



KIDS NEWS

Naval Medical Center San Diego
Department of Pediatrics

Play it Safe at School

Children in the United States spend almost one-fourth of their total waking hours in school or on school property. So it's not surprising that an estimated 10 to 25 percent of the more than [14 million](#) unintentional injuries sustained by children each year occur in and around schools. The most common sites of injury are on playgrounds, in physical education classes and organized sports activities, and around school buses.

Being aware and involved makes a big difference in protecting your children from school-related injuries. Here are some tips to help your child avoid school-related injuries:

- ⇒ Remove hood and neck drawstrings from all children's outerwear to avoid strangulation hazards on playgrounds.
- ⇒ Make sure children playing sports are appropriately grouped according to skill level, weight and physical maturity, especially for contact sports.
- ⇒ Teach children proper

playground behavior: no pushing, shoving or crowding. Tell them what equipment is appropriate for their age levels.

- ⇒ Remind your children to stay seated on the bus at all times and keep their heads and arms inside while riding.



- ⇒ Check playgrounds where your children play. Look for age-appropriate equipment and hazards such as rusted or broken equipment and dangerous surfaces. Report any hazards to the school or municipality.
- ⇒ Make sure children remove bike helmets before using any playground equipment.
- ⇒ If your child is involved

in a sports program, talk to the coordinator or coach to make sure the following are included: proper physical and psychological conditioning, appropriate safety equipment, a safe playing environment, adequate adult supervision, enforcement of safety rules, and an emergency medical plan.

- ⇒ Teach children to arrive at the bus stop early, stay out of the street and avoid horseplay, wait for the bus to come to a complete stop before approaching the street, watch for cars, and avoid the driver's blind spot.
- ⇒ When exiting the bus, children should remember to wait until the bus comes to a complete stop, exit from the front using the handrail to avoid falls, and cross the street at least 10 feet (or 10 giant steps) in front of the bus.

Adapted from the American Academy of Pediatrics and the Safe Kids Coalition.

Naval Medical Center San Diego
Department of Pediatrics

Volume 4, Issue 2

Fall 2004

Special points of interest:

- ☺ Taming the Trampoline
- ☺ Bike, Boards and Scooters
- ☺ Asthma-Friendly Schools
- ☺ Flu Season Guidelines
- ☺ School lunches
- ☺ Five a day on a budget!

Inside this issue:

Play it Safe at School	1
Trampoline Safety	2
Kids on Wheels	2
Kids with Asthma	3
Flu Season	4
School Lunches	5
Activity Pyramid	6

Taming the Trampoline

Trampolines are often described as fun for kids and a great way to get exercise. Unfortunately, an estimated **83,000** people were injured on trampolines in 1996! Most of these injuries happened on home trampolines. The American Academy of Pediatrics recommends that trampolines never be used at home, in routine gym classes, or playgrounds.

Trampolines can be very dangerous

Most of the people injured from trampolines are children ages 5 through 14. Common injuries include:

- Broken bones (often needing sur-

gery)

- Concussions and other head injuries
- Neck and spinal injuries
- Sprains/strains
- Bruises, scrapes and cuts

How Children are Hurt

Children can be hurt on trampolines in a lot of ways. Most injuries happen from:

- Falling off the trampoline
- Landing wrong while jumping
- Attempting stunts

- Colliding with another person on the trampoline
- Landing on the springs or frame of the trampoline

Trampolines should be used only in supervised training programs for gymnastics, diving, or other competitive sports and only under the direct supervision of a professional trained in trampoline safety. Don't risk it! Trampolines should never be used at home, in gym classes or on the playground!

Adapted from the American Academy of Pediatrics

Kids on Wheels

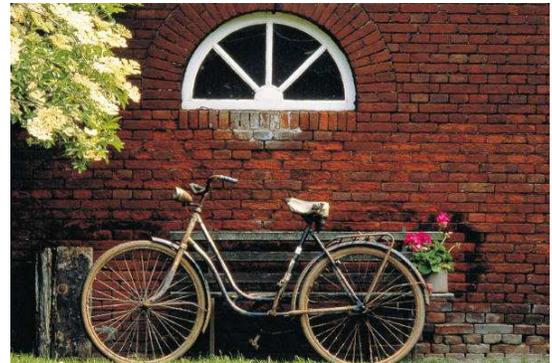
Teenagers may fantasize about the day they're old enough to drive, but for most of adolescence it's the humble bicycle that whisks them from here to there. Bicycling is an excellent form of aerobic exercise.

The most important safety measure for all bike riders is to wear a helmet, which can reduce the odds of sustaining a head injury by 85 percent. Adolescents and teenagers might be more inclined to put on a helmet if it's a professional-looking model. Or suggest painting or using decals to personalize and transform an otherwise plain helmet into a work of art.

