



CHILD PROOF ADVICE

Safety Guide



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About *Child Proof Advice*

Child Proof Advice was established in 2009 to assist the parents and childcare providers of pre-school age children in providing for a safe home environment. We are fully committed to providing a comprehensive educational program and the necessary equipment to help all childcare providers in reducing the number of in-home preventable injuries to children.

The team of *Child Proof Advice* incorporates funding from grants, donations, sponsors and revenue from the sale of child safety products to provide online education so our message can reach all communities, especially those with limited resources.

Awareness of This Educational Book Reaches Communities via:

- Adoption Agencies
- Community Events and Health Fairs
- Child Care Provider Facilities
- Departments of Social Services
- Doulas
- Foster Care Agencies
- Hospital Child Birthing Classes
- Nanny Placement Agencies
- Obstetrician Offices
- Partnerships with Various Safety Organizations
- Pediatrician Offices
- Social Media Platforms

Beneficiaries of *Child Proof Advice*:

- Adopting and Foster Care Parents
- Baby Sitters
- Child Birthing Classes
- Childcare Providers
- Community Special Events
- Doulas
- Expecting and New Parents
- First-Time Grandparents
- Health Professionals
- Nannies
- Obstetric and Pediatric Patients
- Parents with Limited Resources
- Safety & Health Council of North Carolina



OUR OBJECTIVE

First and foremost, our objective is to save a child's life. If all the energy and effort of this program ultimately saves only one child's life, then our Mission has been successful.

We teach the why, when and how of child proofing an environment through an easy to understand website, educational videos, communication tools, and safety equipment.

Beginning before birth we help protect your baby through infancy, the terrible two's and the preschool stages of development. We help all along the way to keep your precious children safe.

Our accomplishments are achieved by educating parents and professional childcare providers with online education, videos and informative resources.

Additional communication includes weekly child safety tips shared on Social Media platforms and a website Blog providing safety information to a large database of child-care providers.

Our training is expanded with 160+ safety recommendations found in this *Child Proof Advice* Safety Guide E-Book which helps every home ensure a child's safety and prevent injuries.

Additional products include the American Heart Association approved Infant CPR Any-time kit and State of the Art child proofing equipment from Safety 1st and other leading manufacturers.

An additional challenge is expanding the consciousness of everyone to understand the importance of child proofing before a child's birth. Adults require six months to develop new habits such as latching gates and cabinet doors. These "habits" must be in place before a curious child needs them.

We will emphasize the importance of child proofing until we are no longer a reactive society in an Emergency Room, but a proactive society preventing injuries before they happen.



MISSION

Child Proof Advice is a non-profit organization established to educate the parents and childcare providers of infants, toddlers and preschool age children in providing a safe home environment to prevent unintentional injuries and fatalities.

VISION

The vision of *Child Proof Advice* is the elimination of preventable in-home injuries to children.

VALUES

Our values include a high degree of integrity, an exceptional dedication to customer service, honest and respectful relationships, a commitment to teamwork and a passion for excellence.

GOALS

- Save a child's life
- Educate parents and childcare providers on the importance of child safety
- Contribute to the decline in the preventable injury and fatality of children
- Increase community awareness about the frequency of childhood injuries

EDUCATING THE COMMUNITY

- Adopting and Foster Care Parents
- Baby Sitters
- Child Birthing Classes
- Childcare Providers
- Community Special Events
- Doulas
- Expecting and New Parents
- First-Time Grandparents
- Health Professionals
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WHY CHILD PROOF?

When children first begin to crawl their curiosity about the world around them triples as they explore any and everything. Infants are totally dependent and preschool age children develop motor skills, but they have poor impulse control and judgment.

Children do not have the strength, coordination nor maturity to avoid injury and their curiosity is a powerful force. As a result, they enter one of the most dangerous times of their lives when they are at the highest risk for injury.

Unintentional injuries in the home cause 9,000 fatalities to children annually and 120,000 children are permanently disabled. 70% of those children are under the age of four.

If a disease were killing our children at the rate reflected in these statistics, we would be outraged and would demand a cure. Yet, injuries are occurring like a major health epidemic.

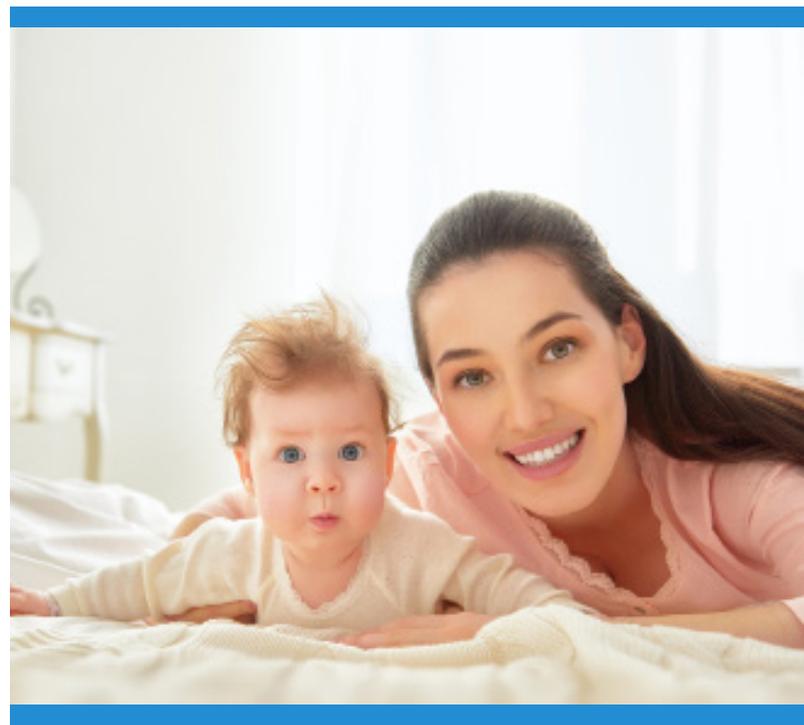
Most injuries are recoverable and are not disabilities nor fatalities, but you must ask yourself, what condition are children in if they are permanently disabled? Did they fall and break their back and become paralyzed? Do they have physical or mental problems from ingesting a poison?

Some parents and care providers may think child proofing is unnecessary.

After all, they are adults caring for an infant or small child. Just how much trouble can a baby be anyway?

Not surprisingly, it's not the baby causing the trouble, but the adults who do not think through their actions and end up causing injury to a child.

There is absolutely no greater devastation than losing a child and certainly that devastation is compounded when the loss is due to a preventable and an unintentional accident. Your question is not "will a child find hazards in your home" but when...



WHEN TO CHILD PROOF YOUR HOME

Six Months Before a Child is Born

By Six Months of Age

Repeat Every Six Months

It is recommended you make your home safe before your child is born, or at least by the time they are six months old. Drop down to your knees, crawling room to room, to see the world as your child will see it.

This will give you time to personally adjust to the changes and to develop new habits such as closing gates and latching cabinets. It is reported it takes six months for an adult to develop a new behavior, so start early. You want these habits to be very natural so you do not forget something and put a child at risk.

Child proofing early gives you time to do it properly and completely and without the distraction of a crying baby. After a child is born, you are in such a flurry of activity, child proofing either won't be done properly or, perhaps, it won't be done completely.

The first three years are the most hazardous for a child. A new "safety evaluation" should be done every six months as the child grows and is capable of exploring even more potential hazards.



Avoid being the father who was downstairs making his "To Do" list when the family dog grabbed the newborn from the crib and took it outside to play with as if it were a toy.

A Quiz - What Do You Really Know?

How much do you really know about child safety in the home? With the help of a short quiz, you can find out. This quiz will help you know the areas where you may want more information and/or practice. Besides, you never know what you may not know until you need to know it...and then it may be too late to help a child.



You really didn't know this?

1. What is the recommended temperature of a home hot water heater to avoid scalding a baby?
2. Can a child drown in only one inch of water in three seconds?
3. Are toothpaste and mouthwash poisonous?
4. If a child has been poisoned, do you stick your finger down their throat to gag them and force them to regurgitate whatever they swallowed?
5. Is placing a child to sleep on their tummy with their favorite "blankie" comforting and safe for the child?

Answers: 1. 115-120 degrees 2. Yes 3. Yes 4. No 5. No

WHAT ARE THE TOP INJURIES TO CHILDREN IN THE HOME?

1 BURNS

2 CHOKING

3 DROWNING

4 FALLS

5 POISONS

6 SUFFOCATION



Child Safety in the Home

Many parents think considering child safety is not necessary. After all, their parents didn't seem to do anything special and they were raised successfully. But stop and think ... how would you feel if you were one of those parents whose child did not come home from the emergency room?

There is absolutely no greater devastation than losing a child and certainly that devastation is compounded when the loss is due to a preventable accident. Your question is not will your child find hazards in the home, but when. So, do we do as our parents did or do we learn from our mistakes and take measures to stop preventable accidents from happening?

When should you evaluate the safety of your home? It is recommended that you make your home safe before your child is born or at least by the time they are six months old. This will give you time to personally adjust to the changes and to develop new habits of closing gates and latching cabinets. Also, a new "evaluation" should be done every six months. As your child grows and develops, changes will still need to be made.

There are six primary causes of preventable in-home injuries (burns, choking, drowning, falls, poisons and suffocation).

