



A guide to
SAFETY
COUNSELING
in Office
Practice

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





IMPLEMENTING SAFETY COUNSELING IN OFFICE PRACTICE

TIPP was developed and is maintained by the American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention.

The development of the original TIPP materials was partially supported by the Division of Maternal and Child Health, US Department of Health and Human Services.

For additional copies, contact
American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

© 1994 American Academy of Pediatrics. All rights reserved.
No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.
Printed in the United States of America.

HE0072
3-69/rev0705

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



IMPLEMENTING SAFETY COUNSELING
IN OFFICE PRACTICE



CONTENTS

- 3** Introduction
- 4** Overview of Program: Injury Prevention as a Standard of Care
- 6** Early Childhood: Safety Counseling Schedule
- 7** Middle Childhood: Safety Counseling Schedule
- 8** Ideas for Optimal Use of TIIPP®
- 9** Framingham Safety Surveys: Instructions for Use
- 10** Counseling Guidelines: The First Year of Life
- 12** Counseling Guidelines: From 1 to 4 Years (Part 1)
- 14** Counseling Guidelines: From 1 to 4 Years (Part 2)
- 16** Counseling Guidelines: From 5 to 9 Years
- 19** Counseling Guidelines: From 10 to 12 Years
- 20** References and Resources

Inside Back Pocket Enclosures

- “Office-Based Counseling for Injury Prevention” Policy Statement
- Order Form
- Sample Safety Surveys
- Sample Safety Sheets
- Sample Safety Slips
- First Aid Chart



INTRODUCTION

In April 1983 the American Academy of Pediatrics (AAP) initiated The Injury Prevention Program (TIPP) for children from birth to 4 years of age. In October 1988 TIPP was expanded to include children from 5 to 12 years of age. In 1994 it was revised, and it was updated again in 2001 to reflect the current pattern of childhood injuries.

TIPP is an educational program for parents of children newborn through 12 years of age to help prevent common injuries from

- Motor vehicles
- Firearms
- Bicycle crashes
- Drowning
- Poisoning
- Choking
- Burns
- Falls
- Pedestrian hazards

TIPP is designed to provide a systematic method for pediatricians to counsel parents and children about adopting behaviors to prevent injuries—behaviors that are effective and capable of being accomplished by most families.

TIPP comprises 3 major elements

- A policy statement on injury prevention approved by the AAP
- Childhood Safety Counseling Schedules for early and middle childhood
- A package of materials consisting of Safety Surveys and age-specific, color-coded Safety Sheets for use in providing anticipatory guidance to parents and children

The TIPP schedules recommend the types of injuries that should be discussed at each health supervision visit and suggest materials to assist you in counseling. The Safety Sheets contain targeted, age-specific messages to be given to all parents. The Safety Surveys identify areas of individual risk that may need additional specific counseling.

TIPP can be integrated into your practice by

1. Having a parent answer a Safety Survey in your reception room (The child should complete the survey at 10 years of age.)
2. Having the completed survey placed in the child's chart for your review
3. Noting "at-risk" answers on surveys that have been completed, which is easy to do because only these answers appear on the second page (carbonless copy) of the survey
4. Counseling the parent or child on specific injury prevention behaviors using the Safety Sheets and the counseling guidelines prompted by the "at-risk" answers obtained from surveys
5. Reinforcing your counseling by giving the parent or child an age-appropriate Safety Sheet emphasizing the targeted safety messages of the counseling schedule
6. Documenting this counseling in the medical record

Counseling parents and children about the prevention of common childhood injuries is an important contribution toward preventing the major cause of childhood morbidity and mortality. Primary care pediatricians can have a significant impact on injury prevention through counseling. A comprehensive review of the literature conducted jointly by the Section and Committee on Injury and Poison Prevention (*Pediatrics*, October 1993) showed that of 20 studies of injury prevention counseling in primary care settings, 18 demonstrated positive results including improved knowledge, improved behavior, and even a decrease in the number of injuries involving motor vehicles and nonmotor vehicles. Given the proper advice and encouragement from their physician, parents can be motivated to protect their children from injuries.

The pediatrician should remain an active advocate to change social attitudes about childhood injuries at the local, state, and national levels. The effectiveness of the pediatrician in this capacity has best been demonstrated by the now universal infant car safety seat legislation, as well as the expectation of car safety seat use as a social norm. The participation and support of pediatricians nationwide were important factors in this accomplishment.



OVERVIEW OF PROGRAM

Injury Prevention as a Standard of Care

The 1983 policy statement, "Injury Prevention," by the American Academy of Pediatrics (AAP) was an important addition to the standards of health care for infants and preschool children. It was updated in 1988 to include safety counseling for school-aged children and was revised again in 1994 (Figure 1—see published AAP policy statement included in folder materials).

To help the practitioner implement this standard, the AAP has developed a schedule of recommended counseling for each preventive health visit and a package of materials for office use. The materials include Safety Sheets to be given to all parents and Safety Surveys that are designed to help identify the counseling needs of each family. All the materials have been tested in a variety of practices and were found to be easy to use and well accepted by parents and pediatricians. The injuries selected for counseling were chosen on the basis of sound epidemiologic data reflecting the most common causes of death and disability in childhood.

To assist you in counseling parents, the "Early Childhood Safety Counseling Schedule" and "Middle Childhood Safety Counseling Schedule," which follow (pages 6 and 7, respectively), have been developed. The schedules are designed to introduce and reinforce important safety concepts in an organized manner. The entire program is designed to emphasize those injuries that are developmentally most important for parents to anticipate and prevent injuries.

We realize that each pediatric practice is different, but our hope is that the counseling schedule will be of use as an organizational framework. TIpp is designed so that injury prevention counseling can be specific to the needs of your patients and practice.

Office-Based Counseling for Injury Prevention*

Committee on Injury and Poison Prevention

All children deserve to live in a safe environment. Anticipatory guidance for injury prevention should be an integral part of the medical care provided for all infants, children, and adolescents. This guidance needs to be appropriate for the child's age and locale. Initially it is necessary for the counseling to be directed toward the parent as both the role model for the child's behavior and the person who is most capable of modifying the child's environment. As children mature, counseling should be directed increasingly toward the child or adolescent as they become responsible for their own behavior. Physicians are encouraged to document injury prevention counseling in the medical record.

