

# The Circuit

Published by the Ventilator Assisted Children Home Program  
A Program Sponsored by the Commonwealth of Pennsylvania  
Website: [kidshome-vent.org](http://kidshome-vent.org)  
Fall 2011

## INACTIVATED INFLUENZA VACCINE - 2011-12

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis) Hojas de Información Sobre Vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### Why get vaccinated?

**Influenza (“flu”) is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions. Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

fever/chills • sore throat • muscle aches • fatigue  
cough • headache • runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

### Inactivated influenza vaccine

There are two types of influenza vaccine:

**Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.

**Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available.

Ask your doctor for more information.

### Who should get inactivated influenza vaccine and when?

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including health-care personnel and close contacts of children younger than 6 months.

## The Circuit

### WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor. Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

### Some people should not get inactivated influenza vaccine or should wait

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reaction to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barre Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

**What are the risks from inactivated influenza vaccine?** A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from inactivated influenza are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

**Mild problems:** soreness, redness, or swelling where the shot was given—hoarseness; sore; red or itchy eyes; cough; fever; aches; headaches; itching; fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days

**Moderate problems:** Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV 13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Severe problems:** Life threatening allergic reaction from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot. In the 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barre Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated.

This is a much lower than the risk of severe influenza, which can be prevented by vaccination.



## The Circuit

### Hope Lives Here

A children's hospital is usually not a destination location for a day trip. But recently, Christine Lester's family visited the Children's Hospital of Philadelphia (CHOP) just for the fun of it. Christine describes the fun they had sight seeing at CHOP. It's not often you get to see a familiar place with new eyes. Yet, two weeks ago I did. Our family's destination was a hospital, of all places. Now you should know that my husband and I have made the drive to Children's Hospital of Philadelphia more times that I can count.

### Emotions on the Highway

Our trips started when we were newly married and expecting nine years ago. Since then, we've felt every emotion on the highway heading into the big city. Every emotion EXCEPT pure elation. This trip was the first time there was audible excitement during this drive. In the backseat sat our children laughing and snapping pictures.

My oldest one was about to have yet another afternoon procedure crossed off his medical to do list. My son and I usually go to all appointments and test without my youngest, Alyssa. She hasn't attended even hospitalizations and surgeries for a myriad of reasons. But she was always begging to go, so today we were making it a family affair. The last time she'd come, she was a toddler.

Like me, Alyssa needed a visual of this place she hears so much about. A place we spend so much time at. The place that fixes her big brother and makes him all better. She hears how magical it can be, yet she is not old enough to know that it can also be such a scary place too.

### Billy, the Tour Guide

Upon entering the hospital she was in complete awe. She marveled at the shapes in the ceilings of the elevators, the colored glass on the building outside. She thought the atrium was simply divine and whimsical. Billy took over as tour guide and lead us through the hospital. He pointed at windows where he had been admitted and had Alyssa's undivided attention. He pointed at where the NICU use to be, and where the radio station is being built. The surgical wing. Where the chapel was, the cafeteria, the gift shop, and even the McDonald's! He directed us right to his appointment.

When the MRI scans were done Billy once again led us back to the other wing of the hospital. It was quite an accomplishment for an 8-year-old to have an hour long MRI without sedation. So we enter the cafeteria in search of ice cream as a reward.

You could tell Alyssa was making mental notes of everything. The doctors in white coats. Nurses in scrubs, one of which remembered us and said hi to Billy. She studied the children and their tubes, IV's and hospital issued PJ's.

### A Luxury Vacation

Even seeing the balloons still set up from the CHOP prom had her interest. What a magical place that they even have Prom! As her eyes darted around she begged to stay at CHOP like it was some luxury vacation. As we ate ice cream she softly read the words on my bag holding my son's medical binder. I smiled and got goose bumps as I saw her tiny pink nails trace the words that read "CHOP~Hope lives Here."