Scalding is a major burn that happens in just three seconds. The temperature of your hot water heater should not be over 120 degrees Fahrenheit; at 140 degrees, three seconds will produce a third degree burn the most serious burn there is. It's best to install an anti-scald valve to reduce water flow if the temperature does go over 118 degrees.

Choking is the primary cause of death for children one year old and under. Children are constantly exploring and using their mouths to learn about the world around them. At six months old, they can grip small objects and can choke on anything that fits into their mouths. Do you know what the number one choking hazard is? The rubber tip on a door stop. How many of these are in your home – 10 ... 15? One piece plastic door stops are available and are much safer or you can just remove the rubber tip on the existing stop. Surprisingly, a simple toilet paper roll is the perfect "tester" for items that have the potential to choke your child.

Drowning is also a major home hazard and you don't have to have a swimming pool for a child to drown. Though, if you do, it is suggested that you take EXTENSIVE precautions, including a full fence and locking gate!



Child Safety in the Home (continued)

Drowning can also occur in the bathroom toilet, in the tub, or in a bucket of water. A toddler is top heavy due to the weight of their head. If they drop a toy in the water and try to reach for it, they can easily fall in and drown. It takes only one inch of water and just three seconds. Never leave a child alone around water.

These are just a few suggestions of the types of injuries putting your children at risk. For additional information, and to order your own child proofing home products, visit our website at childproofadvice.org.



Baby Development By Month

Some babies may say their first word at eight months, while others do not talk until a little after the one-year mark. Walking may start anytime between nine and 18 months.

Keeping these variations in mind, here's what your baby may be doing during each three-month stage of the first year.

One to Three Months

During this first developmental stage, a baby's body and brain are learning to live in the outside world. Between birth and three months, your baby may start to:

- Smile. Early on, it will be just to herself. But within three months, she'll be smiling in response to your smiles and trying to get you to smile back at her.
- Raise her head and chest when on her tummy.
- Track objects with her eyes.
- Open and shut her hands and bring her hands to her mouth.
- Grip objects in her hands.
- Take swipes at or reach for dangling objects, though she usually won't be able to get them yet.

Focus on crib and bath safety at this stage.



"If you want your children to be intelligent, read them fairy tales. If you want them to be more intelligent, read them more fairy tales." — Albert Einstein

Baby Development By Month

Four to Six Months

Do not leave a child unattended at this stage of development.

During these months, babies are really learning to reach out and manipulate the world around them. They're mastering the use of those amazing tools, their hands, and they're discovering their voices. From four to six months old, your baby will probably:

- Roll over from front to back or back to front. Front-to-back usually comes first
- Babble, making sounds that seem like real language
- Laugh
- Reach out for and grab objects (watch out for your hair), and manipulate toys and other objects with her hands
- Sit up with support

Beware of choking hazards at this stage



"While we try to teach our children all about life, Our children teach us what life is all about." — Angela Schwindt

Baby Development By Month

Seven To Nine Months

During the second half of the first year, your little one becomes a baby on the go. After learning that he can get somewhere by rolling over, he'll spend the next few months figuring out how to move forward or backward.

During this time period, your baby may:

You should have childproofed before now;
If you haven't, better get on it!

- Start to crawl. This can include scooting (propelling around on his bottom or "army crawling" (dragging himself on his tummy by arms and legs), as well as standard crawling on hands and knees. Some babies never crawl, moving directly from scooting to walking.
- Sit without support
- Respond to familiar words like his name. He may also respond to "no" by briefly stopping and looking at you
- Enjoy clap and play games such as patty-cake and peekaboo
- Learn to pull up to a standing position
- Pull objects off of table tops



Baby Development By Month

Ten To Twelve Months

The last developmental stage in baby's first year is quite a transition. She isn't an infant anymore, and she might look and act more like a toddler. But she's still a baby in many ways. She's learning to:

- Begin feeding herself. Babies at this developmental stage master the "pincer grasp" meaning they can hold small objects such as o-shaped cereal between their thumb and forefinger

- Cruise, or move around the room on her feet while holding onto the furniture
- Say one or two words. The average is about three spoken words by the first birthday, but the range on this is enormous
- Point to objects she wants in order to get your attention
- Begin "pretend play" by copying you or using objects correctly, such as pretending to talk on the phone
- Explore low cabinets in the kitchen and bathroom
- Reach for toys, plants and outdoor hazards
- Take first steps. This usually happens right around one year, but it can vary greatly.

Grip	1 – 3 months
Mouth	1 – 3 months
Roll Over	4 – 6 months
Crawl	7 – 9 months
Pull Up	7 – 9 months
Walk	9 – 18 months
Talk	8 – 12 months
Feed Self	10 – 12 months



"Children are likely to live up to what you believe of them." — Lady Bird Johnson

How Serious is Child Safety?

It's enough to know the statistics on injuries to children are high and, in some cases, on the increase (SIDS is up 28%). There are many disturbing experiences to cite and most every childcare provider has a story to tell:

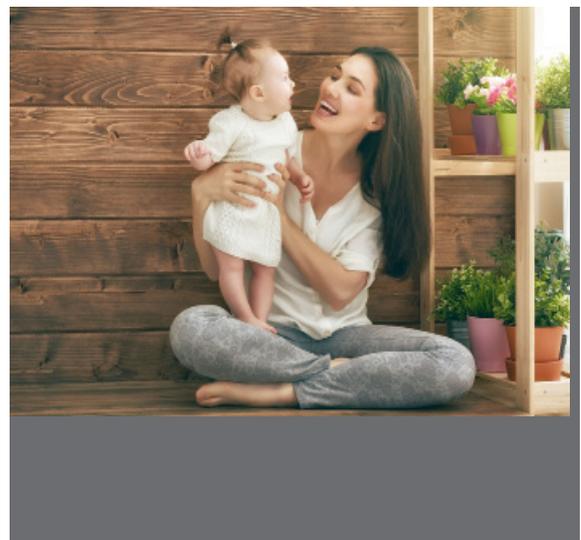
- The three-year old who took off through the door when she saw a Butterfly outside. The door had not been secured and the child chased the Butterfly to the swimming pool area.

Not understanding walking on water was impossible, she fell in and drowned when she inhaled a gulp of water and could not be revived.

- A father was in the kitchen getting dinner started when he noticed his three-year-old son walking toward the trash can with something in his hand.

Thinking this a little unusual, the father dismissed the thought and returned to his cooking, but with an after thought that this was a curious action for the child. The father walked into the other room and found the child sitting in the floor, behind a large chair, with an opened bottle of aspirin. Uncertain of how many pills he may or may not have swallowed, the father rushed him to the hospital where he was treated and released. Child proof caps are not child safe. They only slow the process of opening a bottle. They do not prevent it completely.

- Baby Oil is dangerous. A parent was helping twins when he turned to reach for another diaper while leaving the opened baby oil bottle on the dressing table. Quick as can be, one twin reached for the Baby Oil bottle and drank enough to coat his lungs, preventing him from breathing properly. The oil coated the lungs so badly, physicians could not remove enough to enable recovery.





Statistically Speaking

Details of Unintentional Injuries to Children in 2010 *
(excluding motor vehicle accidents)

Causes of death in infants less than one year of age:

Total Number of deaths from unintentional injuries: **1,110**

Top Two Causes:

Suffocation: **81%**

Drowning: **3.5%**

Causes of death in toddlers one to four years of age:

Total number of deaths from unintentional injuries: **1,394**

Top Two Causes:

Drowning: **31.3% (436)**

Fire / burns: **10.8% (151)**

Causes of death in children from five to nine years of age:

Total Number of deaths from unintentional injuries: **758**

Top Two Causes:

Drowning: **17.7 % (134)**

Fire / Burns: **11.7% (89)**

Causes of death in children from 10 - 14 years of age:

Total Number of deaths from unintentional injuries: **885**

Top Two Causes:

Drowning: **13.2% (117)**

Suffocation: **5.4% (48)**

“Children are our most valuable resource.”

— Herbert Hoover

There are nine million emergency room visits per year for unintentional injuries
Nine thousand children are lost annually due to unintentional injuries

* National Center for Health Statistics

Child Safety Legislation





Child Safety Protection Act Mandate

In 1995 the United States Congress passed, and the Consumer Product Safety Commission implemented, the Child Safety Protection Act. The CSPA requires, among other things, the banning or labeling of toys that pose a choking risk to small children.

Consumer Product Safety Improvement Act of 2008 Approved by the United States Congress

H.R. 4040 was triggered by well-publicized recalls of imported toys with lead paint and other hazards. It directed the CPSC to create a host of new regulations and procedures, some of which dealt with:

- New Definitions for Toys and Children's Products
- A Ban on Lead in Toys and Children's Products

Virginia Graeme Baker Pool and Spa Safety Act

Designed to prevent the tragic and hidden hazard of drain entrapments in pools and spas, this law became effective on December 19, 2008. Under the law, all public pools and spas must have compliant drain covers installed and a second anti-entrapment system installed, when there is only a single main drain. All pool drains were required to be replaced in order to comply with this law.