To help pediatricians implement injury prevention counseling, the American Academy of Pediatrics has developed The Injury Prevention Program (TIpp). TIpp includes a safety counseling schedule, age-appropriate safety surveys, and age-appropriate safety sheets for families to take home. Physicians may use different parts of the TIpp program to supplement their anticipatory guidance. TIpp interventions and the guidelines presented here are based on strategies proven to reduce significant injury.

INFANTS AND PRESCHOOLERS

Physicians caring for infants and preschool children should advise parents about the following issues.

1. **Traffic safety:** The appropriate use of currently approved child safety restraints needs to be discussed. Use of a car seat should begin with the first ride home from the hospital. Parents need to be reminded of the importance of using their own seat belts.
2. **Burn prevention:** Smoke detectors in the home should be installed and maintained. Hot water temperatures should be set between 120°F and 130°F to avoid scald burns.
3. **Fall prevention:** Window and stairway guards/gates are necessary to prevent falls. Discourage the use of infant walkers.
4. **Poison prevention:** Medicines and household products should be kept out of the sight and reach of children. These items should be purchased and kept in original childproof containers. Parents need to have a 1-ounce bottle of syrup of ipecac in the home for use as advised by the pediatrician.

5. **Drowning prevention:** Because very young babies drown most commonly in bathtubs and buckets while unsupervised, advise parents to empty and properly store buckets immediately after use and to never leave infants or young children in the bathtub without constant adult supervision. Backyard swimming pools or spas need to be completely fenced to separate them from the house and yard. Although children younger than 5 years old often take swimming lessons, they should never swim unsupervised. It is unlikely that infants can be made "water safe"; in fact the parents of these infants may develop a false sense of security if they believe that their infant can "swim" a few strokes.

6. It is important that parents become trained in infant and child cardiopulmonary resuscitation and learn how to access their local emergency care system (eg, 911).

SCHOOL AGE CHILDREN

Advice to the parents of elementary school age children begins to be more focused on the child's behavior. The child is included in this process as well while the parents are again reminded of their need to model safe behaviors.

1. **Traffic safety:** The use of seat belts should continue to be emphasized. Remind children and parents that no one should ride in the bed of a pickup truck. All-terrain vehicles should not be used by children less than 16 years of age. Review safe pedestrian practices. Approved bicycle helmets should be worn on every bike ride. The use of protective equipment for in-line skating and skateboarding needs emphasis.
2. **Water safety:** Children 5 years of age and older should be taught to swim and, at the same time, taught appropriate rules for water play. Children must never be allowed to swim alone. Coast Guard-approved personal flotation devices (PFDs) should be worn by every child engaged in any boating activity.
3. **Sports safety:** Adults who supervise children participating in organized sports programs need to emphasize the importance of safety equipment for the particular sport as well as appropriate physical conditioning for that sport.
4. **Firearm safety:** Because of the dangers that in-home firearms, particularly handguns, pose to young children, parents should be encouraged to keep handguns out of the home. If parents choose to keep a

* This statement has been approved by the Council on Child and Adolescent Health. The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate. PEDIATRICS (ISSN 0031-4005). Copyright © 1994 by the American Academy of Pediatrics.

566 PEDIATRICS Vol. 94 No. 4 October 1994

Figure 1



Figure 2

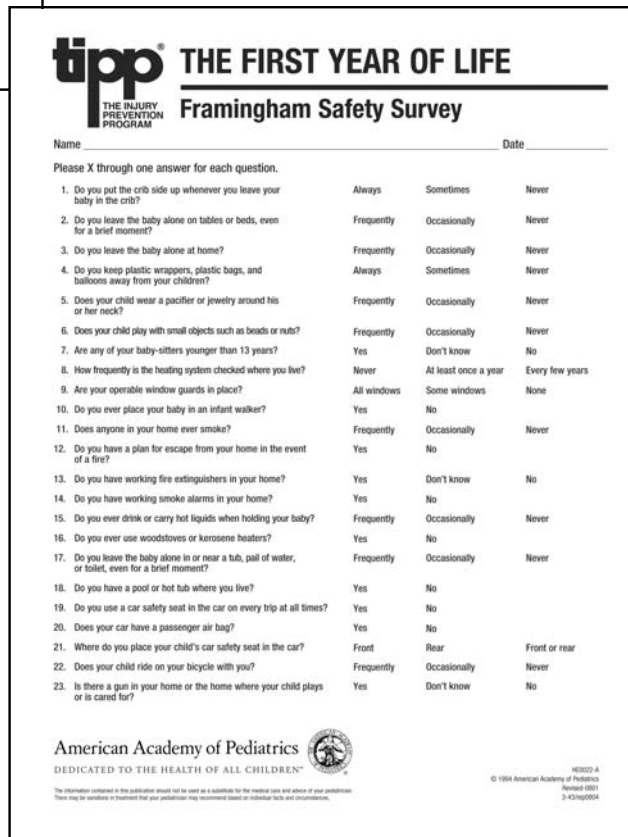


Figure 3

A sample Safety Sheet and Safety Survey are shown in Figures 2 and 3. All the materials are color coded to simplify using the program in your practice. There are 8 separate Safety Sheets: the handouts for children from birth to 6 months, 6 to 12 months, 1 to 2 years, and 2 to 4 years of age contain messages for parents; and the handouts for children 5, 6, 8, and 10 years of age contain messages for parents on 1 side, with games and puzzles for children on the other side. Four Safety Surveys have been designed for parents of infants, toddlers 1 to 4 years of age (parts 1 and 2), and children 5 to 9 years of age. In addition, a special Safety Survey is available for children 10 to 12 years of age to complete at the health maintenance visit.

Samples of all the Safety Sheets and Safety Surveys can be found in the folder pocket at the end of this guide.



