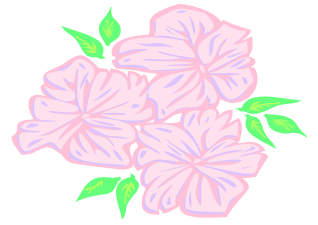




# THE CIRCUIT

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Summer 2011



A Newsletter for Families of Ventilator Assisted Children

## Home Vent 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 1 (Jul, Aug, Sept,) 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 hospital

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## Preparations for the Summer

*By Joan Celebi, Ed., CLC*

If you're like most parents of children with special needs, summer arrangements for your youngsters must be made well in advance. Summer vacation begins!

### Get Ready for Summer

What will your child and your family do this summer? This year, don't wait until the last minute to read those materials, make those phone calls, fill out those forms. Eliminate the stress of looming deadlines by scheduling some uninterrupted, focused time this week to take care of your summer plans.

Take a look at your calendar and find a block of time—perhaps an hour or more— this week. Reserve that time for summer planning. Here are some things you may want to consider as you put your summer plans in place:

1. Therapy—What therapies will your child need to continue over the summer? Which ones can be put on hold? What are the therapists' summer schedules?
2. Summer school/classes. lessons—What forms need to be filled out? What accommodations will need to be made?
3. Sitters—Will you need time with the sitter to go over summertime routines and how-to's?
4. Daycare—Do you need to fill out any special permission forms? Will the daycare providers need any special warm weather related instructions?
5. Camps—Are there medical records you'll need to submit with camp application? Will you need to meet with the camp director and/or staff to discuss your child's need?
6. Vacation— If you're traveling for vacation this summer, which hotels are the most friendly? Which activities and destination have accommodations or special programs for children with special needs?
7. Respite Care— Need to take a break? Check out the respite care programs available in your area. Remember to "care for the caregiver"— replenish your own inner reserves with some time off to relax, recharge, and renew.
8. Downtime—block out date and times on the summer calendar NOW for downtime. I know, it seems paradoxical to have to schedule downtime! But downtime is essential to the well being of everyone in the family. Make it a priority by providing regular time to just "be".

You're going to feel great having all these summer preparations done in advance!

## Sun Safety for Kids and Families

Spending time outside is a great way to increase your family's level of physical activity. But before you hit the beach, pool, or backyard, make sure you're aware of this sun safety advice from the American Academy of Pediatrics.

### Sun Safety for Babies

- Babies under 6 months of age should be kept out of direct sunlight. Move your baby to the shade under a tree, umbrella or stroller canopy.
- Dress babies in lightweight clothing that covers the arms and legs, and use brimmed hats that shade the neck.
- It is okay to apply a small amount of sunscreen on infants under 6 months if there is no way to avoid the sun. Use sunscreen with SPF 15 or higher and apply to small areas, such as the face and backs of the hands.



### Sun Safety for Kids

- Select clothes made of tightly woven fabrics. Cotton clothing is both cool and protective.
- Wear a hat with a three-inch brim or bill. When using a cap with a bill, make sure the bill is facing forward to shield your child's face.
- Protect eyes with sunglasses that provide 97% to 100% protection against UVA and UVB rays.
- If your child has an allergic reaction to sunscreen, or gets a sunburn that results in blistering, pain or fever, contact your pediatrician.

### Sun Safety for Families

- The sun's rays are the strongest between 10 a.m. and 4 p.m. Try to keep out of the sun during those hours.
- The sun's damaging UV rays can bounce back from sand, snow or concrete; so be particularly careful of these areas.
- Most of the sun's rays can come through the clouds on an overcast day; so use sun protection even on cloudy days.
- When choosing a sunscreen, look for the words "broad-spectrum" on the label--it means that the sunscreen will screen out both ultraviolet B (UVB) and ultraviolet A (UVA) rays. Choose a water-resistant or waterproof sunscreen and reapply every two hours.
- Zinc oxide, a very effective sunblock, can be used as extra protection on the nose, cheeks, tops of the ears and on the shoulders.
- Use a sun protection factor (SPF) of at least 15.
- Rub sunscreen in well, making sure to cover all exposed areas, especially the face, nose, ears, feet and hands, and even the backs of the knees.
- Put on sunscreen 30 minutes before going outdoors--it needs time to work on the skin.
- Sunscreens should be used for sun protection and not as a reason to stay in the sun longer.



