California Sudden Infant Death Syndrome Advisory Council

Minutes of the August 16, 2016, Meeting

By Telephone Conference Call.

Members of the California SIDS Advisory Council. November 18. 2015.

- **Members Present:** Thomas G. Keens, M.D., *Chair*; Lorie Gehrke, *Vice Chair;* Kathleen Beichley; Natalie V. Berbick, M.S.W.; Michelle Herrera was designated as an alternate for Kris Concepcion; Dawn Dailey, R.N., P.H.N., Ph.D.; James K. Ribe, M.D., J.D.; Kitty Roche, R.N., P.H.N, B.S.N., M.S.W.*;* Rachel Strickland; and Dennis H. Watt.

- **Members Absent:** Kris Concepcion.

- **State and California SIDS Program:** Kay Evans, R.N.; Carrie Florez; Deborah L. Hunt, Ph.D.; Mari Taylan-Arcoleo, M.P.H.; Guey-Shiang Tsay, R.N., M.S.N.; and Alex Zabelin.

- **Guests**: Cheryl Assante, R.N., P.H.N., B.S.N.; Kelley Barragan, R.N., P.H.N., M.S.; Claudia Benton, R.N., P.H.N.; Robin Bunch, R.N., P.H.N.; Jude Burden; Lucy Chaidez; Michelle Dobbs; Sally Eberhard, P.H.N.II; Richard Estes; Brenda Harris, R.N., P.H.N.; Michelle Herrera; Linda J. Lopez, R.N., P.H.N.; Maria Mayorga;

Members of the Council

Thomas G. Keens, M.D., *Chair, Physician member.*

Lorie Gehrke, *Vice Chair, SIDS Parent.*

Kathleen Beichley, *SIDS Parent*

Kris Concepcion, First Responder.

Dawn Dailey, R.N., P.H.N., Ph.D., *Public Health Nurse.*

James K. Ribe, M.D., J.D., *Medical Examiner.*

Kitty Roche, R.N., P.H.N., B.S.N., M.S.W. *Public Health Nurse*

Rachel Strickland, *SIDS Parent.*

Dennis H. Watt, *Coroner.*

Kitty Roche, R.N., P.H.N., B.S.N., M.S.W., *President, Southern Calif. Regional SIDS Council.*

Natalie V. Berbick, M.S.W., *President, Northern Calif. Regional SIDS Council.*

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Allison Myers; Shelley Parker, R.N., P.H.N.; Bobbie Rose, R.N., P.H.N.; Michelle Scott B.S.N., R.N., P.H.N.; Penny Stastny, R.N., B.S.N., P.H.N.; Tracy Tompkins; and Robert Torres.

- **Alternate Council Members:** In accordance with the Standing Rules of the California SIDS Advisory Council:
  - *Michelle Herrera* was designated as an alternate for *Kris Concepcion*, who could not attend today's meeting.

- The meeting was held by telephone conference call. A quorum of greater than 2/3 of Council members was present. The meeting was called to order at 1:30 P.M., on August 16, 2016.[1]

- **Introductions.**

  Council members, state staff, and guests introduced themselves. California's *Bagley-Keene Open Meeting Act 2004* mandates that people may participate in the conference call without identifying themselves or indicating that they are on the call.

- **State Report.**

  Guey-Shiang Tsay and *Carrie Florez* reported on the SIDS activities of the Maternal, Child, and Adolescent Health (MCAH) Branch of the California Department of Public Health.

  State Budget: The State budget was signed by the Governor for FY 2016-17. We do not anticipate any Title V federal funding cuts to MCAH for this fiscal year and the allocation for SIDS program remains the same.

  SIDS County Coordinators/Public Health Professionals meeting: Thanks to SIDS Contractor for sending out the survey and SIDS Coordinators/Public Health Professionals for your response to the survey. The survey findings and result expressed an interest to attending a Coordinator meeting. This will be the reference for MCAH to plan the 2017 SIDS County Coordinators/Public Health Professionals meeting.

  2016 Annual SIDS Conference: The Northern CA Regional SIDS Council will host the Conference this year. The Council planning committee worked with the SIDS Contractor to finalize the conference agenda. You are encouraged to attend this educational event. Per Local Health Jurisdiction (LHJ) MCAH Scope of Work, each LHJ is required to send staff to attend the SIDS Annual Conference and/or SIDS training.

  Annual Report for FY 2015-16: On behalf of MCAH, we would like to thank SIDS Coordinators/Public Health Professionals for their efforts to provide grief and support services to parents who experience a sudden, unexpected infant death

[1] Many terms are used to describe babies who die suddenly and unexpectedly during sleep in whom the cause can not be determined. These terms include SIDS, SUID, SUDI, Undetermined, and some Accidental diagnoses. In these Minutes, the term "SIDS" or "Sudden Infant Death Syndrome" will be used to describe all of these babies. These terms all mean the same thing: the death was *unexpected* and *unexplained*.

as well as to promote infant safe sleep practices and SIDS risk reduction education activities to the community. We have been receiving and reviewing County's annual reports for FY 2015-16. The MCAH Division uses the information and data in the Annual Report to monitor implementation of the Scope of Work and the LHJ's performance in meeting the Title V Block Grant and the State MCAH Program priorities, goals, and objectives.

Infant Mortality Collaborative Improvement and Innovative Network (CoIIN) Update: MCAH completed the feedback session with the State and Local BIH staff and Local BIH participants at the end of June. MCAH anticipates completing the report in September 2016.

Addie Aguirre | Mari Taylan-Arcoleo | Guey-Shiang Tsay | Carrie Florez

Let's Get Healthy California (LGHC): Let's Get Healthy California is an ongoing project. California Department of Public Health is very committed to implementing *LGHC.* Here is the *website:* http://letsgethealthy.ca.gov/

The 2014 Death Data: The data is on hold until data quality issues are addressed. MCAH has been working with the Center for Health and Information Research to correct the issues but have been unsuccessful thus far. Here is the link for the query system (data for 1994-2013): http://informaticsportal.cdph.ca.gov/chsi/vsqs/

- ## California SIDS Program.

Doctor Deborah Hunt, Kay Evans, and *Alex Zabelin* presented a report on the activities of the *California SIDS Program.*

Deborah Hunt | Kay Evans | Alexander Zabelin | Mollie Mayer | Susan Gonzalez

<u>California State University, Sacramento Team:</u>

- Deborah Hunt, Ph.D. (Deborah.Hunt@csus.edu)

- Kay Evans, RN, BSN, MA (evansk@csus.edu)
- Alex Zabelin (Alexander.Zabelin@csus.edu)

SIDS Trainings for Emergency and Public Health Professionals. The *California SIDS Program* held two Trainings for Emergency and Public Health Professionals in April, 2016. The first was in San Jose on April 14, 2016. The second was in Moreno Valley on April 21, 2016. Participants were surveyed by the *California SIDS Program* to provide overall impressions and constructive criticism.