EARLY CHILDHOOD Safety Counseling Schedule

PREVENTIVE HEALTH VISIT AGE	MINIMAL SAFETY COUNSELING INTRODUCE	REINFORCE	MATERIALS
Prenatal/ Newborn	Infant Car Safety Seat Smoke Alarm Crib Safety		AAP Car Safety Seats: A Guide for Families Infant Furniture TIPP Slip
2 Days to 4 Weeks	Falls	Infant Car Safety Seat	
2 Months	Burns—Hot Liquids Choking/Suffocation	Infant Car Safety Seat Falls	Blue Safety Sheet (Birth–6 Months) AAP Choking Brochure
4 Months	Water Safety—Bathtubs	Infant Car Safety Seat Falls Burns—Hot Liquids Choking/Suffocation	Blue Safety Survey Blue Safety Sheet (Birth–6 Months)
6 Months	Poisonings Burns—Hot Surface	Falls Burns—Hot Liquids Choking	Beige Safety Sheet (6–12 Months) Poison TIPP Slip Poison Help Line Sticker or Magnet
9 Months	Water/Pool Safety Convertible Car Safety Seat Firearm Hazards	Poisonings Falls Burns	AAP Car Safety Seats: A Guide for Families Beige Safety Sheet (6–12 Months) Firearms Safety TIPP Slip
1 Year		Water/Pool Safety Falls Burns	Yellow Safety Sheet (1–2 Years) Water/Pool Safety TIPP Slips
15 Months		Car Safety Seat Poisonings Falls Burns	Yellow Safety Survey Yellow Safety Sheet (1–2 Years)
18 Months		Car Safety Seat Poisonings Falls Burns Firearm Hazards	Yellow Safety Sheet (1–2 Years)
2 Years	Falls—Play Equipment, Tricycles/Helmets Pedestrian Safety	Car Safety Seat Water/Pool Safety Burns Firearm Hazards	Green Safety Survey Green Safety Sheet (2–4 Years) Playground Safety TIPP Slip
3 Years		Car Safety Seat Pedestrian Safety Falls Burns Firearm Hazards	Green Safety Sheet (2–4 Years)
4 Years	Booster Seat Use	Pedestrian Safety Falls—Play Equipment Firearm Hazards	AAP Car Safety Seats: A Guide for Families Green Safety Sheet (2–4 Years)



MIDDLE CHILDHOOD Safety Counseling Schedule

PREVENTIVE HEALTH VISIT AGE	MINIMAL SAFETY COUNSELING INTRODUCE	REINFORCE	MATERIALS
5 Years	Water/Pool Safety Bicycle Safety	Firearm Hazards Pedestrian Safety Booster Seat Use	Pink Safety Sheet (5–6 Years) Water Safety TIPP Slips
6 Years	Fire Safety	Bicycle Safety Booster Seat Use Pedestrian Safety Firearm Hazards	Peach Safety Survey Peach Safety Sheet (6–8 Years) Fire Safety TIPP Slip
8 Years	Sports Safety Seat Belt Use	Bicycle Safety	Purple Safety Sheet (8–10 Years)
10 Years	Firearm Hazards	Sports Safety Seat Belt Use Bicycle Safety	Gold Safety Survey Gold Safety Sheet (10–12 Years)



IDEAS FOR OPTIMAL USE OF TIPP®

1. Ask your front desk staff to give the questionnaire to the parent to complete while in the waiting room and to instruct parents to answer each question by using an "X" to cross out their answer.
2. Ask your staff to attach the appropriate Safety Sheets and the completed Safety Surveys to the child's record before you see the child.
3. TIPP Safety Sheets work best when parents know why they should rethink protective measures for their child at different age levels. While taking the patient's history, ask the parents about their safety behavior. Do they use a car safety seat every time the baby rides in the car? Where is the child placed when the parents are cooking?
4. While the child is being examined, point out his or her developmental capabilities and the risk for specific injuries such as falling off a table, eating foreign objects, poisoning, or choking. Use the Safety Sheets and Safety Surveys as a guide for what injuries to discuss with the parent.
5. Ask the parents what will make it hard for them to establish the safety practices you recommend. Ask them to come up with ways they can make these practices a habit.
6. Stress that injuries pose the greatest threat to their child's life. Talk about protecting their child against possible death and disability by adopting the recommended behaviors.
7. During the initial use of TIPP and until you are familiar with it, it's not necessary to survey your entire practice at once. Start gradually, with 3- to 4-year-olds for example, and as you become more familiar with the questionnaire, you will find it easy to expand your counseling efforts to include more of your patients.
8. Remember to record the counseling given in the medical record. Institute a method of recording the completed parts of the program on your patient's chart. A stamp with a check-off list may be helpful. Keep the physician's copy of the Safety Survey in the patient's chart.
9. Additional reference material is available from the American Academy of Pediatrics (AAP) on a wide variety of injury prevention issues (see page 20). The AAP *First Aid Chart* and the AAP brochure *Choking Prevention and First Aid for Infants and Children* may be of particular help. These materials can be distributed so that they can be used by parents when an at-risk situation occurs. The AAP also has a program for intentional injury prevention counseling—*Connected Kids: Safe, Strong, Secure™*.
10. Periodic reminders to your nursing staff to use these TIPP materials will underscore your aim to incorporate TIPP as a permanent addition to your practice.

FRAMINGHAM SAFETY SURVEYS

PARENT COPY AND PHYSICIAN'S SCREENING COPY OF THE FRAMINGHAM SAFETY SURVEYS

FIRST PAGE—FOR PARENTAL RESPONSES

tipp[®] THE FIRST YEAR OF LIFE
THE INJURY PREVENTION PROGRAM Framingham Safety Survey

Name _____ Date _____

Please X through one answer for each question.

1. Do you put the crib side up whenever you leave your baby in the crib?	Always	Some X	Never
2. Do you leave the baby alone on tables or beds, even for a brief moment?	Frequently	Occasionally	Never X

Appropriate responses are **not transferred** to the second page.

"At-risk" responses are **transferred** and require discussion.

SECOND PAGE—FOR PHYSICIAN SCREENING

tipp[®] THE FIRST YEAR OF LIFE
THE INJURY PREVENTION PROGRAM Framingham Safety Survey

Name _____ Date _____

Please X through one answer for each question.

1. Do you put the crib side up whenever you leave your baby in the crib?	Always	Some X	Never
2. Do you leave the baby alone on tables or beds, even for a brief moment?	Frequently	Occasionally	Never

Instructions for Use

The Framingham Safety Surveys are a series of developmentally oriented questionnaires designed to identify those areas of injury prevention in which the parents and child may be in need of counseling.

The surveys should be administered at certain health supervision visits.

