

## Supporting Home Safety During COVID-19

Marco Beltran: Good afternoon and welcome. I want to start with some housekeeping prior to starting the webinar. We really want to hear from you, so please use the Ask a Question feature to submit your questions. We will try to answer as many questions as we can. You can also download a PDF copy of today's presentation. A recording of this webinar will be posted on the ECLKC. You can also use the webinar link that you used to join this broadcast to watch the recording again for a month. And before we get started, I want to recognize the National Center on Early Childhood Health and Wellness. The center is jointly administered by the administration for Children and Families Office of Head Start in partnership with the Office of Child Care and the Health Resources Services Administration, the Maternal and Child Health Bureau. Once again, good afternoon. My name is Marco Beltran and I am the Health Lead for the Office of Head Start. And I would like to welcome you to Supporting Home Safety During COVID-19. We have received many questions related to home safety and how to support families. We know that home safety is a prime concern for families, and during this time, we wanted to take this opportunity to explore emerging trends in child injury as well as strategies and recommendations for keeping home safe.

At this point, I want to introduce Dr. Benjamin Hoffmann. Dr. Hoffman is a semi-native of New Mexico. He majored in anthropology at the University of California at Berkeley and attended Harvard Medical School. He completed residency training in a year as chief resident at Seattle Children's Hospital. Following training, he and his wife Jane, also a pediatrician, spent four years on the Navajo Nation with Indian Health Services, where he worked with the community to develop a child passenger safety program. He has been certified as a CPS technician since 1997 and an instructor since 2001. The only practicing pediatrician so certified. From 2000 to 2011, he was at the University of New Mexico, where he was a director of the Pediatric Residency Program, developed and ran a community advocacy training program for pediatric residents and worked to draft an advocate for childhood injury prevention legislation. Ben is a nationally recognized expert in child passenger safety and leader in the field of community health and advocacy training for pediatric residents. He is a professor of Pediatrics at Doernbecher Children's Hospital at Oregon Health & Science University. There, he is the vice president for Community Health and Advocacy, the director of the Oregon Center for Children and Youth and Special Health Care Needs, and Medical Director of the Tom Sargent Safety Center. He is also currently the chair of the American Academy of Pediatrics Council on Injury, Violence and Poison Prevention and Director of the Community Pediatric Training Initiative. He remains very active in child health policy and community advocacy, one of which is being a member of a local Head Start Health Services Advisory Committee. At this point, I want to thank Ben for being on with us tonight, and I just want to turn it over to him. Thank you, Ben.

Dr. Benjamin Hoffman: Excellent. Thank you very much, Marco. It's wonderful to be here. Thank you for allowing me this opportunity to share with you guys. It's ... As Marco said ... [Inaudible] As Marco said, I grew up ... [Inaudible] I'm sorry, I'm getting some feedback. OK. As Marco said, I grew up in New Mexico and spent time working on the Navajo reservation in my first job as a

pediatrician. And I just want to share some visions of New Mexico and the Navajo reservation. As many of you may know, the Navajo has been hit disproportionately with the impact of COVID. And in fact, the town where we lived, Gallup, New Mexico, has actually been placed literally on lockdown by the governor. Nobody is allowed to go in or out. And, you know, when I grew up and would spend time traveling around the state. You know, when you think about the Southwest and you think about Navajo, you think about the images that I have on the on the slide there: Monument Valley at the top left, the Shiprock, which is in the Four Corners on the right, and then on the bottom left is Church Rock, which is about five minutes from where we lived in Gallup. But if you have ever spent time on the reservation, this is what it really looks like if you live there: really substandard housing. At the time that we lived and worked there, about half the families that we cared for had access to electricity and only about 20% had access to running water. And those disparities lead to significant impacts on health. [Inaudible] It really was like working in a Third World country. This was the hospital where I worked. This is the Gallup Indian Medical Center. And in the winter of 1996, I got called into the emergency department on five straight call nights, which is basically five ... Over the course of one month, I got called in to help stabilize and care for a child who had been critically injured in a car crash. None of those five kids had been restrained at the time of the crash. One of them sadly passed away, and we were able to get four of them to the trauma center at the University of New Mexico in Albuquerque. But that experience left me shaken, and I remember standing in the emergency department in that winter after the fifth one, just angry as hell and thinking somebody needs to do something about this. There is an epidemic, and it is involving kids and it's about motor vehicle transportation, and there is obviously some gaps in the safety net, and realizing that I knew nothing about injury prevention, I knew nothing about car seats, I knew nothing about how to interact with a community to make a difference, and spent the next three years figuring out how to do that, and made a difference in that community. And that also made a huge difference on me. And that led me to return to academic medicine with the goal of teaching pediatricians what I had learned about working with communities. As Marco said, I have the pleasure now of participating in a health services advisory committee for one of my local Head Starts, and I am passionate about getting pediatricians and child health providers outside of their box, outside of the clinic, outside of the hospital to think about their work in the community, to think upstream about prevention, and that is what we are going to focus on for the rest of this morning. Or this afternoon. You have to forgive me; I am on the West Coast. It's still morning here.

