



Preschool Connection

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Coalition From 2999-2003, more than 560 Utah children died needlessly from unintentional injuries. Every year, the lives of more than 110 children are cut short in motor vehicle crashes, falls, drowning, poisonings and motor vehicle-pedestrian crashes.

Unintentional injury is consistently the leading cause of death for Utah children ages 1-19. More children die from injuries than from cancer, birth defects, pneumonia and suicide combined.

The Utah SAFE KIDS Coalition was organized in 1995 to address the issue of childhood injuries, and to look for ways to keep children safer. The coalition includes representatives from private business, government organi-

zations, hospitals, schools and child advocacy groups. The coalition's mission is simple - To make Utah a safer place for children by preventing unintentional injuries and fatalities through:

1. raising community awareness;
2. influencing policies;
3. promoting safety; and
4. establishing private/public partnerships.

There are now SAFE KIDS Coalitions and Chapters in every corner of the state. They are staffed by injury prevention specialists whose major efforts include bike helmet education and car seat education and inspections. They're also available to answer questions about any of your child safety concerns. To link to the new Utah SAFE KIDS Coalition Web site:

<http://www.utahsafekids.org/>

Home Why Kids Are at Risk

The youngest children are most at risk in the home, simply because they spend the most time there. Many children ages 4 and under spend the majority of their time at home. As children grow, the incidence of home injury and death diminishes.

Find out why kids are at risk from these leading causes of death in the home:

Fire - In 2002, at least 330 children ages 14 and under died in the home from unintentional fires and burns. Of these, 45 percent were ages 4 and under.

Drowning - In 2002, an estimated 420 children drowned in or around the home. Nearly 80 percent were ages 4 and under.

Suffocation - An estimated 620 children suffocated in the home in 2002; more than 90 percent were ages 4 and under.



Clip art used with permission from DJ Inkers (www.djinkers.com).

Choking - In 2002, an estimated 160 children choked to death at home. Nearly 90 percent of them were ages 4 and under.

Falls - In 2002, an estimated 20 children died as a result of falls in the home. Of these children, 10 were to children ages 4 and under.

Unintentional Firearm Injury - An estimated 80 children died from unintentional home shootings in 2002; nearly 75 percent were ages 5 to 14.

Poisoning - In 2002, an estimated 50 children died from home poisonings

Bicycle Safety

In an average year in Utah, 6 bicyclists are killed and nearly 900 are involved in crashes with motor vehicles. More than 60% of these injured bicyclists are younger than 19 and more than three-fourths are male (Violence and Injury Prevention Program, UDOH). For the years 1995-2004, Utah had the 11th highest bicycle fatality rate in the nation (National Highway Traffic Safety Administration).

Utah is one of 14 states with no state or local bicycle helmet laws (*Bicycle Helmet Safety Institute*). In general, states with mandatory helmet laws have significantly higher usage rates than states without laws.

Bicycle crashes cost victims and communities millions of dollars annually. In 2004 alone, costs to treat injured bicyclists admitted to the hospital exceeded \$3.5 million (*Center for Health Data, UDOH*). In 2003 (the most recent year emergency department data is available for bicyclist injuries) \$2.8 million was spent to treat bicyclist injuries in emergency departments.

Helmet Use

Head injury is the leading cause of death in bicycle/motor vehicle-related crashes. Wearing a helmet is one of the best ways to lower your risk of head injury and death in a bicycle crash. In fact, studies show helmets reduce the risk of serious head injuries by 85%.

But helmets don't protect riders well if they're not worn correctly. As shown below, the helmet should be level on the head and fastened snugly under the chin, with the strap forming a "V" below the ears. If you're not sure whether your or your child's helmet fits properly visit Utah's Violence and Injury Prevention Pro-

gram: <http://www.health.utah.gov/vipp>

When buying helmets for young children and teens, let them choose the helmet. Young people are more likely to wear a helmet they think is "cool" and have chosen for themselves.

