

**THE WASHINGTON GUIDE**  
to  
**PROMOTING DEVELOPMENT**  
in the  
**YOUNG CHILD**

**9 TO 12 MONTHS**

Adapted Version by  
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Dr. Kathryn Barnard  
University of Washington, 1987

**How to use this guide:**

The left half of each page describes the developmental skills your child should master during this age range. The right half of the page gives ideas for helping your child learn the new skills.

**Motor Skills**

- 1) Rises to a sitting position.
- 2) Creeps or crawls, may move backwards at first.
- 3) Pulls to a standing position.
- 4) Stands alone.
- 5) Cruises, holding on to furniture.
- 6) Uses index finger to poke.
- 7) Grasps objects with index finger and thumb.
- 8) Has the ability to catch herself from falling sideways, backwards or forwards while sitting.

- 1) Provide playpen and allow your child to pull herself to standing.
- 2) Give opportunity and space to practice creeping and crawling.
- 3) Have your child practice moving on her knees to improve balance prior to walking.
- 4) Have your child use walking or straddle toys that she can push or scoot on.
- 5) Play airplane with your child; have your child practice catching herself while rolling on a large ball.
- 6) Provide with objects such as spoons, plastic bottles, cups, balls, finger foods, saucers, and lids.

**Feeding Skills**

- 1) Holds his own bottle.
- 2) Drinks from a cup or glass with help.
- 3) Feeds himself finger foods.
- 4) Begins to hold a spoon.

- 1) Bring your child in a highchair to the table and include him in the meal with your family.
- 2) Have your child in a comfortable position with trunk and feet supported while he is eating.
- 3) Encourage him to feed himself; use table food.
- 4) Offer a spoon when your baby is interested in it.
- 5) Introduce a cup or glass with small amounts of water, juice or formula.

**Sleep**

- 1) Night: 12 to 14 hours.
- 2) Naps: 1 to 2 naps, each one lasting 1 to 4 hours.
- 3) May begin refusing morning naps.

- 1) Short crying periods may be a way for your child to relieve tension or stress.
- 2) Watch for signs of tiredness, crankiness, or restlessness if naps are shorter.
- 3) Provide familiar people to babysit who know your baby's sleep routines.

**Play**

- 1) Puts objects in and out of containers.
- 2) Examines objects held in his hand.
- 3) Plays interactive games (peek-a-boo).
- 4) Extends toy to other person without letting go of it.
- 5) Works to get to a toy out of reach.

- 1) Continue parent-infant games.
- 2) Give opportunity to place objects in containers and pour them out.
- 3) Provide large and small objects with which to play.

**Language**

**Receptive abilities**

- 1) Stops and listens when her name is pronounced or "no no" is said.
- 2) Gives away a toy when someone else asks for it and reaches for it.

*Continued on page 8*

3) Follows a simple command.

### Expressive abilities

- 1) Imitates definite speech sounds such as tongue clicking, lip smacking, or coughing.
- 2) Should have two words that are specific for parents: "mama," "dada," or equivalents.

- 1) Gain your child's attention when giving simple commands.
- 2) Use hand gestures along with verbal commands.
- 3) Talk and laugh with your child during feeding, bathing, and play times. Take turns in repeating sounds and actions.
- 4) Provide sounds that your child can learn to make such as lip smacking and tongue clicking.
- 5) Repeat directions frequently and have your child participate in action: open and close the drawer; move arms and legs up and down.
- 6) Have your child follow verbal directions; stand up, sit down, close door, open door, turn around, come here.

### Discipline

- 1) Begins to respond to simple commands such as "pick up the ball," or "put the toy in the box."
- 2) Your baby is ready to go places on her own and is trying out newly developing skills. She is not being naughty, "spoiled," or stubborn.

- 1) a. Avoid setting an unreasonable number of limits.
  - b. Give simple commands one at a time.
  - c. Once a limit is set, stick to it firmly each time and connect it immediately with the misbehavior.
  - d. Be consistent in enforcing rules.
  - e. Allow time for your baby to follow your command.
  - f. Gain your child's attention before giving a command.
- 2) a. Begin setting and enforcing limits on where your child is allowed to travel and explore.
  - b. Remove tempting objects. Check toys for detachable small parts.
  - c. Remove sources of danger such as light sockets, protruding pot handles, over-hanging table covers, sharp objects, and dangling cords.
  - d. Remove household poisons, cosmetics, pins, and buttons that she could put in her mouth.
  - e. Remove all possible poisons or substances that are not food that can be eaten or drunk from low level cabinets, and under the sink.
  - f. Keep your child away from fans, heaters, and certain drawers, and don't place a vaporizer close to your infant's crib.
  - g. Keep highchair at least 2 feet away from working and cooking surfaces in the kitchen.
  - h. Use gates to keep your child out of the kitchen when it is being used, as well as the top and bottom of the stairs to protect your child from falling down.

*Continued on page 9*

**Discipline Continued**

- 3) Has great curiosity to look at, handle, and touch things.
- 4) Explores objects by sucking, chewing, and biting them.
- 5) Begins to test parents' reactions to certain behaviors during feeding and may become choosy about food.
- 6) Begins to test parents' reactions at bedtime preparation.