So, what I'm going to do in the course of the next 20 minutes or so is to talk about the impact of unintentional injuries in kids during this pandemic, where everybody's routine has been uprooted and kids are home, parents and caregivers are home, nobody is in their normal role. We're going to focus on six major injury risks for kids within the home. And then we're going to talk about what we know: tips, tools, and method, which are evidence based, to help prevent injuries to those kids. So, I always need to start with the data and what I'm showing you here is data that's taken from the Centers for Disease Control from their fatality review program, which is called Whiskers.

And what I am showing you here are ... These are the 10 leading causes of death for kids between birth and age 19. And what you will note is the blue boxes. So for kids less than 1, there were four causes of mortality that precede unintentional injuries, but SIDS is at No. 3, and if you combine SIDS and unintentional injuries as preventable causes of death, those two are by far the leading, the leading cause for infants. When we talk about kids 1 to 4, all the way up through 15 to 19, it is all about unintentional injuries. We are going to drill down on this a little bit and focus in specifically on the Head Start-age population. So those one to 1- to 4-year-olds. When we look at the injury related deaths for infants, as I said, SIDS and suffocation, and the majority of those suffocation deaths for infants are associated with sleep. You can see that car crashes are the second leading cause of unintentional injury deaths for kids, but it only comprises about 7%. When we talk about 1- to 4-year-olds, you can see here that drowning has become the leading cause of death. Motor vehicle trends, motor vehicle-related deaths remain No. 2. Up until about three years ago, motor vehicle deaths were the leading cause of death for every age from 1 up. But because car seats and booster seats are awesome, we've seen that that rate decrease a little bit. And if we are not seeing more drowning, but drowning has emerged as the leading cause of death. You can see suffocation, fires, burns, pedestrian deaths, and then things get a little bit ... We head into things that are under 1 or 2% after that.

If we focus specifically on the 1- to 4-year-olds and look within these individual categories at what actually leads to deaths ... So, there should be animation on this slide. Yeah there is. For drowning, the No. 1 source of drowning deaths for 1- to 4-year-olds are swimming pools. and this includes domestic swimming pools ... So, people who have a swimming pool at their home, whether it's above ground or in ground, as well as pools in apartments and hotels and those sorts of things ... And if you think about 1- to 4-year-olds and how impulsive and curious they are and how fascinating water is, it makes sense that that a child would be attracted to a swimming pool, and we'll delve into this a little bit more. The No. 2 source for drowning deaths in 1- to 4-year-olds are bathtubs, and this was primarily due to lapses in supervision. And you're going to see that that's a recurring theme. And as we think about the impact of injuries within the COVID environment, a lot of it is going to get down to supervision and differences. When we look at suffocation, the leading cause of suffocation deaths for kids is food and especially things like hot dogs, a child's airway, their trachea, which is the windpipe, is about the diameter of their thumb. And if you think about anything that is that diameter, that's the kind of thing that we worry about. Other foreign bodies, and those could be toys, things like Legos, and Polly Pockets, and those sorts of things also represent a huge hazard. There is one other aspect of suffocation that I need to just mention quickly that we'll get to a little bit later as well, and that's window cords. The cords from shades, et cetera, are a pretty significant source of injury for kids.

