

**Zero to age 21:  
Information  
Promoting  
Success**

**for Public Health Professionals  
working with Kansas Kids**

***June 2010***

## Car Safety for Pregnant Women

By Joe Kotsch, Perinatal Consultant

With the advent of Spring, families are beginning to travel more in the car again. With more people on the roadways, the number of car accidents tends to increase as well. In addition, pregnant women seem to be particularly vulnerable in car accidents.

It is estimated that about 300 to 1,000 fetal deaths occur as a result of car accidents annually. This rate is about four times greater than the death rate for infants and children up to age 4. In response to these statistics, Ford Motor Company is funding a research project at Virginia Tech University. In this research project, car safety experts are in the process of developing a digital crash test model to assist in determining how best to protect pregnant women and fetuses in various types of car accidents.

The car safety experts confirm the biggest risk facing pregnant women in car crashes is placental detachment. This condition is mainly caused by the trauma associated when the steering wheel hits a pregnant belly during a crash. Once the placenta becomes detached, there is a subsequent loss of oxygen to the fetus, often resulting in fetal demise.

One way to help prevent this condition is for women to ensure their belly is positioned as far from the steering wheel as is safely possible. Employing the use of devices such as peddle extenders in addition to wearing a lap and shoulder safety belt system accompanied by an airbag can help to ensure that an increased distance up to about three inches can be achieved. By increasing

the distance between their bellies and the steering wheel, an improvement in outcomes from car crashes can be realized due to a reduction in force.

It should be highlighted the very best thing pregnant women can do to protect themselves against both external injury and injury within their bellies is to wear a seatbelt. As is true for most people, the combination lap and shoulder belt supplemented by an airbag is recommended for optimal safety.

Pregnant women should be educated to place the shoulder belt between their breasts and off to the side of their belly and the lap belt beneath the lower curve of their bellies and over their hips. In this manner, the belts will be optimally situated to help prevent trauma in the event of a crash.



For more information on car safety research and pregnant women being conducted by Virginia Tech and Ford Motor Company contact: Lynn A. Nystrom, 540-231-4371 or e-mail at [tansy@vt.edu](mailto:tansy@vt.edu).

For information on seat belt safety for pregnant women visit: [www.marchofdimes.com/pnhec/159\\_30430.asp](http://www.marchofdimes.com/pnhec/159_30430.asp).

## Kansas Announces Partnership in Text4baby Initiative

By Joe Kotsch, Perinatal Consultant

The Kansas Department of Health and Environment (KDHE) officially signed an agreement to participate as a state partner in the national Text4baby initiative on March 18, 2010. As a result of that agreement, KDHE and several other local Kansas partners held a press conference on May 12, 2010 to begin promoting the text4baby initiative to Kansas women.



Text4baby is part of a national campaign from National Healthy Mothers, Healthy Babies Coalition (HMHB) which provides free health information via text messaging. Text4baby is made possible through a broad, public-private partnership which includes the White House Office on Science and Technology Policy, the United States Department of Health and Human Services, Voxiva, CTIA-The Wireless Foundation, Grey Healthcare Group (a WPP company) and founding corporate sponsor Johnson & Johnson.

Text4baby is a free texting service for pregnant women and women who are within one year of delivery offering them commercial-free SMS health messages timed to their due date or to the age of their babies up to age one.

Women can sign up for text4baby by texting the word "BABY" to 511411 to receive text messages in English or "BEBE" to 511411 to receive text messages in Spanish.

Text4baby offers reliable health information on topics such as:

- Immunization
- Breastfeeding
- Quit smoking
- Oral health
- Prenatal care
- Infant feeding
- Exercise
- Labor and delivery
- Flu
- Infant care
- Nutrition
- Car seat safety

This information is supplemented with reminders for the women to see their health care providers routinely for their own health and the health of their babies. What could be a better idea?

Nationwide, 42,518 women have enrolled in text4baby. In Kansas, a total of 688 women have enrolled in this texting initiative. Roughly, about two-thirds of the women enrolled are pregnant while the remaining one-third have recently delivered a baby. Of those enrolled so far, 94 percent of the women say that they would recommend text4baby to a friend.