Evaluations and comments were qualitatively similar between the Northern and Southern California Trainings. Copies of the complete evaluations with all verbatim comments were distributed to members of the California SIDS Advisory Council, Southern and Northern California Regional SIDS Councils, and faculty of the trainings. Copies of the complete evaluations are available on request.

	Northern California	Southern California	Combined
Attendees	111	114	225
Online Respondents	60	62	122
Paper (EMS) Respondents	1	6	7
Total Respondents	61	68	129
Response Rate	55.0%	59.6%	57.3%

While overall comments seemed positive, there were some lessons. The presentations which were obviously prepared in advance (Hunt, Keens, Watt, Gehrke, Wilson, and Roche) were rated higher than those which were not prepared prior to the session or were put together at the last minute. Scenario based activities were geared toward PHNs interacting with first responders, but historically these trainings attract few first responders. They were also changed at the last minute. The extemporaneous session on SIDS Coordinators' challenges was also rated lower.

Figure 2. Overall Presentation Ratings (Part 1)

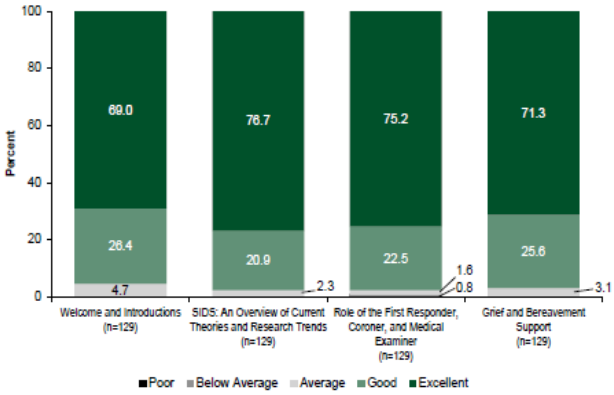


Figure 3. Overall Presentation Ratings (Part 2)

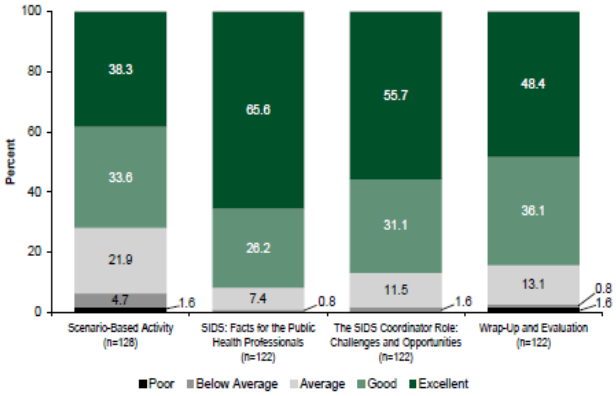


Figure 4. Overall Training Quality Ratings (Part 1)

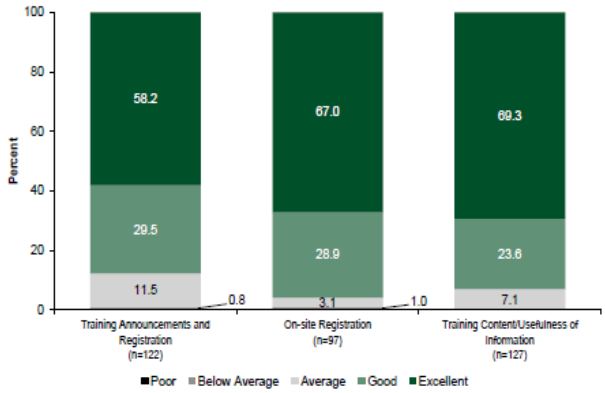
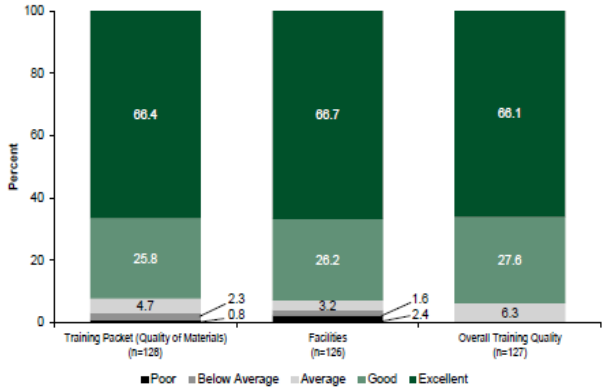


Figure 5. Overall Training Quality Ratings (Part 2)



In terms of general comments, several attendees commented on the absence of handouts summarizing each speaker's presentation. In Moreno Valley, *Maureen Rubalcaba* made copies of Doctor Keens' handout at the last minute and distributed them. His handout also contained some information on the PHN role written by Penny Stastny. However, attendees did not receive summaries of Dennis Watt's, Lorie Gehrke and Jeri Wilson's, Kitty Roche's, and Jeri Wilson's excellent presentations. Attendees can not be expected to remember the details of these presentations without some written summary to take away, especially if they are in counties where SIDS may only occur every 5-years or so. Therefore, every effort should be made to have handouts available summarizing the major presentations.

Qualitative comments regarding improvements indicated: Attendees would like hard copies of the presentations. Attendees would like refreshments (Northern training only). More information regarding culturally specific populations. More interaction opportunities.

Considerations for future trainings: Clear definition of the target audience so that content can be designed to meet the audience needs. Duplication of materials.

In general, the trainings were reasonably well received. The Council thanks the California SIDS Program for putting on these successful trainings.

35th Annual California SIDS Conference.

The Northern California Regional SIDS Council and the California SIDS Program have worked hard to prepare the *35th Annual California SIDS Conference*, to be held in Sacramento on Friday, October 14, 2016. A flyer is appended to these minutes. Featured speakers are *Doctor Richard Goldstein* and *Doctor Janet Childs*. *Doctor Richard Goldstein* is a SIDS researcher from Harvard University, who works closely with *Doctor Hannah Kinney*. He is the first author on a recent publication summarizing the current state of SIDS research [2]. He is an excellent choice to update us on the latest in SIDS research. *Doctor Janet Childs* is an expert in grief, who has spoken at California SIDS Conferences in the past, and she was well received. There will be a SIDS parent panel. In the afternoon, there will be concurrent sessions. The Public Health Professionals sessions will be: (1) Collaborative Work Through a Trauma-Informed Lens, and (2) Grief and Bereavement. The SIDS Parent/Family sessions will be: (1) Grief and Bereavement, and (2) Parent Support Group. There will be a closing and presentation of the 2016 Daniel E. Boatwright Award "for extraordinary public service on behalf of Californians touched by SIDS".