## Keep your child safe this summer

**As temperatures rise, so do trips to pediatric emergency rooms.** Severe cuts, broken bones and head injuries are the most common causes for trips to the emergency room during the summer, says Tony Scalzo, MD, professor of pediatric emergency medicine at Saint Louis University School of Medicine.

“In the summer, we see a much higher incidence of injuries caused by accidents and sports,” says Dr Scalzo, who is a SLUCare pediatrician at SSM Cardinal Glennon Children’s Medical Center. “Kids are going to be kids and they are going to get hurt. But many of these accidents could be prevented by proper parental supervision.”

As an emergency room doctor for nearly 30 years, there isn’t much Dr Scalzo hasn’t seen. But these are the six most common summer dangers for kids:

### 1. All-terrain vehicles

There are two things Dr Scalzo would like to see banned in America – ATVs and trampolines. “Sure, kids have fun on these but they also cause a lot of preventable, serious injuries,” he says.

While children can get hurt doing anything from climbing trees to playing on the monkey bars, Dr Scalzo says ATVs are more likely to cause serious, life-threatening injuries. ATVs are more dangerous because they are motorized and have a lot of momentum. It’s also easy to lose control of them, which can lead to the heavy ATV falling on the driver. If you choose to let your child drive or ride on an ATV, despite the danger, it’s absolutely necessary to wear a helmet, Dr Scalzo advises.

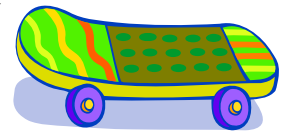


### 2. Trampolines

Every summer children visit ERs with broken bones and serious gashes caused by falling off a trampoline or falling on the metal springs. If you decide to let your children jump, though, Scalzo recommends installing the protective netting around the trampoline that will prevent the most serious accidents.

### 3. Bikes, inline skates and skateboards

Each year, more than 580,000 bicyclists and 100,000 in-line skaters and skateboarders are injured. The majority of these accidents can be prevented with proper use of the proper safety gear. Wearing a properly-fitting helmet prevents 85% of head injuries, yet only 11% of children ages 11 to 14 wear helmets. Wrist guards, knee pads, elbow pads and shin pads are also a good idea for skaters. Other bike safety tips include testing the bike’s brakes, making sure tires are secured tightly and properly inflated, wearing reflective material and using a light when riding at dusk or dawn.



### 4. Drowning

Drowning is one of the leading causes of accidental death among young children and can occur in the bathtub, swimming pool, while boating or even in small amounts of water, such as in a large cooler. Children should never be left unattended near water and should always wear a life jacket when near a pool or boating.

Home swimming pools should be protected with fencing on all sides and have securely locked entrances. Splash alarms can add an extra level of safety, but nothing can substitute the importance of parental supervision.

### 5. Car accidents

Being properly restrained in a car is imperative all year long. However, because families take more road trips during the summer, more injuries caused by children not wearing seat belts are reported during this time of year. Even if your children get antsy during long car trips, Dr Scalzo says it is never safe to allow them out of the appropriate booster or car seat. Instead, make more frequent stops to let them burn off their energy.

### 6. Heat and dehydration

Every year children die or become very sick from being left inside a car. Heat and dehydration can be very dangerous for children. Dr Scalzo says children should not be left in the car for even a short period of time because the car can heat up quickly.

Keeping children well hydrated, especially when they are playing outside in the heat is also important. However, parents should avoid giving infants water because it dilutes the salt in their blood and can lead to respiratory problems and seizures. For infants, Dr Scalzo recommends offering an extra bottle on hot days.



## **Saying Goodbye to School: Helping Children Deal With Change**

The end of the school year can bring some unexpected results for parents. While many kids are happy to start vacation or camp, some are uneasy about the uncertainty about the future and the disruption of their routine.

Like adults, children react differently to change. Some adjust quickly, while others take weeks to adjust to a new routine or environment. This adjustment period is known as transition.

During transition, children and teens may act out or not seem like themselves. Some common emotions and behaviors associated with this period include:

- Moody/irritable
- Clingy
- Mad/angry
- Sad/depressed
- Anxious
- Afraid
- Less social than usual/distant
- Attention-seeking (i.e. picking fights with siblings, ignoring rules they usually follow)
- Reverting to younger behavior (i.e. bed wetting, playing with younger than age-appropriate toys)

For younger children who haven't experienced the end of daycare, or had older siblings from which to model their behavior, the end of the year can be traumatic – especially if they are attending a new school in the fall. Children worry they'll never see their friends again; that they'll never have fun like they did on that school playground; that their teachers will forget about them; and a multitude of other issues.