- 2-month visit (blue)
- 15-month visit (yellow)
- 2-year visit (green)
- 6-year visit (peach)
- 10-year visit (gold)

Although these times are suggestions, the surveys can be given at any health supervision visit within the appropriate age ranges.

Each survey is a multiple-choice questionnaire that the parent completes while waiting to see the pediatrician.

- The parent fills in the first page.
- The physician uses the second page to screen the responses.
- All Xs appearing on the white (second) page of the survey indicate possible risk and merit further discussion (see illustration).
- At 10 years of age, the child completes the survey.

The surveys have been designed not to disrupt your office or clinic routine. Studies involving more than 30 pediatricians in a variety of settings have shown the program to be well received by parents and readily adaptable to pediatric practice.

Approximately 3 minutes is required by the parent to fill out the survey in the waiting room. In addition, counseling time by the physician is approximately 3 minutes. Suggested counseling guidelines are available on the pages that follow. Remember that these surveys are designed to guide your *unintentional injury prevention counseling*. A given answer may prompt you to address a safety issue or decide that a safety issue does not need to be discussed. However, the surveys and counseling guidelines do not address intentional injury prevention, psychosocial or family concerns, or other aspects of child development.

NOTE: The physician copy of the survey also should be added to the patient record to document the counseling and/or follow-up on certain issues at a later date.



COUNSELING GUIDELINES

The First Year of Life

HOUSEHOLD HAZARDS

1. Do you put the crib side up whenever you leave your baby in the crib?
2. Do you leave the baby alone on tables or beds, even for a brief moment?
3. Do you leave the baby alone at home?
4. Do you keep plastic wrappers, plastic bags, and balloons away from your children?
5. Does your child wear a pacifier or jewelry around his or her neck?
6. Does your child play with small objects such as beads or nuts?
7. Are any of your baby-sitters younger than 13 years?
8. How frequently is the heating system checked where you live?
9. Are your operable window guards in place?
10. Do you ever place your baby in an infant walker?

COUNSELING GUIDELINES

Keep crib sides raised. Crib sides need to be kept up and firmly secured to prevent falls. Even if your baby currently can't roll over or pull up, there's always a first time.

If you leave, even for a moment, place your baby in a playpen or a crib with the sides up. Emphasize the necessity of anticipating developmental stages; the baby's first rollover should not lead to a fall.

Provide constant supervision. Never leave your baby alone in the home without a capable baby-sitter, at least 13 years old, who can respond to emergency situations. Poisonings may occur in a matter of minutes; choking, falls, fires, and similar emergencies require immediate attention.

Keep plastic bags and balloons away from your children. Plastic wrappers and bags form a tight seal if placed over the nose and mouth. Balloons can be inhaled into the windpipe and may cause death from choking.

Do not put anything around a baby's neck—objects around the neck may strangle the baby. Necklaces, ribbons, or strings around a baby's neck may get caught on parts of furniture or other objects and cause strangulation. Drawstrings also should be removed from all children's clothing.

Do not allow your child to play with small objects. Any small objects that can be placed in the mouth (including plant parts) are potential hazards. Even small pieces of food may cause problems; children should not run or play while eating. Parents should be informed about emergency treatment for the choking child. Use the American Academy of Pediatrics (AAP) brochure *Choking Prevention and First Aid for Infants and Children*. Round or cylindrical food or objects are especially hazardous.

Select an experienced baby-sitter. All sitters should be at least 13 years old and mature enough to handle common emergencies. Use the TIPP Safety Slip *Baby-sitting Reminders*.

Check heating systems and fireplaces at least once a year. This annual inspection helps prevent carbon monoxide poisoning, fires, and system malfunction.

Place operable window guards on all windows in your home. Window guards should be well repaired and inspected regularly. Keep furniture away from windows that can give a climbing toddler access to a window sill. Apartment windows should have guards above the second floor. The spaces above and below window guards should be less than 4 inches to prevent a child from falling through. Children leaning on screens can fall through and be seriously injured.

Do not place your child in a walker. Every year, more than 8,000 injuries occur to children in walkers.

BURNS

11. Does anyone in your home ever smoke?
12. Do you have a plan for escape from your home in the event of a fire?
13. Do you have working fire extinguishers in your home?
14. Do you have working smoke alarms in your home?
15. Do you ever drink or carry hot liquids when holding your baby?
16. Do you ever use woodstoves or kerosene heaters?

COUNSELING GUIDELINES

About one third of home fires involving fatalities are caused by smoking. Smoking in bed or improper disposal of ashes or butts endangers children sleeping in adjacent rooms who may be trapped in the event of fire.

Develop an escape plan in the event of a fire in the home. Identify appropriate exit routes and a family meeting point away from the house.

Buy a fire extinguisher for the home. The most common causes of home fires are cooking and heating equipment. Multipurpose dry chemical extinguishers should be available in the kitchen and in any room with a furnace or fireplace.

Install smoke alarms in your home. Most fire-related deaths occur at night and are the result of inhaling smoke or toxic gas. There is a critical period of 4 minutes to get outside after the alarm sounds. Smoke alarms are recommended for each floor, but particularly for furnace and sleeping areas. Alarms should be checked monthly. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Do not drink or carry hot liquids when holding your child or when children are nearby. Scalds result from spilled hot food and drink; scalding injuries can be decreased by avoiding use of tablecloths and keeping cups and saucers from the edge of tables.

Erect barriers around space heaters. The use of space heaters, woodstoves, and kerosene heaters has been associated with severe burns to toddlers. Appropriate barriers should protect children.

WATER SAFETY

17. Do you leave the baby alone in or near a tub, pail of water, or toilet, even for a brief moment?
18. Do you have a pool or hot tub where you live?

COUNSELING GUIDELINES

Never leave a child alone in or near a tub, pail, toilet, or pool of water. The bathtub is a source of severe scalding burns. If the phone or doorbell rings, don't leave an infant or toddler alone or with another child even for a moment. Baby bath seats are not safety devices and are not substitutes for adult supervision. Young children can drown in less than 2 inches of water.

Fence in your pool or hot tub on all 4 sides. Nationally, drowning is the third leading cause of injury-related death in children younger than 1 year. Four-sided fencing is the only scientifically proven way to prevent drownings in pools and hot tubs.