- i. Be certain that pans, basins, and tubs of hot water are never left unattended.
- j. Keep your child from objects or surfaces that he may chew such as porch rails, windowsills, repainted toys or cribs that may contain lead.
- k. Instruct baby-sitter on all safety items.
- 3) a. Find ways to direct your child's attention to safer objects.
- b. Provide your child with her own play objects.
- 4) a. Once problem behaviors are defined, plan to work on changing only one behavior at a time until your child behaves or conforms to expectations.
- b. Be certain that your child understands old rules before adding new ones. Respond consistently in enforcing old rules; enforce each time, don't ignore next time.
- c. Provide regular pattern of meal times.
- d. Introduce new foods gradually over a period of time. Continue to offer foods that may have been rejected the first time.
- e. Don't force food.
- f. Refrain from physically punishing your child for changes in eating habits.
- 5) a. Provide regular time for naps and bedtime.
- b. Avoid excessive stimulation at bedtime or naptime.
- c. Ignore fussing and crying once safety and physical needs are satisfied and usual ritual is carried out.
- d. Keep your child in his own room for sleep.
- e. Refrain from picking up and rocking or holding if your baby's needs seem satisfied.

**Toilet Training**

- 1) Beginning to show regular patterns in bladder and bowel elimination
- 2) Has 1 to 2 stools daily.
- 3) Is not usually dry for longer than 1 to 2 hours.

- 1) Watch for clues that indicate your child is wet or soiled.
- 2) Be sure to change diapers when wet or soiled so that he begins to notice the difference between wetness and dryness.

fifth visit...

# 9 months

## Food for Thought

*What food does your baby like?*

*Is your baby drinking less breastmilk or formula?*

*Is your baby drinking water or any other fluids?*

*Are you allowing your baby to control how much he or she eats?*

*Is your baby eating as you expect?*

## Feeding Advice

By 9 to 12 months, your baby will already be fitting into your family's eating schedule and will be eating family food at the table.

### Table Time Tips ~

- Offer a wide variety of finger and table foods that are soft and easy to chew.
- **Vegetables and fruits should be given at every meal and used as snacks.**
- Offer all liquids in a cup. Your baby should gradually be weaned from the bottle around one year.
- You may need to offer a food more than 10 times before your baby may accept it.
- Never bribe your baby with food or use food as a reward.
- If juice is given, it should be 100% fruit juice and no more than 3 oz. per day, from a cup.

### Choking Hazards ~

- Always stay with your baby when he or she is eating.
- **DO NOT** give your baby foods like popcorn, round candy, nuts, grapes and round slices of hot dogs.
- Continue breastmilk and/or iron-fortified formula until 12 months.
- Soft drinks, fruit punch and other sugary drinks are **NOT** good drinks for your baby.

## Be Active

- Encourage crawling reaching and retrieving toys.
- Your baby may pull to stand.
- Screen time (TV, computer, electronic games) not recommended under age 2.

**Notes:** \_\_\_\_\_

Child's name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_

Weight for Height percentile \_\_\_\_\_ %

# PREVENT ... PREVENT ... PREVENT

## Poison Proof

Every time you bring something home look for "pretty poisons" (look-alikes)! "pretty poisons" are poisonous products that to a child look good to eat or drink.

Store "pretty poisons"

**OUT OF SIGHT & OUT OF REACH!**

## Do NOT make the

### poisoned person throw up!

Some poisons can cause more damage when they come back up.

*Syrup of Ipecac is no longer recommended!*

*Be Poison Smart!*

## If you think someone is poisoned

- Call the national poison emergency hotline to reach poison center experts closest to you

# 1-800-222-1222

☆ Medical help is provided by specially trained pharmacists, nurses and doctors

☆ Confidential

☆ 24 hours

☆ Every day

☆ Free to public

- Bring the person and the poison to the phone if possible

## Lower risks of lead poisoning

- Wash everyone's hands often
- Dust with a damp cloth frequently
- Mop wooden floors frequently
- Flush drinking water lines & pipes
- Wash children's toys and pacifiers
- Check and remove lead-paint chips
- Eat a nutritious and well balanced diet
- Eat foods high in calcium and iron
- Ask your doctor or local health department about lead screening

### CAUTION

Lead paint removal is dangerous and should be done by experts. Call your local Health Department for more information.

*Be Poison Wise!*

## PREVENT MEDICATION MISTAKES

- ✓ Know what medications you are taking and why
- ✓ Ask questions
- ✓ Read the labels
- ✓ Keep a medication record
- ✓ Use the same pharmacy to fill prescriptions
- ✓ Get rid of unfinished and expired medication
- ✓ Call for help if unsure
  - ☞ Do NOT take medication prescribed for others
  - ☞ Do NOT call medicines candy
  - ☞ Do NOT take medication in front of children