Car Safety

Motor vehicle crashes are still the leading killer of kids ages 1 to 14, and the traffic safety community now faces the hard-core problem of those who seem impervious to the warnings and sanctions related to nonuse of child restraints. We know that restraint use dramatically affects the survivability of a crash. In fact, in 2000, 56% of children ages 14 and under who were fatally injured in a crash were completely unrestrained. The sight of kids unbuckled at an intersection angers and confounds us. Exactly how many of these children are out there? Why? And what are their caregivers thinking? Personal testimonies found in the literature and in offender classes are many: "We were only going for a short ride," "He just won't stay in a seat," "I am not the child's parent," "I just didn't realize," or "I don't have enough seats." But none of these excuses counter the grave danger of nonuse.

Crash research increasingly confirms that caregivers who fail to protect their children with appropriate restraints are placing them at greater risk. One special concern is that many parents place young children in ill-fitting adult belt systems rather than belt-positioning booster seats. Recent data from the Crash Injury Research & Engineering Network (CIREN) indicate that inappropriately restrained children are nearly three and a half times more likely to suffer a severe injury in a crash than their appropriately restrained peers. These findings have fueled more booster seat mandates in child occupant protection laws.

Heat/Entrapment

Parents running quick errands may think their cars will remain cool, but even on mild days temperatures inside vehicles can rise to dangerous levels in minutes. A young child's core body temperature can increase three to five times faster than that of an adult, causing permanent injury or death.

The family car parked in the driveway can also be dangerous. Unlocked cars pose serious risks to children who are naturally curious and often lack fear. Once they crawl in, young children don't have the developmental capability to get out. One-third of the heat-related deaths in 2000 occurred when children crawled into unlocked cars while playing and became trapped.

Fire

Fires can be furious and deadly. In 2001, 493 children ages 14 and under died, and nearly 40,000 are injured each year, in fires. Despite a dramatic 56 percent decline in the fire death rate since the Safe Kids began in 1988, fires remain a leading cause of unintentional injury-related death among children in the United States.

But there are time-tested ways to prevent fire-related injuries. Simply installing smoke alarms on every level of your home and in every sleeping area, for instance, cuts the chances of dying in a home fire in half. Keeping matches, lighters and other heat sources out of children's reach can help eliminate child-play fires - the leading cause of fire-related death for children 5 and under.

Preparation and education are key elements of preventing fire tragedies. Planning and practicing a fire escape route with your family, and talking to your children about what to expect in a fire, are simple steps anyone can take.

Fire

Why Kids Are at Risk

Picture a fire from a child's point of view: smoke and flames suddenly sweep through his room. It is dark, hot, loud and scary. A large stranger comes in, wearing equipment that makes him look like a monster or an alien - or worse. Children's first instincts are often to hide from things that frighten them. But in the case of a fire, those instincts can be deadly.

Kids are at grave risk of injury and death from residential fires because they have less control of their environment than adults and limited ability to react appropriately. More than 43 percent of residential fire-related deaths among children ages 9 and under occur when the child is attempting to escape, is unable to act or is acting irrationally. Although an escape plan may help to reduce these deaths, only 25 percent of households have developed and practiced a plan.

The youngest children are at greatest risk. Kids ages 5 and under are more than twice as likely to die in a fire as the rest of the population. More than half of the children in this age group who die are asleep at the time of the fire, and another one-third of them are too young to react appropriately.

Older kids are often at risk due to their own curiosity. Studies indicate that by age 12, half of all children have played with fire. Child-play home fires tend to begin in a bedroom where children are left alone to play. Roughly three out of four of these fires are started by children playing with matches or lighters. Boys are nearly twice as likely as girls to play with fire.