AUTO SAFETY

19. Do you use a car safety seat in the car on every trip at all times?
20. Does your car have a passenger air bag?
21. Where do you place your child's car safety seat in the car?

COUNSELING GUIDELINES

Your child should ride in a car safety seat during every trip, even if you will only be traveling a short distance.

NEVER place an infant in front of an air bag.

Seat a child in the rear seat of the car. This is the safest place in the car. Infants should ride facing the rear of the car until they are at least 1 year of age AND at least 20 pounds.

BICYCLE SAFETY

22. Does your child ride on your bicycle with you?

COUNSELING GUIDELINES

Do not carry children younger than 12 months on bicycles. Infants are too young to sit in a rear bike seat because they cannot yet sit well unsupported and their necks are not strong enough to support a helmet. Carrying children in backpacks or frontpacks is not recommended while bicycling.

FIREARM HAZARDS

23. Is there a gun in your home or the home where your child plays or is cared for?

COUNSELING GUIDELINES

Remove all guns from places children live and play. More than 5,000 children and adolescents are killed by gunfire each year—injuries almost always inflicted by themselves, a sibling, or a friend. Handguns are especially dangerous. If you choose to keep a gun at home, store it unloaded in a locked place. Lock and store the ammunition in a separate place.



COUNSELING GUIDELINES

From 1 to 4 Years (Part 1)

HOUSEHOLD HAZARDS

1. Do you leave your child alone at home?
2. Are any of your baby-sitters younger than 13 years?
3. Do you keep plastic wrappers, plastic bags, and balloons away from your children?
4. Do you know how to prevent your child from choking?
5. Do you have mechanical garage doors?
6. Are your operable window guards in place?
7. Is your child in the yard while the lawn mower is in use?
8. Do you place gates at the entrance to stairways (for children younger than 3 years)?
9. Is your baby's crib near a window or a drapery covering?

COUNSELING GUIDELINES

Never leave small children alone in the home. Parents should be aware of the child's rapid acquisition of new abilities.

Select an experienced baby-sitter. All sitters should be at least 13 years old and mature enough to understand parental instructions and handle common emergencies. Use the TIPP Safety Slip *Baby-sitting Reminders*.

Keep plastic bags and balloons out of reach. Plastic wrappers and bags form a tight seal if placed over the mouth and nose and may suffocate the child. Balloons can be inhaled into the windpipe and may result in death from choking.

Small objects and solid foods such as hot dogs, peanuts, grapes, carrots, or popcorn may block your child's airway. Any small objects that can be placed in the mouth are potential hazards. Children should not run or play while eating. Parents should learn CPR and emergency treatment for the choking child. Use the AAP brochure *Choking Prevention and First Aid for Infants and Children*.

Mechanical garage doors may crush a child. Install only garage door openers with sensors.

Place operable window guards on all windows in your home. Window guards should be well repaired and inspected regularly. Keep furniture away from windows that can give a climbing toddler access to a window sill. Apartment windows should have guards above the second floor. Windows should not be able to open more than 4 inches to prevent a child from falling through. Children leaning on screens can fall through and be seriously injured.

Keep small children out of the yard while the lawn mower is in use. Potential injury results from the machine itself and from objects thrown by the blade. Children should not be passengers on ride-on mowers.

Use gates on stairways. Use gates at the top and bottom of entrances to stairways because young children can quickly crawl or climb up the stairs from the lower level. Accordion-style gates are hazardous and can trap the child's head, causing death.

Place your baby's crib away from windows. Cords from window blinds and draperies can strangle your child. Tie cords high and out of reach.

10. Do you check for safety hazards in the homes of friends or relatives where your child may play?

11. Have any of your children ever had an injury requiring a visit to the doctor or hospital?

Check for hazards in homes your child may visit. Other homes, especially those with no children or older children, may pose particular hazards from poisonings, falls, pools, and guns.

Report any history of injuries to the pediatrician. The pediatrician is able to explore the causes and discuss preventive measures. It has been shown that stressful family situations can be causally linked to repeated injuries in children (3 or more injuries within 12 months). Also note that once an ingestion has occurred, another incident is likely within a year.

FIREARM HAZARDS

12. Is there a gun in your home or the home where your child plays or is cared for?

COUNSELING GUIDELINES

Remove all guns from places children live and play. More than 5,000 children and adolescents are killed by gunfire each year—injuries almost always inflicted by themselves, a sibling, or a friend. Handguns are especially dangerous. If you choose to keep a gun at home, store it unloaded in a locked place. Lock and store the bullets in a separate place, and make sure to hide the keys to the locked boxes.

POISONINGS

13. Do you keep household products, medicines (including acetaminophen and iron), and sharp objects out of the reach of your child and in locked cabinets?

14. Do you dispose of old medicines?

15. Do you have safety caps on all bottles of medicine?

16. Does your child chew on paint chips or window sills?

17. Do you have the number of the Poison Help Line by your phone?

18. How frequently is the heating system checked where you live?

COUNSELING GUIDELINES

Keep medicines and hazardous products out of the sight and reach of children. Household products, medicines, and sharp objects should be stored locked in high places out of the child's sight. Keep household products in their original containers and never in food or beverage containers.

Dispose of old medicines. All old medications should be safely disposed of by flushing them down the toilet.

Purchase medicines with child-resistant safety caps. Remember to securely replace the cap and store the medicine out of the child's reach.

Inspect walls for peeling paint. Paint that is peeling and chipped or is on chewable surfaces is a potential lead hazard. Approximately 85% of all homes built in the United States before 1978 have lead-based paint in them. Housing built before the 1950s poses particular risk for exposure to lead.

Learn first aid for poisoning. Parents should be advised about the appropriate action to take when harmful substances have been ingested, and they should be told not to make their children vomit. Instruct parents to dispose of syrup of ipecac by flushing it down the toilet. Give them the telephone number of the national Poison Help Line, 1-800-222-1222.

Heating ventilation systems and fireplaces should be checked at least once a year. This annual inspection helps prevent carbon monoxide poisoning, fires, and system malfunction. Carbon monoxide detectors also are available to provide an early warning before the deadly gas builds up to a dangerous level.