## GOOD HEALTH

### IS A TEAM EFFORT

Health Care Providers

Pharmacists

# YOU

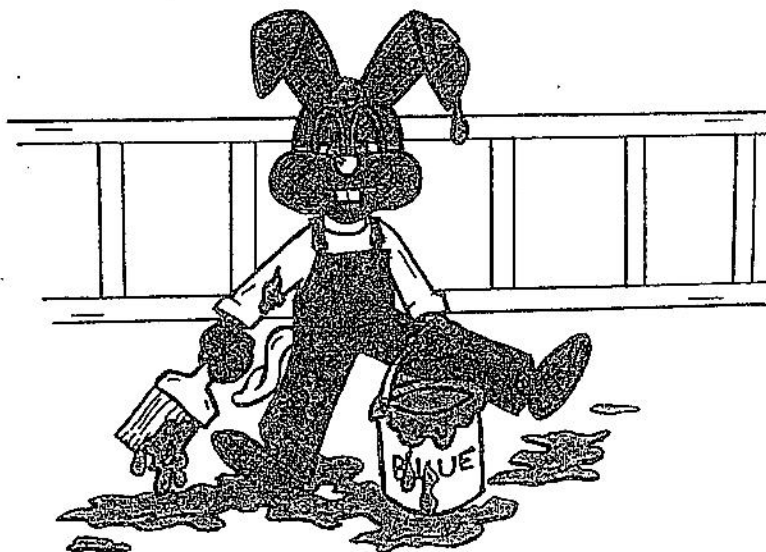
Family

Friends



# Prevent Lead Poisoning

- See your doctor yearly and ask for a lead test for your child ages six months to six years.
- If you have any peeling or flaking paint in your house, contact your local health department to have it checked.
- Do not allow your child to chew or suck on painted surfaces such as woodwork, porches, old toys, cribs, and other old furniture.
- Repair any holes or cracks in the plaster walls and repaint them with lead free paint.
- Since most children explore their world by putting things in their mouths, keep the area where they play clean.
- Damp dust and damp mop.
- Since soil and dust can contain lead, it is important for children and adults to wash their hands before eating.
- Feed your family well balanced meals which include the following: meats, dairy products, fruits, vegetables and enriched breads and cereals.



Ohio Department of Health  
Bureau of Maternal and Child Health  
Lead Poisoning Prevention Program  
246 N. High Street  
Columbus, OH 43266-0588

Year Budget: \$10,000  
Fiscal Year: 1991  
Publication: 1991

FORM NO. 3707.13



# Myths & Facts About Lead Poisoning

**Myth:** Lead poisoning is an inner city problem.

**Fact-** Children from all geographic areas, rural and urban are at risk.

**Myth:** If a child has lead poisoning, he will act sick.

**Fact-** Most children with lead poisoning do not act sick.

**Myth:** Lead poisoning has no long lasting effects.

**Fact-** Lead poisoning causes behavior changes, hearing loss, and learning disabilities.

**Myth:** A large amount of blood is needed for the lead poisoning test.

**Fact-** The lead poisoning test is a simple finger stick in which a small amount of blood is sent to a laboratory. This test can be done at the doctor's office, health department or hospital clinic.



**Myth:** Lead poisoning is no longer a problem since lead has been removed from gasoline.

**Fact-** Lead is found in many other places or objects, such as painted surfaces, dirt, dust, industrial air pollution, colored newsprint, pottery, and water.

**Myth:** Lead poisoning is a problem only with people who work in lead industries.

**Fact-** Children under the age of six years are the main ones who are poisoned by lead.

## **Frequently Asked Questions (FAQs) Concerning Lead Poisoning**

### **1. What are the symptoms of lead poisoning?**

Lead poisoning, for the most part, is invisible. Most lead-poisoned children have no noticeable symptoms at first. Some cases go undiagnosed and untreated.

### **2. What are the health effects of lead poisoning?**

Lead replaces iron and calcium in the body affecting many different internal systems, especially the central nervous system. It is most harmful to children under the age of 6, because lead is most easily absorbed into growing bodies and can create permanent problems in development. At lower exposure levels, lead poisoning in young children is associated with decreased intelligence, delayed growth, impaired hearing, attention deficit disorders and hyperactivity in later years. At higher levels of exposure, lead poisoning can cause mental retardation, convulsions, coma and death.

### **3. Is lead dangerous to a developing fetus?**

Yes. Lead can be found in the blood and bones of pregnant women who have been exposed to lead hazards. Lead can cross the placental barrier and affect the fetus. Immediate effects can include miscarriage, stillbirth, premature delivery and low birth weight. Lead can also be passed to a newborn infant through breast feeding.

### **4. Should my child be tested for lead?**

Yes. In high-risk Zip codes and for Medicaid-eligible children, lead testing is mandatory at ages 1 and 2. But lead can come from a variety of sources and all children should be tested at least once to ensure there is no lead hazard silently affecting a child.

### **5. What is considered a safe level of lead in a child's blood?**

Lead is not a natural part of the environment and has no nutritional value. There is no safe level of lead in a child's blood. The Centers for Disease Control and Prevention considers all child blood lead levels above 10 micrograms per deciliter ( $\mu\text{g}/\text{dl}$ ) to be elevated and a concern. Lead levels as low as 5  $\mu\text{g}/\text{dl}$  have been shown to have negative effects on cognitive development.

### **6. What are the sources of lead poisoning?**

Lead was used in house paint until 1978. Any house built before that year may have layers of lead paint present. When chips of this paint are exposed they may be ingested, or ground into dust which may be ingested or inhaled. This happens most frequently through a child's hand-to-mouth activities. Lead can also be present in soil, water and certain imported items. Recently recalled items with lead content include inexpensive jewelry items, candy, colored chalk and various toy parts.

**7. What will happen if my child tests positive for lead poisoning?**

When an elevated blood lead test result is received by a comprehensive lead poisoning prevention program, several things will happen. The child's residence will be designated for a public health lead investigation which can determine the most likely source of your child's poisoning. Your child will be referred for case management services which provide education about stopping and preventing lead poisoning and create a network which includes medical providers to ensure your child receives the proper care. Continued efforts will be made by the investigator, case manager and medical provider to ensure your child's blood lead levels drop and that your residence is free from lead hazards.

**8. After my home is investigated for lead, what happens next?**

If lead hazards are identified, an order to control lead hazards is sent to the property owner, who will need to hire a licensed lead abatement contractor to fix the home. A letter and a copy of the report are sent to the parents, with information and guidance on how to protect the child in the interim. The local health department, doctor and HealthChek coordinator (if appropriate), and other agencies may also be made aware of the assessor's findings. This information is also entered into an Ohio Department of Health (ODH) database.

