children. Every day at least one child dies from a home fire, and every hour approximately 14 children are injured from fires or burns. Ninety percent of all fire-related deaths are due to home fires which spread rapidly and can leave families as little as two minutes to escape once an alarm sounds. Children can also suffer serious burns that may limit their movement and cause scarring. Next slide, please.

So, we wanted to take another poll to find out what you think about how long it would take a hot liquid to burn a young child. Do you think that it takes five minutes at 120 degrees Fahrenheit? Or 15 seconds at 133 degrees Fahrenheit? Or only one second at 156 degrees Fahrenheit? Please check all the answers that you think apply, and we'll share the results with you in just a minute. So, it's looking like most of you think it'll only take one second at 156 degrees. A few of you thought that it would be either five minutes or 15 seconds. Well, why don't we broadcast the results now and share them with all of you. So, the answer is that all of these are true. In fact, a child will be burned in any of these examples. Next slide, please.

Many ordinary things in a home, from bath water and hot food to electrical outlets, can cause childhood burns. A child's skin is much thinner than an adult's and can burn at temperatures that adults would find comfortable. According to Safe Kids, all the burns caused by hot liquid or steam are more common types of burn-related injuries among very young children. Setting a water heater in a family's home at or below 120 degrees Fahrenheit is one way to protect children from burns. Tap water burns most often occur in the bathtub and tend to be more severe because they cover a larger portion of the child's body than other types of scalding. This is why it's important for families to always test the temperature of the bath water before bathing their child. Some other safety tips that you can share with families to prevent burns include placing hot foods and liquids in the center of a table or at the back of a counter so they're harder to reach, not holding a baby or small child while cooking, drinking, or carrying any hot foods or liquids, turning pot handles towards the back of the stove, so that they can't be grabbed. Never heating

baby bottles in a microwave. It's best to use warm water from the faucet instead. And never letting a child remove any food from the microwave or leaving children alone in the kitchen while cooking. Next slide, please.

According to Safe Kids, working smoke alarms reduce the chances of dying in a fire by nearly 50 percent. But in order to be effective, they have to work properly. You can talk to families about where to install smoke alarms. They should be in every sleeping area and on every level of a home, and you can suggest that they check the batteries in their smoke alarms at least twice a year when we change our clocks. Cooking equipment is the leading cause of home fires, so it's recommended that smoke alarms be placed at least ten feet away from cooking appliances. Some recent studies have shown that smoke alarms may not always wake children up, so Safe Kids recommends that families choose one person to get infants and small children out safely in the event of a fire. If there's more than one adult in the home or an older sibling, encourage the family to create a backup plan for young children just in case the primary person is overcome by smoke. Carbon monoxide detectors also save lives, as carbon monoxide is an odorless invisible gas that can't be seen or smelled. Check with your local fire department or local boards of health to find out if there are any community resources near you to help low-income families access this equipment. Families who rent also need to know what the landlord's obligation is regarding installing these devices. Next slide, please.

We encourage you to focus your conversation on the safety tips that are most appropriate for the families you work with. These fire prevention tips may also be useful for some families. So, for example, if adults in the household smoke, let them know that it's a good idea to not -- I'm sorry. Let them know that adults who smoke should keep cigarettes, matches, lighters, and other smoking materials out of reach of children, in a locked cabinet, and that they should always dispose of cigarettes properly. It's a good idea to create a kid-free zone of at least three feet around open fires and heat sources such as stoves, fireplaces and wood-burning stoves, space heaters, and grills. And keep anything that can burn at least three feet away from a heat source. Next slide, please.

As we discussed earlier, many children experience motor vehicle injuries, so we've included transportation safety because families have to travel to and from a variety of locations. Families should choose a car seat that best meets their child's needs and they should always use it. Parents and caregivers can keep children safe by knowing how to use car seats, booster seats, and seat belts, and using them on every trip. Children are great imitators, so encourage families to be good role models and create good habits by always fastening their own seat belts. Next slide, please.