When we look at poisonings, and I need to mention that this data is collected ... This this is composite data from 2007 to 2017, which is really the last year that we have a period of time over which we have this available. Narcotics have emerged as the No. 1 risk for poisoning death for kids. And a lot of that mirrors what we're seeing in the rest of the population with the opioid, what's been referred to as the opioid epidemic. Other household hazards, including

laundry packets, and dishwasher soap, and those sorts of things, represent a significant risk, as do other medication. And we're going to talk about ways we can address that risk.

And then the final category that I want to address are falls, and the leading cause of death related to falls are actually falls out of a building. A lot of these are related to windows. And if you think about the time of year as things are starting to heat up, we think about, especially in the northwest, in the Pacific Northwest, where it's been raining and cold all winter, and we will have sporadically through the spring days where it's 60 and rainy, and then a day where it's 80 degrees. Those days where it's 80 degrees, people open their windows. And we talk about spring in Portland as being falling season. The other significant risk for falls within homes are stairs. And there is something we can do about that, that we will talk about. Not all injury leads to death. And this slide has information for the same age groups on non-fatal causes of injury that lead to emergency department visits. I am not going to belabor this. It's taken from the same database. And what I have highlighted there are some of the sources and causes that we're going to focus on today. If there was one thing that I want you to take away from today, it is that success in preventing injuries for kids is partially about being lucky, and every parent will tell you stories ... And if you are a parent yourself, you have stories of "there but for the grace of God go I" moments where something could have happened. You turned your back for a sec, and your child got into something. And fortunately, you were there to stop it. Luck is an absolutely essential component of navigating parenthood and keeping our kids safe. But the most important thing that we have to do is be prepared. Think upstream, think about prevention, which is why I started with the data to sort of frame what the problems are, so we can start thinking about what the solutions can be and how we can prepare for them. It's a combination of needing to be lucky and having to be good. And it is the having to be good part that gets complicated. As I have said before, during this pandemic, we've all been taken out of our element. We are all discombobulated, and we're all working and living in scenarios that we're just not used to. And, if even on your best day, it's really hard, this has made it that much harder. We are trapped. We can't get outside, so the exposure that kids have to home based hazards is increased. They're around the laundry packets 24/7 now. They're going up and down the stairs much more than they would have otherwise because they're not at school or at daycare or in their other places. Parents and caregivers who we rely on for supervision and preparation are being forced to multitask in ways that were not used to doing. We're now the teachers for our kids and we're all trying to work from home. If your days are anything like mine, I am just getting Zoomed to death. And because our routines have been disrupted and our attention is fragmented, the supervision becomes complicated. And while there is not yet data proving that we are seeing an increased burden of injury, the data has not been published yet, there are ongoing surveillance projects that I'm participating in that I know are showing increased injuries. And some of them are the usual suspect injuries, and some of them are really unusual things just because everybody's been taken out of their element. So, what I want to focus on now is individual aspects of injury for kids and what we can do to address them. So, as I said before, when we think about falls ... Now, falls are a significant cause of death but probably the leading cause of injury. So, it's those emergency department visits for young kids. And thinking about the fact that gravity is not just a good idea; it's the law, and gravity is always going to win. That kids, especially our age group, the 1- to 4-year-olds are by nature explorers,