**9. What should I do for my child who has lead poisoning?**

Children with lead level above 45 µg/dl need immediate medical attention. If possible, a child should be removed from a residence with identified lead hazards. If this is not immediately possible there are some procedures which can help reduce lead in all children. These include frequent child hand washing, keeping a clean eating environment, keeping floors and other surfaces dust-free and ensuring a diet rich in calcium and iron.

**10. Who should I contact if I have questions or concerns about my child's lead levels?**

You may call any of the comprehensive lead poisoning prevention programs in Ohio (see Grants and Funding page of this Web site) or call the Ohio Childhood Lead Poisoning Prevention Program (OCLPPP) at (614) 644-9849

<b><u>Additional Resources</u></b>	
<b>Environmental Protection Agency (EPA)</b> .....	<a href="http://www.epa.gov/lead/">www.epa.gov/lead/</a>
<b>National Safety Council</b> .....	<a href="http://www.nsc.org/issues/lead/">www.nsc.org/issues/lead/</a>
<b>Ohio Childhood Lead Poisoning Prevention Program (OCLPPP)</b> .....	614-644-9849
<b>Central Ohio Poison Center</b> .....	1-800-222-1222

# PLANTS

## TOXIC

The following plants are considered TOXIC (poisonous, possibly dangerous)

\*These plants contain a wide variety of poisons and symptoms may vary from a mild stomachaches, skin rash, swelling of the mouth and throat to involvement of the heart, kidneys or other organs. The Poison Center can give you more specific information on these or other plants, that can be poisonous and may not be on this list. Many plants do not cause toxicity unless ingested in very large amounts.

<b>A</b> nemone	Jonquil
Angel Trumpet Tree	<b>L</b> antana Camara
Apricot-Kernels	(Red Sage)
Arrowhead	Larkspur
Avocado-Leaves	Laurels
Azaleas	Lily-Of-The-Valley
<b>B</b> etel Nut Palm	Lobelia
Bittersweet	<b>M</b> arijuana
Buckeye	Mayapple
Buttercups	Mistletoe
<b>C</b> aladium	Moonseed
Calla Lily	Monkshood
Castor Bean	Morning Glory
Cherries-Wild & Cultivated	Mushroom (Wild/Many)
Crocus, Autumn	<b>N</b> arcissus
<b>D</b> affodil	Nightshade
Daphne	<b>O</b> leander
Delphinium	<b>P</b> eriwinkle
Devil's Ivy	Peyote (mescal)
Dieffenbachia (Dumb Cane)	Philodendron
<b>E</b> lderberry	Poison Hemlock
Elephant Ear	Poison Ivy
English Ivy	Poison Oak
<b>F</b> our O'Clock	Poppy (Calf Poppy Excepted)
Foxglove	Pokeweed
<b>H</b> olly Berries	Potato-Sprouts
Horsetail Reed	Primrose
Hyacinth	<b>R</b> anunculus
Hydrangea	Rhododendron
<b>I</b> ris	Rhubarb-Blade
Ivy (Boston, English and others)	Rosary Pea
<b>J</b> ack-in-the-Pulpit	<b>S</b> tar-of-Bethlehem
Jequirity Bean	Sweet Pea
Jerusalem Cherry	<b>T</b> obacco
Jessamine (Jasmine)	Tomato Vines
Jimson Weed (Thorn Apple)	<b>W</b> ater Hemlock
	Wisteria
	<b>Y</b> ew

## NON-TOXIC

The following plants are considered essentially non-toxic (safe, not poisonous). Symptoms from eating or handling these plants are unlikely, but any plant may cause an unexpected reaction in certain individuals.

<b>A</b> belia	Echeveria
Absynnian Sword Lily	Eucalyptus (Caution)
African Daisy	Eugenia
Africa Palm	<b>G</b> ardenia
African Violet	Grape Ivy
Airplane Plant	<b>H</b> edge Apples
Aluminum Plant	Hens & Chickens
Aralia	Honeysuckle
Araucaria	Hoya
Asparagus Fern	<b>J</b> ade Plant
(Dermatitis)	<b>K</b> alanchoe
Aspidistra (Cast Iron Plant)	<b>L</b> ily (Day, Easter or Tiger)
Aster	Lipstick plant
<b>B</b> aby's Tears	<b>M</b> agnolia
Bachelor Buttons	Marigold
Bamboo	Monkey Plant
Begonia	<b>N</b> orfolk Island Pine
Birds Nest Fern	<b>P</b> eperomia
Blood Leaf Plant	Petunia
Boston Ferns	Poinsettia (GI irritant)
Bougainvillea	Prayer Plant
<b>C</b> actus-Certain Varieties	Purple Passion
California Holly	Pyracanthus
California Poppy	<b>R</b> ose
Camellia	<b>S</b> ansevieria
Christmas Cactus	Schefflera
Coleus	Sensitive Plant
Corn Plant	Spider Plant
Crab Apples	Swedish Ivy
Creeping Charlie	<b>T</b> ulip (Dermatitis)
Creeping Jennie,	<b>U</b> mbrella
Moneywort, Lysima	<b>V</b> iolets
Croton (House variety)	<b>W</b> ondering Jew
<b>D</b> ahlia	Weeping Fig
Daisies	Weeping Willow
Dandelion	Wild Onion
Dogwood	<b>Z</b> ebra Plant
Donkey Tail	
<b>E</b> aster Lily	