The conference announcement was distributed on August 9, 2016, to 771 email addresses. Registration is planned to open on August 18, 2016, on line. There will be no registration fees. Hotel/Lodging – A room block has been secured at the Hyatt Regency Sacramento, 1209 L Street, Sacramento, CA 95814. To make a reservation, visit our designated reservation website at **https://resweb.passkey.com/go/2016CDP2** or call **(916) 443-1234**. To receive the group

[2] Goldstein, R.D., H.C. Kinney, and M. Willinger. Sudden unexpected death in fetal life through early childhood. *Pediatrics, 137:* DOI: 10.1542/peds.2015-4661, 2016.

rate when calling, indicate that you will be attending the "**California SIDS Conference**". Rooms in our block will be available at our group rate until the ***reservation cut-off date of September 21, 2016 at 5:00 p.m.***, or until our block is full. After this time, reservations will be accepted on a space available basis at the prevailing rate. The Program is working on securing donations for food and beverages the for conference and pre-conference activities. CEUs will be offered (No fees). Exhibitors – Please submit suggestions to Alex Zabelin at Alexander.Zabelin@csus.edu.

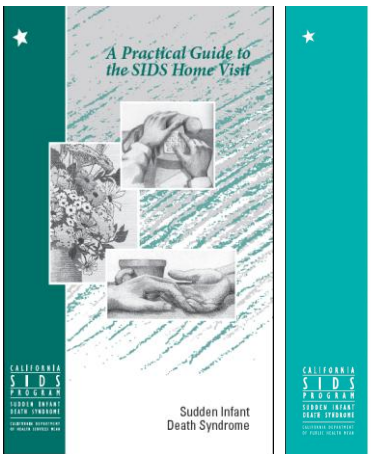
Pre-Conference activities (October 13, 2016) include an Information and Education Day (West Lawn of the California State Capitol) *tentatively* scheduled 11:00 a.m.– 1:00 p.m. The California SIDS Advisory Council meeting (1500 Capitol Avenue, Sacramento, CA) is scheduled for 1:30 – 4:30 p.m. A Welcome Reception is *tentatively* scheduled for 5:30 – 8:30 p.m. at the Hyatt Regency Sacramento, 1209 L Street, Sacramento.

A survey (*2016 SIDS Preconference Survey*) was designed and deployed to SIDS Coordinators and Public Health Professionals statewide inquiring about the interest in and financial resources counties may have in attending a SIDS Coordinator and Public Health Professional meeting the day before the 35th Annual California SIDS Conference. Results were provided to CDPH. There is interest among County SIDS Coordinators in having an annual meeting. This could not be put together for 2016, but it is anticipated that such a meeting will be held for half a day prior to the Annual California SIDS Conference beginning in 2017.

Child Care Issues: We have had conversations with Pamela Dickfoss, the Deputy Director who oversees the Community Care Licensing Division (CCLD) at the California Department of Social Services (CDSS), regarding potential resources the CA SIDS Program and our SIDS Community stakeholders could provide in supporting the training of and partnering with Child Care Providers. Conversations are ongoing.

SIDS Awareness Information and Safe Sleep Education Day: The California SIDS Program received CDPH approval for the California SIDS Program to provide logistical support for activities occurring on October 13, 2016, on the West Lawn of the California State capitol. Discussions with the California SIDS Advisory council were held to define the content of the activity. (see below).

Peer Contact Training and Peer Support Group Facilitator trainings: Jeri Wilson and Lorie Gehrke have provided their materials as references for the California SIDS Program. We are exploring the feasibility of how to best design and deliver these services. Discussion was held suggesting that the SIDS Peer Support Training is the most urgent need. In the current era, traditional SIDS Parent Support meetings frequently do not occur. The Program was advised to assess whether SIDS Parent Group Facilitator training is still needed.



SIDS Handbook for Public Health Professionals: A team review of the *SIDS Handbook for Public Health Professionals* is continuing. We have designated experts to review targeted sections and once sections are

revised, the complete handbook will undergo an additional review before being sent to CDPH for edits and final approvals.

There was also considerable discussion that another electronic document on the website, *A Practical Guide to the SIDS Home Visit*, which was written by the California SIDS Program with input from SIDS experts in 2005, is also a valuable resource, and should be updated. Many on the call felt that revising this was a higher priority, because it is instructive to any PHN making a SIDS Home Visit, not just SIDS Coordinators.

2016 SIDS Bereavement Materials Survey: The *2016 SIDS Bereavement Materials Survey* was distributed to all SIDS Coordinators on July 13, 2016. The survey asked SIDS Coordinators to provide a list of their current printed and/or electronic bereavement materials being used with their clients. Our objective is to develop a standardized and approved resource list of grief and informational materials. A total of 30 respondents participated in the survey. We also received several emails with additional information. The information and survey data are being compiled, duplicates being removed, and samples of the reported materials are being collected for review.

Personnel Changes: Alex Zabelin has joined the California SIDS Program team. He can be reached at Alexander.Zabelin@csus.edu or (916) 278-4821.

Coordinated SIDS Awareness Month Activities: October, 2016.

California will celebrate October as SIDS Awareness month on Thursday, October 13, 2016, on the Capitol Steps on the west side of the California State Capitol Building. The area has been reserved from 9:00 a.m. through 3:00 p.m. However, we anticipate a celebration and Information and Education Event from 11:00 a.m. through 1:00 p.m., when the most people come by during their lunch hours. We will have informational tables manned during this time. The California SIDS Program will have a table, and SIDS parent groups are invited to have materials available as well. We are also planning to have one or more brief presentations, probably in the range of 15-minutes total. A provisional list of speakers for each session is:

- Thomas G. Keens, Chair, California SIDS Advisory Council. SIDS statistics and medical issues.
- Michelle Herrera, SIDS Parent. Why did my baby die?
- Lorie Gehrke, SIDS Parent. Grief and impact of the death on the family.
- Jeri Wilson, SIDS Parent. SIDS Parent Support.
- Penny F. Stastny, Public Health Nurse. Supporting SIDS Families.
- Kitty Roche, Public Health Nurse. Safe Infant Sleep.

- **Coroner Issues.**

SB 1189.