and they're impulsive and not great rule followers. And the fact that their exposure to these risks, to windows, and stairs, and to furniture, and all these other potential hazards are increased. We need to think really carefully about falls. As I mentioned before, window falls are the leading cause of death related to falls for kids. And so, it is really important that we talk to families and caregivers about protecting kids from windows. You don't look at a window necessarily and see a hazard, and it doesn't look threatening. But to a kid, it is incredibly enticing. There are municipalities that have laws about multi-family units and window guards, and you can see on the bottom left here a set of window guards that have been installed in the window that have bars. So, the window can open, and the child can't get outside. I do need to mention that that particular device also can be opened relatively rapidly by an adult with two hands so that it doesn't present a risk in the event of a fire or where a firefighter would need to get into the home or a family might need to escape through the window. And in the picture next to that, that's me at our safety center demonstrating four inches of opening in a window, which is what we would recommend to any family, that they ensure that any windows are going to be opened in their home, whether they open up or to the side, can't be opened more than four inches. And there are a number of devices out there, including the bars on the left. And then you can see in the three smaller pictures on the right, mesh window guard, which performs the same service as the bars, and then wedges and stops that can be installed in a window. The wedge actually just uses Velcro to prevent a window from opening more than four inches. And that stopped as the same thing. Both of those can be removed very quickly or opened very quickly by an adult with two hands. So, it doesn't prevent a hazard in terms of a potential need to escape. As you can also see, the window stops and guards are relatively inexpensive. The bars and the mesh are a little more costly. And what I am showing you, in terms of the prices, are the prices that we have at our safety center, which part of one component of our safety center at the children's hospital is a safety store, and we sell all of these products. This is basically our cost. They're also available at any of the big box retailers or online. And we're in the process now of actually putting together care packages for vulnerable families that we're going to be distributing through a drive-through process on weekends to families so we can get stuff out to them, since they can't come to us. Moving on from windows to stairs, it doesn't matter how many stairs you have ... Obviously, a longer stairways may present more individual risk to a child, but stairs are stairs, and we need to make sure that kids cannot get to stairs when they're not being adequately supervised. We need to think about the top of the stairs being as different from the bottom of the stairs, again because of gravity. We want to make sure that at the top of the stairs, there's a gate that is mounted to the wall. So actually, the two gates that are ... The gate that's in the middle, you can see, is screwed into the wall. That is what we would want at the top of the stairs. And you can see that those are relatively expensive, especially compared to the window guards. A pressure-mounted gate, which is on the left and the right, are adequate for the bottom of the stairs. And the reason that the top of the stairs needs to be screwed and needs to be attached to the wall is that the child could lean on or try and climb, and the pressure mounted gates may actually fall over that. As I said, these are relatively more costly, but they are really, really important. We have a phenomenon in Portland where a number of the subsidized housing units are three stories. And there are issues with some of the landlords allowing families to drill into the sheetrock, so we have specific risks here in our community that we're working on an ad at a policy advocacy level

to try and address and be able to get to allow families to do what they need to do to protect their children. This is something that may be a little bit hard to hear, but there have been, as we know right now, there has been at least nine children over the last several years who have been killed by IKEA dressers, specifically IKEA. There's one model, the MALM, and what I'm showing you here on the right is a picture taken from a press conference, the Consumer Product Safety Commission, with that dresser and a doll, which weighed about 40 pounds. And you can see it when they put the doll on the dresser and opened a drawer and the doll was ... It's as if the doll was trying to climb up. The dresser tipped, and as I said, there have been nine children killed and a large number of children who've been very seriously injured. And it is not just those particular dressers. There are a lot of other furniture risks, including televisions and bookcases. And, again, thinking about 1-to 4-year-olds and how curious and impulsive they are, they're going to climb and anything to them looks like a ladder. So, making sure that families ... And, again, you can imagine during the stay-at-home period, kids are now around those hazards much more than they were, and parents may not be able to supervise to the degree that is necessary. So, what we would advise is that all of those potential tip hazards. Anything that a child could climb that could tip -- so, bookcases, dressers, TV stands -- be attached to the wall. IKEA, in their fix for this dresser which has been recalled, has issued anchor units to allow families to attach them to the wall. And they now say in their guidance, this dresser must be anchored to the wall. Again, there may be families who are living in circumstances where they are not allowed to by their landlord, and we need to be aware of that. But there is no other fix for address the risk. So, anchors are available. Like I said, a lot of the manufacturers now include them in furniture, especially the modular furniture that parents would build. There also are a number of anchors that can be purchased that are relatively inexpensive. And I think that this is an important thing for us to be talking to families about because it's something that they may not think about.

Now we are going to move on to drowning. And, you know, as I mentioned in the beginning, the leading risk for drowning for kids are swimming pools. The fact of the matter is, for 1-to 4-year-olds, about 70% of those pool drownings happen when it's not swim time. And it's an impulsive, quick child who gets out, who goes to the water and things happen very, very, very quickly. I've had the opportunity to work with a number of families in the last couple of years who've lost children to drowning. And that's the recurrent story. The recurrent stories that I hear are that this happens to good families who care about their kids and loved their kids who are super good parents, and it just took a second. If a family has a swimming pool, but we'll get to that in a sec. If a family doesn't have swimming pools, water is water. And I personally, as a pediatrician, have seen children who've drowned in buckets and toilets and little wading pools in the backyard. The way to address drowning risk for kids is to prevent them from getting to the water. If a child is fascinated by a toilet, and you look at this kid ... Toddlers, especially towards the younger age of the 1 to 4 spectrum, are very top heavy. And if a child who gets their head into a toilet often can't get out just because of that of that aspect. Emptying buckets, making sure there is no standing water sitting around, making sure that any small pool is empty when it is not being used, making sure that bathtubs are empty as soon as bath time is over, and using toilet locks or ensuring that the bathroom door is closed can be lifesaving. In thinking about pools, it's about layers of protection and making sure that supervision, limitation of