RECOMMENDED CHILD PROOFING PRODUCTS

1. Small Item Tester to check the size of items that can choke a child
2. Electrical spring loaded outlet covers (not plugs) to prevent electrical shock
3. Toilet lid locks to prevent drowning; toddlers are top heavy and can fall in and one gulp of water causes suffocation.
4. Cabinet and drawer latches to secure all chemicals and prevent a poisoning
5. Door knob covers and/or locks installed installed higher than four feet on doors
6. Stove knob covers to prevent accidental turning on of burners



7. Edge Guards – head bumps can be fatal
8. Window Cord Windups – prevent strangulation
9. Window Bars with a quick release option
10. Anchor furniture to walls to prevent tipping over and the crushing a child
11. Gates at the top and bottom of all stairs (leaving the first two steps free for practice) and at the door of the nursery if you have pets in the home
12. Infant CPR/Choking Training DVD and mannequin for repeated CPR practice



“Do not worry children never listen to you; but worry they are always watching you.” — Robert Fulghum



The Importance of a Father's Child Care Expertise

Whether you are a first-time Dad, an adopting Father, a first-time Grandfather, Uncle, or Brother, if a new child has entered your life, everything has changed. This is the time, as an adult, when you learn to put the safety and protection of a child above your own preferences.

Traditionally, Fathers have been excluded from the dialogue about safety issues for their children, letting mothers and other care providers worry about the details. However, a growing number of Dads are now staying home to care for their babies, or they are being left in charge while Moms address other issues.

This audience of males needs to be engaged now more than ever. Men in our communities can really make a difference in protecting children from unintentional injuries, and we are here to help you understand how.

Babies are safest when everyone in the home knows how to care for them. That includes feeding, bathing, safe play time, administering infant / child CPR, medications, and creating a safe sleep environment.

Thinking you will automatically react to an incident correctly is an error that puts a child at risk. The curiosity of a child is a powerful force and they move at rapid speeds to explore their new world. Adults cannot anticipate the risks a child is exposed to without additional training.

Child Proof Advice at childproofadvice.org provides this important education and directs fathers to websites like the following. Also, the important role men have in teaching other men ways to reduce the risks of serious childhood injury and infant fatalities should be reviewed and discussed regularly.

[National Center for Fathering](#)

[Boot Camp for New Dads](#)



CHILD PROOFING VIDEO

“Safety Starts at Home”

produced by

InJoy Health Education

Available on the *Child Proof Advice*
website at:

www.childproofadvice.org/shop



Child Proof Advice is Licensed by
InJoy Health Education
to Provide this Training For Your Benefit





Safe Sleep Habits

Unsafe sleep environments for infants can lead to suffocation, strangulation, or entrapment. The sudden death of an infant under one year of age without an immediately obvious cause is referred to as Sudden Infant Death Syndrome (SIDS), a term which is applied when no cause of death can be determined even after rigorous investigation.

Magnitude of the Problem:

Over 4,500 infants die from SIDS every year in the U.S.

- SIDS is the leading cause of a fatality among infants between one and twelve months of age
- It is the third leading cause of death among all infants
- Most of these deaths occur between two and four months of age
- African American babies are more than twice as likely to die from SIDS as Caucasian babies
- American Indian/Alaskan Native babies are almost three times as likely to die from SIDS as Caucasian babies

Prevention

It is possible to reduce the risk of SIDS. Some safe sleep tips include:

- Always place a baby to sleep on his or her back
- Place a baby to sleep on a firm surface free of soft objects and loose bedding that could trap, strangle, or suffocate a baby
- A baby should sleep in the same room as his or her parents, but not in the same bed
- Babies should always have their own sleep space to reduce the risk of strangulation or suffocation
- Offer a baby a pacifier at bedtime and naptime
- Do not let a baby overheat

Sources

- Center for Disease Control (CDC)
- National Institute of Child Health and Human Development



Hot Water Can Scald a Child

Recently, a tragedy occurred for experienced parents-of-three who understood the importance of child-proofing their surroundings. Before bringing their new baby home, they took the time to make all the right safety precautions, but it never occurred to them to turn down the temperature of the hot water heater.

It was just days before the baby's first birthday and the Grandmother was preparing the baby and her sister for bath time. The Grandmother put the baby in a very shallow tub, left the room momentarily to get the sister while also answering a phone call (two major mistakes).

In that instant, the baby tried to lift herself up using the hot-water handle on the tub faucet. The hot water heater was set too high and scalding hot water poured out onto the infant, resulting in third degree burns on most of her body. Even though the baby received the best possible medical care at the hospital, she died three days later.

The parents of this family were always careful and knew about a number of safety steps needed to make their home safe for a new baby, but no one ever told them hot water can actually burn like fire. It is important for every parent to realize this is a serious, but preventable danger in their home.

To prevent this from happening in your home, NEVER leave your child alone around water! Also, set your water heater at 120 degrees, or just below the medium setting. You can also install special tub spout and handle covers and shower heads that detect dangerously hot water, immediately shutting the flow to just a trickle.



SAFETY CHECKLIST ROOM BY ROOM





SAFETY CHECKLIST ROOM BY ROOM

Begin your child proofing by crawling on your hands and knees or even lie on your back so you can see your home from a child's perspective. Anything four feet from the floor can be reached by a child.

Never underestimate a child's curiosity nor their ability to climb and reach things. A child's first three years are the most hazardous and childproofing must be done before they are six months old, preferably before the baby's birth, to allow parents time to adjust to all of the changes.

In The Kitchen *(at home and with childcare)*

Store all toxic products on high shelves at least five feet from the floor and use child proof caps

Install latches on all drawers and cabinets that might contain items harmful to a child

Put appliance locks on the dishwasher, oven, microwave, refrigerator, clothes washer and dryer doors

Child proof stove knobs within a child's reach; gas ranges are particularly dangerous because you may not be aware of a child turning on the gas

Keep glass items off of lower shelves in the refrigerator; block items in door shelves

Pots and pans on the stove should be placed with their handles pointing to the back of the stove; remove the front burner "grills" and only use the back burners

Store butcher block knife holders; a child can grab a knife while being carried

Unplug countertop appliances after use, cover them with an outlet plug, and tuck cords away from counter edges

Place a bath tub decal on a slippery high chair seat to prevent sliding and falling

Remove magnets from refrigerators to prevent falling to the floor and being swallowed

Outlets near water sources (i.e., your kitchen and bathrooms) should be with ground fault circuit interrupters



SAFETY CHECKLIST ROOM BY ROOM

In The Kitchen (continued)

Lock all trash containers and keep them out of a child's reach; remove plastic liners so baby cannot tear off a piece and choke

Discard plastic bags from dry cleaners, grocery stores, and from food covers and other products; a child can tear a piece of plastic from one and put it in their mouth and choke or they will place the bag over their head and suffocate

Empty a cabinet so a child has their own space for play while you work in the kitchen

General Information:

Never feed a child with plastic utensils that can break and cause choking

Use child resistant containers; but remember child resistant is not child proof

Do not use pots and pans as "drums"; a child then thinks it is ok to reach for them

Wash cleaning bottles before trashing them...a drop of cleaning fluid can be fatal

Keep salt locked in a cabinet; only one teaspoon can cause side effects and seizures

Keep chairs and step stools away from the counters and stove; store snacks at lower levels to discourage climbing

Avoid using tablecloths and placemats; one tug and items can crash on a baby

Under the counter mounted toaster ovens and microwaves are hazardous

Avoid heating formula in a microwave; it heats from the inside out and can scald a child

The door to an oven, dishwasher, or clothes dryer can be opened, and your child can then stand on the opened door causing the appliance to tip over . . . unless the appliance is secured to the floor or wall and the doors are securely closed and locked

Suffocation in an appliance can occur in less than 10 minutes. Before discarding an old refrigerator or freezer, remove the door or block the door open so it cannot close; or tape / chain the door shut; leave shelves in an appliance so children can't crawl inside. Review additional precautions at the Association of Home Appliance Manufacturers website (aham.org)

SAFETY CHECKLIST

ROOM BY ROOM

In The Nursery (at home and with a childcare provider)

Install in all rooms protective spring-loaded outlet covers on all electrical outlets including those behind a crib; if necessary to use an outlet plug, use larger oval plugs with holes to prevent potential suffocation



Tasks

Replace all doorstops with one-piece doorstops; rubber tips are the number one choking hazard for children

Place a child on their back to sleep; placement on the stomach prevents head movement causing re-breathing of exhaled carbon dioxide and suffocation (SIDS- Sudden Infant Death Syndrome); also avoid placing a child to sleep on their side

Add an overhead fan to the nursery to improve air circulation and reduce potential of SIDS and Carbon Monoxide poisoning; be sure it is up high and out of a baby's reach

An overheated room can cause SIDS; set the temperature between 68 and 72 degrees

Discard cribs and car seats more than five years old; cribs built before 1991 are unsafe

Measure the distance from the top of the crib side rail to the top of the mattress to be at least 26"



SAFETY CHECKLIST ROOM BY ROOM

In The Nursery (continued)

Remove portable cribs and playpens with mesh netting and collapsible rails; they are unsafe; the mesh can form a pocket an infant can roll into and suffocate or an infant's head can be caught in the "V" of the collapsed area

Remove wheeled baby walkers and bouncy seats, they are dangerous; only use stationary activity centers

Measure crib corner posts; they should be no higher than 1/16 of an inch high

A crib mattress should fit snugly with no more than two inches between mattress edge and crib side; attach securely to the head and foot board; only a mattress and sheet should be in the crib

Remove cribs that have cutouts large enough to allow head entrapment

Replace crib with a bed when child is 36 inches tall or can climb over the sides

Install all busy boxes, mirrors, or crib attachments on the wall side of the crib; attachments can be used by a child to climb up and out of a crib or eliminate them entirely