Here are other safety tips for bicyclists:

- Never assume that drivers in cars see you.

- Wear bright clothing during the day.
- Make eye contact with motorists.
- Avoid biking after dark. If you are out at night, wear neon or reflective clothing and equip your bike with a white headlight, a red taillight and at least one red rear reflector.
- Reflective material should also be worn on the helmet, back, wrists and ankles.
- Bicycles should also be outfitted with a horn or bell that is audible at least one hundred feet away.
- Always use hand signals before turning or stopping.
- Stay alert. Watch the road ahead for potholes, puddles, gravel, wet paint stripes and other hazards.
- Attach a carrier to the



back of the bicycle, not the front.

- Should you have to brake suddenly, apply more pressure on the front handbrake while you lean down and shift your weight back to keep yourself from being hurled over the handlebars.
- Observe all safety rules (ride with traffic as close to the edge of the road as possible; obey all traffic signals)
- Keep your bike in good working condition. Before riding, check brakes and air in tires. Also make sure wheels are securely fastened.

Adapted from Caring for your Teenager (published by the AAP).

X-treme Wheels

If you have a skateboarder in your family, you know the passion they have for the sport. While supporting their enthusiasm, remember these statistics: Skateboard-related injuries account for an estimated 50,000 emergency department visits and 1500 hospitalizations among children and adolescents in the United States each year. Non-powered scooter related injuries accounted for an estimated 9400 emergency department visits between January and August 2000 and 90% of these patients were children younger than 15.

Many such injuries can be avoided if

children and youth do not ride in traffic, if proper protective gear is worn, and if, in the absence of close adult supervision, skateboards and scooters are not used by children younger than 10 and 8 years, respectively. Here are some additional safety tips:

- Children should not ride scooters in streets, in traffic or at night.
- Children should wear appropriate helmets, kneepads and elbow pads.



- Communities should continue to develop skateboarding parks and encourage youths to practice there.

And REMEMBER: In California, children younger than 16 are not allowed to ride motorized scooters!

Is your school asthma friendly?

Children with asthma need proper support at school to keep their asthma under control and be fully active. Use the questions below to find out how well your school assists children with asthma.

- ⇒ Is your school **free of tobacco smoke** at all times, including during school-sponsored events?
- ⇒ Does the school maintain good **indoor air quality**? Does it reduce or eliminate allergens and irritants (e.g. pets with fur or feathers, mold, dust mites in carpets and upholstery, cockroaches, and strong odors or fumes from such products as pesticides, paint, perfumes and cleaning chemicals) that can make asthma worse?
- ⇒ Is there a **school nurse** in your school all day, every day? If not, is a nurse regularly available to the school to help write plans and give guidance for students with asthma about medications, physi-

cal education and field trips?

- ⇒ Can children take **medicines** at school as recommended by their doctor and parents? May children carry their own asthma medicines?
- ⇒ Does your school have an **emergency plan** for taking care of a child with a severe asthma attack? Is it made clear what to do? Who to call? When to call?
- ⇒ Does someone at the school **teach school staff** about asthma, asthma management plans and asthma medicines? Does someone **teach all students** about asthma and how to help a classmate who has it?
- ⇒ Do students have **good options for fully and safely participating in physical education** class and recess? For example, do students have access to their medicines before exercise? Can they choose modified or alternative

activities when medically necessary?

If the answer to any question is **no**, students may be facing obstacles to asthma control. Asthma out of control can hinder a student's attendance, participation and progress in school. School staff, health professionals and parents can work together to remove obstacles and to promote students' health and education.

Adapted from the American Academy of Pediatrics

Did you know the Pediatric Health Promotions Department at NMCS D offers classes in **Infant/Child CPR; American Red Cross Babysitter's Training; Dad's Boot Camp; Mom's Survival Training** and **Sibling** classes? Check out our class calendar at:

www.nmcsd.med.navy.mil/service/promo_classes.cfm

Get Ready for Flu Season

What is the flu?

It's a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is to get a flu vaccine each fall.

How Flu Spreads

The flu spreads in respiratory droplets caused by coughing and sneezing. It usually spreads from person to person, though occasionally a person may become infected by touching something with virus on it and then touching their mouth or nose. Adults may be able to infect others beginning 1 day **before** getting symptoms and up to 7 days **after** getting sick. **That means you can give someone the flu before you know you're sick as well as while you are sick.**

When to Get Vaccinated?

October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

Who Should Get Vaccinated?

Anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu complications or because they are in close contact with someone who is at high risk for serious complications and they could make them sick. People who **should** get vaccinated each year are:

⇒ People at high risk for complications from the flu:

- People 65 and older
 - People who live in nursing homes and other long-term care facilities that house those with long-term illnesses
 - Adults and children 6 months and older with chronic heart or lung conditions, including asthma
 - Adults and children 6 months and older who needed regular medical care or were in a hospital during the previous year because of a metabolic disease (like diabetes), chronic kidney disease or weakened immune system
 - Children 6 months to 18 years of age who are on long-term aspirin therapy. (If given aspirin while they have influenza, they are at risk of Reye syndrome.)
 - Women who will be pregnant during the influenza season
 - **ALL** children 6 to 23 months of age
- ⇒ People 50 to 64 years of age:
- Nearly one-third of people 50 to 64 years of age in the United States have one or more medical conditions that place them at increased risk for serious complications from influenza.
- ⇒ People who can transmit influenza to others at high risk for complications:
- This means that if you have contact with anyone in a high risk group (see previous listing), you should get vaccinated. This includes health-care workers and parents or other close contacts of children 6 to 23

months of age and close contacts of seniors.

Who Should Not Be Vaccinated:

There are some people who should not be vaccinated. This includes:

- ⇒ People who have a severe allergy to chicken eggs.
- ⇒ People who have had a severe reaction to an influenza vaccination in the past.
- ⇒ People who developed Guillain-Barre syndrome within 6 weeks of getting an influenza vaccine previously.
- ⇒ Children less than 6 months of age.
- ⇒ People who are sick with a fever.

Symptoms of Flu:

- Fever (usually high)
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Gastrointestinal symptoms, such as nausea, vomiting and diarrhea are much more common among children than adults.

Complications of Flu:

- Bacterial pneumonia
- Dehydration
- Worsening of chronic medical conditions (such as congestive heart failure, asthma or diabetes. Children may get sinus problems and ear infections.

Adapted from CDC, Dept. of Health and Human Services

School Lunches: What are they eating, REALLY?

Do you know if your kids are eating healthy school meals? The only real way to be sure is to get involved. Show you care. Show the school that what your kids eat matters to you. Here's a checklist of what you can do to get results:

⇒ [Do Lunch with the Kids](#)

Eat breakfast or lunch at school with your kids. See what the meals are like. Notice the atmosphere. If you don't like what you see, *do something*.

⇒ [Discuss Your Principles](#)

Go to the principal. Discuss the importance of good nutrition and physical activity. Suggest programs. Ask for cooperation. Follow through.

⇒ [Team Up with Food Service Staff](#)

Visit the school cafeteria. Get to know the staff. Let them know you value their services and appreciate good daily nutrition for your child.

⇒ [Throw a Tasting Party](#)

- Volunteer to organize a classroom tasting party to introduce and encourage nutritious new



foods the kids may never have tried.

⇒ [Serve Your Kids Food for Thought](#)

Make sure kids appreciate how

healthy breakfasts and lunches

serve their minds as well as their bodies.

⇒ [Talk Out of School](#)

Make your opinions heard. Talk to other parents. Work with your PTA and school board to support healthy school meals.



⇒ [Know What's for Lunch](#)

Get a weekly menu of school meals. Ask for the nutrition facts so you can be sure the menu meets the official Dietary Guidelines for Americans. Keep it magnetized to your refrigerator. Discuss all the healthy choices with your kids.

⇒ [Plant a Seed](#)

Show your kids and their friends where healthy food comes from. Help your school start an edible landscape with a garden of goodies like fruit, vegetables and herbs.

⇒ [Set Up a Group](#)

Get involved. Form a parent advisory committee for school meals. Recruit enthusiastic, "can-do" people to work with you.

⇒ [Listen](#)

If you listen to what your kids are learning at school about good nutrition, you can help them put their knowledge to work at home, too.

The national 5 A Day for Better Health Program gives Americans a simple, positive message—eat 5 or more servings of fruits and vegetables every day for better health. The following tips can help you reach that goal while staying within your budget:

- Fruits and vegetables that are in season are usually the best buy.
- Instead of taking your kids to a movie or video arcade, visit an open-air farmer's market. Turn your produce shopping into a family outing!
- Consider buying discounted/ripened fruit, especially if you are planning to use the fruit in baking or cooking.
- Consider frozen vegetables and fruits.
- Stock up on canned vegetables and fruits.
- Utilize coupons to increase your savings.
- Frozen juice concentrate can be a great way to save on 100% fruit juices.

When your kids are thirsty, a sweet drink or soda may not be the answer! The same sugar (a 20 oz. bottle of soda has about [13 teaspoons](#) of sugar!) that makes them taste good can make them MORE thirsty than they were before. Choose lowfat milk, water or 100% juice instead of soda.

Adapted from the National Institutes of Health.

**Naval Medical Center San Diego
Department of Pediatrics**

34800 Bob Wilson Drive - Code CGA

Building Two/1st Deck

San Diego, CA 92134-2100

Visit us online at:

www.nmcscd.med.navy.mil



KIDS ACTIVITY PYRAMID