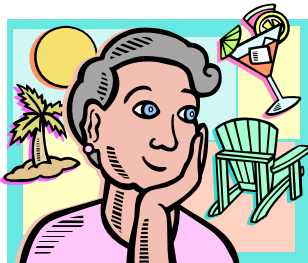


# The Circuit

## Respite Care

We have changed to a bi-monthly schedule for receiving and processing respite checks for nurses. There will be up to 40 hrs for the quarter, depending on current funds available. **All paperwork must be received in our office within 30 days of the date of service. Billing will close on the first and the 15th of each month, with checks being mailed to nurses within seven business days.** Please remind your nurses that we only accept phone calls and inquires about respite checks from families, and that all paperwork must be mailed to us and must include original signatures of the nurses and parents.

Families are informed about available respite care hours, contingent upon availability of funds, on a quarterly basis via a VACHP Respite Newsletter. Available respite care hours are based on budget limitations and family utilization. **HOURS MAY NOT BE BORROWED FROM THE NEXT QUARTER.** Families may not exceed the number of hours allotted in a quarter except in the event of an extenuating circumstance such as a potential employment risk to parents/guardians, emergency coverage in the absence of the parent/guardian, etc. The VACHP Administrative Director must approve or deny additional hours.



We will not accept faxed or hand-delivered documentation or time sheets. Only nurses credentials may be faxed. Please remember to request respite care **prior** to using nursing hours to ensure that there are hours remaining in your child's respite bank and that funds are available from the program.

- ◆ For Quarter 2 (Oct, Nov, Dec.,) there will be **40** hours respite care available.
- ◆ Respite hours are **NOT** to replace the hours that should be covered by the agency through your insurance.

◆ **Parents are the employers of respite care providers. The VACHP is only the funding source.**

- ◆ Respite paperwork must be mailed to the office. We cannot accept hand-delivered paperwork to the offices.
- ◆ We will not process incomplete paperwork for payment. Please review all paperwork for completion of information and required signatures before sending to VACHP.

**Notice to Parents:** VACHP is required to visit you each year in order to maintain your child's enrollment in the program. After an initial visit in your home, we are able to visit you at your child's physician appointment or hospital admission. Please let us know if your child is in the hospital.

## Fundraising

- We've recently been asked by several of our families about raising money for large items for their child's benefit that are not covered by insurance. Because many charitable organizations are feeling the crunch of the economic recession, the funds are not as plentiful as in the past. A few of our families have decided to try organizing their own fundraising events and have been successful in raising the money to purchase items such as track lifts, handicap accessible vans, ramps, etc.

**Here are a few of the ideas we've come up with:**

Hoagie Sale; Yard Sale; Car Wash; Beef and Beer; Spaghetti Dinner; Pancake Breakfast Bake Sales—ask your local polling place if you can sell baked goods, doughnuts, coffee and water on Election Day; Golf Outing; Collection Cans in Local Convenience Stores; Dine Out Night at Local Restaurant; 50/50 Raffles—Some Potential Local Resources: Restaurants—many have fundraising programs already in place. You advertise and bring in the business and get a portion of the night's proceeds. Fire Department—often will hold a dinner fundraiser in honor of your child

Your child's school's PTA organization sometimes has committees set up to do fundraising for causes that are not school-related to teach children about community and giving back. Local groups such as Rotary Clubs, Lions Club, VFW, etc. Church—can sometimes do a second offering collection or hold an event for you-Boy Scouts and Girl Scouts—oftentimes, scouts who are working on earning badges or Eagle Scout ranking must complete a project. You might ask if the troop would consider building an accessible ramp, deck, etc. to your specifications. You may be able to get materials donated by a local building supply or hardware store. Use social networking sites such as

Facebook to advertise your events and fundraising websites. Fundraising Websites: <http://fundraiserinsight.org/Give forward>—<http://www.giveforward.org>

It is important to make sure that the funds that are donated go into an account that is specifically set up for fundraising. Go to your local bank and speak with an accounts manager. You will need to have documentation of your child's SSN and will complete tax forms. You will need to select someone to act as Trustee for the account. Often a bank can be the trustee of the account. It is important to make sure that the funds are not considered income which can affect your child's SSI.

## The Circuit

### *Siblings: Why Is It Important (and Necessary) to Address Their Needs?*

A child's illness or disability profoundly affects not only the child but also the entire family. Siblings must adjust to family members and caregivers spending large amounts of time, money, attention and psychological support on their brother or sister. It is often difficult for brothers and sisters to adapt to this new lifestyle and their adjustment can affect the overall development of the sibling relationship and self-esteem in both children.