SB1189 is a bill proposed in California legislation in late May, 2016. Although the bill was intended to address a situation unrelated to SIDS, in its original form, it would have had, a significant impact on the diagnosis of cause of death for infants dying suddenly and unexpectedly during sleep.

SB1189 was proposed to address a situation where a California Medical Examiner allegedly assigned his coroner's investigators to perform autopsies. Of course, this is beyond the scope of practice and expertise of Coroner investigators. The bill was drafted to close that loophole and require that autopsies be performed by a "California physician and surgeon". The reason that phrase is used is because that is what my (and other doctors') license says. We have no problem with this.

However, the bill also modified the SIDS section of legislation to do two things (which we oppose):

- It would permit treating physicians to make the diagnosis of SIDS on the death certificate in place of the requirement for a Coroner's investigation and an autopsy.
- It would permit a religious or other exemption from performing an autopsy on these babies.

On behalf of the *California SIDS Advisory Council,* I communicated with the bill's sponsors, California State *Senators Hannah-Beth Jackson and Richard Pan* on May 24, 2016, about our concerns. Working with the California State Coroners' Association, Doctor Norman Lewak, and the California Chapter of the American Academy of Pediatrics, the sections which may have altered SIDS practices were modified. The bill went ahead and passed the senate without modifications on the SIDS Law. I am grateful to the offices of California State Senators Hannah-Beth Jackson and Richard Pan for their prompt willingness to work with us.

Revise Death Scene and Autopsy Protocols.

In general, there appears to be a clear consensus among California Coroners that the current *Death Scene Investigation* form is problematic, and that it should be revised. A subgroup of the CSCA, called the *Coroner's Curriculum Development Committee (CCDC),* which is reasonably representative of "in the trenches coroner investigators," met in Indian Wells on June 24, 2016, to revise the protocol. In an all day meeting, we made substantial progress revising the form. *Denise Bertone, Carrie Florez, Thomas Keens, James Ribe,* and *Kitty Roche* also participated. The current draft is probably less than half as long as the previous version. The group worked diligently to remove duplication, and to focus on information which seemed currently relevant. Some additional work needs to be done by *Doctors Keens and Ribe* to review the medical history section. However, the proposed new form will be substantially shorter, while still containing relevant information.

Natalie Berbick asked that in the future an invitation is sent to the Northern California SIDS community as well as Southern California. *Tom Keens* responded that he had sent out several emails to the entire California SIDS community before this process began. The CCDC of the CSCA stepped up to the plate to review and revise this document. Many members of the CCDC are from Northern California. Further, Carrie Florez and Dennis Watt, both from Northern California, were two of the five invited participants who are not members of the CDDC.

SIDS Summit 2.

The *California State Coroners' Association* is planning the *SIDS Summit 2* conference. This will be an expansion of *SIDS Summit 1*, and it will be interdisciplinary in order to fully explore the issues of diagnosis of infants dying suddenly and unexpectedly. The conference will be 1½-day conference as part of the Annual Meeting of the *California State Coroner Association* in at the Miramonte Resort and Spa in Indian Wells on September 22-23, 2016. The conference will include an in depth review of a baby who died suddenly and unexpectedly, with all persons (or others who perform similar roles) involved in the case presenting their role. The purpose of the conference is not to second guess what was done right or wrong in the case presented. Rather, it is hoped that this case will be illustrative of everyone's role who touches a SIDS infant, from 911 call to family support. The second half-day will focus on all attendees struggling with the diagnosis and manner of death for a number of cases. Please see the appended flyer at the end of these Minutes. Registration is now open on line at:

https://www.coroners.org/training/symposium2016/sidsFlyer.html

The preliminary Agenda for the meeting is:

Thursday September 22, 2016

0800-0830	Introduction "Our Invitation"	Dennis Watt
0830-0900	SIDS Triple Risk	Dr. Tom Keens
0900-0930	Dispatcher – 911 tape Patrol Officer Response	Collen Sullivan-Diaz Hemet PD SGT. Glen Brock Hemet PD
0930-0945	Patrol Officer Response	Stephen Schafer Placer Co. SO
0945-1000	Role of a Paramedic	Thomas Booth AMR-Hemet
1000-1015	Break	
1015-1100	Detective Response	Michael Thompson
1100-1200	Before the Dix of SIDS: Infant Death in ED CHLA/ED	Danica Liberman, MD,
1200-1300	Lunch	
1300-1330	Coroners' Response	Lt. Curtis James
1330-1430	Pathologist	Dr. Allison Hunt Riverside Coroner
1430-1445	Break	
1445-1515	Public Health Nurse Response	Kitty Roche San Diego County
1515-1600	SIDS Parent Panel	Penny Stastny; with SIDS Parents – Rachel Strickland, Kris Concepcion, Maureen Rubalcaba

Friday September 23, 2016; Bruce Lyle – Facilitator

0800-0840	Infant Death Case Study	Denise Bertone – L.A. Coroner Office Dr. James Ribe – Forensic Pathologist
0840-0900	Attendees questions/vote	Bruce Lyle – Orange Co. Coroner
0900-0940	Infant Death Case Study	Denise Bertone – L.A Coroner

0940-1000	Attendees question/vote	Dr. James Ribe – Forensic Pathologist Bruce Lyle – Orange Co. Coroner
1000-1015	Break	
1015-1100	Infant Death Case Study	Denise Bertone – L.A Coroner
1100-1110	Attendees questions/vote	Dr. James Ribe – Forensic Pathologist Bruce Lyle – Orange Co. Coroner
1110-1150	Infant Death Case Study	Denise Bertone – L.A Coroner
1150-1200	Attendees questions/vote	Dr. James Ribe – Forensic Pathologist Bruce Lyle – Orange Co. Coroner

- **Child Care Issues.**

Jude Burden provided a great deal of information. Community Care Licensing (CCL) staff do not have any consistent training on SIDS/Safe Sleep. Some regional offices have had training, others have not. It is not part of the regular training provided for staff. CCL does not provide any consistent training on SIDS/Safe Sleep to providers. The staff are instructed to hand out a brochure about it to providers and that is all. Some staff may give out more information, but there is not any formal procedure/policy as to what information staff should give the providers besides giving them the brochure. Staff are not informed of deaths, nor are the deaths discussed. What brochure or information is handed out is inconsistent from office to office - some offices were distributing outdated information. Again, there is no formal policy/procedure for what should be handed out. As an advocate, Jude Burden contacted NIH and was told they would provide brochures for free and had enough to meet the Department's needs statewide.