access and the ability to protect themselves in the water. We actually know that swimming lessons make a difference for kids 1 to 4. We don't know what aspect of swimming lessons. We just know that kids who have had swimming lessons in age 1 to 4 are significantly less likely to drown than kids who haven't had swimming lessons. Now, this summer, it's going to be really hard to find swimming lessons for kids. And so especially this year, we're going to need to make sure that families that do have access to a swimming pool, whether it's theirs or it's in their complex or anything like that, are being careful. You can see the picture on the left of a child at a gate. A four-sided fence with a locking gate on a swimming pool will decrease the risk of drowning about 50%. It's the most important thing that a family with a swimming pool can do. The other piece is, if they're not really good swimmers, is a Coast Guard-approved life jacket, as you can see in the picture on the right. I will mention that something that's inflatable will not be Coast Guard-approved and cannot be thought of and trusted to prevent a child from drowning, so an actual Coast Guard-approved life jacket. And then, supervision, supervision, supervision, and supervision. There is no substitute. And we actually talked to parents and families about making sure that if kids are in or near water, there is one adult whose designated job is to do nothing but to watch them, not to be on their phone, not to be reading, but just watching the kids. Again, the picture on the left shows ways to think about preventing access to a swimming pool. In this case, an above-ground swimming pool. So, the access here is the ladder. So, making sure that when it's not swim time, that ladder is removed, so a kid can't get to the water. And the picture on the right shows a door alarm, which can be beneficial if a child is not supposed to, for non-swim time if a child is supposed to be inside, to alert a parent or caregiver that that the child may be going outside. This can be especially important for kids with developmental differences, so children with autism, children who have issues with impulse like kids with ADHD that may not may not easily be able to follow the rules to the same degree as other children.

And so, those sorts of tools, making sure that we know when kids are around water and they're not around water, when we're not supervising them adequately are absolutely essential. When we talk about burns within the home, it is that the majority of injuries and really horrible things that we will see are associated with hot foods and hot liquids. And I, have had experiences with kids who pulled on the cords of a coffeemaker and had a whole carafe of hot, fresh coffee come down on them. Those burns can be really devastating, leading to years of disability and surgery and all sorts of horrible things. So, making sure that parents and caregivers are aware where the hot foods and liquids are. If a kid can move, they can push a chair, they can get up to stove top level. kids can pull on place mats and tablecloths and have hot things come down on them. And again, you think about parents working from home with their coffee cup and their child sitting next to them doing school, the exposure and supervision is ... We're heading into uncharted territory and just need to be super careful about that. Microwaves are another really important source of burns because things get so hot so quickly. And our recommendation is that kids under 7 should not be using a microwave without specific close supervision. One thing that I will mention is that one of my colleagues, a pediatrician in Chicago, has actually worked over the last fifteen years, believe it or not, to get the regulations changed around microwave manufacturing. So, it now will take two hands to open a microwave door, and that will

significantly decrease the risk to kids, to those impulsive kids under 7 who might be able to get into it now.

Another significant source of home burns are scald burns from tap water. And what I'm showing you here is actually a picture of the water heater in my basement, which has a warning on it. All water heaters have them. And a recommendation that water heaters not be set to any temperature higher than 120 degrees. And believe it or not, in 2020, a lot of them are still shipping from the factories. set at 130 degrees or higher. And, as you can see, at 130 degrees in the chart that's on the right ... At 130 degrees, it takes about five seconds for a child to suffer a significant burn, where at 120 degrees, it would take over a minute. That is a big deal. Five seconds is not much time. Often, it's five seconds before you realize that it's that hot. So, again, if you're involved with families and especially if you're engage in any sort of home-visiting stuff, talking to families, making sure that their water heaters, are set to a reasonable temperature, can help prevent a lot of burns.