#### **Illness can change the relationship between siblings**

This relationship is perhaps one of the most important in a child's life because it is often the first and longest lasting social network he or she will encounter. Brothers and sisters begin as playmates and throughout their relationship take on different roles in each other's lives. They may be many things to each other — teacher, friend, companion, follower, protector, enemy, competitor, confidant and role model. A brother or sister's illness or disability, however, may alter some of these roles, creating additional stress for parents and caregivers.

#### **Helping siblings adjust**

To effectively help siblings adjust to having a brother or sister with an illness or disability, parents and caregivers should consider the developmental reactions that siblings will have throughout their lives. They most likely will encounter many new and unfamiliar experiences that will require age-appropriate explanations. At any given age, siblings should receive as much information as they feel they need to understand their brother or sister's health needs. Siblings should be prepared for medical procedures and hospitalization, included in play and medical play activities, and given strategies for coping just like their brother or sister.

#### **Including siblings in the hospitalization experience**

When a brother or sister must be admitted to the hospital, there are many different activities siblings can do to feel more involved with the healthcare experience. It is away from the healthcare setting however, that parents and caregivers feel they need the most help with fostering positive sibling relationships among the well children and those with an illness or disability. Nevertheless, they should not feel that the responsibility to address these issues is solely theirs. Child life specialists, nurses, social workers and other professionals can provide suggestions for parents and caregivers as well as helpful resources on how to effectively maintain a healthy balance between a child with an illness or disability and his or her brothers and sisters.

Information taken from:

The National Information Center for Children and Youth with Disabilities' News Digest #11: Children with Disabilities: Understanding Sibling Issues.

### **RSV: What you need to know**

#### **About RSV**

Respiratory syncytial virus (RSV), which causes infection of the lungs and breathing passages, is a major cause of respiratory illness in young children. In adults, it may only produce symptoms of a common cold, such as a stuffy or runny nose, sore throat, mild headache, cough, fever, and a general feeling of being ill. But in premature babies and kids with diseases that affect the lungs, heart, or immune system, RSV infections can lead to other more serious illnesses.

RSV is highly contagious and can be spread through droplets containing the virus when someone coughs or sneezes. It also can live on surfaces (such as countertops or doorknobs) and on hands and clothing, so can be easily spread when a person touches something contaminated. RSV can spread rapidly through schools and childcare centers. Babies often get it when older kids carry the virus home from school and pass it to them. Almost all kids are infected with RSV at least once by the time they're 2 years old.

**Diagnosing and Treating RSV-** RSV infections often occur in epidemics that last from late fall through early spring. Respiratory illness caused by RSV — such as [bronchiolitis](#) or [pneumonia](#) — usually lasts about a week, but some cases may last several weeks. Doctors typically diagnose RSV by taking a medical history and doing a physical exam. Generally, in healthy kids it's not necessary to distinguish RSV from a common cold. But if a child has other health conditions, a doctor might want to make a specific diagnosis; in that case, RSV is identified in nasal secretions collected either with a cotton swab or by suction. The treatment depends on the severity of the symptoms. Some children can be managed at home, but many children with chronic health conditions will require hospital care to relieve their symptoms.

#### **Preventing RSV**

Because RSV can be easily spread by touching infected people or surfaces, frequent hand washing is key in preventing its transmission. Try to wash your hands after having any contact with someone who has cold symptoms. To prevent serious RSV-related respiratory disease, at-risk kids can be given a monthly injection of a medication consisting of RSV antibodies during peak RSV season (roughly November to April). Because its protection is short-lived, it has to be given in subsequent years until the child is no longer at high risk for severe RSV infection. Discuss this with your health care provider.