Be sure all car seats, high chairs and strollers have safety straps easy to fasten and unfasten so you won't hesitate to use them

Remove drawstrings from the hoods and necklines of clothing; these can become caught in escalators and other places dragging and strangling a child

Remove the lid of a toy chest if it doesn't have supports to hold the lid open in any position

Look for holes in the base or sides of a toy chest so a child can breath if they become entrapped; or store toys in baskets instead

Use cake deodorizers in diaper pails instead of liquids; dispose of deodorizers outside; lock pail securely at all times; a child can drown in the liquid inside a diaper pail

Remove cedar chests made before 1987; they lock automatically and can suffocate a child

Remove chest of drawers with more than three drawers; they are among the most frequent causes of injury as they tip over easily; over 2,000 accidents have been reported in four years

SAFETY CHECKLIST ROOM BY ROOM

In The Nursery (continued)

Place furniture at least 36 inches away from windows to prevent a child from climbing out and falling. Also, sunlight through a window can burn a baby's sensitive skin

Tear the plastic tabs off of disposable bottle liners before feeding a child a bottle; tabs can be pulled off and go into the mouth causing choking; do not prop a bottle while feeding a baby; hold it firmly while feeding

Soft bedding such as sheepskins, pillows, bumper pads or quilts in a crib are unsafe. A child can become entangled and suffocate; excessive items reduce the circulation of oxygen risking SIDS (Sudden Infant Death Syndrome)

ASSB (Accidental Suffocation/Strangulation in Bed) results in the suffocation of an infant due to things such as blankets in cribs, sleeping with parents, infants getting wedged between the mattress and the wall, and sleeping in inappropriate places such as on a couch. Avoid this possibility; a firm surface is recommended

Look for the JPMA seal on all furniture items (Juvenile Products Manufacturer's Association)



Never use furniture made of pressed wood, particle board or plywood as these products may contain Formaldehyde, which is a breathing irritant

Use paper based or natural fiber wallpaper instead of vinyl which emits VOC's and can cause growth of mold; new carpet also emits VOC's; use natural fibers and not synthetics (VOC's are Volatile Organic Compounds that have a high vapor pressure at ordinary room temperatures)

A child should not sleep on an adult bed; a two foot fall can be fatal

Portable bed rails are unsafe



SAFETY CHECKLIST ROOM BY ROOM

In The Nursery (continued)

Remove a crib gym when a child can push up on their hands and knees (about five months old)

Never put wall hangings above a crib with nails; loose nails can fall into the crib and be swallowed

Objects with string or elastic like toys or laundry bags should not be hung around cribs

General Information

Bunk beds are unsafe; recalls of models built before 2000 have been frequent

Do not use rockers with gliders which can function as a Guillotine on tiny fingers

Ask older siblings to keep their toys away from the baby; lock their toy drawers or use large jars with screw on lids for storage

When changing a child, the strap on a changing table is not reliable; and never turn away from nor leave a child alone

Baby Oil is toxic if ingested; it coats the lungs causing suffocation; doctors cannot save a child; lock this product away when not in use

Baby powder can be spilled, inhaled and cause suffocation

Warmers for baby wipes can electrocute and are not necessary

Install a gate or screened door at the entrance of the nursery and leading up the stairs to keep pets out; be aware of a pet's ability to jump over gates

Do not allow pets to be alone with a child; use a toy baby to retrain your pet before the baby arrives

Family dogs have been known to grab babies from their cribs and play with them as if they are a toy

Family cats will climb into a baby's crib, smell the milk from the baby's bottle and mouth area and curl up on their faces suffocating the child while they sleep; keep all pets away from infants



SAFETY CHECKLIST ROOM BY ROOM

In The Nursery (continued)

Safe Sleep Habits

ALWAYS

1. Place a baby to sleep on their back at nap time and night time. Placement on the stomach prevents head movement causing re-breathing of exhaled Carbon Dioxide and suffocation (SIDS- Sudden Infant Death Syndrome); also, avoid placing a baby on their side
2. Use a crib that meets current safety standards with a firm mattress that fits snugly and is covered ONLY with a tight-fitting crib sheet. Look for the JPMA seal of approval on all equipment for children
3. Remove all blankets and toys from your baby's sleep area (this includes loose blankets, bumpers, pillows and positioners). It has been suggested to use a wearable blanket (sleep sack/swaddle) instead of loose blankets to keep your baby warm
4. Offer a Pacifier when putting baby to sleep; when finished, put the baby in their own safe sleep area
5. Room share, but do not bed share. Bed sharing can put a child at risk of suffocation

NEVER

1. Never put your baby to sleep on any soft surface (adult beds, sofas, chairs, water beds, quilts, sheep skins, etc.)
2. Never dress your baby too warmly for sleep; keep the room temperature between 68 - 72 degrees Fahrenheit
3. Never take a nap while holding a baby; while asleep, you may forget the child and turn to be comfortable; the baby can fall to the floor, hit their head and be fatally injured

SAFETY CHECKLIST ROOM BY ROOM

In The Nursery (continued)



Learn More About Halo SleepSack



SAFETY CHECKLIST ROOM BY ROOM

Swaddling Tips

While in the womb, baby is tightly cuddled inside mom for nine months, so it's natural that they would find comfort from swaddling after birth. Swaddling is a technique that can help calm fussy or crying babies and even help them sleep longer during their first few months of life, which is something all moms need.

There are a couple of important things to remember in order to swaddle your baby safely. Follow these important swaddling safety tips.

Always place your baby to sleep on their back.

A baby should never be placed on their stomach for sleeping, but especially not while swaddled.

Baby's crib should be bare.

Do not put any loose blankets, pillows, bumpers or stuffed animals in the bed with your baby as they can be a suffocation hazard. Baby's crib should be bare, with just a tight-fitting sheet. Avoid swaddling with a traditional blanket.

Avoid using a traditional blanket for swaddling. A traditional blanket can more easily become loose or undone when used for swaddling than a wearable blanket swaddle. Loose blankets should be avoided as they can become a suffocation hazard.

When there are signs of rolling, it's time to stop swaddling.

Swaddling should be discontinued when your baby shows signs of rolling over or breaking free from the swaddle wrap. When this occurs, transition your baby into a HALO SleepSack® wearable blanket. While it varies for every baby, generally a baby should not be swaddled past 4 months.

Make sure the swaddle is securely wrapped.

To reduce the risk of the fabric accidentally covering baby's mouth or nose, the swaddle wrap must be snug, appropriately sized, positioned around baby's torso and securely fastened.



SAFETY CHECKLIST ROOM BY ROOM

Swaddling Tips *(continued)*

Some infants want to self-soothe by sucking on their fingers or touching their face. Positioning your baby's arms across his chest or elbows bent with hands towards his face is helpful for allowing movement, if your baby is unsettled with the confinement of swaddling. If your baby is fighting to be free of the swaddle wrap we suggest transitioning to swaddling with arms out or switching to a SleepSack wearable blanket. Always select the appropriate sized swaddle for your baby.

We recommend selecting a size based on your baby's current weight and length. It's important that the swaddle is not too large for your baby. It should not be purchased like clothing as something that your child will grow into. Please refer to the SleepSack@ wearable blanket size chart to select the proper size for your baby.

Your baby is safest in his/her own crib or bassinet, not in your bed.

Bed-sharing can increase a child's risk of suffocation by five times.

Avoid overheating.

Swaddling may increase the chance your baby will overheat, so avoid letting your baby get too hot. Your baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. To avoid overheating, baby should be dressed in just lightweight pajamas or a bodysuit underneath the swaddle. Keep baby's room at 68-72 degrees Fahrenheit.

Do not tightly swaddle your baby's hips.

Your baby should be able to freely move and flex his/her legs. Look for a swaddle with a generous sack design, like the HALO@ SleepSack@ swaddle. It's recognized as "hip healthy" by the International Hip Dysplasia Institute.

The HALO@ SleepSack@ swaddle makes safe swaddling easy.

The HALO SleepSack swaddle with its adjustable swaddle wrap, immobilizes baby's arms to prevent the "Moro" or startle reflex. And, it is the original 3-way adjustable swaddle that adjusts to your baby's sleep style. Swaddle arms in, one or both arms out to ensure baby's best sleep and an easy and gentle transition to the Halo SleepSack wearable blanket. Watch the video at this link to learn more. <http://www.halosleep.com/blog/tips-for-safe-swaddling/>



SAFETY CHECKLIST ROOM BY ROOM

In The Bathroom (at home and with childcare providers)

TASKS

Lock the bathroom door until a child is older to avoid many bathroom hazards

Install locks on all toilet lids; the head makes a child top heavy; they can fall in and drown in one inch of water in three seconds

Turn hot water heater down to 115-120 degrees Fahrenheit or lower to prevent scalding; at 140 degrees, three seconds will produce a third degree burn

Install an anti-scald valve to reduce water flow if the temperature goes over 118 degrees

Test bath water with a thermometer so it is not over 96 to 100 degrees

Remove toxic automatic toilet bowl cleaners from the tank and discard in outside trash

Install door locks that can be unlocked from the inside and outside; have an extra key nearby

Remove toothpaste, mouthwash, and all soaps, shampoos and razors from around the edge of the bath tub and countertops

Cover tub spout to prevent a child from burning themselves or hitting their head

Install Ground Fault Circuit Interrupters in all bathroom outlets and near all water sources

Remove any flammables and other items stored near the hot water heater; allow a 12" clearance.