COUNSELING GUIDELINES

From 1 to 4 Years (Part 2)

BURNS

1. Do you use electrical appliances in the bathroom?
2. Do you keep electrical appliances and cords out of your child's reach?
3. Do you keep matches and cigarette lighters out of the reach of your children?
4. Does anyone in your home ever smoke?
5. Do you have a plan for escape from the home in the event of a fire?
6. Do you have working fire extinguishers in your home?
7. Do you have working smoke alarms in your home?
8. Have you checked the temperature of the hot water where you live?
9. Do you keep the handles of pots and pans on the stove out of the reach of children?

COUNSELING GUIDELINES

Do not leave electrical appliances within the reach of a child in the bathroom. Electrical current hazards are increased by wetness. Appliances must be used with extreme caution in the presence of water.

Keep electrical cords out of a child's reach. Mouth burns in children can result from chewing on the end of a live extension cord or on a poorly insulated wire. Cords should not be within reach of a child.

Keep matches and lighters out of the reach of children. Annually, 5,600 fires are started by children younger than 5 years playing with matches and lighters. These fires cause 150 deaths per year.

Most deaths due to home fires are caused by smoking. Smoking in bed or improper disposal of ashes or butts endangers children sleeping in adjacent rooms who may be trapped in the event of fire. Twelve percent of residential fires are associated with smoking.

Develop an escape plan in the event of a fire in the home. Identify appropriate exit routes and a family meeting point away from the house. Do not use elevators in apartment buildings if there is a fire. Ask your fire department for help in designing an escape plan. Use the TIPP Safety Slip *Protect Your Home Against Fire...Planning Saves Lives*.

Buy a fire extinguisher for your home. The most common causes of home fires are cooking and heating equipment. Multipurpose dry chemical fire extinguishers should be available in the kitchen and in any room with a furnace or fireplace.

Install smoke alarms in your home. The majority of fire-related deaths occur at night and are the result of inhaling smoke or toxic gas. There is a critical period of 4 minutes to get outside after the alarm sounds. Smoke alarms are recommended for each floor, but particularly for furnace and sleeping areas. Check the alarms monthly. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries at least once a year.

Check hot water temperature. A third-degree burn can occur in only 6 seconds with a water temperature of 140°F. The temperature of your hot water should be no higher than 120°F. In many cases you can adjust your water heater.

Keep hot pots and pans out of the reach of children. Scalds in the kitchen are common; pot handles should be turned inward from the edge of the stove and be out of your child's reach. The kitchen is the most dangerous room for children. Keep children out of the kitchen when you are cooking, or put them in a playpen or high chair to keep them secure.

WATER SAFETY

10. Do you leave your child alone in the bathtub?
11. Do you take your child on a boat?
12. Do you have a pool or hot tub where you live?
13. Do you allow your child to swim unsupervised?

COUNSELING GUIDELINES

Don't leave your child alone in a tub, even for a moment. The bathtub is a source of severe scalds and also poses a potential drowning hazard. If the telephone or doorbell rings, don't leave your child alone or in the care of another child, even for a moment.

Always wear a Coast Guard-approved life jacket. Everyone on the boat should wear a Coast Guard-approved life jacket. At least 1 adult swimmer should be present for each child who cannot swim. Use the TIPP Safety Slip *Life Jackets and Life Preservers*.

Fence in your pool or hot tub on all 4 sides. Drowning is the second leading cause of injury-related death of children nationally in this age group. Four-sided fencing is the only scientifically proven way to prevent drownings in pools and hot tubs.

Do not let children swim without supervision. Never—not even for a moment—leave your children alone or in the care of another child in wading or swimming pools, spas, or other open standing water. A supervising adult should be within an arm's reach—providing “touch supervision”—whenever young children are in or around water.

BICYCLE SAFETY

14. Does your child ride on your bicycle with you?

COUNSELING GUIDELINES

Use an approved child carrier. Infants too young to sit in a rear bike seat should never be carried on a bicycle. Children 1 to 4 years of age who can wear a helmet may ride in a rear-mounted seat. Use of backpacks or frontpacks is not recommended. Parents should avoid riding in busy streets. With small children, falls frequently result in head injuries. Children should always wear a helmet that meets Consumer Product Safety Commission (CPSC) or Snell Memorial Foundation standards.

AUTO SAFETY

15. How are your children restrained when they ride in a car?
16. Do you leave your child alone in the car?
17. Where do you seat your children in the car?
18. Does your car have a passenger air bag?
19. Do you lock the car doors before driving?
20. Does your child play in the driveway or in or near the street?

COUNSELING GUIDELINES

Children this age should always be properly restrained in a car safety seat. Select a car safety seat that fits your child's size and weight and that can be installed properly in your car. Your child should ride rear-facing until she is at least a year old AND weighs at least 20 pounds; it is even better for her to ride rear-facing to the highest weight and/or height her car safety seat allows. Use the seat every time you are in the car. Your child should use a car safety seat with a harness until she reaches the seat's upper weight limit or her ears come to the top of the seat, and then she should use a belt-positioning booster seat. Adults wearing seat belts are effective role models. Use the AAP brochure *Car Safety Seats: A Guide for Families* for a list of car safety seats that meet federal standards.

NEVER leave a child alone in a car. Children and car keys should always be removed from the car and the car kept locked. In addition to the many dangers of leaving children alone in the car, death from excess heat may occur in warm weather in a closed car in a short time.

Seat a child in the rear seat of the car. This is the safest place in the car. Never allow children to ride in the cargo area of a station wagon or truck.

Never put children in front of passenger air bags.

Buckle up and lock up! Before the car moves, all seat belts or child safety seats should be properly fastened and all doors should be locked.

Young children should not play in driveways or near busy streets. Parents should always walk behind the car before backing down a driveway. Children may not be seen in the rearview mirror and could be run over.

TOY SAFETY

21. Do you check your child's toys for safety hazards?

COUNSELING GUIDELINES

Inspect toys for safety hazards. Repair or discard broken toys. Inspect your child's toys for projectile and sharp parts or small detachable parts. Some toys may pose hazards from electric shock and burns. Toys intended for older children should not be accessible to toddlers and preschoolers. Follow age guidelines on toy packaging.



COUNSELING GUIDELINES

From 5 to 9 Years

FIREARM HAZARDS

1. Is there a gun in your home or the home where your child plays or is cared for?

COUNSELING GUIDELINES

Do not keep guns in your home. Guns, especially handguns, should be removed from the environments where children live and play. If firearms are in the home, they must be stored unloaded in a locked place and out of the reach of children, with the ammunition locked separately. Guns are frequently involved in unintentional shootings in this age group, and homicides and suicides also occur. Parents should ask if the homes where their child visits or is cared for have guns and how they are stored.