# The Circuit

## Mitochondrial Disease Awareness

by

**Katie Lindemann, Mother of VACHP Patient, Alexander**

Mitochondrial disease is a complex disease in which there is a failure in the mitochondria, specialized compartments present in every cell of the body except red blood cells. Mitochondria are responsible for creating more than 90% of the energy needed by the body to sustain life and support growth. When they fail, less and less energy is generated within the cell. Cell injury and even cell death follow. If this process is repeated throughout the body, whole systems begin to fail, and the life of the person to whom this is happening is severely compromised. The disease primarily affects children, but adult onset is becoming more and more common. (Definition from the United Mitochondrial Disease Foundation)

*Here are the thoughts and feelings of a parent of a child enrolled in the VACHP who has this disease. We received permission to share this excerpt from a Post on the child's Caring Bridge Web page.*

"Last week was mitochondrial disease awareness week and I would have loved to have helped raise money for the cure, or spread awareness, or do some education; instead, I was living knee-deep (heck, neck deep) in it. Being in the ER with one of my children reminded me how much people don't know about Mito. I wish that one day that Mitochondrial disease has the same awareness that cancer does. I have been talking about this with my dear friend whose son has a rare lung disease and underwent a double lung transplant. It is amazing to us that when we take our child to an ER we are the ones who have to teach the doctors about the disease. We are the ones dictating and managing their medical care because the doctor has no idea what to do or freaks out and wants to do it all. Taking your child to specialist after top specialist only to hear, "I have no idea" or "let's just keep an eye on that for awhile" (meaning, Yup, that's a problem, but I have no idea how to help that) or "Wow! Is there a specialist you don't see?" or my absolute favorite, "Your family is a genetic amusement park" Love it! Glad my life brings entertainment to some.

I am constantly fighting with insurance companies to pay for treatments, testing or medications that they don't know anything about. I am fighting to get the only meds that may help their disease covered only to hear, "Sorry, they are supplements and we don't cover supplements". This is where I want to scream "Sorry, there isn't a lot of research regarding my kids' disease and these are the only things that may help them live to adulthood!"

It's not only the physical effects of Mito that are devastating, but the emotional aspects of it as well. The time when your child has the realization that he may not live to be an adult. Your child's fear that they may die before you do is heartbreaking. The concern over what will happen with their stuff and my least favorite question "will dying hurt?" The feeling as a parent having no good answers for them except, have faith and God will be there for you.

### *So what does Mito do to a child?*

Imagine being a child out on the playground. Your friends are all running around playing tag and chasing the girls. You want to run and play with them but you know that you cannot run fast or it will cause your legs to burn and cause you to become out of breath. You know that you will be the easy target and that you won't be able to out run them. You must use your wit to avoid their tags. Yet you don't sit down and watch. You long to be like them, running free. So you give chase, all the while calculating and trying to conserve energy. It's humid outside and you feel that extra weight dragging you down, sucking out your energy. You would love to just lay down on the grass and sleep, but you keep going. When recess is over you are drenched in sweat and your legs are on fire. You are coughing to make yourself take deep breaths. Someone asks you if you are feeling okay and out of fear of not being able to play tag again, you reply "Yes, I'm fine". All the while you know you have just ruined the rest of your day. This happens every day in the life of my child and other children who suffer from mitochondrial disease. It replays over and over with every aspect of their life.

These little warriors know more about central lines, tube feedings, medications, glucometers, oxygen and the threat of illness than do almost any adult. Many have come close to dying, yet, they are just children. They push themselves just to be "normal". Not to be the star athlete but "normal". And they do this all while smiling and gracing us with their humor and love for life. They have an understanding and a compassion for others suffering that I can only hope to one day achieve.

So while Mitochondrial Disease Awareness is only a week, we need to remember every day all of the children who have gone too soon at the hands of mitochondrial disease. We need to remember all of the children, including my own, that live this life every day. We pray that they are able to teach the world just a bit of their knowledge and compassion. We pray that they find a cure in time....."

For more information about Mitochondrial disease –

[www.umdf.org](http://www.umdf.org)

[www.mitoaction.org](http://www.mitoaction.org)

[http://my.clevelandclinic.org/disorders/mitochondrial\\_disease](http://my.clevelandclinic.org/disorders/mitochondrial_disease)

## The Circuit

### **Different Dream**

Ellen Stumbo's three girls went to school this fall. Each daughter responded differently to the experience, partly because of their personalities, partly because of their ages, and partly because two of them have special needs. In today's post Ellen writes about her thoughts about her girls' first day of school and their untapped potential.