### **How can you help your child cope?**

- **Talk to your child.** Listen to how he feels about the change. If possible, talk to him before the change happens so he can get used to the idea.
- **Acknowledge her feelings.** No matter what her feeling, reassure her that it is normal to experience a range of emotions during times of transition, and that you will get through this time together.
- **Simplify.** Concentrate on your family during this time. Eliminate outside distractions and maintain family routines like meals times, bed times and other activities.
- **Offer extra support.** When a child is feeling conflicted or uncertain, you can help him by offering your love, encouragement and support.
- **Plan something special.** If you know your child will especially miss a few friends from school during the summer months, plan a get-together for a few weeks after school ends. A trip to the playground, local pool or a picnic can be more exciting if your child knows he'll get to see his best buddies. Mark it on the calendar so he can count down the days.
- **Involve your child.** While your child can't decide to stay in kindergarten forever, you can make her feel empowered by letting her make some decisions such as the order of a day's activities, what to have for lunch, or picking out supplies for next year.
- **Sleep, food and exercise.** Along with love, children need three fundamental things to grow: sleep, food and exercise. If your child is eating too much sugar and not getting enough sleep, she is not going to respond well to stress. Make sure your child gets nine to 11 hours of sleep a night; exercises at least 30 minutes a day/six days a week; and consumes a variety of healthy foods including fruits, vegetables, milk, meats/protein and bread/grains.

Whether your child adapts slowly or quickly to his new routine, it will happen. Helping your child respond to change today will reap rewards for many years to come.

## Healthy Snacks

If you're serving a half-time summer snack, use it as an opportunity to boost your child's daily intake of produce; he should be getting at least five servings a day. Snacks with fruit and veggies are tasty, colorful, and packed with lots of vitamins and antioxidants. Many also contain water to help your child stay hydrated.

### Snacks with Fruit

- Try some of these suggestions for snacks made with fruit. Pair with a protein snack or a dip made with low-fat yogurt, cream cheese, or nut butter to boost nutrition value and make snacks more filling. Fresh fruit: apples, bananas, grapes, berries, peaches, plums, pears, oranges, tangerines, clementines, grapefruit, melon, kiwi, pineapple, mango. Serve whole or mix up into a salad, or line up chunks on a skewer for a fruit kabob (use a wooden skewer and snip off the sharp tip before serving to young children)
- Dried fruit: raisins, Craisins, apricots, prunes, dates; fruit leathers or roll-ups made from 100% fruit (check labels carefully)
- [Freeze-dried](#) fruits
- Canned fruit packed in water or light syrup: peaches, pineapple, pears, mandarin oranges; or applesauce (again, check labels carefully to avoid added sugars)
- Frozen fruit: Blend into smoothies with low-fat milk or yogurt
- 100% fruit juice or frozen juice pops (less fiber than whole fruit, but still offers some nutritional benefits)



### Snacks with Vegetables

Serve raw or lightly steamed for a simple, kid-friendly snack. Add ketchup, soy sauce, or a low-fat dip or dressing for more kid appeal (plus extra protein). Or serve with guacamole, baba ghanoush, or salsa—dips made of veggies!

- Carrots
- Celery
- Sugar snap peas
- String beans
- Cucumbers
- Bell peppers
- Broccoli
- Cauliflower
- Grape or cherry tomatoes
- Avocados



**Safety note:** Remember that large chunks of hard, raw vegetables and fruits can be a choking hazard. Use caution when serving to children under 5. Chop into small pieces or steam lightly to soften.

## **Will your child be safe at summer camp?**

**Summer camp can provide your child with a great opportunity** for learning, fun and personal growth – but it's vital you check out camp safety policies before choosing one. Camps without appropriate guidelines can put your child at risk from insufficient supervision, injury and bullying. Asking the right questions before signing your child up can make all the difference when it comes to ensuring a summer of happy memories...

### **1. Is the camp ACA accredited?**

Accreditation with the American Camp Association isn't a 100% guarantee of safety and some states have more rigorous standards than the ACA but the association does evaluate safety, health, program and camp operations as part of its accreditation process. As an added precaution, ask for references – the camp director should be happy to provide these.