HOUSEHOLD HAZARDS

2. Do you let your child operate a power lawn mower?
3. Have any of your children ever had any injuries requiring a visit to the doctor or hospital?
4. How frequently is the heating system checked in your home?

COUNSELING GUIDELINES

Never let children this age operate a lawn mower or ride with you on one. Potential injury results from the machine itself and from objects thrown by the blade. Ride-on mowers are not recreational vehicles. Refer to the TIPP Safety Slip *Lawn Mower Safety*.

Report any history of injuries to the pediatrician. The pediatrician is able to explore the causes and discuss preventive measures. It has been shown that stressful family situations can be causally linked to repeated injuries in children (3 or more injuries needing medical attention within 12 months).

Heating ventilation systems and fireplaces should be checked at least once a year. This annual inspection helps prevent carbon monoxide poisoning, fires, and system malfunction.

BURNS

5. Do you and your children know how to get out of your home safely in the event of a fire?
6. Does anyone in your home ever smoke?
7. Does your child play with matches or lighters?
8. Do you have working fire extinguishers in your home?
9. Does your child play with firecrackers or sparklers?

COUNSELING GUIDELINES

Develop an escape plan in the event of a fire in the home. Identify appropriate exit routes and a family meeting point away from the house. Do not use elevators in apartment buildings if there is a fire. Use the TIPP Safety Slip *Protect Your Home Against Fire...Planning Saves Lives*.

A third of deaths due to home fires are caused by smoking. Smoking in bed or improper disposal of cigarette ashes or butts endangers children sleeping in adjacent rooms who may be trapped in the event of fire. Twelve percent of residential fires are associated with smoking.

Do not let children play with fire. Keep matches and lighters out of the sight and reach of children. They commonly ignite flammable materials, which may result in severe burns and house fires.

Buy a fire extinguisher for your home. Extinguishers should be available in kitchens and in rooms with a furnace or fireplace.

Do not let children play with fireworks. Firecrackers and sparklers can cause serious burns and injuries and should not be played with by children. Bystanders often are seriously injured by fireworks as well. An estimated 10,000 injuries related to fireworks are reported annually to the US Consumer Product Safety Commission (CPSC).

-
10. Do you have working smoke alarms in your home?

Install smoke alarms in your home. Most fire-related deaths are the result of inhaling smoke or toxic gas. There is a critical period of 4 minutes to get outside the home after the alarm sounds. Smoke alarms are recommended for each floor, but particularly for furnace and sleeping areas. Be sure to test the alarm monthly to be certain that it is working. It is best to use smoke alarms that use long-life batteries, but if you do not, change the batteries every year.

WATER SAFETY

11. Does your child know how to swim?
12. Does your child know the rules of water and diving safety?
13. Does your child wear a life jacket when on a boat?

COUNSELING GUIDELINES

Teach children how to swim. Swimming is an important life skill that all children should acquire. However, even if children know how to swim, there are still hazards. They may not retain their swimming skills in an emergency; even competent young swimmers should not swim unsupervised.

Teach and enforce the rules of swimming and diving safety. Drowning is the second most common cause of death in children of this age. Knowledge of swimming is not enough to prevent drowning. Children should swim in supervised areas only. The “buddy” system is desirable. Teach your child to always enter the water feet first. Use the TIPPP Safety Slips *Life Jackets and Life Preservers*, *Pool Safety for Children*, and *Water Safety for Your School-aged Child*.

Be sure your child wears a life jacket when on a boat. Everyone on the boat should use a Coast Guard-approved life jacket. At least 1 adult swimmer should be present for each child who cannot swim.

AUTO SAFETY

14. Does your child use a booster seat or seat belt when riding in the car?
15. Does your car have a passenger air bag?

COUNSELING GUIDELINES

A booster seat should be used on every trip by all children who have outgrown their car safety seats with harnesses (usually around 40 pounds) until the seat belt fits correctly (usually around 4 feet 9 inches tall or between 8 and 12 years old). Seat belts should not be used until the lap belt can be worn low and flat on the hips and the shoulder belt can be worn across the shoulder rather than the face or neck. Shoulder belts should be installed in the back seats of cars that do not have them.

Never seat a child in front of a passenger air bag.

PEDESTRIAN SAFETY

16. Do your children cross the street by themselves?

COUNSELING GUIDELINES

Teach your child pedestrian safety skills. All children should learn safe street-crossing skills and should demonstrate those skills to the parent before supervision ends. Children will still require supervision when crossing the street. Parents often think their children are able to handle traffic safely by themselves, but most children don't have the skills to handle these risky situations until at least 10 years of age.

Parents should be reminded that children

- Often act before thinking and may not do what parents or drivers expect
- May assume that if they see the driver, the driver sees them
- Can't judge speed like adults
- Are shorter than adults and can't see over cars, bushes, and other objects
- Need a place to play away from cars and the street

BICYCLE SAFETY

17. Has your child learned about bicycle safety?
18. Does your child wear a helmet every time he or she rides a bike?

COUNSELING GUIDELINES

Teach and enforce bicycle safety rules. Bicycle crashes can result in serious injury and death. Children should not ride in the street at this age. They should ride on bike paths, in parks, or in protected areas. They should never ride after dark. Bicycles should be equipped with coaster brakes at this age because the child may not be developmentally ready to use hand brakes appropriately. Use the TIPPP handout *Safe Bicycling Starts Early*. The size of the bicycle should be appropriate for the child. Use the TIPPP handout *Choosing the Right Size Bicycle for Your Child*.

Wear a bicycle helmet. All children should wear a bicycle helmet approved by the CPSC. Parents should set an example by wearing helmets when they ride bikes as well.