### **When "Back to School" Is Different**

Another school year greets our family. It is the first time all my girls will be in school. They have clean, brand new backpacks, and their school supplies are neatly organized. They stand by the front door ready for me to snap a picture.

#### **Ellie**

Ellie is ready to conquer the world. The smile she wears and the hop in her step are evidence of her self-confidence. I see that, even in her picture.

#### **Nina**

Nina smiles, but I see the nervous way in which she holds on to her walker. Her knees seem a little unstable today. She has been to her school before. She has met her teacher, her aides and every single therapist that will work with her. We spent time in her classroom making sure that she could get around in her walker or wheelchair. She has a cute special chair for extra support when sitting at the table, and one for sitting on the floor. We made sure that the right adaptive equipment was available so she could use the bathroom as independently as possible. Yet, her picture reveals that despite all the help she will get, the challenges that her body and mind will face at school because of Cerebral Palsy are scary when you are only five years old.

#### **Nicole**

Nichole refuses to have her picture taken. She is angry. Angry that we have changed her routine. She does not want to go to school and demands to go inside the house again. She holds on to her cup of milk, her bowl of crackers, and the cover of one of her favorite shows while she cries in protest as we buckle her in the car. I wish she had the words to tell me how she feels. Even more than that, it makes me sad to think that she will not be able to tell me about her day when she returns home. If I could change one thing about how Down syndrome affects Nichole, it would be her speech.

#### **Mommy**

My husband Andy and I take the girls to school. As we walk out the door, I want to cry. I know many moms cry too, I get that. But this is different. Two of my children have special needs. The complexities of their schooling careers are hard even for me to understand at times. I hold on to their potential, and to the fact that just like their big sister, my 2 "special" children also will shine.

### **What Were Your First-Day-of-School Thoughts?**

Were your feelings similar to Ellen's on the first day of school a few weeks ago? What potential are you holding on to regarding your children? Leave a comment if you need to vent or are encouraged about the year.

Looking for my backpack,  
Jolene

# The Circuit

## **Different Dream**

Rebekah Benimoff and her family, successful outings require a little extra planning. She relearned the importance of self-care for the caregiver during a recent visit to a crowded restaurant, as he guest post shows.

## **Braving the Crowds**

Braving the crowds on a holiday with two wiggly boys and a husband with PTSD is not my idea of fun. Yet recently family came into town and wanted to take us to dinner. Months had passed since our last foray into the world of crowded restaurants, when Roger had left after five minutes. We'd scratched our date night and gone home. Roger hibernated in the bedroom to recover, and I had sandwiches with the kids. So I had legitimate concerns about trying again— but Roger wanted to go out, despite my hesitation.

## **PTSD Concerns**

The restaurant was not as bad as I'd expected, but the kids were cranky and Roger had to wait outside to avoid the groups coming in and out. Blaine was flopping all over me, complaining he did not want to be there either. Tyler borrowed my iPhone only to have it taken away because he kept blaring music, way too loud- so he could hear it over the din of the crowd (he has trouble discriminating sounds in loud places).

Eventually our group was called and Roger crammed into the booth, back to the wall. I could tell he was uncomfortable, but years of being in the middle of a war zone have caused hyper-vigilance. He can't sit by a window, and he has to be in a strategic position and see all areas of the room, to have a way of escape.

## **Sensory Disorder & Diabetes Concerns**

I pulled the kiddos onto my side and endured the pummeling that comes from a child with a sensory disorder who needs constant stimulation via bumping into me. As his brother often complains, our youngest has no understanding of "personal space". When Tyler started yelling out his order, I thought we were going lose Roger, but he surprised me by not darting out the door. Through the meal, Roger coped by wearing headphones to keep from becoming overwhelmed by the movement and clamor at our table alone— not to mention the rest of the place. I tried to enjoy my meal quickly, calculate the insulin to carb ratio with Tyler, and help him talk at a normal volume despite the noise in the restaurant.

## **Self-Care Techniques**

We usually avoid this kind of stress, but occasionally I find myself doing my best to make it through the moment. And I have found that no matter how much we plan, and no matter how often I say "no", sometimes I end up in places I cannot handle on my own. And after a situation like this one, I want to go home and bury myself under the covers.

