A guide to SAFETY COUNSELING in Office Practice
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.

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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.

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

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.
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.
# Safety Counseling Schedule

<table>
<thead>
<tr>
<th>AGE</th>
<th>PREVENTIVE HEALTH VISIT</th>
<th>MINIMAL SAFETY COUNSELING</th>
<th>REINFORCE</th>
<th>MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Days to 4 Weeks</td>
<td>Falls</td>
<td>Infant Car Safety Seat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Months</td>
<td>Burns—Hot Liquids Choking/Suffocation</td>
<td>Infant Car Safety Seat Falls</td>
<td></td>
<td>Blue Safety Sheet (Birth–6 Months) AAP Choking Brochure</td>
</tr>
<tr>
<td>4 Months</td>
<td>Water Safety—Bathtubs</td>
<td>Infant Car Safety Seat Falls Burns—Hot Liquids Choking/Suffocation</td>
<td></td>
<td>Blue Safety Survey Blue Safety Sheet (Birth–6 Months)</td>
</tr>
<tr>
<td>6 Months</td>
<td>Poisonings Burns—Hot Surface</td>
<td>Falls Burns—Hot Liquids Choking</td>
<td></td>
<td>Beige Safety Sheet (6–12 Months) Poison TIPP Slip Poison Help Line Sticker or Magnet</td>
</tr>
<tr>
<td>1 Year</td>
<td>Water/Pool Safety Falls Burns</td>
<td></td>
<td></td>
<td>Yellow Safety Sheet (1–2 Years) Water/Pool Safety TIPP Slips</td>
</tr>
<tr>
<td>15 Months</td>
<td>Car Safety Seat Poisonings Falls Burns</td>
<td></td>
<td></td>
<td>Yellow Safety Survey Yellow Safety Sheet (1–2 Years)</td>
</tr>
<tr>
<td>18 Months</td>
<td>Car Safety Seat Poisonings Falls Burns Firearm Hazards</td>
<td></td>
<td></td>
<td>Yellow Safety Sheet (1–2 Years)</td>
</tr>
<tr>
<td>3 Years</td>
<td>Car Safety Seat Pedestrian Safety Falls Burns Firearm Hazards</td>
<td></td>
<td></td>
<td>Green Safety Sheet (2–4 Years)</td>
</tr>
<tr>
<td>4 Years</td>
<td>Booster Seat Use</td>
<td>Pedestrian Safety Falls—Play Equipment Firearm Hazards</td>
<td></td>
<td>AAP Car Safety Seats: A Guide for Families Green Safety Sheet (2–4 Years)</td>
</tr>
</tbody>
</table>
## Middle Childhood Safety Counseling Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Minimally Safety Counseling</th>
<th>Reinforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Years</td>
<td>Water/Pool Safety, Bicycle Safety</td>
<td>Firearm Hazards, Pedestrian Safety, Booster Seat Use</td>
</tr>
<tr>
<td>6 Years</td>
<td>Fire Safety</td>
<td>Bicycle Safety, Booster Seat Use, Pedestrian Safety, Firearm Hazards</td>
</tr>
<tr>
<td>8 Years</td>
<td>Sports Safety, Seat Belt Use</td>
<td>Bicycle Safety</td>
</tr>
<tr>
<td>10 Years</td>
<td>Firearm Hazards</td>
<td>Sports Safety, Seat Belt Use, Bicycle Safety</td>
</tr>
</tbody>
</table>
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.
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.
## 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.
**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 baby.** 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.

**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.

**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.

**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.

**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.

**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?**

**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?**

**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?**

**BICYCLE SAFETY**

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

**FIREARM HAZARDS**

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

**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.

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Do you check for safety hazards in the homes of friends or relatives where your child may play?</td>
<td>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.</td>
</tr>
<tr>
<td>11. Have any of your children ever had an injury requiring a visit to the doctor or hospital?</td>
<td>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.</td>
</tr>
<tr>
<td>12. Is there a gun in your home or the home where your child plays or is cared for?</td>
<td>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.</td>
</tr>
<tr>
<td>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?</td>
<td>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.</td>
</tr>
<tr>
<td>14. Do you dispose of old medicines?</td>
<td>COUNSELING GUIDELINES Dispose of old medicines. All old medications should be safely disposed of by flushing them down the toilet.</td>
</tr>
<tr>
<td>15. Do you have safety caps on all bottles of medicine?</td>
<td>COUNSELING GUIDELINES Purchase medicines with child-resistant safety caps. Remember to securely replace the cap and store the medicine out of the child's reach.</td>
</tr>
<tr>
<td>16. Does your child chew on paint chips or window sills?</td>
<td>COUNSELING GUIDELINES 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.</td>
</tr>
<tr>
<td>17. Do you have the number of the Poison Help Line by your phone?</td>
<td>COUNSELING GUIDELINES 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.</td>
</tr>
<tr>
<td>18. How frequently is the heating system checked where you live?</td>
<td>COUNSELING GUIDELINES 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.</td>
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## COUNSELING GUIDELINES
### From 1 to 4 Years (Part 2)

