

Lessons Three and Four

Safety, Health, and Care

— parts 1 and 2

(2 class periods)



Please refer to lessons 3.4 and 3.5: Safety, First Aid and Infant Health, Parts 1 and 2 in the *Basic Infant Care* curriculum.

Purpose:

These lessons introduce students to the many safety and health issues associated with caring for an infant and has students learn about, and then peer teach about, these safety and health issues.

Materials:

- Refer to the materials listed in the above lessons
- *SIDS Facts* handout

Facilitation Steps:

1. Follow the facilitation steps shown in the lessons referenced above. In addition, incorporate the following steps into your lessons:
2. Lead a class discussion by asking students what the acronym SIDS stands for. *Answer: Sudden Infant Death Syndrome*
3. Give each student a copy of the *SIDS Facts* handout and briefly discuss.
4. Include the following information about vaccines in one of your lessons. You may want to copy this onto a transparency or slide to show the class and discuss as a group.

Note: The *Basic Infant Care* curriculum contains a wealth of information on care skills, and covers practice of care skills with the RealCare Baby in the classroom. If time allows, consider including some or most of these lessons in your *Parenting* course.

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Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

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Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB				HepB					
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	^{see footnote³}	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus ⁶				IPV	IPV		IPV					IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR		^{see footnote⁸}			MMR
Varicella ⁹							Varicella		^{see footnote⁹}			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose. The fourth dose should be administered no earlier than age 24 weeks.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

(Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

(Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHiBit (DTaP/Hib) and Hiberix (PRP-T) should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- Administer PPSV 2 or more months after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 1997;46(No. RR-8).

6. Inactivated poliovirus vaccine (IPV) (Minimum age: 6 weeks)

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years. See *MMWR* 2009;58(30):829–30.

7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6 months through 18 years.
- For healthy children aged 2 through 6 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
- For recommendations for use of influenza A (H1N1) 2009 monovalent vaccine see *MMWR* 2009;58(No. RR-10).

8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

9. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose routinely at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits
- HepA also is recommended for older children who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

11. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- Administer MCV4 to children aged 2 through 10 years with persistent complement component deficiency, anatomic or functional asplenia, and certain other conditions placing them at high risk.
- Administer MCV4 to children previously vaccinated with MCV4 or MPSV4 after 3 years if first dose administered at age 2 through 6 years. See *MMWR* 2009;58:1042–3.

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SIDS Facts

What we know about SIDS:

It occurs in all kinds of families.

It occurs in seemingly healthy infants.

It has nothing to do with race or economic status.

It occurs most often in fall and winter months.

Most deaths happen before six months of age, and especially between one and four months of age.

It is the leading cause of death in infants between one month and one year of age.

It often happens quickly during sleep, and the infant shows no signs of suffering.

It occurs most often among boys, premature and low-birth weight infants, twins, and triplets.

It is determined as the cause of death only after all other causes have been eliminated through an autopsy, a thorough investigation of the death scene, and a review of the family history.

No one knows its cause.

Safe sleep top 10:

Always place the infant on his or her back to sleep, for naps and at night; it is the safest.

Always place the infant on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces.

Always keep soft objects, toys, and loose bedding out of the infant's sleep area. Do not use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in the infant's sleep area, and keep any other items away from the infant's face.

Never allow smoking around the infant.

Keep the infant's sleep area close to, but separate from, where you and others sleep. The infant should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the infant into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.

Think about using a clean, dry pacifier when placing the infant down to sleep, but do not force the infant to take it. (If you are breastfeeding, wait until the infant is one month old or is used to breastfeeding before using a pacifier.)

Do not let the infant overheat during sleep. Dress the infant in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions, talk to your health care provider.

To reduce the chance that flat spots will develop on the infant's head from too much time on his or her back, provide "tummy time" when the infant is awake and someone is watching; change the direction that the infant lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

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