Jude Burden continued. There is no formal coordination between the SIDS Coordinators, CCL and the R&Rs to provide trainings or to work together on educating providers and parents on a local or statewide basis, except the SIDS Council. Burden suggests they formally meet and work together locally, with the SIDS Coordinators reaching out to the regional CCL offices and R&Rs initially. CCL received the white paper with suggested SIDS/Safe Sleep regulations from the Health & Safety Workgroup almost 5 years ago and they have not been passed yet. Burden would like to see the Council formally ask CCL to have initial and on-going training for staff on SIDS/Safe Sleep to ensure that all the staff understand the issues. There are many trainers available - SIDS Coordinators and SIDS Program - it's a matter of making this training a priority. CCL has the Academy for new staff, monthly regional office staff meetings, and 2 trainers for training staff - it would just need to be scheduled on a regular basis.

Jude Burden would like to see CCL review and evaluate all the deaths for the last 10-15 years, of which over 60% are SIDS or unsafe sleep related. They need to see if there are any common problems/issues that could be red flags that could trigger staff reviewing Safe Sleep policies with providers on the spot during a visit. And it might give us great information for training and preventing more deaths. Training needs to include statistics and some anecdotes about some deaths that happened locally, as this seems to really get the providers and staff's attention. This topic is so sensitive that the public and CCL just don't ever talk about it - it needs to be out in the open and discussed.

Lucy Chaidez reported that the EMS Authority is working to amend current child care provider training standards in children’s health and safety. One of the topics is SIDS/infant safe sleep.

She would welcome the Advisory Council's feedback regarding the standards for SIDS and infant safe sleep training. The latest draft for child care provider training regulations/guidelines regarding infant safe sleep is appended to the end of these Minutes. These standards were developed last year by a task force convened by EMSA to improve the state's mandated child care training. The standards may need to be tweaked before becoming formal standards. *Lucy* will be finalizing this draft within the next month, and she looks forward to hearing back from the SIDS Community. This particular training is not meant to provide expertise about a subject. There are about 40 topics required to be covered in 7 hours, and only enough time to provide awareness about a topic. Sadly, there is not more time dedicated to training our state's child care providers. The statute that governs this training does not meet the safety needs of our state's children in child care. It should be amended to expand the required hours of training and who is required to take the training.

Bobbie Rose reported that the UCSF California Childcare Health Program staff, funded by the California Department of Education, is developing an updated Preventive Health Training Curriculum for child care that will meet EMSA approved regulations. The curriculum will include a module on Safe Infant Sleep and SIDS. The module will have a power point presentation that will be available for download on the CCHP website http://cchp.ucsf.edu once it is finalized in 2017. Trainers, including SIDS Coordinators, will have access to the module when it's posted. The Safe Sleep in Child Care Policy and other health and safety materials for child care providers are also available. Most are translated into Spanish. Not all child care providers have access to existing training programs. There's an opportunity for local SIDS coordinators to reach out to local Child Care Resource & Referral Agencies and Regional Licensing Offices to provide training and resources to fill some of the gaps.

Alison Myers said that as Child Care Licensing is working on regulations for Safe Sleep in Child Care, we want to ensure that providers are informed and up to date on the most current safe sleep practices. Our LPA's will be handing out this 2 page informational pamphlet for child care providers (*A Child Care Provider's Guide to Safe Sleep,* by the American Academy of Pediatrics: https://www.cdph.ca.gov/programs/SIDS/Documents/SIDSchildcaresafesleep.pdf). However, our Child Care Advocates do a lot of outreach to the provider community and public speaking engagements, and they are a great resource for disseminating information. They have asked about being able to receive or order printed materials that they can supply at their information booths for providers to have as well as accompany them when they speak specifically on Safe Sleep practices and SIDS.

Maria Mayorga said that Child Care Licensing would be happy to help design educational modules that were needed and appropriate. They said that it was a "potential win-win" in terms of personnel being trained and getting information out. Dawn Daily also commented that some jurisdictions lack the capacity to prepare and package training programs. Dawn thought it would be quite helpful for busy local SIDS coordinators to have a pre-packaged, easy to use curriculum that they could take into the community.

Child Care Licensing is continuously striving to promote a safer environment within child care facilities and increased efforts to keep up with current safety recommendations within our jurisdiction. The Child Care Program provides a Licensing Program Analyst (LPA) academy for new LPAs coming into the child care field. This is a four week training with includes program specific breakout sessions in which they are trained specifically for child care; within that setting Safe Sleep practices is covered by our child care advocates, to ensure LPAs know the

current safety recommendations for Safe Sleep and practices for reducing the risk of SIDS. All LPAs are required to receive 36 annual hours (per Health and Safety Code section 1596.87), wherein the program provides training modules based on program needs where they may be informed about Safe Sleep Environments and SIDs as well. In addition to those two trainings, all LPA's are required to do a one-time 40 hour Early Care Education training which has a full training module, "Safe and Healthy Sleep Child Care Programs", developed by Bobbi Rose and presented by Laurie Hester, MS.

Outside of training available for our LPAs, the Department has four Child Care Advocates who cover all of California, and present on Safe Sleep recommendations at stakeholder meetings, informing providers on the best practices and recommendations. The advocates continuously strive to stay up to date by attending meetings with the CA SIDS program, making local connections with coordinators and attending the SIDS Conference, they do provide outreach to the public covering many health and safety topics, and offering TA to our providers.

AB 1207 (Lopez, statutes of 2015) requires, by January 1, 2018, that all licensees and employees receive mandated reporter training, which shall include within it safe sleep practices. The Child Care Licensing Program submitted (in late 2015) the Notice of Anticipated Regulatory Action to the Department and continues to move forward in the Rulemaking process, and Develop Title 22 regulations on Safe Sleep requirements in child care facilities. We are excited about our continued efforts in creating safer sleeping environments and further protect our most vulnerable clients.

We thank you in offering your support and assistance with our efforts and look forward to talking with you and the advisory council in the future.

- ## Southern California Regional SIDS Council.

Kitty Roche, R.N., P.H.N., B.S.N., M.S.W., President of the Southern California SIDS Council, reported on the activities of the Southern California Regional SIDS Council.

The Council last met on August 11, 2016.