It's time for another poll. This one is about car seat safety and the number of people who think they're using the right car seat for their child. So do you think that the number of people who think they are using the right car seat for their child is about one out of every four adults? Or do you think it may be one out of every two or one-half? Or perhaps three out of four or 75 percent? Or more than three out of four adults? So, again, what we're interested in finding out here is the number of people who think that they're using the right car seat for their child. Please take a moment to make your selection now. So, it's looking like most of you think that or about 50 percent of you, to be exact, think about most people, 75 percent, more than 75 percent, in fact, think that they have the right car seats for their child.

So, let's show the results to everyone, please, and then I'll answer the question, but I just want everybody to be able to see the results. Next slide, please.

So here's the answer. This is a great infographic from the National Highway Traffic Safety Administration, or NHTSA, and it illustrates that while families may think that they're using the right seats, most families actually do not have their child in the right car seat. But as a home visitor, you can talk with families about how to find the right car seat for their children. Next slide, please.

Here you can see that there are several car seat options for a child, so it's important for families to realize that as their child grows, their child's car seat needs will change, too. As we review the specific recommendations from NHTSA in a moment, you'll notice that some of the age ranges actually overlap since the right seat depends on a child's height, weight, and age and the manufacturer's instructions for the individual car seat that the family is using. Families should follow the car seat label instructions to find out the maximum height and weight of a child for whom a car seat can safely be used. The label should also have instructions about how to install the seat and any special instructions on tethering it to the vehicle. In general, it's important to let families know that the back seat is the safer place to be in a car.

So, now let's look at the specific recommendations for car seats. It's best to use a rear-facing car seat for children birth to three or until the child reaches the weight or height limit of the car seat. Children under age one should always ride in a rear-facing seat. It has a harness and in a crash will cradle and move with the child to reduce stress to the child's neck and spinal cord. Also, never place a rear-facing seat in front of an airbag. Airbags that deploy can kill young children if they are riding in the front seat. Forward-facing car seats are best for children between the ages of one and seven.

But, again, families need to pay attention to the maximum weight or height limit of the car seat and the manufacturer's instructions. Booster seats are designed for children between four and 12 years of age or until the child is big enough to fit in a seat belt properly. And finally, seat belts can generally be used for children eight years of age and older. NHTSA always recommends that car seats be replaced if they have been involved in a moderate severe crash. It's not enough to have the right car seat. It must also be correctly installed in the family's vehicle, and recently a number of programs have told us that they have hosted car seat safety nights and found out that many seats were not installed properly in families' cars or trucks. You can identify a car seat inspection station near your program using this search feature on the NHTSA website. You can ask if it's possible to arrange a day for the technicians to come to a central location for families in your program, or you can contact your local police department for help as they may also provide this service. Next slide, please.

According to NHTSA, heat stroke is the leading cause of non-crash vehicle-related deaths for children under age 14. We know that the bodies of infants and children heat up three to five times faster than those of adults. The temperature inside a vehicle can rise almost 20 degrees within the first ten minutes. The Administration for Children and Families has joined with Safe Kids Worldwide and the National Highway Traffic Safety Administration to get the word out about the problem of leaving children in hot cars. It is never safe to leave a baby in the car even with the windows open. The Look Before You Lock campaign was developed to help families remember that a child is in the vehicle and to prevent them

from accidentally leaving the child unattended. The link on your resource sheet will allow you to access the Look Before You Lock materials that include strategies you can share with families so that they never leave a child alone in a car or truck even to run into a store for a quick errand. For example, they can keep a stuffed animal in the car seat when it's empty and move it to the front seat when they place the child in the car seat as a visual reminder. Using a consistent safety practice can be especially helpful whenever there's a change in the family's regular routine. Families also need to know that it's important to lock their vehicle when it's not being used. One study published in 2005 found that 18 percent of the fatalities to children in cars occurred because children were playing in unlocked vehicles. Two-thirds of these children, most of whom were little boys, were only two to three and a half years old. Now, Kim is going to talk with you about some sample safety checklists that you may want to use.