Sign up yourself or someone you deeply care about today! For more information on text4baby or to sign up yourself or someone you love visit [www.text4baby.org/](http://www.text4baby.org/).

## Annual NAFSC and BFSS Meetings in Nashville, Tennessee

By Joe Kotsch, Perinatal Consultant

The annual meetings for the National Association of Fetal Alcohol Spectrum Disorders State Coordinators (NAFSC) and the Building Fetal Alcohol Spectrum Disorders State Systems (BFSS) took place in Nashville, Tennessee from May 3-6, 2010. The Nashville area gained national notice in May due to heavy rains with associated widespread flooding. The meetings were able to be held since the meeting location was about two miles from the nearest area of flooding.

A total of 26 Fetal Alcohol Spectrum Disorders (FASD) State and Tribal Nations coordinators met to discuss a variety of topics related to increasing awareness of FASD by sharing prevention and sustainability ideas and presenting information from established subcommittees.

At this year's face-to-face meeting, Jerome Romero, NAFSC Chair (New Mexico), was honored by his peers for his tireless efforts aimed at preventing FASD's with a special emphasis of educating the teen population as well as for providing leadership among the state coordinators.

This year's BFSS meeting theme was *Harmony and Collaboration: Working Together to Keep FASD a Priority*. FASD Center for Excellence staff gave the annual update and report on partnerships of states with and without direct grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) for the prevention of FASD.

Plenary sessions were given on current science and research trends in FASD and policies that address drinking among women of childbearing age with corresponding breakout sessions that were throughout the meeting.

In addition to the plenary sessions, the states broke into working groups to address the following topics:

- The process and importance of establishing a state coordinator
- Creating and sustaining statewide task forces
- Development of state plans
- Creating more regional and state-to-state efforts
- A basic 101 session on developing state systems

Of particular interest to the meeting participants, the Self-Advocacy Network for Individuals with an FASD organized a panel whose members gave both a performance highlighting a special individuals talent and spoke about what it is like as a person to live with a FASD.

The panel members performances included: an interpretational dance, an Elvis impersonation and Native American flute music. These performances brought tears to the audience along with a new perspective and respect for individuals with an FASD.

For more information visit [www.fascenter.samhsa.gov/index.cfm](http://www.fascenter.samhsa.gov/index.cfm).

# Health Literacy: Primary Health Promotion and Prevention

By Brenda Nickel, Child and School Nurse Consultant



Health literacy is basic health knowledge needed to understand the importance of preventive health care, managing chronic health conditions and knowing when to see a physician.

Anyone can benefit from receiving health information in a simple and easily communicated format with reading levels for materials being at the 4th grade. For providers working with low-income families, the importance of providing culturally and linguistically appropriate low-literacy health education can increase parent confidence to identify and manage children's minor illnesses and injuries.

Lack of education on management of chronic health conditions or minor illnesses and when to seek care can lead to over-utilization of medical services increasing costs for families, organizations, communities and society as a whole (CDC, 2009). Studies suggest that low-income families may have less access to preventive health care through a primary care provider for well-child preventive health visits due to lack of insurance or lack of knowledge of the importance of preventive health care. As a result, parents may be more likely to seek non-urgent, routine care through emergency departments (Grossman, Rich, & Johnson, 1998; Lombraill, Vitoux-Brot, Bourrillon, Brodin, & De Pourville, 1997).

Such patterns of care certainly interrupt continuity of care, may seriously affect the child's health and because ED [Emergency Department] fees are characteristically much higher than those in a primary care setting, contribute to the increase in society's cost for health care. (Grossman, Rich, & Johnson, 1998, p. 20)

According to the Centers for Disease Control and Prevention (CDC), health literacy is defined as "the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions" (CDC, 2009, no page number). Without "information and an understanding of the information's importance, people are more likely to skip necessary medical tests, end up in the emergency room more often, and have a harder time managing chronic diseases like diabetes or high blood pressure (CDC, 2009, no page number).