Our Regional Council is excited to be participating at SIDS Summit II in September. Presenters and participants include Dr. Tom Keens, Kitty Roche, PHN, Penny Stastny, PHN, parents Maureen Rubalcaba, Kris Concepcion and Rachel Strickland. We have all worked hard over the last few years to establish good relationships with our coroners in order to facilitate PHN services to SIDS families. We have seen our referrals drop in number as the Death Diagnoses have become more broad than SIDS, and this is an opportunity

Southern California Regional SIDS Council.
August 11, 2016, Meeting

to reach a large number of coroners to educate them about our families and the PHN services that can help them so much. In order to demonstrate to the coroners what a difference PHN services can make in these families lives, as well as to demonstrate what can happen when that resource is not called in, Kitty is requesting anecdotal information from Coordinators, SIDS PHNs and parents from around the state to bring some emotional reality to her presentation. That will include examples of good relationships with Coroners and what makes that work. Please consider offering an anecdote that addresses both successes and cases where the lack of a PHN caused unnecessary problems for the family; please be specific. Send to:

kitty_roche@yahoo.com

The SIDS Coordinators at our last Regional meeting continue to present Safe to Sleep guidelines to various populations. There are also continued problems with some coroner and Medical Examiner jurisdictions in our Region in terms of referrals to SIDS Coordinators.

Dr. Tom Keens has invited us to hear Dr. Kathryn Moseley, Visiting Professor at Children's Hospital Los Angeles when she speaks from 1:15 to 4:15 pm on the topic "Culturally Appropriate Methods to Increase the Prevalence of Supine Sleep in African American Infants". Lunch is from 1:15-1:45 pm. The Conference will be held in the CLIC Conference Room located directly across from the main hospital.

The Southern Council has started to plan the 2017 Annual Conference by locating a venue – we are investigating San Diego as our first choice, with a couple of back up plans.

The remaining Council meeting scheduled this year is on November 10, 2016, at the GISOC Office located at:

The Olive Crest Building
2130 East Fourth Street, Suite 125
Santa Ana, California 92705

The formal meetings are scheduled from 10 am-1 pm with the traditional 'after the meeting' meeting from 1:15 pm until _____ at *Avila's El Ranchito Restaurant* located across the parking lot.

- **Northern California Regional SIDS Council.**

Natalie V. Berbick, M.S.W., President of the Northern California Regional SIDS Council, reported on activities of the Northern California Regional SIDS Council.

Our last meeting was held on June 17, 2016. As the hosts for the 35th Annual SIDS Conference, the main objective of the meeting was to continue planning for the event. The Pre-conference activities include the SIDS Education and Awareness event on the Capitol lawn and the CA SIDS Advisory Council meeting on October 13th. A welcome reception will be held that evening at the Hyatt Regency in Sacramento. The annual conference will be held on October 14th, 2016 at the CDPH East End Complex, 1500 Capitol Ave, Sacramento, CA 95814 . A "Save the Date" and preview agenda notification/flyer was be sent to the SIDS Community.

A conference planning electronic survey was sent out to Northern Council members for input and suggestions for conference. This President requested for collaborative effort to get conference planning completed so that the contractors can move forward with conference.

At the last council meeting, a summary of survey results and further discussion was done during conference planning.

Clarification was requested from State MCAH (Guey-Shiang Tsay) on how keynote speakers are chosen & approved. Guidelines were shared; however, MCAH suggested that the hosting Council choose a speaker that presents evidence based research and information. Each council (Northern & Southern) traditionally sends proposed agenda with speaker for finally approval from MCAH. The keynote and returning speaker to the conference, Janet Childs, was selected by the council to reflect the results of the survey theme: *Focus on Grief and Bereavement and Healing*. Following the council meeting in June, Dr. Hannah Kinney responded to inquiries about her availability to participate in the conference, and she recommended Dr. Richard Goldstein, lead author on a recently published article, "Sudden Unexpected Death in Fetal Life Through Early Childhood", Pediatrics, Vol. 137, Number 6, June 2016 [3]. Dr. Goldstein agreed to speak about the current state of SIDS Research; Dr. Keens will assist in the welcome and address the SIDS Advisory Council activities; parent panel volunteers were contacted and confirmed; vendors have been contacted; break-out sessions and activities have also been identified; and all Northern California Regional SIDS Council members will be supporting in various capacities.

Boatwright awardee criteria and an online survey has been disseminated to the SIDS Community, and is due to be completed on Friday, August 26th. It will be further discussed at the next council meeting if a majority vote cannot be reached via the survey.

Northern California Regional SIDS Council
February 19, 2016

A recommendation was made by the council that a record or binder with historical information on conferences is monitored by MCAH (regardless of the contractor) so that future council members who are new to the process have guidelines or an example for conference planning. This is notably important given that this is a voluntary council, and membership and participation is fluid each year. Upon request from this President, MCAH provided some historical conference information and themes of past conferences to provide idea of what has been done in the last 5 years.

In addition to conference planning, community reports were submitted electronically from Alameda, Contra Costa, Solano, San Joaquin, and San Francisco Counties which indicated the interventions and strategies to bring awareness of SIDS/SUIDS and to promote safe sleep recommendations to various audiences, recent SIDS/SUIDS losses, local challenges and successes, and intra/interagency coordination with Coroners, other public health and

[3] Goldstein, R.D., H.C. Kinney, and M. Willinger. Sudden unexpected death in fetal life through early childhood. *Pediatrics, 137:* DOI: 10.1542/peds.2015-4661, 2016.

ambulatory care providers, and efforts to engage the Child care providers communities in their respective local health jurisdiction was stated.

MCAH and CA SIDS Program Contractors reported out regarding their activities, and solicited feedback from the council when appropriate.

Post the council meeting in June, this President was contact by the Bay Area Childhood Injury Prevention Network Chair, Bonnie Lovett, about CDPH/MCAH's position and message on co-sleeping, as she was concerned about some WIC staff she encountered who promoted co-sleeping in relationship to the convenience of breastfeeding. It was recommended that CDPH/MCAH confirm a strategy or a message that bridges the breastfeeding and safe sleep communities on this matter. Ms. Lovett is a coalition member of NAPPSS, National Action Partnership to Promote Safe Sleep, http://www.nappss.org/ and would like to partner with WIC and SIDS Community MCAH Leadership to craft an agenda to promote safe sleep and breastfeeding practices. She can be reached at:

Bonnie Lovette, RN, MS, PNP
blovette@mail.cho.org
707-648-9401
UCSF Benioff Children's Hospital Oakland
www.preventingchildrensinjuries.org

This President requested Northern California SIDS Coordinators to respond about local activities/initiatives that are done in collaboration with WIC in their respective counties. SIDS Coordinators in Contra Costa, Solano, and San Mateo counties have either completed trainings with WIC lactation educators and registered dieticians, participated in coalitions, or have met with WIC directors in the respective counties to address the co-sleeping messages and associated risks. Although consistent messaging is an on-going and controversial issue, there are activities happening locally that support safe sleep practices.