Kim: Thank you, Nancy. Let's start off with a poll in the next slide, please. We'd like to hear from you about your use of home safety checklists with families. Do you use a home safety checklist with families? Yes, I do. Or perhaps you use them and you leave one for them to do on their own. Perhaps you don't talk about -- you just talk about safety and you leave handouts. Or, no, you don't use a checklist or handouts at all. So, please take a moment and respond to the poll. I see these are coming in. I see that it looks like about half of you are using safety checklists with families. Some of you leave them, families do them on their own. And some of you talk about safety and you leave handouts but are not using a specific checklist at this time. So, we can share these poll results with the audience. Thank you. Next slide, please.

While using a safety checklist is not required, many home visitors find it helpful to use one. There are many good checklists available that you can use to introduce and describe home safety topics. Some of you may find it helpful to review sample checklists for your own learning, to become more familiar with injury prevention strategies in the home. So, remember, no checklist can address every potential hazard. For example, many checklists do not address how to store guns and ammunition safely to protect your own children. But if the family that you're working with owns a firearm, you may want to talk about this topic. The National Center on Health does not recommend the use of any specific checklist. We will show you a few examples and have included links to these checklists and their resource sheets. Use your knowledge of your families, their home environment, and your community to choose a checklist that best meets the needs of your family. You may also want to check the Department of Public Health agencies in your state, as many states have created safety checklists that include state-specific phone numbers and web sites for more information or resources. Next slide, please.

The American Academy of Pediatrics Injury Prevention Program has developed a series of checklists known as the TIPP sheet. Each safety checklist is organized by the child's age. This is an example of one for an infant. These checklists are available in English and Spanish. Next slide, please.

Kidshealth.org is a website for parents, developed by the Nemours Foundation and it has a series of safety checklists. As you know that when discussing poisoning, you can identify and discuss hazards in the home by topic or by room. This website highlights the multiple hazards in each room but also includes some topical information. Next slide, please.

The Massachusetts Department of Public Health developed this checklist. It also approaches home safety by encouraging families to think about the hazards in each room. This checklist is also available in English, Spanish, and Portuguese. Next slide, please.

Our last example of a home safety checklist was developed for home visitors by the Minnesota Department of Health. It has a home safety checklist in English and Spanish that is easy to read and can help families think about what they can do to make their home a safer place. It also has a companion reference guide for home visitors that has additional information and tips for working with families. Having conversations about making changes in someone's home can be difficult. Now, Nancy is going to share some ways to talk with families about home safety. Next slide, please.

Nancy: Thanks, Kim. Motivational interviewing is an evidence-based practice that is a very effective way to engage families, encourage them to offer their ideas and opinions, and help them to make changes that will lead to safer environments and healthy behaviors. As a national center, the National Center on Health is sharing information with Early Head Start and Head Start programs about how to use motivational interviewing techniques with families to help them address a variety of health challenges from adopting healthy active living practices to developing safe habits and dealing with depression. Next slide, please.

There are four steps in motivational interviewing. The first step is engaging. As a home visitor, you engage the family by making a relationship, forming a partnership, and helping the family to feel comfortable talking to you. The next step is focusing. During your visits, you focus or guide the conversation to find out what the family's goals are for themselves and their children. The third step is evoking. As a home visitor, you want to help the children and families you work with to be safe and to make healthy changes, but this involves eliciting the family's own motivation for change and getting their ideas about how and why they might make this change happen. This is important because we all know that when someone thinks there's a good reason and decides to make a change themselves, that person more likely will make that change happen. And the fourth step is planning. The family that you are working with has decided that they do want to make a change. So, now it's time the next step. Your role is not to tell them what or how to do it. Instead, you elicit their ideas and you support their ability to decide what and how they will make any desired change happen. Next slide, please.

There are five core communication skills. The first four are sometimes referred to as OARS, or O-A-R-S. "O" stands for open-ended questions. Open-ended questions invite families to share their opinions and to reflect and plan a course of action. In contrast, those questions only ask for specific information that can often be answered by either a yes or no statement and do not ask the parent for her ideas. "A" stands for affirming. When you make an affirming statement to a family, you are recognizing and commenting on the family's strength, their desire for change, and you're recognizing the positive efforts that they are making. "R" is for reflective listening, and reflective listening is a fundamental skill in all motivational interviewing conversations. When you use reflective listening, you repeat what someone says to you back to them. You can do this even if you're not sure you understood what the parent was saying. It provides an opportunity to confirm or clarify the family's thoughts and ideas.