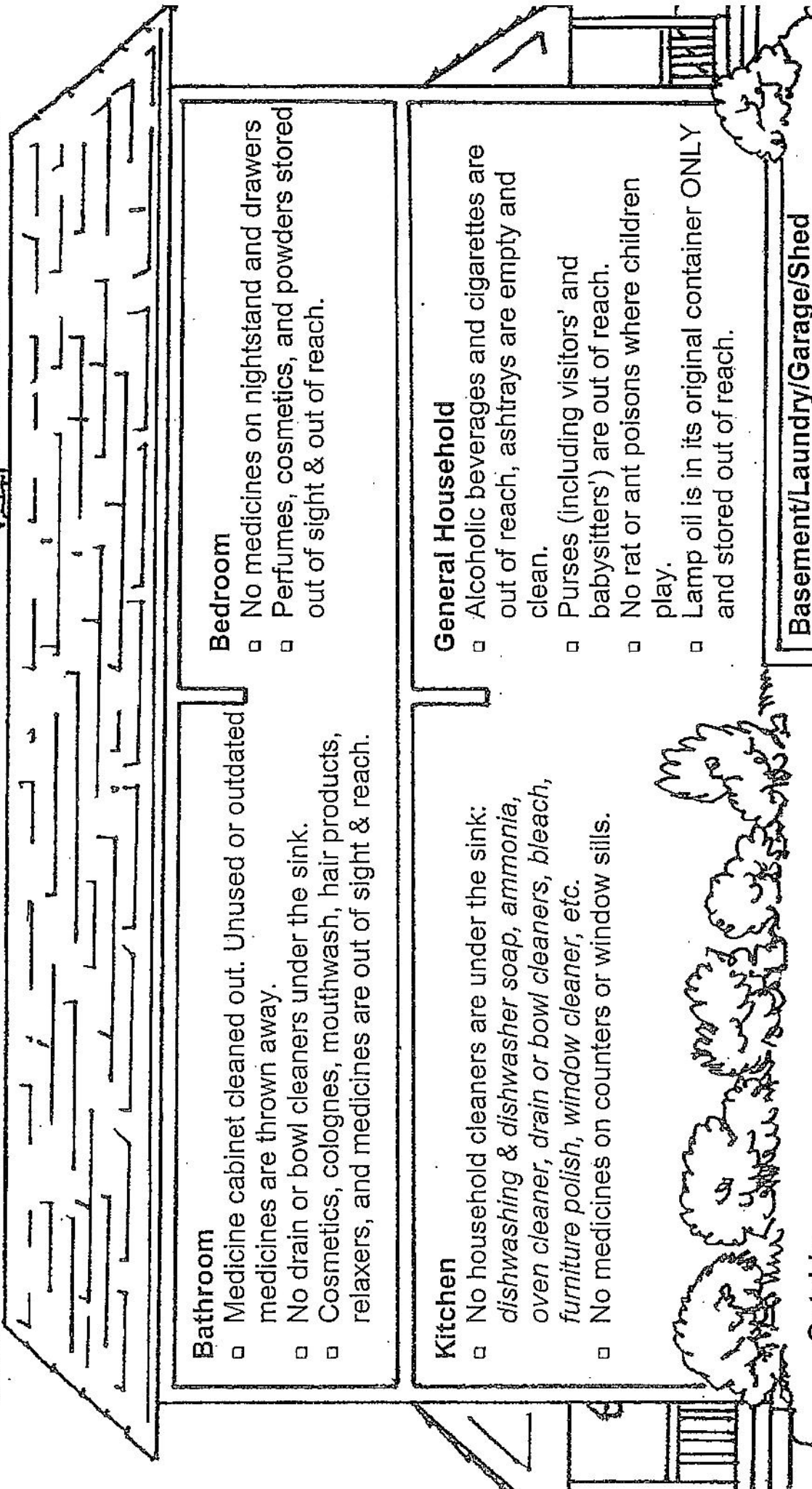
Ohio Poison Control Collaborative

A Partnership of the Cincinnati, Cleveland and Columbus Poison Centers

1-800-222-1222

# Poison Safety Checklist - a guide to help you

# Poison Proof



## Bathroom

- Medicine cabinet cleaned out. Unused or outdated medicines are thrown away.
- No drain or bowl cleaners under the sink.
- Cosmetics, colognes, mouthwash, hair products, relaxers, and medicines are out of sight & reach.

## Kitchen

- No household cleaners are under the sink: *dishwashing & dishwasher soap, ammonia, oven cleaner, drain or bowl cleaners, bleach, furniture polish, window cleaner, etc.*
- No medicines on counters or window sills.

## Bedroom

- No medicines on nightstand and drawers
- Perfumes, cosmetics, and powders stored out of sight & out of reach.

## General Household

- Alcoholic beverages and cigarettes are out of reach, ashtrays are empty and clean.
- Purses (including visitors' and babysitters') are out of reach.
- No rat or ant poisons where children play.
- Lamp oil is in its original container ONLY and stored out of reach.

## Basement/Laundry/Garage/Shed

- Store out of sight & out of reach from children:
- Detergent, bleach, spot cleaner, fabric softener
- Keep locked in places where children do not have access:
- Bug spray, weed killer, fertilizer
- Gasoline, kerosene, turpentine, charcoal, paints
- Antifreeze, batteries, other car care products

## Outside

- Know what kind of berries, fruits, seeds, flowers, shrubs, and trees are in your yard.
- Teach children not to eat any mushrooms or toadstools found in the yard.
- Do not let children play on pesticide-treated lawn for 24 hours.