There are a variety of resources to assist providers in assuring that families being served have the opportu-

nity to fully understand health information. In Kansas, the Kansas Head Start Association (KHSA) has used a "low-literacy guide covering more than 50 common childhood illnesses" to teach parents in Kansas Head Start programs basic health and medical information. ([www.ksheadstart.org/node/90](http://www.ksheadstart.org/node/90))

KHSA implemented the University of California (UCLA) and Johnson & Johnson health literacy program, 'I Can' Help My Child Stay Healthy. The third grade reading level medical reference guidebook called "What to Do When Your Child Gets Sick" was utilized conducting training for parents to teach them how to identify and manage common health conditions. The guidebook provides simple illustrations and written information on minor illnesses with eyes, ears and nose; the mouth and throat; the stomach and skin. Other topics include breathing problems, bedwetting and what to do if a child gets hurt. In addition there is a glossary of common words that a health care provider may use when talking with a parent. There is a section for parents to write their health care provider's and emergency numbers, as well as instructions on when to call their doctor or clinic (Mayer & Kuklierus, 2008).

To learn more about this resource, health communication and health literacy, visit:

- Centers for Disease Control and Prevention (CDC) [www.cdc.gov/healthmarketing/healthliteracy/](http://www.cdc.gov/healthmarketing/healthliteracy/)
- Healthy People 2010 (HP2010) [www.healthypeople.gov/document/HTML/Volume1/11HealthCom.htm](http://www.healthypeople.gov/document/HTML/Volume1/11HealthCom.htm)
- Reach Out and Read Kansas City [www.reachoutandread.org/cgi-bin/kc.pl](http://www.reachoutandread.org/cgi-bin/kc.pl)
- National Center for Cultural Competence <http://www11.georgetown.edu/research/gucchd/NCCC/foundations/frameworks.html>

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## Self-Injury or Suicide Attempt?

By Jane Stueve, Adolescent and School Health Consultant

The primary difference between self-injury and suicide attempts lies in the intent or purpose underlying the behavior. The intent of suicidal behavior is to escape from unbearable psychological pain or a desire to terminate consciousness. The primary purpose for suicidal behavior is to end one's life. In contrast, those who engage in self-injury are motivated by a desire to alter or change a negative experience.

Research shows that self-injury differs from those who attempt suicide in term of levels of suicidal ideation, reasons for living and attraction to life be it temporary or permanent. (The Prevention Researcher, Vol.17.1 Adolescent Self-Injury, p.8)



Suicide attempts are characterized by the use of higher lethality methods compared to self-injury. Suicide attempt methods include gunshots, hanging, overdose, self-poisoning and jumping from heights. The most common self-injury methods are cutting, carving, hair pulling, eating toxic substance or objects and burning.

Suicide attempts are infrequent, with two or three attempts over the lifetime. Self-injury may occur 2 or 3 times a week or more over months or years and the self-injurer will develop a personal preference. Self-injury data many times goes unreported due the fact that self-injury youth are not generally admitted to the hospital.

When self-injurers are admitted to the hospital, they are admitted with a diagnosis related to the specific

injury or a psychiatric diagnosis (i.e., cutting, foreign object removal, accidental overdose, depression crisis, bi-polar crisis, etc.); the data is not collected under a broad self-injury category.

In 2008, the suicide rate among Kansas youth ages 15-19 was 10.5 per 100,000. This was 3.7 percent lower than 2007 (10.9 per 100,000). For 2004-2006, the suicide rate for Kansas youth (9.5) was 23.5 percent higher than the United States rate (7.7). For the period 1997-2008, using rolling three-year averages, there is a decreasing trend in completed suicides by Kansas youth (15-19) during 1997-1999 and 2003-2005 followed by a increasing trend from 2003-2005.

In Kansas, adolescent suicide is the second cause of death following accidental death. In the United States, suicide is the third leading cause of death.

Symptoms of self-injury (cutting, burning or any self-hurting) are important to recognize and refer to mental health counseling because over time, as the self-injury increases, hesitation toward suicide may decrease.

It is important to recognize the signs and symptoms of suicide and be prepared to act. If the suicidal person appears to be in immediate danger of hurting themselves, do not leave them alone and call for help.

For more information visit [http://depression.about.com/od/suicideprevent/a/warning\\_signs.htm](http://depression.about.com/od/suicideprevent/a/warning_signs.htm).