SAFETY CHECKLIST ROOM BY ROOM

In The Bathroom (continued)

GENERAL INFORMATION

Never carry a child while stepping out of a bath tub

Use a full-sized nonskid mat, decals or tread rings in the tub

Bath tub seats and rings are unsafe and are not recommended by the CPSC (Consumer Product Safety Commission) nor JPMA

Never leave an infant alone in the bath tub; ignore telephone calls and door bells

Never leave a bath tub with water in it; a child can drown in just one inch of water in three seconds

Do not use small appliances like hair dryers or curling irons near water in the bath tub; even unplugged, some appliances can cause electrocution if they fall into water

Use only plastic or paper cups in the bathroom to prevent breakage of glass items on tile floors

Do not bathe with your baby; should you relax and fall asleep, a baby can easily drown; a baby can accidentally gulp a swallow of water and block their windpipe



SAFETY CHECKLIST ROOM BY ROOM

In The Living Room (at home and with childcare providers)

TASKS

Install light bulbs in all lamps to keep curious fingers from electrical shock

Install night lights that are a light and electrical outlet cover combination

Anchor furniture, Christmas trees, large plants and artwork with “L” brackets or furniture straps bolted to the wall or floor

Chests of Drawers, dressers, and bookshelves should be no more than three drawers or three shelves high, as they tip over easily. Childproof the drawer handles or knobs.

Heavy books should be placed only on the lowest possible shelf

Remove all throw rugs unless they have non-skid bottoms

Raise curtains above baby’s reach or remove them

Remove window blinds without split cords or tie them high out of the reach of a child using a window cord windup device; a child can pull a cord or accidentally wrap it around their neck, fingers or wrists

Install extra door locks above where a toddler can reach; a toddler can turn a bolt lock and exit a home unnoticed and into a dangerous environment

Place corner guards on sharp edges of furniture

Install gates with a flat front and at least 60” high at the top and bottom of all staircases

Use wall mounted gates instead of pressure mounted gates that are not resistant to a toddler’s efforts

Install Plexiglas or mesh guards over stair and balcony railings over three inches apart to prevent entrapment of a child’s head



SAFETY CHECKLIST ROOM BY ROOM

In the Living Room (continued)

TASKS

Check the sofa or couch and chair cushions for loose change that can be swallowed

Empty all drawers of small and breakable items or latch drawers with a lock

Remove hanging wires or cords from telephones, lamps and appliances; place out of a child's reach; a child can chew on cords and be electrocuted or badly burned

Cover exposed brick or stone on a fireplace with a custom made bumper or place a piece of carpet or foam around the whole base; remove fireplace andirons, the gas jet key and firewood

Block entry to the hearth with a screen or glass doors; remember, fireplace glass doors stay hot for as long as one hour after a fire goes out

Place a mesh barrier gate around a fireplace to further reduce injury

Clean fireplaces regularly to reduce the chance of a fire

Lock bi-fold closet doors to avoid crushing little fingers

Move dangerous and breakable objects away from the edges of tables and countertops

Install window guards and never open windows more than four inches; if necessary, open from the top only allowing for an emergency opening; use guards with a quick release system





SAFETY CHECKLIST ROOM BY ROOM

In The Living Room (continued)

GENERAL INFORMATION

Torchere lamps must have a screen guard over the halogen bulb to be fire-safe

Anchor to the wall Christmas trees, large plants, furniture and artwork

Mini blinds may contain poisonous lead if made outside of the U.S.; babies may chew on them

Reclining chairs and hideaway beds can trap, cut and crush small hands

Tall lamps or coat racks can be pulled over onto a child and cause injury; remove or block these items with heavier furniture

Hang holiday decorations out of a baby's reach

Do not use extension cords unless the AWG number is 16 or lower

Do not use tacks or staples to secure electrical cords to walls; they loosen and can be swallowed

Wicker and children don't mix; wicker can be picked off and go into a child's mouth

Glass panels in coffee tables can break under the weight of a child; remove the table or replace the glass with Plexiglas



SAFETY CHECKLIST ROOM BY ROOM

On The Deck or Patio and In The Garage:

TASKS:

Garages should be off limits for all children as they contain too many hazards

Install a garage door opener with an electric eye so the door will not close if an object or child is underneath it

Lock the covers of hot tubs to prevent use without adult supervision. Hot tubs are not safe for children under age five; small body organs are more sensitive to hot temperatures; also, long hair can be caught in the “jets” and the suction will pull a child under water causing drowning

Surround swimming pools with fencing and a locked gate; infant swimming lessons are advised

Install a mesh deck guard to safeguard the railing of a raised deck or balcony

Separate the BBQ grill with a hearth gate and keep baby indoors when a grill is in use

Place exercise equipment behind locked doors; fingers can become stuck in the spokes and gears of exercise bikes or weights can fall on a child; tread mills are particularly hazardous

Remove anything with a “net” as part of its design; a child’s neck can become entangled, causing strangulation (basketball nets or hammocks)

Place colorful decals at child and adult levels on sliding glass doors

Block pet doors so a child can’t go through the door; be aware, pet food is a choking hazard

NOT THIS!!





SAFETY CHECKLIST ROOM BY ROOM

On The Deck or Patio and In The Garage (continued)

GENERAL INFORMATION

Check that chairs and furniture cannot be used for climbing over railings

Child proof workshops in garages and outdoor play areas

Never leave a toolbox within a child's reach; always keep a toolbox locked

Additional Precautions (at home and with child care providers)

Leave a Medical Authorization with all child care providers (see page 67)

Note on your calendar to follow recalled products at CPSC.gov website

Order a home CPR Kit from the *Child Proof Advice* website so the whole family can practice infant CPR

Take a First Aid and a CPR course from the American Red Cross

Order a Small Item Tester from the *Child Proof Advice* website to test items that are potential choking hazards

Remove and store space heaters; keep children and flammable items away from all heat sources

Store guns, unloaded, with their individual safety lock, in locked containers with ammunition stored separately

Place an Emergency Telephone List where it can be easily accessed



SAFETY CHECKLIST ROOM BY ROOM

Additional Precautions (at home and with childcare providers)

Have and read a First Aid manual before an accident happens

Keep children away from open windows on all floors to prevent falling. Window screens are not adequate safe guards; they will not hold the weight of a child and a fall of only two feet can cause permanent injury; use safety locks on all windows

Children under the age of six should not be given hard, round foods; choking can occur from foods such as peanuts, grapes, hot dogs, gum, ice cubes, chunky peanut butter, raisins and hard candy. Until a child is older; cut carrots, bananas and hot dogs lengthwise

Batteries can be chewed and/or swallowed; particularly button batteries for watches or small clocks

Do not allow balloons or loose plastic bags or wrappers around a child

Do not leave a purse within a child's reach; they can choke on small items and coins found inside

Check a childcare providers references and training carefully; require First Aid, CPR, choking First Aid, and fire safety training, including how to operate a fire extinguisher

Teach children to dial 9-1-1 in case of an emergency

Homes built before 1988 may contain poisonous lead paint

Beware of the cord to your iron and the ironing board; a child can very easily pull these over

Never Underestimate the Curiosity or Determination of a Child





All About Child Safety Gates

This article assists the consumer in understanding how to choose the correct type of child safety gate, how to prepare for its installation and, finally, how to install a baby gate successfully.

There are three basic types of Baby Gates:

1. Pressure Fitted Baby Gates
2. Hardware Mounted Baby Gates
3. Child Safety Gates for Wide or Irregular Areas

Pressure Fitted Baby Gates - These Baby Gates come in several different styles. In the past, they were simply barriers wedged between two walls or in a doorway and you had to step over them to go through. Or they were removed completely.

This is no longer true nor safe. Most pressure gates today are pressure mounted walk-through gates. This means the gate itself stays across the opening and is held in place by pressure usually created by extending threaded pressure pads to the wall or door jam.

These gates have a door that can be opened and closed for convenience. Because this type has a gate within a gate, it also has a threshold across the bottom when the gate is opened. Some parents are concerned about having to step over the threshold, but be assured, this is not really an issue. Two things all pressure gates have in common is they require two flat parallel surfaces across from each other on which to be mounted and they cannot be mounted on an angle.

The best use of this type of gate is in a wood framed doorway. You should also be cautious of mounting against a hollow wall as the pressure pads can punch a hole in the wall. These gates generally are not designed to be mounted on staircases.

Be sure you are selecting this type of gate for the right reason. Select a pressure fitted gate if you are installing it in a doorway or an opening between two rooms and have two solid flat surfaces to mount against. Don't choose this type of gate because you think it will not damage your walls or door frames. The very nature of these gates (applying pressure) says it all.

No matter what type of gate you select there will be the need to apply Spackle and paint when your gate is removed to bring your home back to its previous condition.



All About Child Safety Gates (continued)

Hardware Mounted Baby Gates - These gates are sometimes called Stairway Gates because they are the most appropriate type of child safety gate for a staircase. This type of gate is used in installations even if they are not being mounted on a staircase.

They are versatile and, when mounted properly, easy to open. Most can be removed from the mounting hardware easily, if there are occasions when having a baby gate installed is not appropriate. These gates also come in different shapes, sizes and colors. Some have the added ability of mounting on an angle, if necessary.

Child safety gates that can be mounted on an angle are always a good choice because they can be mounted straight across or on an angle in a variety of ways. Always review the manufacturer's instructions prior to installation. Reviewing instructions and installing the gate may even be best accomplished at different times.