Northern California Regional SIDS Council meetings will continue to be held at the Contra Costa Crisis Center, 307 Lennon Lane, Walnut Creek, California, 9:30 AM -12:30 PM. The upcoming 2016 meeting dates are as follows: Sept 9th, and Nov 18th.

- **2016 International Conference on Stillbirth, SIDS, and Baby Survival.**

2016 International Conference on Stillbirth, SIDS, and Baby Survival: will be held at the Raddison Victoria Plaza Hotel in Montevideo, Uruguay, on September 7-10, 2016. This conference is sponsored, in part, by the International Society for the Study and Prevention of Infant Death.

ISPID
The International Society for the Study and Prevention of Infant Death

- **2016 California SIDS Advisory Council Meetings.**

The *California SIDS Advisory Council* holds four meetings per year. Three are by telephone conference call, and the fourth is in-person the day prior to the California SIDS Conference. The remaining Council meeting in 2016,will be an in person meeting, Thursday, October 13, 2016, 1:30-4:30 p.m. in Sacramento, California. This will be the day before the *35th Annual California SIDS Conference*.

By California's *Bagley-Keene Open Meeting Law 2004*, meetings of legislatively mandated advisory councils are open to the public. Therefore, anyone interested in participating in *California SIDS Advisory Council* meetings is welcome and encouraged to attend.

- **Adjournment.**

  The meeting was adjourned at 3:41 P.M.

Respectfully submitted,

Lorie Gehrke,
Vice Chair, California SIDS Advisory Council

Thomas G. Keens, M.D.,
Chair, California SIDS Advisory Council

Child Care Provider Training Standards in Children's Health and Safety
Safe Infant Sleep

Lucy Chaidez

- **Explain the importance of Infant Safe Sleep.**
  - Include the information that babies can die in all kinds of environments, including child care.
  - Include the information that the majority of reported deaths in child care in California are infant deaths caused by unsafe sleep. (There may be other deaths due to unsafe sleep that are not reported, because child care providers do not always report serious injuries, and if a child's death is established in a hospital, then it may be difficult to track where the injury that resulted in death occurred.)
  - Include the information that the incidence of sleep-related infant death in child care frequently occurs on the ***first day*** of care or in the ***first week*** of care. For this reason, it is ***imperative*** to carefully review the infant safe sleep information ***prior*** to caring for infants in the child care setting.

- **Explain the risks of unsafe infant sleep practices for sleep-related infant deaths.**
  - Explain the developmental vulnerabilities of infants and why these vulnerabilities put babies at risk for sleep-related deaths when they are in unsafe sleeping environments.
  - Explain the kinds of unsafe sleep environments that can increase the risk of sleep-related infant deaths, including accidental suffocation, entanglement, entrapment, strangulation, and sleep-space-sharing (in cribs, beds, sofas, chairs, etc.) deaths caused by roll-overs and suffocations.
  - Provide hands-on activities using a baby doll that illustrate which unsafe sleeping positions and environments can result in infant deaths. Also provide hands-on activities about an appropriate sleep space (For practical purposes, a simple infant sleep box can be used to illustrate).
  - Explain that the risk for sleep-related infant deaths is increased when a baby is slept in one's arms, on one's chest, in car seats, baby slings or carriers, baby jumpy seats, baby gyms, strollers, and anywhere else but on its back in a crib, bassinet, or play yard that adheres to CPSC guidelines.
  - Explain that using sleep positioners, blankets, and pillows to prop a baby for sleep increases risk for SIDS and other sleep-related infant deaths. A baby should always be slept for ***every sleep*** flat on its back.
  - Share the myths of back-sleeping that parents/guardians and child care providers may cite when requesting or choosing that a baby be slept on its stomach.
  - The main myth is that children may choke on their spit-up if they are on their backs; show the diagram for a baby's anatomy and how spit-up travels out more safely when a child is back-sleeping.
  - Parents may want their babies to sleep deeper, which happens with stomach sleeping, but deeper sleep may actually be a risk for infant sleep death.

- **Discuss the current American Academy of Pediatrics guidelines for reducing the risks of sleep-related infant death for infants up to a year of age.**

- **Discuss crib safety, including the current Consumer Product Safety Commission (CPSC) crib guidelines.**
- **Discuss how to make the child care environment a safe place for children regarding sleeping, including:**
  - Child care providers should discuss their safe sleep policy for infants with parents upon enrollment, ***before a child is cared for*** in the child care setting, as they may not have heard about the best way to safely sleep babies. Discussing this information ***before*** beginning the care of a child is important to discourage uninformed parents/guardians from asking child care providers to compromise their safe sleep policies; when these policies are understood and have been agreed upon prior to a child's care, then there is no need for haggling about how a baby will be slept in child care. Child care providers should also ask parents/guardians how long their baby normally sleeps at home, so child care providers can be on alert to changes in a child's sleep pattern in the child care setting.
  - Write your child care home or center safe infant safe sleep policy and share the policy with your child care staff by providing training on the policy. Make sure that staff receives the "Safe Infant Sleep Policy" training ***prior to*** taking care of children, and particularly before napping babies and supervising infant sleep. Make sure that new staff receives the "Safe Infant Sleep Policy" training prior to providing care for children.
  - The child care providers who take the **Preventive Health and Safety Practices** training that includes training on safe infant sleep should share this life-saving information with all the other child care providers in their child care home or center, and should share this information with parents/guardians, as well, prior to a child's care. The majority of deaths in child care in California are infant deaths caused by unsafe sleep. **Sharing this information is particularly important because in California, not all child care providers are required to receive this training.** As a result, there may be many child care providers who do not have the opportunity to learn about infant safe sleep. By spreading the message about infant safe sleep to ***all child care providers***, providers who receive the information may save a child's life.
- **Discuss best practices for sleeping infants safely, including:**
  - Discuss that babies from 0 to a year of age will *only* be slept in CPSC-approved cribs, bassinets, or play yards for *every* sleep.
  - Discuss how babies will be placed for *every* sleep—on their backs only.
  - Discuss what to do if an infant rolls on its side or *begins* to roll over onto its stomach.
    - Discuss the difference between a baby who has *just begun* rolling over, and still needs to be turned back onto its back for safe sleep, until he *has mastered and is skillful* in turning from back to tummy *and* from tummy to back.
    - Babies who are learning to roll over must be carefully supervised during their sleep, because they may be able to roll one way—onto their tummies—but may not be able to roll back onto their backs. Until babies are adept at rolling both onto their tummies and back onto their backs, child care providers should reposition them onto their backs if they have rolled onto their tummies. This is an important reason for supervising--by sight—infants while they sleep.
    - Discuss what to do if an infant falls asleep in a non-safe sleep environment. For example, if a child falls asleep in a car seat, stroller, baby gym, jumpy seat, or in your

arms, then the child should immediately be moved to its safe sleeping area--a CPSC (Consumer Product Safety Commission) safe crib, bassinet, or play yard.