RECREATIONAL SAFETY

19. Does your child participate in sports?

20. Does your child participate in horseback riding?

COUNSELING GUIDELINES

Wear protective gear during sports. Despite safety measures, such as protective padding and helmets, the risk of injury is present in all sports. Children should be made aware of the risks that go with the sports they play. The chance of injury becomes greater with the degree of contact in a sport. Football, wrestling, gymnastics, soccer, ice hockey, and track/running have the highest rates of injury. Lower leg (knee and ankle) injuries are the most common injuries in major sports. Children should not participate in boxing because of the high risk of brain damage. Many serious sports injuries could be prevented if players wore protective equipment, particularly head and eye protection. Parents should encourage the use of such gear and teach their children that wearing protective gear increases the long-term enjoyment of the sport. If your child uses a scooter, skateboard, or rollerblades, a helmet, knee and elbow pads, and wrist guards should be worn. Use the AAP brochure *Sports and Your Child*.

All children should wear an approved equestrian helmet when riding a horse. All horseback riding activities should be supervised by an adult.

COUNSELING GUIDELINES

From 10 to 12 Years

FIREARM HAZARDS

1. Is there a gun in your home or any of your friends' homes?

COUNSELING GUIDELINES

Do not play with guns! More than 300 children die each year of unintentional gunshot wounds. BB guns and paint pellet guns often cause severe eye injuries. Air rifles are dangerous weapons that can kill.

BURNS

2. Do you have working smoke alarms in your home?

COUNSELING GUIDELINES

Check to see that your home has smoke alarms. Most fire-related deaths are the result of inhaling smoke or toxic gas. There is a critical period of 4 minutes to get outside the home after the alarm sounds. Smoke alarms are recommended for each floor, but particularly for furnace and sleeping areas. You should know appropriate exit routes and a family meeting point away from the house.

BICYCLE SAFETY

3. Do you ever ride with passengers on your bike?
4. Do you wear a helmet when you ride your bike?

COUNSELING GUIDELINES

Never ride with passengers on your bike. This may impair your stability and visibility and lead to an injury.

Always wear a helmet when riding a bike. This protects you from head injury. Use the TIPP handout *Safe Bicycling Starts Early*.

AUTO SAFETY

5. Do you wear a seat belt in the car?
6. Do you ride in cars that have passenger air bags?
7. Where do you sit in the car?

COUNSELING GUIDELINES

Buckle up. Seat belts save lives and should be used by all children. Remind your parents to buckle up as well.

Do not sit in front of a passenger air bag. The safest place for children to ride is in the back seat.

The safest place for you to ride is in the back seat, buckled up.

PEDESTRIAN SAFETY

8. When you want to cross the street, what is the first thing you should always do?

COUNSELING GUIDELINES

Follow safety rules when crossing the street.

- Always stop at the curb, roadside, or at the outside edge of a parked car.
- Always look left-right-left before entering the area of the road in which cars travel, even if a traffic light says "walk."
- If a car is coming, wait until it passes and look left-right-left again.
- Proceed to cross the street only when the road is clear.

WATER SAFETY

9. When playing near water (for example, rivers, ponds, lakes, oceans), is it OK to play alone?

COUNSELING GUIDELINES

Never play near water without an adult nearby. Even if children can swim, they should never play unsupervised near bodies of water into which they may fall because they may not retain their swimming skills in an emergency. Water conditions (rapids, tides) may overwhelm otherwise capable swimmers.

FARM SAFETY

10. Do you live or work on a farm?

COUNSELING GUIDELINES

Farm equipment is very dangerous to children. Parents may need to be counseled for this question.



REFERENCES

1. Holroyd HJ. How to prevent accidents. *Pediatr Ann.* 1983;12:726–727, 730–731
2. Mofenson HC, Wheatley GM. Prevention of childhood injuries: morbidity and mortality—an overview. *Pediatr Ann.* 1983;12:716–719
3. Krassner L. TIPP usage. *Pediatrics.* 1984;74:976–980
4. Bass JL, Mehta KA. Developmentally-oriented safety surveys: reported parental and adolescent practices. *Clin Pediatr (Phila).* 1980;19:350–356
5. Halperin SF, Bass JL, Mehta KA. Knowledge of accident prevention among parents of young children in nine Massachusetts towns. *Public Health Rep.* 1983;98:548–552
6. Bass JL, Mehta KA, Ostrovsky M, et al. Educating parents about injury prevention. *Pediatr Clin North Am.* 1985;32:233–242
7. Micik S, Alpert JJ. The pediatrician as advocate. *Pediatr Clin North Am.* 1985;32:243–249
8. Micik S, Miclette M. Injury prevention in the community: a systems approach. *Pediatr Clin North Am.* 1985;32:251–265
9. Bass JL, Mehta KA, Ostrovsky M. Childhood injury prevention in a suburban Massachusetts population. *Public Health Rep.* 1991;106:4
10. Bass JL, Christoffel KK, Widome M, et al. Childhood injury prevention counseling in primary care settings: a critical review of the literature. *Pediatrics.* 1993;92:544–550
11. DiGuseppi C, Roberts IG. Individual-level injury prevention strategies in the clinical setting. *Future Child.* 2000;10:53–82

ADDITIONAL RESOURCES

Because the American Academy of Pediatrics (AAP) has had a long-standing interest in injury prevention, a variety of materials has been published to enhance the pediatrician’s effectiveness in injury prevention counseling for children of all ages.

The materials include a *First Aid Chart* for parents, *Car Safety Seats: A Guide for Families, Sports and Your Child*, *Choking Prevention and First Aid for Infants and Children*, and TIPP Safety Slips, which target very specific injury hazards. These materials have been well received and recently have been updated. They are useful supplements to TIPP. Currently available titles include

AAP Safety Slips

- | | |
|--|---|
| 1. Baby-sitting Reminders | 8. Home Water Hazards for Young Children |
| 2. Infant Furniture: Cribs | 9. Water Safety for Your School-aged Child |
| 3. Protect Your Child...Prevent Poisoning | 10. Pool Safety for Children |
| 4. Protect Your Home Against Fire...
Planning Saves Lives | 11. Life Jackets and Life Preservers |
| 5. Safe Driving...A Parent’s Responsibility | 12. Firearms Injury Prevention |
| 6. Safety Tips for Home Playground Equipment | 13. When Your Child Needs Emergency
Medical Services |
| 7. Lawn Mower Safety | 14. Four Steps to Safety Readiness |

In addition, the AAP has developed *Connected Kids: Safe, Strong, Secure™* to address intentional injury prevention. Use the enclosed order form to order TIPP materials and any other available aids that you desire.