### **2. Does it have a written health and safety policy?**

Ask for a copy and check it has been approved by a pediatrician. As far as specifics go, is there a medical protocol so that all members know their role and what to do (and what not to do) in the event of a sudden illness or medical emergency, or in the event of a child getting lost? Is a first-aid kit taken on field trips and visits and will the trip leader have extra first aid training and be over a certain age? Does the camp have an arrangement with a nearby trained medical professional or medical facility in case of emergencies? How unwell would your child have to be for you to be contacted and asked to collect him? Is there an emergency number where you can reach the camp if the need arose?

### **3. Is there an emergency plan?**

Does the camp have a plan in place to cope with security threats (for example, child abduction), health emergencies (such as communicable diseases, or food poisoning) and natural disasters (such as hurricanes, earthquakes, tornadoes and forest fires).

**Ask if a child has ever been seriously injured while at the camp or if a child has ever died while there. Ask about that happened and what the camp has done in response**

### **4. What's the ratio of counselors to children?**

Check that the staff-to-child ratio is appropriate for different age groups and for your child's temperament and personality. If he's a handful who might need close supervision on a field trip then you need to be sure there will be enough adults in attendance. For a sleepaway camp, the American Camp Association (ACA) recommends:

- One staff member for every five campers ages 4 and 5 (every six campers in this age range at day camp).
- One staff member for every six campers ages 6 to 8 (every eight campers in this age range at day camp).
- One staff member for every eight campers ages 9 to 14 (every 10 campers in this age range at day camp).
- One staff member for every 10 campers ages 15 to 17 (every 12 campers in this age range at day camp).

### **6. How old are the camp counselors?**

The ACA recommends that 80% or more of the counseling/program staff be at least 18 years old. Overall, staff must be at least 16 years old and be at least two years older than the campers with whom they work. In special needs camps, 100% of the counseling/program staff must be at least 18 years old.

### **7. How are the counselors vetted?**

Ask about the screening process for camp counselors – after all, if your child is at a sleepaway camp they'll be caring for him 24-7. The camp should check the counselors' swimming, driving and criminal records, and their prior employment histories in case they've been fired by other camps. Counselors should also have a current cardiopulmonary resuscitation (CPR) certificate and be trained in first aid.

### **8. How is medication handled?**

If your child needs to take medication for a chronic health condition (for example, asthma) ask how it will be stored and transported on field trips. Make sure his meds are labeled with his name and dosage details. If he needs to have an Epi-pen with him ensure that the staff are familiar with how to use it. Remember to check on what basis your child would be given over-the-counter medication such as pain relievers or fever reducers. It should be OK to provide sunscreen, bug spray and sunburn/poison oak reliever such as calamine lotion or aloe vera gel.

**It's vital that you alert the camp staff in regard to any medical conditions or special needs your child has, and provide updated multiple contact numbers in case of emergencies**

### **9. How does the camp handle summer sun and heat?**

Ask if camp counselors are permitted to apply sunscreen to the children in their care and if not ensure your child knows how to apply it and where. Check if the counselors have been advised to remind children about this, since it's a detail that will be easily forgotten by an excited tween. If your child burns easily, then take the precaution of supplying UV-protective clothing for him to wear on field trips and for swimming. What about the heat? If children are spending a lot of time outdoors will extra drinks be provided (a lunchtime juice box won't be enough) and will there be shade and sufficient rest periods?

### **10. Are counselors aware of specific health risks?**

According to the American Academy of Pediatrics, the health issues that most commonly come up at summer camp include upper respiratory tract infections, vomiting and diarrhea, impetigo and fungal skin infection, asthma and allergies, ear infections, sore throat, head lice, pinkeye, **poison**

**Drowning** is the leading cause of unintentional injury-related death for children ages 1 to 4. It takes only seconds to drown, and often occurs silently when an unsupervised child is near water. Although most drownings occur in residential swimming pools, children can drown in just one inch of water (such as in buckets, bath tubs, wading pools, diaper pails, toilets, hot tubs, and spas). In addition, open waters such as oceans, rivers, and lakes pose a drowning threat to older children.

Consider these facts concerning drowning from the National SAFE KIDS Campaign:

- When a child is submerged two minutes in water, he/she loses consciousness.
- Irreversible brain damage sets in after four to six minutes of water submersion.
- Most children die if they are found after 10 minutes in the water.