Any installation where you do not have two flat wood surfaces across from each other would require a Gate Mount in order to have a safer more secure installation. Remember, hardware mounted child safety gates are almost always the best choice even though they may require more effort.

Remember the three secrets to successful gate mounting.

1. Choose the right gate for your situation.
2. Read the instructions in advance when your baby is sleeping and you are not distracted.
3. Remember to purchase or make your own gate mounts to install your child safety gate properly.

Child Safety Gates for Wide or Irregular Openings - Wide or irregular openings usually take a little more time to plan, but may actually end up being very simple to install. These situations require a little creative thinking.

Wide Openings- The first question is how wide is really wide. Are we talking about 48", 72" or 12 or 15 feet? If we are talking about 48" to about 60" these openings are covered by some pressure gates when adding extensions or a hardware mounted gate with extensions. Although mounted gates are preferred, some situations may lend themselves to using either a pressure mounted walk-through baby gate or a hardware mounted walk-through child safety gate. The reason for these choices are you aren't swinging the entire gate in order to pass through. You are only opening the doorway that exists within the gate in order to pass.

All About Child Safety Gates (continued)

Irregular Openings - These may be large or small areas, but in both cases require a child safety gate system that has great versatility. A basic gate is three 24" panels with the center panel having a walk-through gate. Each panel can be connected to the next one at almost infinite angles. Panels (either 24" or 8") can be added or removed to form very large and differently shaped enclosures. The gate itself rests on the floor but only attaches at the wall. The strength of these types of gates is the curves created with the panels and the contact with the floor (no more than two or three panels should be mounted in a straight line). If you are using one of these systems across a straight wide opening of 10 feet or so, use 12 to 14 feet of gate so a curved enclosure is created to make the gate more rigid.

Source:
Safe Beginnings



Travel Safely With Toddlers

When children first begin to crawl, they enter one of the most dangerous times of their lives when they are at the highest risk for injury. A toddler's risk triples as they learn to walk, run and become more active.

Preventable in-home injuries are the number one cause of fatalities of children. The potential for these injuries also transfers to any environment where you are with your child including a hotel room while on vacation, Grandma's house, a rental property, etc.

The same precautions taken at home when you child proof, should also be taken at any temporary location with dangerous sliding doors, toilets that can cause drowning, and cabinets that are hiding toxic products and that can be opened by a toddler.

Contact [Child Proof Advice](#) for information on a [Travel Safely with Toddlers](#) bag, filled with door knob covers, electrical outlet covers, sliding door guards, toilet seat locks, a First Aid kit, appliance locks, etc. to ensure the protection of all small children even when away from home. Grab this bag, along with your suitcase, as you leave home. Eliminate the worry about having the necessary equipment to protect a child.

There is absolutely no greater devastation than losing a child and certainly that devastation is compounded when the loss is due to a preventable accident. Take the extra precautions today to prevent a trip to the Emergency Room tomorrow.



CHOKING FIRST AID

(USE A SMALL ITEM TESTER TO DETERMINE IF AN ITEM CAN POTENTIALLY CHOKE A CHILD)

List of Items that Can Choke a Child (partial)

Food Items

Nuts, sunflower seeds, pumpkin seeds, etc.

Raw vegetables, such as celery, carrots, peas, whole olives and cherry tomatoes

Hard, round foods like candy, jaw breakers, lollipops and cough drops; taffy, marshmallows, caramels and jellybeans;

Popcorn and snacking chips

Raw, unpeeled fruit slices such as apples and pears, whole grapes, cherries with pits; dried fruits such as raisins or apricots

Chunks of food, especially hard, round pieces of meat or poultry; hot dogs or sausages served whole or cut in "coins"; cheese cubes, uncooked carrots and chunks of hard fruit or vegetables. Cut carrots, bananas and hot dogs lengthwise for all children under 1

A spoon full of peanut butter

Non-Food Items

Coins, button-cell batteries

Buttons; loose as well as those attached to clothing

Deflated latex balloons

Pencils, crayons, erasers; pen and marker caps

Rings, earrings

Holiday decorations, including tinsel

Small rocks

Damaged or loose nipples on Pacifiers or bottles

Tops to medicine bottles or any bottle

Electrical outlet plugs

Vitamins - be sure children chew Vitamins instead of sucking on them

Small toys, such as tiny action figures; balls or marbles or toys with small parts





CHOKING FIRST AID

This material is for informative purposes only. For CPR Certification and additional expertise, it is suggested all new care providers attend the Infant CPR / Choking course offered by your local American Red Cross.



<http://www.redcross.org/take-a-class/cpr>

Step One: Assess The Situation Quickly

If your baby is suddenly unable to cry or cough, something may be blocking their airway, and you'll need to help your baby get it out. She may make odd noises or no sound at all while opening her mouth, and your baby's skin may turn bright red or blue.

If your baby is coughing or gagging, the airway is only partially blocked. In this case, let the baby continue to cough. Coughing is the most effective way to dislodge a blockage.

If your baby cannot cough up the object, ask someone to call 911 or the local emergency number while you begin back blows and chest thrusts (see Step Two on page 51).

If you're alone with your baby, give two minutes of care, then call 911.

If you suspect that your baby's airway is closed because the throat is swollen shut, call 911 immediately. Your baby may be having an allergic reaction to something they ate or to an insect bite, or she may have a respiratory infection.

Also, call 911 immediately if your baby is at high risk for heart problems.

CHOKING FIRST AID

If your baby can't clear their airway on their own and you believe something is trapped there, carefully position your baby face down on your forearm with your hand supporting the head and neck. Rest the arm holding your baby on your thigh.

Support your baby so that the head is lower than the rest of the body. Then, using the heel of your hand, give the baby five firm and distinct back blows between the shoulder blades to try to dislodge the object.



Next, place your free hand (the one that had been delivering the back blows) on the back of your baby's head with your arm along the spine. Carefully turn your baby over while supporting the head and neck. Support your baby face up with your forearm resting on your thigh, still keeping the head lower than the rest of the body.





CHOKING FIRST AID

Place the pads of two or three fingers just below an imaginary line running between your baby's nipples. To give a chest thrust, push straight down on the chest one half to one inch, then allow the chest to come back to its normal position.

Give five chest compressions. The compressions should be smooth, not jerky.

Continue the sequence of five back blows and five chest thrusts until the object is forced out or your baby starts to cough. If she's coughing, let your baby try to cough up the object.

Step Two: Try to dislodge the object with back blows and chest thrusts

If your baby becomes unconscious at any time, they will need modified CPR (see full instructions on following pages).

Give your baby two rescue breaths. If the air doesn't go in (you don't see the chest rise), re-tilt the head and try two rescue breaths again.

If your baby's chest still doesn't rise, give 30 chest compressions. Look in the mouth and remove the object, if you can see it.

Give two more rescue breaths, repeat the chest compressions until help arrives.

INFANT CPR



This material is for informative purposes only. For CPR certification and additional expertise, we suggest all new childcare providers take the infant CPR/Choking course offered by your local American Red Cross



<http://www.redcross.org/take-a-class/cpr>

<https://www.heart.org/en/cpr>

What is CPR?

CPR stands for Cardiopulmonary Resuscitation. This is the lifesaving measure you can take to save your baby if no signs of life (breathing or movement) are evident.

CPR uses chest compressions and rescue breaths to circulate blood that contains oxygen to the brain and other vital organs until emergency medical personnel arrive. Keeping oxygenated blood circulating can help prevent brain damage which can occur within a few minutes.

Giving CPR to an infant or child up to one year of age isn't hard to do, but it is different from adult CPR. Follow these steps:



INFANT CPR

Step One: Check your baby's condition

Is the baby conscious? Flick her foot or gently tap on her shoulder and call out. If the baby doesn't respond, have someone call 911 or the local emergency number.

(If you're alone with the baby, give two minutes of care as described below, then call 911.)

Swiftly, but gently, place the baby on her back on a firm surface. Make sure the baby isn't bleeding severely. If there is bleeding, take measures to stop it by applying pressure to the area. Do not administer CPR until the bleeding is under control.

Step Two: Open your baby's airway

Tilt the baby's head back with one hand and lift the chin slightly with the other hand. (You don't need to tilt an infant's head back very far to open the airway.)

Check for signs of life (movement and breathing) for no more than ten seconds. To check for the baby's breath, put your head down next to the mouth, looking toward the feet. Look to see whether the chest is rising and listen for breathing sounds. If the baby is breathing, you should be able to feel breath on your cheek.

Step Three: Give your baby two gentle breaths

If not breathing, give the baby two gentle breaths, each lasting just one second. Cover the baby's nose and mouth with your mouth and gently exhale into their lungs, but only until you see the chest rise.

Remember a baby's lungs are much smaller than yours, so it takes much less than a full breath to fill them. Breathing too hard or too fast can force air into the infant's stomach or damage her lungs.

If her chest doesn't rise, her airway is blocked. Give her First Aid for choking.

If the breaths go in, give her two breaths in a row, pausing between rescue breaths to let the air flow back out.

INFANT CPR

(CONTINUED)

Step Four: Give 30 chest compressions for every two breaths

With the baby still lying on her back, place the pads of two or three fingers just below an imaginary line running between the baby's nipples.

With the pads of these fingers on that spot, compress the chest one half to one inch. Push straight down. Compressions should be smooth, not jerky.