"S" is for summarizing. You summarize what you discussed at the end of a conversation with the family. This allows you and the family to review what you have talked about and can be helpful in helping them to decide their next steps. The last skill is informing and advising. In some but not all conversations with families, you will have an opportunity to share some new information; for example, about child development issues or safety hazards. What is different about the motivational interviewing approach is that you usually only give advice if you have first asked for and received permission from the family to have this discussion. Then you can elicit the family's perspective about the information you've shared so they can reach their own conclusions. They will need to decide whether they think what they've just learned from you is relevant to their situation. At this point in the conversation, you ask if the family wants to make any changes. If the family says yes, then you can begin to explore their ideas about possible changes. If not, you can revisit the conversation at a later time. Next slide, please.

Well, we're going to do another poll. Gabriela is a home visitor who works with a single mother, Sophia, and her 10-month-old son Luis. At today's home visit, Gabriela would really like to talk with Sophia about safety issues because Luis has just started to crawl last week. So, which of these comments do you think would be a good way to begin a motivational interviewing conversation about home safety?

Would you say to the family, "Now that Luis has started to crawl, have you thought about what changes you may need to make to keep him safe?" Or would you say, "Now that Luis has started to crawl, I brought a safety checklist that can help you decide if there are changes you need to make to keep him safe. Is this all right?" Or you might say, "Now that Luis has started to crawl, I wonder if you have any concerns about his safety?" Please make your selection now on one of these choices. Oh, I'm not seeing any poll results. Maybe, it's taking just a little bit of time for them to come in. Here we go. So, it seems like it's pretty evenly divided. About 35 percent of you would say, "Have you thought about what changes you may need to make to keep him safe?"

And about 45 percent are -- oh, now it's switching a little bit. About 42 percent of you would say, "I brought a safety checklist. Is this okay to use?" And most of you, but only by a slight margin, would say, "Now that Luis has started to crawl, I wonder if you have any concerns about his safety?" So, let me review each of these three possible responses. The first response, A, is a closed question because it only requires a yes or no answer. Even if the mother says yes, Gabriela is leading the conversation rather than exploring whether Sophia is interested in having a conversation about possible safety hazards. In the second response, Gabriela asks for permission to give Sophia the safety checklist but asking an open-ended question to find out if Sophia has any concerns that would focus the discussion on what she wants to learn more about and possibly make changes if needed. I'm sorry. Let me read that again just to be sure I said that correctly. But asking an open-ended question would be better to find out if the mom wants to have this conversation, and then it would be appropriate to ask permission to have the conversation. The last response, which is C, starts with an open-ended question and it invites Sophia to let Gabriela know if her son's new mobility is an area of concern as well as a source of pride. So, that actually would be the best way to begin the conversation. Next slide, please.

So, let's see how this might work. Kim and I are going to have a brief conversation now to demonstrate some motivational interviewing communication skills. I will be Gabriela, the home visitor, and Kim will be the parent Sophia talking about her 10-month-old son Luis. You will notice that after I speak we will tell you which motivational interviewing communication skills we used. Sophia, look at how active Luis is today. He seems to want to explore everything in this room.

Kim: Yes. I couldn't wait for him to crawl, but now I think I will miss the time when he couldn't get around because he wants to get into everything.

Nancy: You think it's harder now because he wants to get into everything, but you'll really miss that time when he couldn't crawl.

Kim: Yes. I have to follow him around to make sure that he doesn't touch something that he shouldn't.

Nancy: You know, I often hear this from other moms, too, after their children start to crawl. It's exciting that he's learned a new skill, but it can be exhausting.

Kim: Exactly.