# Guidelines for Medication Administration in Kansas Schools 2010

By Brenda Nickel, Child and School Nurse Consultant

**New &  
Revised!**

The 2010 Guidelines for Medication Administration in Kansas Schools contains guidance for children with acute and chronic illnesses that may require medication during the school day.

School districts must meet this need in the interest of facilitating school attendance and to comply with applicable state and federal laws. In addition to establishing policies and implementing procedures that meet all legal requirements for administration of medication required during school hours.

The procedures must be consistent with standards of medical, nursing and pharmacy practice guidelines. The school board and the school superintendent, in conjunction with school or public health nurses, other school personnel, a physician or pharmacy consultant and health advisory committee for each school (district), should develop a policy for the safe administration of medication in the school setting.

As policies and guidelines are developed and implemented, school administrators and licensed health professionals must be aware of Kansas legal requirements and constraints related to who can legally administer medications in schools.

The 2010 Guidelines provide information and resources on the following topics:

- Medications in the School Setting
- Parent/Guardian Request and Permission
- Prescription Medication
- Nonprescription or Over-the-Counter (OTC) Medication and Other Homeopathic Remedies
- Verbal Medication Orders
- Five "Rights" of Administering Medication
- Medication Documentation
- Changes to Medication Once Prescribed
- Use of Unit Doses and Blister Packs

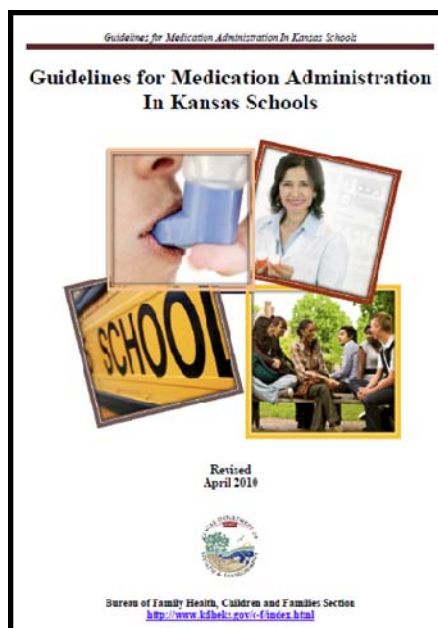
- Use of Student Specific Emergency Medication in the School Setting
- Self-administration of Student Specific Emergency Medication
- Medication Administration Outside of Regular Attendance Hours by School Personnel
- Storage of Medication
- Inventory of Medications
- Medication Errors
- Disposal of Medications
- Disposal of Needles and Syringes
- Emergency Building Evacuation and Medications
- Field Trips
- Poison Control Center 1-800-222-1222
- Research Medications in the School Setting
- Stock Epinephrine in the School Setting for Treatment of Undiagnosed Severe Allergic Reactions/Anaphylaxis by School Personnel

The guidelines include sample forms and supporting documents in the appendices, as well as links to resources and information to assist in safe and timely medication administration in the school setting. Expert reviewers and contributors to the guidelines include practicing school nurses, health care providers, the Kansas State Boards of Nursing and Pharmacy and the State Health Director.

Assuring the safety of the child (including immediate access to life-sustaining medications, e.g. epinephrine for severe allergic reactions, or rectal anticonvulsant medication for severe seizures) and of the legal rights of school personnel who dispense medications must be considered, as well as the need for children to take ever-increasing responsibility for their own health.

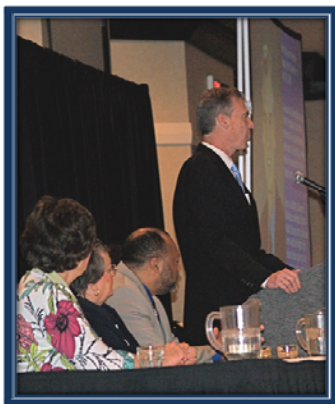
Kansas Department of Health and Environment (KDHE) recommends that advice of knowledgeable school nurses, physician consultants and legal counsel experienced in school health be sought as these policies, procedures, and monitoring guidelines are determined at the local level with consideration of state statutes and regulations.