For poisoning, as we said earlier, opiates are a significant risk, and it's especially the lethality, that opiates are just so dangerous. But everything, from the soap and detergents underneath your sink to over-the-counter medication, like Tylenol and ibuprofen, to other prescription medications present a significant risk. We definitely have seen an increased volume of phone calls to the poison center during this during this period. And so, we know ... This is one of the places where we know that risk is leading to impact in families and communities. We want to make sure that kids can't get to any of any of the hazards. So, what I have a picture of here is a medication lockbox. This is one that we sell at our safety center. Anything that locks would be great, especially for the most dangerous medication, but making sure that children can't access any medication or poisons. I'm sure many people are aware of the issues around laundry packets because they have gotten a lot of press. We are actually seeing increased numbers of poisonings from laundry packets each year. It continues to increase, and we think this is because more and more families are using them. Our recommendation is that, for families that have kids under the age of 7 or 8, they actually not use these and go back to either powdered or liquid detergent. The manufacturers have rolled out more child-resistant packaging, but we have not seen a decrease in the incidence of poisonings yet. So, these things are especially dangerous because, as you can see in the picture, it looks like a candy. And what happens if a child bites down on it is it actually then puts pressure ... The contents become under pressure, and when it ruptures, the detergents, which include a lot of really caustic burning agents, gets shot down the throat and can lead to significant burns within the throat and also lung damage. So please think about communicating this to families. There is a risk as well with a dishwasher detergent, but it has not been as great as the as the laundry packets.

I also need to specifically mention button batteries because button batteries are so ubiquitous. There are so many things we have that use them now. And these represent a very specific particular hazard to kids. And the problem is basically this: These batteries work when there is contact on both sides. So, when you put it into your TV remote and you put the cover on, there's a piece of metal. There's metal pieces that touch both the top and the bottom at the same time, and that starts the electricity flowing. If a child swallows these in their food tube, in

the esophagus, there will be contact between the skin, the tissue of the esophagus at the top and the bottom.

So, one of the most important things for families is to think about having a plan for supervision. If a family does have multiple caregivers available, trying to divide and conquer to make sure that there is constant supervision around children. If that's not possible, then making sure that at least there's as much supervision as can be managed and that the environment is as safe as possible. Really, the take home is that unintentional injuries are a big deal for both emergency room visits and death, that injuries in the home especially are a risk for young kids, and we went through those six topic areas. And the key is really acknowledging that there is the risk and being prepared, anticipating what those risks might be. Do you have an IKEA dresser? Are your windows going to be open? Do you have a swimming pool? Taking measures to prevent the risk, so making sure the medications are locked up, making sure you have window guards, and the furniture is anchored to the wall. And then, providing the best available supervision that can happen, as I said in the very beginning. You know, my experience as a parent is that it is all about being lucky and being good. Luck, however, can't be our strategy. We can't just rely on luck and be thankful at the end of every day when nothing happens, that nothing happens. We need to be prepared. And that preparation involves all of the things that we've talked about. I am just going to ask, process-wise, do we still want to go through these slides or are we time limited at this point?

Marco: You can still go through the slides.

Benjamin: OK, great. So, in talking to families, and I think we have you know, we have a responsibility, but we're also fortunate that we have positions of trust within our communities and we want to take that opportunity to have conversations with families about injury risk. And I think the more we can do that from the standpoint of strength-based approaches, you know, looking at the assets and the resources that a family in a community that exists within a family and a community. Leveraging our relationships and that trust and building family focused and child-centered approaches that meet communities where they are in terms of language, in terms of culture, in terms of belief, and in terms of risk. And there are some examples of conversation starters that can be used. There are a number of resources that are available from the ECLKC. This is a couple of hand outs in both English and Spanish around injury prevention in general. There are archived webinars from previous presenters that you can go through. There are guides to having these conversations about safety.