Nancy: What do you think are some of the things that he may want to explore? Then we can see if you have any ideas about what you might want to change so you aren't always worried that he'll get into something he shouldn't. Would you like to talk about this now? This is a brief example of how to use some of the core motivational interviewing communication skills when talking with families as well as asking for permission to talk about home safety. Next slide, please.

There may be occasions when you have a concern about a child or perhaps a parent's safety. You don't need and would not ask for permission to have any conversation that you feel is necessary because of a safety issue. It's best to be clear and direct at these times. Depending on the situation, if some action is required, then tell the family what you have to do so there are no surprises. You can still use many of the motivational interviewing skills to discuss the issue together and help the family feel supported during what may be a difficult conversation. For example, suppose you come into a family's home and you notice that there's a full bucket of water in the kitchen. The parent tells you that she's just washed the floor earlier that morning.

As a home visitor, how might you respond? You may say, "You have done such a great job of making sure that everything inside the house is safe, but I see a full bucket of water in the kitchen. I want to share some information with you about this, and then we can see what else you want to talk about today." You can see that in this example you introduce a safety concern right away in a direct but non-judgmental tone to let the family know that you need to discuss something important before talking about other topics during your visit. And during this conversation, you can use your motivational interviewing skills to explore what the parent might do differently with the bucket of water the next time she washes the floor. Watch for new National Center on Health resources coming soon on how to use motivational interviewing to talk about healthy active living, dealing with depression, or other health issues, and check your handout if you want to find out more about motivational interviewing. Next slide, please. So, now we're going to turn it back over to Kelly. Kelly?

Kelly: Thank you, Nancy and Kim, for sharing this wealth of information on home safety. It does look like we have time for a few questions. Our first question is: It's overwhelming to consider all of the safety hazards in a home. Where do you begin?

Kim: It can seem like an overwhelming task to address home safety because our home environments are constantly changing. For example, you may have child proofed your home or a friend comes to visit and she leaves her purse on the chair and it contains a bottle of medication. You can help families using the injury prevention triangle as a model for creating strategies to keep their children safe. For instance, you can help families to think about their child's temperament. Is the child cautious or more likely to be fearless? Has the child recently developed a new skill like crawling or cruising that may change how he interacts with the environment? By setting up the environment and moving hazards in creating safe routines, you're minimizing the likelihood of exposure to objects that can be harmful to a young child. Helping families understand the major causes of injury to young children will help them be alert to these hazards so they can protect their child. If an adult leaves her purse on a chair in easy reach of a mobile infant, the family can then move it to someplace else, so their child cannot reach it.

Kelly: Thank you, and our next question is: Are you aware of any organizations that donate safety items like safety gates for low-income families?

Nancy: I'll answer that; this is Nancy. I think that there are some national organizations that are always good to check with, like, for example, the Lions who historically have been very good about helping families purchase eyeglasses who can't afford them. But there is the Masons and there is Kiwanis, so there are numbers of organizations that I think are often really good resources. If you don't already have a relationship with them, you might want to check with them. I think you can also call your local boards of health, and since you know your community, you can talk with your Health Service Advisory Committee about any needs that you have related to health and safety kinds of resources, and they may be a good place for you to go with your concerns and have some suggestions about the places to try. But in general I think there are many organizations and charities and even private businesses that if they know about the Head Start program and the families that we serve would be happy to help. It's just that we have to do a little bit of the leg work to ferret them out.

Kelly: Thank you, Nancy. Our next question is: Why are daffodils considered poisonous?

Nancy: Kim, you want to take that one? Because it's a Caring for Our Children reference.

Kim: Sure. Caring for Our Children: The National Health and Safety Performance Standards provides a really nice resource about different plants that may be poisonous or non-poisonous. It's really up to us to understand the plants that are in our environment, and it's also -- when you review the list and you've identified plants that you may know are in your environment, it's also important to read about what parts of a plant may be poisonous. Some plants, it may be the bulb of the plant if it's eaten could be poisonous. It could be the flower, it could be the leaves, it may be berries, it may be nuts. So, it's really important to not only identify what plant is in the environment that may be poisonous but also what interaction with that plant may cause a poisonous result.