The new guidelines will be posted on the KDHE website in June and will be found at [www.kdheks.gov/c-f/school\\_resources\\_docs.html](http://www.kdheks.gov/c-f/school_resources_docs.html).



## Governor Mark Parkinson Opens Annual Public Health Conference

By Brenda Nickel, Child and School Nurse Consultant



The 5th Annual Governor's Public Health Conference in Wichita opened this year with a keynote presentation from two State leaders. Secretary Roderick Bremby introduced Governor Mark Parkinson who discussed the current challenges for Kansas and acknowledged that challenges aside, we have much to celebrate in

our work! (Pictured left to right: Linda Kenney, Director Bureau of Family Health, Ileen Meyer, Director Children and Families Section, Secretary Rod Bremby, Kansas Department of Health and Environment, & Governor Mark Parkinson)

Recognition for the many public health initiatives reminded the 255 attendees what has been accomplished this past year despite an economy struggling to right itself. It was almost one year to the date of the conference that the first case of H1N1 pandemic influenza was identified in Kansas. From April 2009, public health practitioners led efforts across the state to edu-

cate the public, promote health practices, protect communities and prevent the spread of disease through primary public health practice that included an unprecedented flu vaccine campaign.

Participants joined the Governor and Secretary Bremby in applauding the passage of a statewide public smoking ban signed into law HB 2221, the Kansas Clean Indoor Air on March 12.

The 2010 Governor's Public Health Conference was held April 26 - 28, at the Wichita Airport Hilton. Seventy-seven participants new to the Maternal Child Health Program attended the MCH Orientation session. The general session, "Promoting Quality of Life for a Healthy Kansas," focused on topics of health promotion and prevention with keynote presentations on Healthy People 2020, healthy weights and lifestyles and consideration of health literacy when partnering with individuals and families on health.

The 6th Annual Governor's Public Health Conference will be held in Wichita April 18-20, 2011.

## June is National Safety Month

By Jamie Klenklen, MCH Admin Consultant



The National Safety Council (NSC) encourages businesses to get involved and participate in National Safety Month each June. Each week carries a theme that brings attention to critical safety issues.

### June 1 – 6 Prescription Drug Overdose Prevention

An unintentional overdose is the second leading cause of preventable deaths in the United States. Overdose or misuse of opioid analgesics, such as oxycodone, methadone and hydrocodone, initially prescribed to treat chronic pain are often the causes.

### June 7 – 13 Teen driving safety

Vehicle crashes are the leading cause of death and injury for United States teens between the ages of 15-19. Kansas does have a graduated driver's licensing law to gradually introduce novice drivers to the traffic environment in phases. This has been proven to reduce crash risk and save lives. Parents also play a key role in changing this trend.

Kansas now has a primary seatbelt law that will go into effect on July 1. This law will grant authority to law enforcement to stop a driver or occupant simply for not wearing a seatbelt. This law will also bring \$11 million in federal dollars to the state for having such a law on the books.

### June 14 – 20 Preventing Overexertion at Work and Home

Are you a weekend warrior? Overexertion is a major cause of the inflammation of joints and ligaments that result from excessive physical effort.

### June 21 – 27 The Danger of Cell Phone Use While Driving

According to National Highway Traffic Safety Administration (NHTSA), an estimated 11 percent of drivers are talking on cell phones at any point of the day. An estimated 28 percent of all traffic crashes are caused by drivers using cell phones and texting. Kansas legislators recently passed a bill banning texting while driving, with the only exceptions being for emergency personnel and voice-activated devices.

### June 28 – 30 Summer Safety

Being exposed to the sun or hot weather for too long can result in serious health problems. Take precautions to prevent heat-related illnesses and monitor children and the elderly during heat waves. Another safety issue is accidents. Fatalities between motorists and motorcycle riders have increased over the past 10 years. Remember to watch for motorcyclists this summer when navigating the roadways.

There are additional NSC summer safety and health fact sheets available for the following:

- Canoe Safety
- In-line Skating Safety
- Playground Safety
- Safe Bicycling
- Setting up Your Child's Swing Set
- Skateboarding Safety Tips
- Sun & Heat Exposure
- Surviving the hot weather
- Using Fireworks Safely

Posters and tip sheets are available in English and Spanish at: [www.nsc.org/nsc\\_events/Nat\\_Safe\\_Month/Pages/home.aspx](http://www.nsc.org/nsc_events/Nat_Safe_Month/Pages/home.aspx).