And I need to specifically address the issue of disparities. I alluded to, a little bit earlier, the issues around some children, a special health needs, so kids with developmental disabilities. Kids who have issues that may have different approaches to impulse, like children with autism or kids with ADHD or oppositional defiant disorder. We also need to acknowledge, and this will come as a surprise to nobody, that the burden of injury is not equally distributed across the population, and in fact disproportionately impacts communities of color, especially African American and Native American populations, but the Latinx community bears a disproportionate burden as well. In addition to having perhaps less optimal living conditions that includes the

inability because of landlord rules to use furniture anchors or modify a window to be able to limit its opening. Many of the low-wage essential workers come from communities of color, and that may put their families at risk, not just from COVID, but from injuries because of the issues of supervision. And so, we have a responsibility and obligation, but also the opportunity to work with the disproportionately at-risk communities to address some of these disparities. And with that, I again apologize for whatever my silly phone did, and we'll turn it back over to Marco.

Marco: Great. So, we have several questions that have come in, so we'll start with those. One question is: you started off talking about the data and injury prevention ... I mean the injury data that you presented, thinking about where we're at with COVID-19 now and the fact that so many of us are staying at home, so many of our parents that we serve are staying at home, and the children are at home. Do you see a variation or a difference in the type of injuries that are going to be coming up, or how is that data going to look different in say you know four months or five months from now?

Benjamin: Right. So, we're in the process of starting to collect that data. To my knowledge, nobody has really published anything or released any specific data. I've talked to a lot of folks around the country and anecdotally, we ... Well, so, we know that calls to poison centers are increased, and those ingestions are everything from the usual suspects, medications and laundry packets and all those sorts of things. I think we are going to see a significant uptick in falls. So, window falls, stair falls, and furniture tip-overs. I think we are going to see the six things basically that I highlighted: burns and ingestions, falls and drowning. I think that's it. And it's all, again, going to be just because of exposure. I have talked to folks around the country who have told me stories of really bizarre things, you know, including a child who got a parent's hair spray and actually ignited it and had a significant burn associated with that. So, we're going to see a lot of weird stuff just because the environment – everything's messed up. And I'm really worried about it, which is why I am so happy we got a chance to talk today to help us start to think about some of these things.

Marco: And do you think that because we're at home all day, that the supervision piece is that it is almost like supervision fatigue? Do you think that that could be a factor?

Benjamin: Yes, without question, without question. I think there are issues ... We've been taken out of our routine, and I think that routine helps with the being lucky part. So, we need to talk to families about being differently mindful about supervision and specifically thinking about it, because if you are there 24/7 and you know you're engaged in roles outside your typical role as teacher and trying to work from home and all that sort of stuff, the supervision is going to be divided and different. And we need to try and get as close to perfect as we can, not that I expect that anybody is really going to be perfect.

Marco: We have some questions related to just getting some clarification. One is: Is drowning included in unintentional injury?

Benjamin: Yes. So, there are, sadly, there are child abuse, injuries, and deaths that are associated with drowning. I am not referencing those. The drowning that I'm talking about are all unintentional, all unintentional access to water without adequate supervision.

Marco: And then there is another clarification question that relates to SIDS, and the person is asking the question is interested in finding out if it's due to suffocation.

Benjamin: Right. So, in the data that I showed from the CDC ... If I can just explain this for a second ... When we think about sleep-related deaths for infants, and that's defined as a death that occurs, an unexpected death that occurs during sleep in the first year of life. The big umbrella term for those is sudden unexpected infant death, or SUID. There are three categories within SUID, under that umbrella. One is accidental suffocation and strangulation in bed, and that is basically when there is a definitive proof and a determination by a medical examiner that there was a specific suffocation or strangulation event. If a death occurs during sleep between 0 to 1 and there is a full investigation around it ... What that investigation includes is a scene investigation by a medical examiner and law enforcement, full forensic interviews with every parent or caregiver who is associated with that child and a full medical examination, so a full autopsy, and there is no cause identifiable that can be classified as SIDS. And about a third of the SUID deaths end up being classified as ... Sorry, about 40% of the SUID deaths end up being classified as SIDS. About 25% of the deaths are classified as accidental suffocation, strangulation in bed. And the rest of them are classified as unexplained, and that is generally because there wasn't a complete investigation. And so, they're not able to make a determination. That's probably more than you wanted to know, but that's ... So, SIDS itself, as a classification, as it was listed, those are all the sleep related deaths that had a full investigation or were unexplained. The 25% that get classified as accidental suffocation, strangulation in bed are included in that unintentional injury piece in the 0- to 1-year-olds.