700 Children's Drive  
Columbus, Ohio 43205-2696  
nationwidechildrens.org

## POISONINGS and POISON PREVENTION

### IF YOU THINK SOMEONE IS POISONED

- **Call the Poison Center first!**
  - *If the person collapsed or stopped breathing, call 911 or your local emergency number RIGHT AWAY!*
- **Medical help is available 24 hours every day.**
- **Calls are confidential and free to the public.**
- **Calls are handled by specially trained pharmacists and nurses.**
- **Bring the person and the poison to the phone.**



**1-800-222-1222**

Nationwide Poison Emergency Hotline

### WHY YOUNG CHILDREN GET INTO THINGS

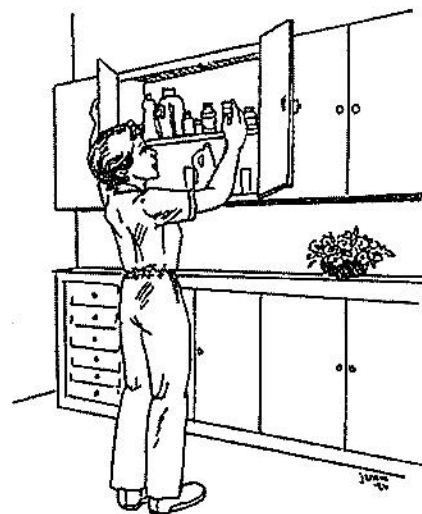
Children are constantly changing and growing. They are naturally curious so they are often "getting into things." They learn by doing what they see others do. When they see someone using a household product, smoking cigarettes, taking medicine, or drinking alcohol, they copy what they see. Products considered safe from a reach of a 10-month-old child may become easy to reach for him or her in just a few months later. Make sure that relatives, friends, and baby sitters also poison-proof their homes.

### HOW TO "Be Poison Smart!®"

Look for "pretty poisons" – products that, through the eyes of a child, look like something good to eat or drink but can be harmful if put in the mouth, or get on the skin or into the eyes. Every time you take something home, ask yourself:

- **Is this product a "pretty poison"?**
- **Is it medicine or vitamins?**
- **Does it have alcohol in it?**
- **Does it contain gasoline, insecticides or pesticides?**

If the answer is "yes" to any of the above questions, store the product out of sight and out of reach!



Picture 2 Store products out of sight and out of reach.

HOW TO "Be Poison Smart!®", continued

**Storing products:**

*Use low shelves to store harmless items and leave space for poisons on high shelves.*

**Containers:**

Always use products with *child-resistant caps*. Remember – the *caps aren't childproof*. Keep products in their original, labeled containers. Read the entire label before using.

**Medicines:**

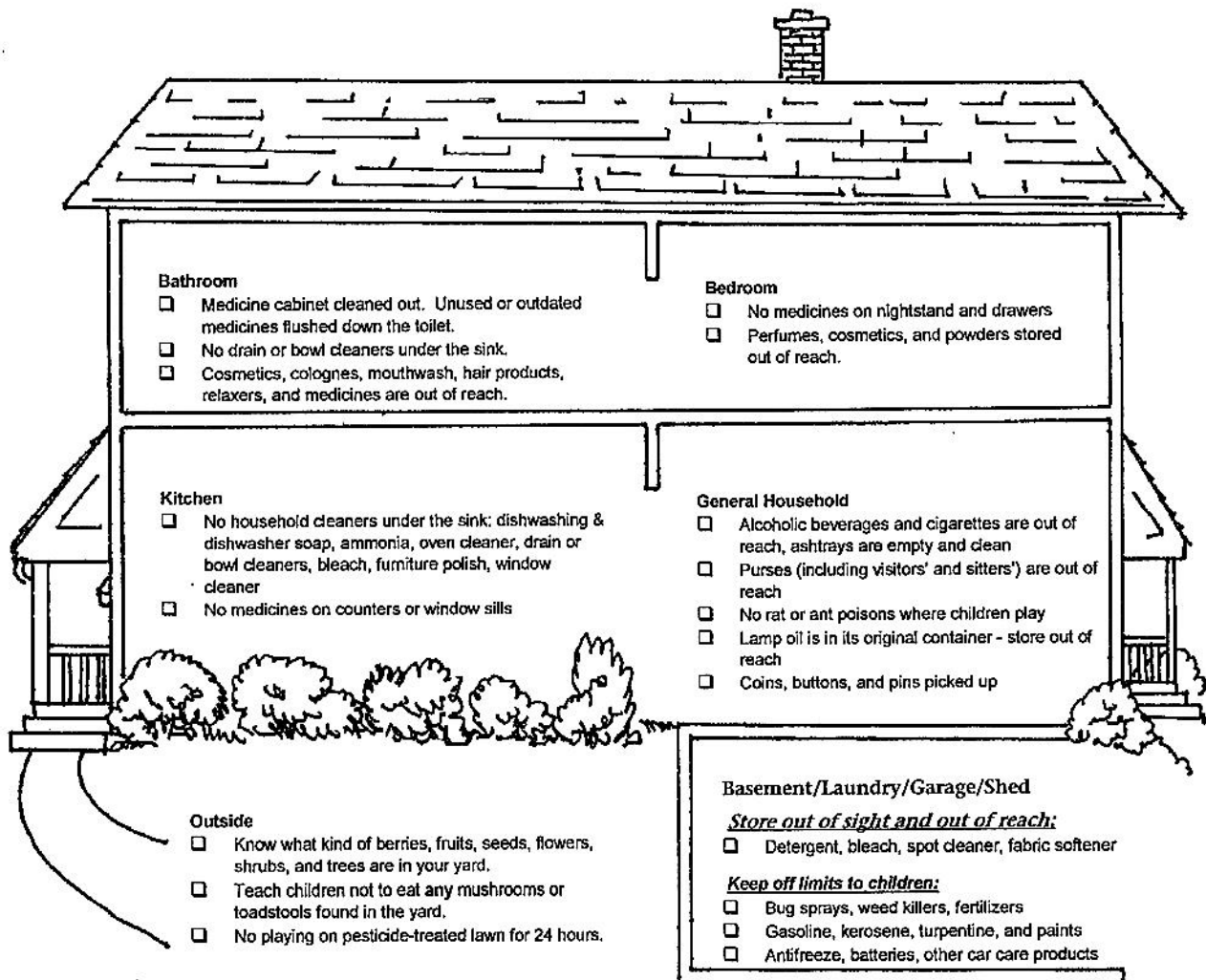
*Never* call medicine "candy." Don't take medicine in front of a child. *Never take or give medicine* in the dark.