**Have a safe and happy summer!**

## Jamie's Jottings

By Jamie Klenklen, MCH Admin Consultant

### • Loving Touch® will be visiting Kansas soon!

The International Loving Touch Foundation will be in the area to teach the Certified Infant Massage Instructor (CIMI®) Training.

Training Dates: June 17 & 18

Times: 8 a.m.-5 p.m.

Registration Fee: \$495

Class Supplies: \$100 (Class Books & Doll)

Trainer: Diana Moore, MS, LMT, CIMI®



#### Training Location

Futures Resource Inc. | Futures Resource Center

2410 North A Street, Wellington, KS 67152

Local Contact: Jennifer Biehler (620)-326-8906 x 235

Email: [jenniferb@futures-unlimited.org](mailto:jenniferb@futures-unlimited.org)

#### Class Summary

Participants will become Certified Infant Massage Instructor (CIMI®) qualified to teach parents/primary caregivers how to massage their newborns and children. The training is presented through PowerPoint presentations, lecture, audio-visual aids, discussion and hands-on participation with dolls through a demonstration lab with parents and their newborns.

#### Who Can Attend?

The CIMI® NICU/Pediatric Certified Infant Massage Instructor two-Day Training evidence-based program is designed for Nurses, Early Intervention Specialists, Occupational and Physical Therapists, Developmental Specialists, Parent Educators, Child Life Specialists, Social Workers and other interested professionals who are licensed and work with infants and children.

#### Free Parent-Baby Massage Class (10:30 am-Noon)

During the CIMI® Training each day the International Loving Touch® Foundation, will be holding a "FREE" Parent-Baby Massage Demonstration Class. In this class you will learn the Art of Infant Massage. Parents will be guided through instruction on how to massage their babies. If you would like to participant, please register with the local contact to reserve your spot.

Training Registration and for more information visit [www.LovingTouch.com](http://www.LovingTouch.com) or call 1-800-929-7492.

### • 2010 WIC Breastfeeding Training

#### Registration

Mail or fax the registration form two weeks prior to the desired training. Registration fee is \$70 per person. Make check payable to KDHE and mail with registration form to: Patrice Thomsen KDHE/Nutrition & WIC Services, 1000 SW Jackson, Suite 220, Topeka, KS 66612. Registration forms may be faxed to (785) 296-1326. Payment may be sent separately from the registration form. Even if you are waiting for your business office to prepare payment, do not delay registering. Cancellation or change of registration: please contact Patrice Thomsen at (785) 296-1189 or [pthomsen@kdheks.gov](mailto:pthomsen@kdheks.gov). No refunds.

#### Dates

Meeting times start with registration at 8 a.m. and sessions from 8:30 a.m. – 5 p.m. both days.

- June 16-17 (W-Th), Greenbush, Southeast Kansas Education Service Center, on Hwy 47 approximately 8 miles west of Girard
- June 22-23 (T-W), Hays, Fort Hays State University Memorial Union, Black and Gold Room, 600 Park St
- July 13-14 (T-W), Junction City, Courtyard by Marriott, 310 Hammons Drive
- July 27-28 (T-W), Garden City, Fiesta Courtyard, 1810 Buffalo Jones Ave
- August 3-4 (T-W), Lawrence, Maceli's, 1031 New Hampshire



## Drowning is Quick and Quiet, So Keep Your Eyes on Your Kids Around Water

*Anti-entrapment law provides more protection for children*

Preventing Accidental Injury  
FOR IMMEDIATE RELEASE  
May 7, 2010

Contact: Cherie Sage, 785-296-1223, or  
Daina Hodges, 785-296-0351

Topeka, Kan. — It's a warm summer day and you're at the beach with your kids. Your cell phone rings and you answer it, shifting your focus from your kids to the conversation. Good idea? Not at all, according to Safe Kids Kansas; it could even be deadly. Children can get into trouble in a matter of seconds when around water, so Safe Kids Kansas recommends that parents actively supervise – with their eyes on their kids at all times – when they are in or near the water.