Using the Poison Help Line is also a great resource for families and home visitors to use. So, if they have plants in their environment, such as the daffodil, they could call the Poison Help Line and ask them how the interaction with that daffodil may be harmful to their children.

Kelly: Thank you, thank you, Kim. Our next question is: Is there anyone in the community that can check smoke detectors?

Nancy: I'll answer that one. This is Nancy. So I think that your fire houses and local fire departments are your friends, and I would talk with them because they love to work with Head Start programs and often will have trips for classrooms to visit, so I think they could really give you the best handle on local resources to check smoke alarms and make sure they're working. I'd also suggest that you contact your local board of health because they may be a really good resource for you. And I just really want to underscore the point about checking the batteries in the smoke detectors because it's no good to have one if it's actually not being used. And one of the things we've found is that sometimes parents will take the batteries out of a smoke alarm and use them for a child's toy when really it needs to live in the smoke alarm. So check with your local fire department first.

Kelly: Thank you, Nancy and Kim. Another question is: Microwaving a baby's bottle is so easy. Why do you discourage this practice?

Nancy: Kim, you want to take that, or should I?

Kim: Sure, I'll take that one. Again, I refer to the Caring for Our Children: National Health and Safety Performance Standards because they have a really nice standard that explains warming bottles and infant foods. The number of that standard is 4.3.1.9. And, again, that's with the Caring for Our Children standards. And it talks about how bottles and infant foods can actually be served cold right from the refrigerator although many adults choose to warm them. Microwaves warm liquids unevenly and this creates hot spots that can actually burn an infant. It's a lot safer to put a bottle in warm water to heat it up. It's really important to remind families that they should wipe the bottle dry when removing it from the water just to ensure that the infants do not get burned from the hot water dripping off of the bottle.

Kelly: Thank you, I'm going to go back to another question. Nancy, could you repeat the organizations? We had that question about the organizations that might donate safety items. Could you repeat those organizations?

Nancy: Sure, Kelly, I just saw that question. The other one was the Masons. So it was the Lions, the Kiwanis, and the Masons were the ones that I suggested, although I know that there are more national organizations, but those are the three that came to mind.

Kelly: And I think we have time for one more question. What are -- what is dangerous about leaving out a full bucket of water?

Nancy: Well, I'll finish up.

So, again, one of our favorite resources, as you heard today, is Caring for Our Children, and hopefully all of you have also seen the Crosswalk Between the Head Start Program Performance Standards and Caring for Our Children safety standards that are on the National Center on Health pages. But they have another standard. I'll read the numbers for you. It's 6.3.5.2 about the dangers of bathtubs, buckets, pails, and other open containers of water. So, Caring for Our Children recommends emptying buckets immediately after use because, actually, infants and toddlers have really big heads, and so they're top-heavy, and when they fall in head first, particularly to a five-gallon sized bucket that has tall straight sides and can weigh and be very heavy even when it only has a little bit of water, so when they fall in, they can't free themselves if they fall in head first. And there have been a number of cases reported of young children, younger than five, who died because they drowned in a bucket this size that a parent was using for cleaning.

Kelly: Thank you, Nancy. We have run out of time for questions and answers live, but I want to draw your attention to the toll-free number on the website, that 888-227-5125. If you have a question for us that you did not get answered, you can always call us at that number or send us an email at nchinfo@aap.org. And for those of you who typed in questions and we didn't get to yours, we will be sending you email answers within the next few weeks.

And just as a reminder, when the webinar ends, there will be a post-webinar evaluation survey that can be taken immediately, and there will also be an email sent to everyone who watched live with instructions on how to share the Survey Monkey link with everyone in your group. You should receive this email within 15 minutes after the webinar ends, and if you take the survey immediately after the webinar, you will get your certificate immediately. And for those of you who will be using the Survey Monkey link, you'll receive your certificate in about two to four weeks. And just as a reminder that each person who would like to receive a certificate of participation, they do need to fill out individual evaluations.

And if you're watching the webinar as a group, each person must complete the evaluation in order to receive the certificate. So, thanks again for joining us for this webinar, and we look forward to having you participate in future events. Thank you.