Marco: We have an interesting question. One person is asking if you would consider lead poisoning in children as ... Well, would you consider lead poisoning ... How do you consider lead poisoning in children? Sorry.

Benjamin: Yeah. So, in thinking about ... So, lead is a very common, sadly, very common environmental toxin. It is an irreversible ... It causes irreversible brain damage. Most lead issues with kids are from long-term, small-level exposure through pipes and that sort of stuff. We do see more severe emergent lead poisoning from families who are involved in either recreation, hobbies, or work that involve lead-containing things, like solder. So, people who work on stained glass as a hobby ... I've seen actually children in the intensive care unit from acute lead poisoning because they ingested some of the solder. Lead poisoning often doesn't lead to death unless it's unless it's a massive acute ingestion. So, in the data that I showed, lead is not going to be included, but I absolutely would include lead as a toxin. And there is, for a child or family who lives in a home where there is an increased risk for lead exposure through pipes and water, et cetera. or paint, being locked at home is going to place those kids at increased risk, again, because the exposure is going to be increased.

Marco: We have a question related to window screens, so it's a window screen, but it has a prevention?

Benjamin: Great, I'm so glad someone asked that. So, window screens are designed to keep bugs out but are completely ineffective for keeping human beings in. It only takes about 10 pounds of pressure to pop a screen out. And so, a toddler leaning on a screen, it will pop right out. And a lot of the window falls that we see are actually associated with screens, so I think it is really important to communicate to families that the screen is absolutely, positively not adequate to keep a kid inside. Thank you so much for that question; that's great.

Marco: We have one last question. Is there anything that you can ... Just thinking about COVID-19 and thinking about everything that we're hearing about contamination and how to sanitize environments? And as we're coming in, is there ... Regarding ... We have a lot of families who are essential workers, and they're going out into the community quite a bit. Is there anything from a home safety kind of perspective that we can think about as it relates to helping families kind of walk in to their home and having a safe environment and trying to reduce contamination or trying to reduce any virus that's on any aspect of clothing or stuff? Do you have any recommendations for that?

Benjamin: Right. That's a wonderful, wonderful question. So, No. 1, you go back to the basics. The single most important thing that anybody can do is wash your hands, and use just regular soap, sing the Happy Birthday song twice. That's by far the most effective thing that anybody can do. I think if there is ... For an essential worker who comes home to mitigate any risk, I would immediately ... I would go straight from the front door to the shower, I would put clothing in the laundry, I would wash with soap and water, and then put on a fresh set of clothes, and I think you'll be good. A lot of the ingestions, especially early on in the epidemic that were being reported to poison centers, were around hand sanitizer. And so, I want to make sure that we're talking with families about making sure that kids don't access that unintentionally either. But I would put hand-washing as a priority above and use of hand sanitizer if it were me.

Marco: Good. At this point, I want to thank you for answering all our questions, Dr. Hoffman. Thank you for being a sport with us and staying there and finishing up. I really appreciate it. So, I'm going to close out once again. Just highlight the expert series that you see on the screen. Please visit the ECLKC and see when the upcoming webinars are going to take place. Once again, just wanted to put the MyPeers link up on the screen so you can see it. Please consider engaging in MyPeers and joining the MyPeers community. There's a lot of information that's happening, and some of these topics are discussed among some of our communities. So, it's a great opportunity to hear what other folks are encountering across the country. And finally, here's our information related to the National Center on Early Childhood Health and Wellness. Please visit our website. E-mail us with any questions that you have. We look forward to continuing to engaging with you, so we're always available. And then finally, you can continue to watch the webinar again, and for certificate information, that information can be included as part of ... on this particular slide.

So, at this point, I just want to say thank you. Thank you for sticking with us. And we know that many of you are worried about providing safe services to children and families, and many of you are concerned for the well-being of children and are doing everything that you can to ensure that they are connected and that their needs are being met. Thank you for doing what you do. I want to thank Dr. Hoffman for helping to address questions and for sharing his expertise. This concludes our presentation. Thank you for joining us today. And please continue to reach out to us with your questions and concerns. Stay healthy and safe.