Drowning is the second highest cause of unintentional death for children ages one to four and 10 to 14. Approximately three out of four pool submersion deaths and three out of five pool submersion injuries occur at a home pool. Overall, approximately 830 children ages 14 and under die each year due to unintentional drowning and on average, there are an estimated 3,600 injuries to children after near-drowning incidents each year.

“Kids drown quickly and quietly,” said Cherie Sage, State Director for Safe Kids Kansas. “A drowning child cannot cry or shout for help. The most important precaution for parents is active supervision. Simply being near your child is not necessarily supervising.”

To help keep kids safe this pool season, Safe Kids Kansas recommends these precautions:

- Always actively supervise children in and around water. Don't leave, even for a moment. Stay where you can see, hear and reach kids in water. Avoid talking on the phone, preparing a meal, reading and other distractions.
- If you have a pool or spa, or if your child visits a home that has a pool or spa, it should be surrounded on all four sides by a fence at least five feet high with gates that close and latch automatically. Studies estimate that this type of isolation fencing could prevent 50 to 90 percent of child drowning in residential pools.
- A pool or spa should be equipped with an anti-entrapment drain cover and a safety vacuum release system to prevent children from being caught in the suction of the drain. The powerful suction forces can trap a child underwater or cause internal injuries.
- Don't leave toys in or near the pool, where they could attract unsupervised kids. For extra protection, consider a pool alarm and alarms on the doors, windows and gates leading to the pool.
- Enroll your kids in swimming lessons around age four, but don't assume swimming lessons make your child immune to drowning. There is no substitute for active supervision.
- Don't rely on inflatable swimming toys such as “water wings” and noodles. If your child can't swim, stays within an arm's reach.

- Learn infant and child CPR. In less than two hours, you can learn effective interventions that can give a fighting chance to a child whose breathing and heart-beat have stopped. Contact your local hospital, fire department, recreation department or Red Cross for information about local CPR classes.
- Keep rescue equipment, a phone and emergency numbers by the pool.

These guidelines apply to inflatable and portable pools, not just in-ground pools. A child can drown in just an inch of water. Kiddie pools should be emptied and stored out of reach when not in use.

Even a near-drowning incident can have lifelong consequences. Kids who survive a near-drowning may have brain damage and after four to six minutes under water – the damage is usually irreversible. Although 90 percent of parents say they supervise their children while swimming, many acknowledge they engage in other distracting activities at the same time – talking, eating, reading or taking care of another child.

“A supervised child is in sight at all times with your undivided attention focused on the child,” said Sage. When there are children in or near the water, adults should take turns serving as the designated “Water Watcher,” paying undivided attention. Visit [www.safekids.org](http://www.safekids.org) to download a free Water Watcher badge.

### Anti-Entrapment Law Will Help Save Lives

One of the most horrific ways for a child to be injured or killed in a pool or hot tub is entrapment. On December 19, 2007, President Bush signed the Virginia Graeme Baker Pool and Spa Safety Act into law. The law is named for the granddaughter of former Secretary of State James A. Baker, III. Graeme died tragically at the age of seven in 2002 after being trapped under water due to the suction from a spa drain.

The law makes it illegal to manufacture, distribute or sell drain covers that do not adhere to the standards for anti-entrapment safety set by the United States Consumer Product Safety Commission (CPSC). The Act also requires public pools and spas to be equipped with these anti-entrapment drain covers as well as a device to disable the drain in the event of an entrapment. Another important component of the law is that it establishes a grant program to reward states that adopt comprehensive laws mandating certain safety devices for all pools and spas. Additionally, the law creates a national drowning prevention education program and media campaign administered by the CPSC.

For more information about drowning and water safety, call Safe Kids Kansas at 785-296-1223 or visit [www.safekids.org](http://www.safekids.org).



## Ask Ken!

### ELECTRONIC SUBMISSION OF DATA & CVRS



**Q.** Can I create two Cases for the same client in the WebMCH program?

**A.** Creating a “Case” in WebMCH is comparable to opening a chart in a “paper” system. One would not create a new chart for each client visit. Subsequent MCH visits are recorded into the client’s existing chart. (i.e. WebMCH Case) The WebMCH system has been modified to alert agency staff when they are trying to open a new Case for a client who is already in the WebMCH system in your county.