Give 30 chest compressions at the rate of 100 per minute. When you complete 30 compressions, give two rescue breaths (step three above).



INFANT CPR

(CONTINUED)

Step Five: Repeat compressions and breaths

Repeat the cycle of 30 compressions and two breaths. If you're alone with the baby, call 911 or the local emergency number after two minutes of care. Continue the cycle of compressions and breaths until help arrives.

Even if the baby seems fine by the time help arrives, you'll want to have her checked by a doctor to make sure that her airway is completely clear and no internal injuries have been sustained



Visit the *Child Proof Advice* website at: www.childproofadvice.org to see this product

Near Drowning at Community Pool

(Witnessed by **Child Proof Advice** Founder, Marjorie Wrenn)

Jeffery was barely two, but already learning to fearlessly enjoy the water in the neighborhood swimming pool. He seemed safe and was used to the water wings he wore; his parents were always close by.

Mom sat on a deck chair to change Jeffries dirty diaper and removed his "wings" while doing so. Mission accomplished, she returned him to the deck and turned to walk five steps to the trash receptacle.

Jeffery didn't understand the importance of water wings, so he immediately ran to the pool's edge and jumped into the water he enjoyed so much. Landing face down, he struggled for the five seconds it took for his mother to notice and grab him from the water. A nearby pool guest ran to help, after recovering from a moment of shock when he was unable to do anything.

Can a child drown in one inch of water and in just three seconds? Most definitely. One gulp of water blocks the windpipe constituting a drowning.

Never, ever, ever leave your child alone around water.





POISON PREVENTION

(STEP ONE: CALL THE POISON CONTROL CENTER AT 800-222-1222)

Do not take medication in front of children; they mimic you and will try to do the same as you; never refer to medicine as candy

Never assume a child will not take a medication because it tastes bad to you; children are notorious for eating things that may be distasteful to an adult

One out of four children get into the medications of adults and childproof caps are not effective

Six ounces of fluoride toothpaste is poisonous as are vitamins, mouthwash, shampoos, cleaners, lotions, air fresheners and aspirin; keep all medications and products in a locked box or cabinet

Activated Charcoal and Syrup of Ipecac are no longer recommended by the Poison Control Center as poison antidotes, except for very specific toxins. Call The Poison Control Centers at 800-222-1222 for assistance.

Carbon Monoxide is odorless, colorless and highly poisonous; have a detector on every floor of your home and change the batteries twice each year



FIRST AID FOR POISONS

(STEP ONE: CALL THE POISON CONTROL CENTER AT 800-222-1222)

Poison in the Eyes

Flush eye(s) immediately with a continuous flow of room temperature water for 10 to 15 minutes. Remove contact lens before flushing eye(s).

Rinse from the top of the nose toward the side of the face, away from the other eye

DO NOT just splash water into an eye or wipe with a wet wash cloth

DO NOT use eye drops

Call the Poison Control Center at 800-222-1222 for additional advice

Poison on the Skin

Wearing latex gloves, remove any contaminated clothing

Rinse affected area(s) with room temperature soap and water

Call The Poison Control Centers at 800-222-1222 for further advice

A Poison Control Center specialist will tell you if the clothing can be cleaned or should be thrown away





FIRST AID FOR POISONS

(STEP ONE: CALL THE POISON CONTROL CENTER AT 800-222-1222)

Inhaled Poison

Take the victim to fresh air as soon as possible

Open doors and windows for improved air circulation

Avoid breathing fumes; call The Poison Control Center at 800-222-1222 for additional assistance

If the victim is unconscious or not breathing, CALL 911 immediately and start CPR; mouth-to-mouth resuscitation

If you smell gas, call 911 or the fire department and ask your local gas company to check for gas leaks

Swallowed or Ingested Poison

Gently remove any remaining poison from the mouth

Call The Poison Control Centers at 800-222-1222 for assistance; DO NOT wait for symptoms to appear

NEVER make the victim throw up. A Poison Control Center specialist will tell you if this is recommended

The specialist may ask you to identify the ingredients, so bring the product with you to the phone

If you have to go to the Emergency Room, take the container or substance with you



FIRST AID FOR POISONS

(STEP ONE: CALL THE POISON CONTROL CENTER AT 800-222-1222)

Injections (Bites or Stings)

STAY CALM - not all bites are harmful

Emergency treatment varies depending on the type of bite

The most common bites and stings are from bees and wasps, ticks, and non-poisonous spiders. They usually are not harmful

If bitten by a poisonous spider, snake, or aquatic creature:

NEVER use a tourniquet

NEVER cover the bite area with ice

NEVER cut the skin and suck the venom

Do not try to kill a snake that has bitten you. It may bite again





Carbon Monoxide Poisoning

Carbon Monoxide Poison creeping silently through a home, is a killer that gives no warning. This killer is Carbon Monoxide. An invisible and odorless gas, Carbon Monoxide (CO) is produced when burning any fuel, such as gasoline, propane, natural gas, oil, wood, or charcoal. It is a silent killer, which causes illness by decreasing the amount of oxygen present in the body.

Because of their smaller bodies, young children are especially vulnerable to the effects of Carbon Monoxide poisoning. Also, children process Carbon Monoxide differently than adults, maybe more severely affected by it, showing symptoms sooner.

You won't know you have a Carbon Monoxide leak, without a working CO detector. If you burn any fuels for heat or cooking, be sure you have a working Carbon Monoxide detector and deter this silent killer.

Follow these safety tips to protect a family.

Top Tips for Preventing Carbon Monoxide Poisoning

Know the symptoms of Carbon Monoxide poisoning.

- The most common symptoms include headache, fatigue, nausea, vomiting, and confusion. In severe cases, the person may lose consciousness or die.
- CO poisoning can often be mistaken for other illnesses, such as the flu.
- Often, more than one person in the household will suffer symptoms at the same time.

To decrease the risk of CO poisoning, the following tips are recommended:

- Install a CO alarm outside every sleeping area and on every level of a home.
- Place CO alarms at least 15 feet from every fuel-burning appliance to reduce the number of nuisance alarms.
- Test alarms every month and replace them every five years.
- Make sure alarms can be heard when you test them and practice an escape plan with the entire family.
- Have all gas, oil or coal burning appliances inspected by a technician annually to ensure they are working correctly and are properly ventilated.
- Never use a stove for heating.
- Do not use a grill, generator or camping stove inside a home or garage or near an open window.
- Never leave a car or motorcycle engine running inside a garage, even if the garage door is open.
- CO can also accumulate anywhere in or around a boat; install a CO alarm on power boats.

If a CO alarm sounds, follow these steps:

- Get everyone out of the home as quickly as possible and into fresh air. Call for help from a neighbor's home or a cell phone outside of the home.
- If someone is experiencing CO poisoning symptoms, call 911 for medical attention.
- If no one is experiencing symptoms, call the Fire Department. They will let you know when it is safe to re-enter the home.



HOUSE AND GARDEN PLANTS

PREVENTION TIPS:

- Know the names of all plants in your home, yard, and play areas (e.g.parks).
- Plants that are poisonous to humans are NOT always poisonous to birds or animals; do not use them as a guide to toxicity.
- Use of insecticides/pesticides adds to poisoning risk.
- Cooking does not always destroy poisons found in plants.
- Burning of brush/plants can produce hazardous smoke (especially Poison Ivy, Oak, and Sumac).
- Pets are also at risk for poisoning from plants.
- Call The Poison Control Center at 1-800-222-1222 immediately if your child tastes any plant or berry, especially if you cannot identify it.

KEEP ALL PLANTS AND FLOWERS OUT OF REACH OF CHILDREN

Potentially Poisonous Plants

INDOOR

Amaryllis	English Ivy
Caladium	Peace Lily
Dumbcane/	Philodendron
Dieffenbachia	Pothos/Devil's Ivy

OUTDOOR

Azalea	Jimsonweed
Belladonna	Jonquil
Black Locust	Lily of the Valley
Boxwood	Lobelia
Caladium	Morning Glory
Capsicum	Mountain Laurel
Castor Bean	Narcissus
Chinaberry	Nephthytis/Arrowhead
Chrysanthemum	Nightshade Family
Crocus	Oak (acorns)
Crown-of-Thorns	Oleander
Daffodil	Peony
Euonymus	Podophyllum
Four O'Clock	*Poison Ivy/
Foxglove	Oak/Sumac
Fruit pits/Seeds	Pokeweed/Pokeberry
Gladiola	Privet
Holly	Rhododendron
Hyacinth	Tobacco/Wild Tobacco
Hydrangea	Water Hemlock
Iris/Flags	Wisteria
Jerusalem Cherry	Yew

Common Nonpoisonous Plants

INDOOR

African Violet	Peperomia
Christmas Cactus	Petunia
Corn Plant	Poinsettia
Dracaena	Prayer Plant
Ferns	Scheffl era
Ficus/Rubber Tree	Spider Plant
Fuchsia	Swedish Ivy
Geranium	Wandering Jew
Jade Plant	Wax Plant
Norfolk Pine	Zebra Plant

OUTDOOR

Camellia	Lilac
Crepe Myrtle	Magnolia
Dandelion	Monkey Grass
Dogwood	Mulberry (ripe berries)
Easter Lily	Nandina
Forsythia	Pyracantha/Firethorn
Honeysuckle	Rose
Hoya	Tulip
Impatiens	Wild Strawberry
Lavender	

Look Alike Products ~ Don't Be Fooled Candy & Medicine can look alike



A child's view ... it all looks like candy!
1-800-222-1222

WHY USE A MEDICAL AUTHORIZATION

Power of Attorney

A Medical Authorization Power of Attorney is a Notarized legal document enabling care providers to authorize medical care for your child, if you are not available. This should be kept with the child at all times.