Other risk factors:

- Children in homes without working smoke alarms are at the greatest risk. Households without working smoke alarms are approximately two and a half times more likely to have a fire.
- Home cooking equipment is the leading cause of residential fires and fire-related injuries. However, residential fires caused by smoking materials (i.e. cigarettes) are the leading cause of fire-related death and the third leading cause of fire-related injury.
- Home fires and fire-related deaths are more likely to occur during the cold weather months, December through March, when there is a significant rise in the use of portable or area heating equipment such as fireplaces, space heaters and wood stoves.
- Children living in rural areas have a dramatically higher risk of dying in a residential fire. Death rates in rural communities are more than twice the rates in large cities, and more than three times higher than in large towns and small cities.

Firearms

Consider this:

- Nearly two-thirds of firearm-owning parents with school-age children believe they keep their firearm safely away from their children. However, one study found that when a gun was in the home, 75 percent to 80 percent of first- and second-graders knew where it was kept.
- Few children under age 8 can reliably distinguish between real and toy guns or fully understand the consequences of their actions. Yet children as young as age 3 are strong enough to pull the trigger of many handguns.

These facts point to some significant gaps – gaps that hundreds of children fall through every year. In 2002, nearly 800 children ages 14 and under were treated in hospital emergency rooms for unintentional firearm-related injuries. In 2001, 72 children died from those injuries.

Nothing outweighs the loss or serious injury of a child. Storing firearms safely and reducing their accessibility are essential steps in protecting our children.

Poison

Why Kids Are at Risk

Curiosity and the desire to put everything in their mouths place children at considerably greater risk for poison exposure than adults. When exposed to poison, children are more likely to suffer serious consequences because they are smaller, have faster metabolic rates and their bodies are less capable of handling toxic chemicals. The youngest children are naturally at greatest risk. Children ages 5 and under account for the majority of all poison exposures.

More than 90 percent of all poison exposures occur in homes, and calls to poison control centers peak in the late afternoon and evening. Children can be poisoned by many common household products, including cleaning supplies, cosmetics, plants, foreign bodies and toys, pesticides, art supplies, alcohol, medicines and vitamins. Lead and carbon monoxide both pose significant poison risks to children.

Water Safety

While water recreation provides hours of enjoyment and exercise for children, water and children can be a deadly mix when an unsafe environment, inadequate supervision or improperly used safety gear is also present. Drowning remains the second leading cause of injury-related death among children ages 1 to 14, despite a 40 percent decline in the childhood drowning death rate from 1987 to 2001. In 2001, 859 children ages 14 and under died as a result of unintentional drowning and, in 2002, an estimated 2,700 children in this age group were treated in hospital emergency rooms for near-drowning.^{1,2}

Drowning can occur in a variety of circumstances – during water recreational activities (such as swimming and boating) or when a young child is left unsupervised for a short time in the bathtub or around the home with access to nearby pools and spas. Drowning, which can happen in as little as one inch of water, is usually quick and silent. A child will lose consciousness two minutes after submersion, with irreversible brain damage occurring within four to six minutes.^{3,4} The majority of children who survive without neurological consequences are discovered within two minutes of submersion, and most children who die are found after 10 minutes.⁵

For children who do survive, the consequences of near-drowning can be devastating. As many as 20 percent of near-drowning survivors suffer severe, permanent neurological disability,⁶ the effects of which often result in long-lasting psychological and emotional trauma for the child, his or her family and their community.⁷

Research shows there is no one device or solution that can prevent all childhood drownings. Instead, a multi-faceted strategy, including *active supervision* by a designated adult, *safe water environments*, *proper gear* and *education*, is required to ensure children's safety in and around water.

Health

Child health is another important aspect of a child's welfare and development, which is not addressed in this newsletter. A good source for information is found at KidsHealth (The Nemours Foundation) at www.kidshealth.org.

Please take a moment each month to fill out the brief questionnaire that we have included. We would like to know how helpful (or not) these newsletters have been for you, and how we can improve them for future years.

Please complete and return to your preschool teacher.

April 2007 Newsletter:

The information in this newsletter was (check one):

Informative. The right amount of information

Too brief

Too long

Not helpful

Other: _____

The activities were:

Helpful Activities you liked best (which numbers) _____

Not useful Activities you like least _____

The right amount of activities?

Comments: _____