**Plants:**

Know the names of all your plants, both indoors and out. To find out the plant names, take a branch or leaf to your local plant store. Keep poisonous plants out of children's reach.

HOW TO POISON-PROOF YOUR HOME

Look for "pretty poisons" in every room in your home. Look through cabinets, cupboards, and drawers. Remove and store all poisonous products on high shelves or in locked cupboards. Use this guide to poison-proof your home:



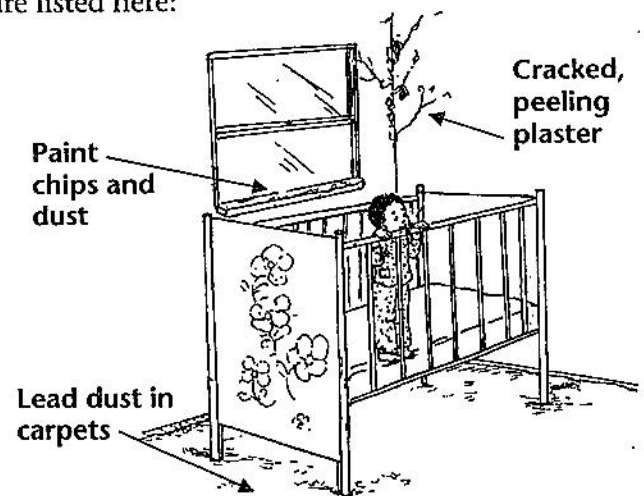
700 Children's Drive  
Columbus, Ohio 43205-2696  
nationwidechildrens.org

## LEAD POISONING PREVENTION

Lead poisoning is the harmful buildup of lead in the body. Even tiny amounts can be very harmful to a young child's developing nervous system. Children under the age of six are at highest risk for lead poisoning. This is because they put non-food objects and their fingers in their mouths. If lead dust from the objects gets on the fingers, children can swallow the lead.

Children who live in older homes where lead paint has been used are at highest risk. Even if non-leaded paint has been applied over leaded paint, chipped plaster or paint can be sources of lead. There are many other sources of lead. A few of them are listed here:

- Soil and dust
- Lead crystal glassware, lead-glazed pottery
- Some children's toys and jewelry (see Lead in Toys on page 2)
- Burning, sanding, or heat-stripping painted wood
- Folk remedies and cosmetics - kohl (surma), greta, azarcon
- Some imported foods and candies
- Lead in plumbing



### WHY LEAD POISONING IS DANGEROUS

Lead poisoning can cause brain damage in children. Lowered IQs, attention deficit problems, and behavior problems can result from lead poisoning. Sometimes the brain damage cannot be reversed even with treatment.

### IS YOUR CHILD AT RISK?

Does your child:

- Live in or often visit a house built before 1950? This includes a daycare center, preschool, or home of a baby sitter or relative.
- Live in or visit a house that has peeling chipping, dusting or chalking paint?
- Live in or visit a house built before 1978 that has recent, ongoing, or planned renovation or remodeling?
- Have a brother, sister, or playmate who has had lead poisoning?
- Have frequent contact with an adult whose hobby or work involves lead? Examples are construction, welding, pottery, painting, and casting ammunition.

If your child is younger than six years and you answer "yes" or "unknown" to **any** of the above questions, he or she is at risk for lead poisoning. A doctor should order a blood lead test if you are concerned that your child has been exposed to lead or lead dust. A doctor is required to provide a blood lead test if your child is on Medicaid, if you live in a high risk zip code, or if you answered "yes" or "unknown" to any of the questions listed above.



## LEAD IN TOYS

If you think your child has been exposed to a toy that contains lead, remove the toy immediately. Often, children with high blood lead levels have no symptoms. The only way to tell is to have a blood lead test. Your health care provider can help you decide if this test is needed and can also refer your child for treatment.

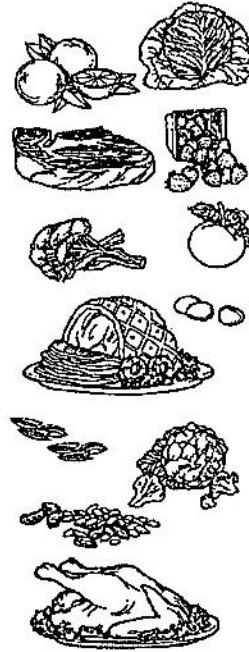
- Only a certified laboratory can accurately test a toy for lead. Home testing kits may not be reliable for detecting low levels of lead.
- To check for a list of toy recalls go to <http://www.cpsc.gov/> or call 1-800-638-2772.
- Another website to check for toy recalls is <http://www.cdc.gov/nceh/lead/> and click on Lead Recalls.

## SIGNS OF LEAD POISONING

Most children with lead poisoning do not have symptoms. A blood lead test is the only way to be sure a child has lead poisoning. When symptoms do occur, they include headache, stomachache or cramps, weight loss, constipation or diarrhea, fussiness or crankiness, and trouble sleeping. Signs of severe lead poisoning include vomiting, dizziness, seizures, joint pain and acting listless (no energy).