A Child Care facility or nanny will have a document comparable to this form as part of their registration process, but other childcare providers would not be able to authorize care without this form (yes, that includes your mother, too).

Also, be sure to keep a copy at home and tell all of your care providers where it is. Place it with their handbag or keys when they arrive; in case of an accident, no time is lost in treating a child.

A bank officer can Notarize this and any document for you.





MEDICAL AUTHORIZATION

POWER OF ATTORNEY

To Whom It May Concern :

As the parent of (child's name): _____

Address: _____

We hereby authorize the bearer of this document to approve medical treatment for our child, if it is required in an emergency, and we are unable to be contacted or cannot be in attendance.

Our work/cell telephone numbers are: (Father) _____

(Mother) _____

Our insurance coverage is with: _____ Policy No. _____

Our child's date of birth is : _____

Our child's blood type is : _____

Our child's weight is : _____

Our pediatrician is : _____ Telephone _____

Our child's medications are : _____ Dosage _____

Our child's medications are : _____ Dosage _____

Signed,

(Father) (Mother)

Print Name Print Name

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires

Suggestion: Please complete this form for each of your children and place it in a Ziplock bag in your child's travel bag, the car glove box and give it to all childcare providers



MEDICINE CABINET CHECKLIST

Alcohol - rubbing alcohol to clean thermometers, tweezers and scissors

Antibacterial ointment for cuts and scrapes

Aspirin - Infant non-aspirin liquid pain reliever only if the child is not allergic

Calamine lotion or ½% hydrocortisone cream for insect bites and rashes

Decongestant - pediatrician approved children's strength liquid

Epinephrine kit

(if allergic to bee stings, etc. and only if physician prescribed; watch expiration dates)

First-Aid manual

Gauze rolls, gauze pads, adhesive tape, cotton balls and cotton swabs

Heating pad, hot water bottle and ice pack

Medicine dropper, oral syringe or calibrated cup

Nasal aspirator bulb for drawing mucus out of a stuffy nose

Rehydration fluids such as Pedialyte

Sunscreen lotion and insect repellent for children

Thermometers for infants and toddlers

Tweezers for removal of splinters and ticks; safety manicure scissors, and a pair of very sharp scissors

Be sure the Medicine Cabinet is locked at all times; use of a separate, lockable box, stored on a high shelf, is recommended



EMERGENCY TELEPHONE LIST

Family Name : _____

Home Address : _____

Home Telephone : _____

Children : Name _____ DOB: _____ Blood Type _____ Weight _____

Allergies _____ Medications _____ Dosage _____

Name _____ DOB: _____ Blood Type _____ Weight _____

Allergies _____ Medications _____ Dosage _____

CONTACT	NAME	TELEPHONE
Police Emergency		911
Poison Control Center		800.222.1222
Doctor/ Pediatrician		
Father's Work/Cell		
Mother's Work/Cell		
Relative/Friend		
Hospital		
Taxi Cab		

FIRE SAFETY AND FIRE EXTINGUISHER USE

- 1) Test the sound of a smoke alarm so children know what to do when they hear it
- 2) Test smoke alarms monthly and replace alarm batteries twice each year
- 3) Have two exits for everyone with a meeting place outside
- 4) Know which care provider is responsible for which child
- 5) Cigarettes are the leading cause of fires; keep them and candles, matches and lighters locked away from curious hands
- 6) Store flammable liquids away from heat sources
- 7) Teach everyone to stop, drop and roll, if clothing catches fire
- 8) Have a ladder for all second story windows
- 9) Learn the P.A.S.S. method when using a fire extinguisher

Pull Pin, Aim, Squeeze Handle, Sweep Area





THE SUPER SITTER

- 1) Be sure your teenage children and neighbors understand what a responsible position it is when they accept a babysitting request to care for a child
- 2) Do they know Choking First Aid, CPR and general First Aid?
- 3) Do they know how to operate a fire extinguisher?
- 4) Do they know the location of the nearest Urgent Care?
- 5) All childcare providers must receive appropriate training! This is necessary so the police report on the 15 year-old, charged with the murder of a small child isn't repeated. He didn't know what to do in an emergency.
- 6) All childcare providers must have immediate access to the Medical Authorization and Emergency Contact List.
- 7) Childcare providers must get the necessary training through the American Red Cross Safe Sitter, First Aid and CPR courses, or from other qualified organizations.



Enter this Link in your browser to the Red Cross Baby Sitter Training
<http://www.redcross.org/take-a-class/babysitting-child-care>



SAFETY & PARENTING RESOURCES

1. AARP (grandparents as childcare providers)
2. Amber Alert GPS (child location system)
3. American Baby Magazine
4. American Red Cross (CPR, First Aid and Baby Sitter training)
5. American Sids Institute (Sudden Infant Death Syndrome)
6. Ask Gun Safety (askingsaveskids.org awareness campaign)
7. Babies Travel Too (rent baby equipment)
8. Baby Center (child safety and development tips)
9. Baby Bundles (babybundlesnc.org providing clothing to underprivileged newborns)
10. Belly Guru (pre and post-natal yoga care)
11. Be Water Safe (bewatersafe.org) Hand in Hand Water Safety Awareness Foundation
12. Boot Camp for New Dads.org (father-to-father, community-based men's workshop)
13. Car Seat Inspection Stations (National Highway Traffic Safety Administration nhtsa.gov)
14. Child Care Planning (child care facility locator)
15. Child Care Resources Inc. (resource and referral agency)
16. Child Drowning Prevention (infant swimming lessons)
17. Child Safety Experts
18. Child Safety Institute
19. Children's Safety Network
20. Consumer Product Safety Commission (recalls of children's products)
21. Consumer Reports Video Hub
22. EZ BZ Child Wristband I.D. (ezbzid.com) (plastic wristband with parent's contact info)
23. Fisher Price Toy Manufacturer
24. Home Safety Council (child proofing tips)
25. Halo (sleep sack / swaddle resource)
26. Huggies.com (child proofing tips)
27. International Association for Child Safety (IAFCS) (certifies professional child proofers)



SAFETY & PARENTING RESOURCES

28. Lead Free Kids (leadfreekids.org for lead poisoning info)
29. Little Ones (magazine subscription)
30. My Baby Compass (is your child on target for development)
31. National Association of Children's Hospitals
32. National Center for Fathering (parenting tips for fathers only)
33. National Child Safety Council
34. National Safety Council (safety reports and research)
35. N.C. Healthy Start Foundation - nhealthystart.org (pregnancy and infant care)
36. Parent Magazine (parenting guidance)
37. Parent University (parenting classes in Charlotte NC)
38. Parents for Window Blind Safety (window covering safety)
39. Partnership for Children (Smart Start resource agency)
40. Poison Control Center (First Aid for poisonings)
41. Pregnancy Magazine (free subscription)
42. Private Placements, Inc. (matching service of nannies and families)
43. Radon Poisoning (800.55Radon)
44. Safe Kids Worldwide
45. Safe Swim NC (safeswimnc.com)
46. Shaken Baby Alliance
47. Smart Start Program (child advocacy non-profit)
48. The Kels Group (water safety)
49. The Prenatal Picture (3D and 4D ultrasound)
50. The National Parenting Center (parenting information)
51. Web MD (medical information and terminology)
52. We Make It Safer (product recalls and home precautions)
53. Wellness Coalition (suggestions for healthy living)
54. Window Covering Safety Council (window safety kits)
55. World Health Organization (safety and health information)



CONCLUSION

To All Parents and Child Care Providers,

Child Proof Advice has provided comprehensive and valuable information to assist you in becoming responsible parents and childcare providers. We are very proud of you for taking this proactive approach in caring for your children.

Remember, our first objective is to SAVE A CHILD'S LIFE.

You now have the knowledge and ability to provide for a safe home environment for children in your care. Let's all "just do it" and reduce the number of injuries and fatalities happening to children everywhere.

REMEMBER, IT CAN HAPPEN TO YOUR CHILD !

For the children you are protecting, we thank you....

Never underestimate the curiosity or
determination of a child

Never leave a child unattended

There is no substitute for supervision



LIABILITY LIMITATIONS

Child Proof Advice and Child-Care Provider recognize the information provided in this instruction is available to the public from multiple sources and the application of said instruction and information is strictly at the Childcare Provider's option.

The obligations and liabilities of Child Proof Advice are limited to the sharing of recorded and/or written information and product suggestions and in no way holds Child Proof Advice liable for any accidents, damages or decisions of Childcare Providers and the involved children whether in contract or in tort, arising out of or in connection with the use, performance, operation or possession of any product or written material provided under these Limitations of Liability.



Biography



Marjorie Wrenn is the Founder and CEO of *Child Proof Advice*. She graduated from college with a degree in Psychology and has always been very involved in volunteering and advocating for children. Her efforts at *Child Proof Advice* are based on her belief that children are our most valuable asset, and her desire to help expecting and new parents protect and save the lives of their children. She lives and works in Charlotte, North Carolina. You can find additional Do-It-Yourself safety tips and products at: childproofadvice.org.