I take care of my family in ways that not everyone can relate to. Over time I have learned that part of taking care of my family involves taking care of me. This particular time, I agreed to go out, but I also arranged for "down time" afterwards—so I could recover. I've found that I take much better care of the ones I love if I am making sure my needs are met. Like the oxygen mask in the airplane—you have to put yours on before you can help someone else. And we need more than a breath every now and then. We need the steady supply that keeps us well.

This takes planning and communicating. Most especially it takes knowing what I can and cannot do, and prioritizing. Not everyone understands, but the reality is they do not have to. Self care for the care giver is vital- no matter what anyone else thinks. I have to do what is best for *my* family- it's that simple.

## **How About You?**

Rebekah has developed self-care techniques that work for her. Perhaps you have techniques that work for you, too. If so, we'd love to hear them and perhaps try them out. So if you please, leave a comment about your self-care for caregivers techniques.

## The Circuit

# Happy Birthday

## July

Dwayne Blackson, Jr. 7/3/09  
Anthony Holton 7/22/01  
Melissa Young 7/18/97  
Joseph Alumni, Jr 7/4/04  
Rebecca Carta 7/13/94  
Alexander Deihl 7/13/92  
Desirae Martin 7/14/03  
Sara White 7/18/93  
Giana Berardi 7/27/08  
Karrynn Good 7/15/02  
John Hines 7/11/03  
Ja'Quien Lawrence 7/3/98  
Gavin Marlowe 7/9/01  
Raykia Metz 7/15/06  
Jonathan Varner 7/25/00  
Marissa Watson 7/16/00

## August

Payson Bauders 8/25/09  
Evelyn Chang 8/5/99  
Shamirah Gilmore 8/30/94  
Tiffany Heilser 8/14/95  
Faith Martin 8/1/03  
Geovanni Robles 8/9/01  
Nathaniel Antonio 8/2/09  
Brittany Elmy 8/8/91  
Deven Gomez 8/15/05  
Alexandra Portner 8/1/96  
Dalton Sherman 8/28/00  
Alison Staherek 8/13/09  
Connor Moreland 8/27/08  
Kiley Schreckengost 8/23/09

## September

Jibril Graves 9/27/04  
Carson McClellan 9/28/07  
Alissa McCue 9/1/93  
Stacey Wolf 9/28/96  
Andrew Bloom 9/11/91  
Denair John 9/4/92  
Derrick Lamb 9/12/08  
Rodrigo Macedo 9/10/07  
Taylor Osterling 9/4/09  
Louis Romanski 9/30/08  
Kevin Schillinger 9/7/90  
Tyler Colaric 9/25/96  
Kaylee Frantz 9/9/04  
Ian Hixson 9/30/05  
Michael Taylor 9/16/93

### Toy Safety

Millions of toys are out there, and hundreds of new ones hit the stores each year. Toys are supposed to be fun and are an important part of any child's development. But each year, scores of kids are treated in hospital emergency departments for toy-related injuries. Choking is a particular risk for kids ages 3 or younger, because they tend to put objects in their mouths.

Manufacturers follow certain guidelines and label most new toys for specific age groups. But perhaps the most important thing a parent can do is to supervise play.

The U.S. Consumer Product Safety Commission (CPSC) closely monitors and regulates toys. Any toys made in — or imported into — the United States after 1995 must comply with CPSC standards.

Here are some general guidelines to keep in mind when toy-shopping:

- Toys made of fabric should be labeled as flame resistant or flame retardant.
- Stuffed toys should be washable.
- Painted toys should be covered with lead-free paint.
- Art materials should say nontoxic.
- Crayons and paints should say ASTM D-4236 on the package, which means that they've been evaluated by the American Society for Testing and Materials.

Steer clear of older toys, even hand-me-downs from friends and family. Those toys might have sentimental value and are certainly cost-effective, but they may not meet current safety standards and may be so worn from play that they can break and become hazardous. And make sure a toy isn't too loud for your child. The noise of some rattles, squeak toys, and musical or electronic toys can be as loud as a car horn — even louder if a child holds it directly to the ears — and can contribute to hearing damage.

## **The Circuit**

**FROM:**

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