Parents are advised to take the following preventive steps to protect their children from drowning:

- Never leave your child unsupervised near water at or in the home, or around any body of water, including a swimming pool.
- Learn cardiopulmonary resuscitation (CPR) and infant and child first-aid.
- Do not rely on personal flotation devices (PDFs) or swimming lessons to protect your child.
- Install childproof fencing around swimming pools.
- Make sure you have rescue equipment, a telephone, and emergency phone numbers near the swimming pool.
- Insist that your child wear a US Coast Guard-approved personal flotation device on boats at all times.
- Do not allow children to dive in waters less than 9 feet deep.

**Note:** *VACHP does NOT recommend swimming for children with tracheostomies. As little as two teaspoons of water into the airway can result in drowning. Water directly entering the airway and lungs may result in severe bronchospasm. Even vigorous suctioning may be futile.*



# Happy Birthday

## April

◆ Angel Alston (4/07)  
◆ Adisyn Cavey (4/08)  
◆ Samantha Delariva (4/93)  
◆ Gabriella DeLeon (4/01)  
◆ Torrence Dunn (4/03)  
◆ Dylan Driver (4/29/94)  
◆ Hunter Edwards (4/08)  
◆ Riley Ernst (4/09)  
◆ Amber Fenchel (4/04)  
◆ Aaron Freas (4/98)  
◆ Jack Freedman (4/95)  
◆ Nora Mohamed Gasim (4/01)  
◆ Cuara Gonzalez (4/94)  
◆ Natasha Henderson (4/05)  
◆ Olivia Kilkeary (4/05)  
◆ Haley Little (4/04)  
◆ Tianna Monroe (4/97)  
◆ Maxwell Orr (4/99)  
◆ Grace Pickwood (4/09)  
◆ Kenneth Sanders (4/09)  
◆ Lisa Scarnati (4/91)  
◆ Makayla Shields (4/09)  
◆ Brittany Vance (4/92)

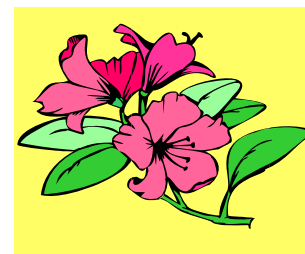
## May

◆ Samantha Beal (5/91)  
◆ Arielle Bowman (5/06)  
◆ Sarah Earnest (5/96)  
◆ Alex Gardner (5/90)  
◆ Samantha Horne (5/02)  
◆ Jonathan Martinez (5/03)  
◆ Alexander McShane  
(5/03)  
◆ Morgan Sidor (5/04)  
◆ Stephen Sweigert (5/90)  
◆ Lara Yazici (5/96)



## June

◆ Samuel Dunlap (6/09)  
◆ Diego Ortiz (6/04)  
◆ Madison Benjamin (6/09)  
◆ Noah DeSantis (6/09)  
◆ Weston Gehman (6/99)  
◆ DeShawn Jefferson (6/07)  
◆ Anton Komar (5/09)  
◆ Owen Luker (6/02)  
◆ Lincoln Menard (5/08)  
◆ Nicholas Minnich (5/07)  
◆ Nathan Morath (5/02)  
◆ Amanda Polsky (6/90)  
◆ Skylar Reed (6/05)  
◆ Julie Schlegel (6/06)  
◆ Zakkary Snedeker (6/90)  
◆ Hannah Wright (6/99)  
◆ Caden Zoelle (5/05)



### Combat Summer health risk of heat exhaustion:

Normally when you get hot and sweat, the sweat evaporates moving heat from your skin to the air so you can cool down. However, on humid days the evaporation process slows down because the air has so much moisture already, causing people to overheat. Symptoms of overheating can include nausea, dizziness, and weakness. The best way to prevent this is to drink water throughout the day, even when you don't feel thirsty. Also avoid exercise and outside activities, especially from 12 noon-2pm. Remember to wear light colored, loose clothing since tight clothes will trap the sweat and prevent evaporation. If you do feel nausea, dizziness, or weakness, get out of the sun and place a cold compress on your forehead. Drink water or a sports drink (like Gatorade) and try a small salty snack like pretzels. If you throw up or feel disoriented, call 911. These are signs of heat stroke and can be life threatening.

For children on ventilators, the same rules apply! The necessary medical equipment and ventilator generate a lot of heat, making the children even more susceptible to overheating. Check with your doctor about any fluid restrictions and give extra water as able. Eve tube feed children on feedings may need extra free water in the heat. Keeping cool during the summer is important, especially on the really hot days. When the temperatures rise, try to stay indoors and out of the sun as much as possible.

**THE CIRCUIT**

VENTILATOR ASSISTED CHILDREN HOME PROGRAM

**FROM:**  
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