## HOW TO PREVENT LEAD POISONING

- Serve foods high in calcium, vitamin C and iron. Usually children with lead poisoning do not have enough calcium or iron in their bodies. The vitamin C in citrus juices will help to absorb the iron in foods.
- Teach your child to practice good hand washing before meals and after playing outdoors. Don't let children play in bare soil.
- Use an all purpose cleaning solution to damp-mop dusty areas. Keep your house as dust-free as possible. Contact your local health department to see if a HEPA vacuum is available for loan.
- Ask your health department for information about lead clean-up or removal. Sometimes leaded areas should be covered with new latex paint, or with wallpaper or wallboard.
- Avoid using home remedies and cosmetics that may contain lead.
- Use only cold water from the tap for drinking, cooking and making baby formula, as hot water is more likely to contain higher levels of lead.
- Shower and change clothes after finishing a task that involves working with lead-based products or using a firing range.
- Never allow small children or pregnant women in the area when remodeling older homes.
- Do not store food in lead-glazed pottery. Imported pottery is more likely to be lead-glazed. Do not let children drink from lead crystal baby bottles or glassware.



Picture 2 Serve foods that are high in calcium, iron, and vitamin C.

## FOLLOW-UP CARE

All children at risk for lead poisoning should receive a blood lead test at age 1 and 2 years or up to 6 years of age if a child has never been tested. If your child has lead poisoning or is at increased risk for lead poisoning, he or she may need to have a blood lead test more often.

You can request more information about lead poisoning from the Ohio Department of Health at (614) 466-5332 or your local health department.

## Button Battery Safety

More and more household items have button batteries (Picture 1). These items include: remote controls, thermometers, games, toys, hearing aids, calculators, bathroom scales, musical greeting cards, key fobs, electronic jewelry, holiday ornaments, cameras, and candles. As technology advances, so do the items and equipment we use every day – and so do the batteries that power many of these things.



**Picture 1** Items with button batteries

Button batteries are small (Picture 2). They may be the size of a pill or a coin. Since they are small, they are easy to swallow or put in the nose or ear. When a button battery is placed in the body it lets off an electrical current that begins to burn the body. Serious injury can occur in as little as 2 hours. If the injury is very severe major surgery may be necessary. People have died from burns caused by swallowing button batteries.



**Picture 2** Button batteries the size of a dime

### What to Look for

If your child swallows a button battery, he or she may have the following symptoms:

- Fever
- Irritability
- Not wanting to eat or drink
- Throat pain
- Vomiting

If your child puts a button battery in his or her nose or ear, look for the following symptoms:

- Fever
- Irritability
- Fluid drainage coming from ears or nose
- Pain or swelling around the ears or nose

Sometimes there are no symptoms.

## What to Do

If you think your child has swallowed or put a button battery in his or her nose or ear: **GO TO THE NEAREST EMERGENCY ROOM IMMEDIATELY.** You can also call the Poison Center at 1-800-222-1222. Do **NOT** make the person vomit or let him or her eat or drink. Your child will usually get an X-ray to confirm that the battery is in the body. If a battery is stuck in the body, getting it out is the only way to stop further injury.

## Staying Safe

- Look for every battery-powered device in and around your home and where your children stay. Make sure that the battery is secured, only accessible using a tool, such as a screwdriver. If this is not an option, keep electronic devices well out of the sight and reach of children.
- Keep loose batteries out of the sight and reach of children and store them in a locked cabinet or container.
- Watch children carefully while they are using devices that contain batteries.
- Act fast if you suspect your child has placed a battery inside his or her body. Go **IMMEDIATELY** to the nearest Emergency Department.
- Share this information with other people, so everyone can stay safe.

## Other Helping Hands

*Poisonings and Poison Prevention, HH-IV-30*

*Choking: Safety and Prevention, HH-IV-99*

*Medicine Safety, HH-V-157*

*Home Safety for Infants and Toddlers, HH-IV-73*

# Hepatitis B Vaccine:

## What You Need to Know

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)

### 1. Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

- **Acute hepatitis B infection** is a short-term illness that can lead to fever, fatigue, loss of appetite, nausea, vomiting, jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements), and pain in the muscles, joints, and stomach.
- **Chronic hepatitis B infection** is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to liver damage (cirrhosis), liver cancer, and death. Chronically infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves.

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected through:

- Birth (if a pregnant person has hepatitis B, their baby can become infected)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Most people who are vaccinated with hepatitis B vaccine are immune for life.

### 2. Hepatitis B vaccine

Hepatitis B vaccine is usually given as 2, 3, or 4 shots.

**Infants** should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age. **The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.**

**Children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should be vaccinated.

**Adults** who were not vaccinated previously and want to be protected against hepatitis B can also get the vaccine.

Hepatitis B vaccine is also recommended for the following people:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term, monogamous relationship
- People seeking evaluation or treatment for a sexually transmitted disease
- Victims of sexual assault or abuse
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who live with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled people
- People living in jail or prison
- Travelers to regions with increased rates of hepatitis B



- People with chronic liver disease, kidney disease on dialysis, HIV infection, infection with hepatitis C, or diabetes

Hepatitis B vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hepatitis B vaccine may be given at the same time as other vaccines.

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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of hepatitis B vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone hepatitis B vaccination until a future visit.

Pregnant or breastfeeding people should be vaccinated if they are at risk for getting hepatitis B. Pregnancy or breastfeeding are not reasons to avoid hepatitis B vaccination.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting hepatitis B vaccine.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Soreness where the shot is given or fever can happen after hepatitis B vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.

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### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).