<table>
<thead>
<tr>
<th>BURNS</th>
<th>COUNSELING GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you use electrical appliances in the bathroom?</td>
<td>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.</td>
</tr>
<tr>
<td>2. Do you keep electrical appliances and cords out of your child’s reach?</td>
<td>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.</td>
</tr>
<tr>
<td>3. Do you keep matches and cigarette lighters out of the reach of your children?</td>
<td>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.</td>
</tr>
<tr>
<td>4. Does anyone in your home ever smoke?</td>
<td>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.</td>
</tr>
<tr>
<td>5. Do you have a plan for escape from the home in the event of a fire?</td>
<td>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 Slips: Protect Your Home Against Fire...Planning Saves Lives.</td>
</tr>
<tr>
<td>6. Do you have working fire extinguishers in your home?</td>
<td>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.</td>
</tr>
<tr>
<td>7. Do you have working smoke alarms in your home?</td>
<td>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.</td>
</tr>
<tr>
<td>8. Have you checked the temperature of the hot water where you live?</td>
<td>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.</td>
</tr>
<tr>
<td>9. Do you keep the handles of pots and pans on the stove out of the reach of children?</td>
<td>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.</td>
</tr>
</tbody>
</table>
### WATER SAFETY

<table>
<thead>
<tr>
<th>Question</th>
<th>Counseling Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Do you leave your child alone in the bathtub?</td>
<td>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.</td>
</tr>
<tr>
<td>11. Do you take your child on a boat?</td>
<td>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.</td>
</tr>
<tr>
<td>12. Do you have a pool or hot tub where you live?</td>
<td>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.</td>
</tr>
<tr>
<td>13. Do you allow your child to swim unsupervised?</td>
<td>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.</td>
</tr>
</tbody>
</table>

### BICYCLE SAFETY

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>14. Does your child ride on your bicycle with you?</td>
<td>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.</td>
</tr>
</tbody>
</table>

### AUTO SAFETY

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<tbody>
<tr>
<td>15. How are your children restrained when they ride in a car?</td>
<td>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.</td>
</tr>
<tr>
<td>16. Do you leave your child alone in the car?</td>
<td>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.</td>
</tr>
<tr>
<td>17. Where do you seat your children in the car?</td>
<td>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.</td>
</tr>
<tr>
<td>18. Does your car have a passenger air bag?</td>
<td>Never put children in front of passenger air bags.</td>
</tr>
<tr>
<td>19. Do you lock the car doors before driving?</td>
<td>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.</td>
</tr>
<tr>
<td>20. Does your child play in the driveway or in or near the street?</td>
<td>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.</td>
</tr>
</tbody>
</table>

### TOY SAFETY

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>21. Do you check your child’s toys for safety hazards?</td>
<td>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.</td>
</tr>
</tbody>
</table>
## 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?

#### 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?

#### 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

- **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.

- **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.

- **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?**  
*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.

12. **Does your child know the rules of water and diving safety?**  
*Counseling Guidelines*  
*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 TIPP Safety Slips *Life Jackets and Life Preservers*, *Pool Safety for Children*, and *Water Safety for Your School-aged Child*.

13. **Does your child wear a life jacket when on a boat?**  
*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?**  
*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.

15. **Does your car have a passenger air bag?**  
*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?**  
*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 TIPP handout *Safe Bicycling Starts Early*. The size of the bicycle should be appropriate for the child. Use the TIPP handout *Choosing the Right Size Bicycle for Your Child*.

18. **Does your child wear a helmet every time he or she rides a bike?**  
*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.
COUNSELING GUIDELINES

19. Does your child participate in sports?

**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.*

20. Does your child participate in horseback riding?

**All children should wear an approved equestrian helmet when riding a horse.**

All horseback riding activities should be supervised by an adult.
### 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?

COUNSELING GUIDELINES

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

4. Do you wear a helmet when you ride your bike?

COUNSELING GUIDELINES

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?

COUNSELING GUIDELINES

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

6. Do you ride in cars that have passenger air bags?

COUNSELING GUIDELINES

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

7. Where do you sit in the car?

COUNSELING GUIDELINES

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