When you do a WebMCH Search for a client and try to create a New Case on the Patient(s) found screen, this Message from the webpage will appear:

**The following Patients are already enrolled in an open program.**

[Patient last name], [Patient first name]  
([identification number])

Click OK to go ahead and add them or Cancel to edit your entries.

This tells you that a Case for this client has already been created in your county. In order to continue from this point, click Cancel; then click on MCH Search; then click the ADD INTERVENTION button to record a subsequent visit.

The only time that you will create a new Case is if the client was seen in another county and has never had a visit at your site.

**Q.** When do I close a Case?

**A.** Cases are closed when the client is deceased. Closing a Case prematurely would allow staff to inadvertently create a second Case for a client which could impact continuity of care.

## EVENTS



## RESOURCES

# Save the date!

**Perinatal Association of Kansas (PAK) Annual Conference** will be held at Providence Medical Center in Kansas City, Kansas, in the Keenan Education Center, on June 18. The conference theme is: Health Care Reform: Impact on Perinatal Medicine. The PAK Conference is jointly sponsored by Providence Medical Center, March of Dimes – Greater Kansas Chapter and KDHE. To register for the conference visit [www.kansasperinatal.org](http://www.kansasperinatal.org) See you there!

**NASN 42nd Annual Conference**, Vision, Voice, Visibility: Charting the Course for a Healthy Future, June 29 to July 3 in Chicago, Illinois. For more information go to: [www.nasn.org/Default.aspx?tabid=109](http://www.nasn.org/Default.aspx?tabid=109).

**21st Annual Kansas School Nurse Conference**, July 19-23, 2010, Hyatt Regency Wichita, New Nurse Sessions: July 19-20, General Sessions: July 20-22, Post Sessions: July 22-23. For school nurses and anyone with interest in school student health. For more information or to register go to <http://webs.wichita.edu/?u=conted&p=/ksn/>.

**Pediatric Basic Disaster Life Support** is a one day course, July 24th in Salina, KS, designed to highlight the key aspects of basic pediatric care in a disaster situation. This class is targeted for pre-hospital, hospital and public health professionals. Register for this course on KS Train, course ID 1017833. <https://ks.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&CourseID=1017833>.

**Empower Me! Youth Training**, July 26-30 for students with disabilities to learn how to survive high school years and beyond. Strength and skill building summit for HS students with special needs. Contact KYEA at 785-215-6655 or [PeerSupport@kyea.org](mailto:PeerSupport@kyea.org).

**84th Annual ASHA School Health Conference**, Healthy Students... Successful Learners, October 13-16, Kansas City, Missouri. For more information go to [www.ashaweb.org](http://www.ashaweb.org).

**KDHE Publications for the H1N1 Flu Virus** can be found at [www.kdheks.gov/H1N1/](http://www.kdheks.gov/H1N1/).

**CDC Atlas of Heart Disease Hospitalizations Among Medicare Beneficiaries** The atlas provides for the first time statistics about heart disease hospitalizations at the county level. Data came from the Medicare records of more than 28 million people each year between 2000 and 2006 in the 50 states, Washington, D.C., Puerto Rico and the United States Virgin Islands. The report documented an average of 2.1 million hospitalizations for heart disease each year. The atlas is located at: [www.cdc.gov/media/pressrel/2010/r100301.htm](http://www.cdc.gov/media/pressrel/2010/r100301.htm).

**Learning the Signs of Autism and the Importance of Acting Early** To raise awareness about developmental milestones and the importance of identifying them and getting help early, the Centers for Disease Control and Prevention (CDC) offers free information and tools for parents, health care professionals and early educators through it's "Learn the Signs. Act Early." campaign.

Research has shown that early intervention is key to helping a child reach his or her full potential. That's why CDC wants all parents to "learn the signs" and "act early," even if a problem is only suspected. For more information and a free resource kit visit [www.cdc.gov/ncbddd/actearly/index.html](http://www.cdc.gov/ncbddd/actearly/index.html).

The best way  
to prepare for life  
is to begin to live

— Elbert Hubbard