- **Information Child Care Providers Should Share with Parents and Other Child Care Staff Regarding Infant Safe Sleep**
  - Discuss what a baby will be allowed to wear while sleeping. Babies will be slept in onesies or baby sleep sacks, depending on the weather or temperature in the home or center. The child care provider will not allow baby clothing that has hoods or strings attached. Bibs, necklaces, and garments with ties or hoods shall be removed from infants prior to rest/naptime to reduce the risk of entanglement and strangulation while sleeping. Jewelry will not be allowed to be worn during sleep; pacifier string attachments will not be allowed during sleep.
  - Explain where babies ***should not*** sleep: car seats, couches, chairs, bean bags, adult beds, waterbeds, baby equipment, swings, strollers, rugs, or with others.
  - Discuss what bedding ***will*** be allowed in a baby's crib or safe sleep space: ***Only*** a well-fitting bottom **fitted** sheet on baby crib, bassinet, or play yard mattress.
  - Discuss what bedding ***will not*** be allowed in a baby's crib or safe sleep space. Blankets--including security blankets, stuffed plush toys, any toys, cover sheets, quilts, sleep positioners, pillows, bumper pads, mobiles, and window cords, will **NOT** be allowed in or near the sleep space. The sleep space should be bare—bare is best!
  - Playpens or cribs shall not be placed near dangling cords.
  - Cribs or playpens shall not be used for storage of toys, linens, or other materials.
  - Infants shall not be swaddled.
  - Infants shall be placed on their backs to sleep unless the parent/guardian provides written authorization signed by the child's medical health professional. The waiver should be maintained on file at the child care home or center for review by child care staff, in order to remain informed about changes in the child's required sleeping status as ordered by the child's medical health professional. (Note: We have been warned that parents can be persistent to ask for a doctor's note and some doctors will agree to provide a note, even if there is no medical reason for a child to be slept on its back. Also, recent research shows that even infants with special needs that were thought to be safer on their tummies benefit from the reduced risk of back-sleeping.)
  - Discuss who supervises the sleeping rooms, and how children will be supervised during sleep, and the ratio of infants to child care providers for supervision of sleep.
  - If you are a sole home child care provider, discuss where you will sleep the infants, and how you will supervise infants during sleep in your home.

- **Discuss best practices for the supervision of sleeping infants, including:**
  - Best practices call for infants (age 0 to 12 months) in all child care settings to be visually monitored at all times throughout their full sleep and physically checked regularly for breathing. Doing this will help child care providers notice changes in a baby: skin and coloring, signs of overheating, such as sweating; that a child is becoming blue, that breathing has stopped, or notice if a baby is obstructed in some way, or that a baby has moved into a dangerous position. By visually monitoring babies during sleep, a child care provider may be able to provide intervention for an emergency during sleep.
  - Supervision of infants during sleep can be achieved in a few ways:
  - Designate staff just for the supervision of sleeping infants.

- Establish the nap area in a well-supervised and easily visible area of the child care facility (home or center).
  - Do not place infants in sleeping areas that are in a back bedroom, on a second floor, or any room that is away from where the child care provider is, as doing so makes sight-supervision difficult.
  - Nothing shall be placed in or hung over the side of a crib, bassinet, or play yard that obstructs the child care provider's visibility of the infant while the infant is sleeping.
  - No obstruction, such as a half-wall or furniture, shall be placed between a child care provider supervising infants during sleep and the infants she is supervising.
  - Doors in rooms where children are sleeping shall remain open.

- **Discuss "Tummy Time"**
  - Discuss what tummy time is, the importance of tummy time, how often tummy time should be done, and how tummy time should be supervised.
  - Refer to the American Academy of Pediatrics guidelines for safe sleep and tummy time resources. Find Safe Sleep information here:
  - https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx
  - https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-expands-guidelines-for-infant-sleep-safety-and-sids-risk-reduction.aspx
  - Find "Tummy Time" information here: https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Back-to-Sleep-Tummy-to-Play.aspx

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A Child Care Provider's Guide to Safe Sleep

Helping you to reduce the risk of SIDS

Did You Know?

- About one in five sudden infant syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when infants who are used to sleeping on their backs at home are then placed to sleep on their tummies by another caregiver. We call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and placed to sleep on their tummies are 18 times more likely to die from SIDS.

Who Is At Risk For SIDS?

- SIDS is the leading cause of death for infants between 1 month and 12 months of age.
- SIDS is most common among infants that are 1-4 months old. However, babies can die from SIDS until they are 1 year old.

Because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.

Supported in part by Grant No. U48MC 04436-06-00, a cooperative agreement of the Office of Child Care and the Maternal and Child Health Bureau.

Know The Truth ... SIDS Is Not Caused By:

- Immunizations
- Vomiting or choking

What Can Child Care Providers Do?

Follow these guidelines to help protect the infants in your care:

Create A Safe Sleep Policy

Create and use a written safe sleep policy: Reducing the Risk of Sudden Infant Death Syndrome, Applicable Standards from Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs outlines safe sleep policy guidelines. Visit http://nrckids.org/CFOC3/HTMLVersion/Chapter03.html#3.1.4.1 to download a free copy.

A Safe Sleep Policy Should Include the Following:

- Back to sleep for every sleep. To reduce the risks of SIDS, infants should be placed for sleep in a supine position (completely on the back) for every sleep by every caregiver until 1 year of life. Side sleeping is not safe and not advised.
- Consider offering a pacifier at nap time and bedtime. The pacifier should not have cords or attaching mechanisms that might be a strangulation risk.
- Place babies on a firm sleep surface, covered by a fitted sheet that meets current safety standards. For more information about crib safety standards, visit the Consumer Product Safety Commissions' Web site at http://www.cpsc.gov.
- Keep soft objects, loose bedding, bumper pads, or any objects that could increase the risk of suffocation or strangulation from the baby's sleep area.
- Loose bedding, such as sheets and blankets, should not be used. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets.
- Sleep only 1 baby per crib.
- Keep the room at a temperature that is comfortable for a lightly clothed adult.
- Do not use wedges or infant positioners, since there's no evidence that they reduce the risk of SIDS, and they may increase the risk of suffocation.
- Never allow smoking in a room where babies sleep, as exposure to smoke is linked to an increased risk of SIDS.
- Have supervised, daily "tummy time" for babies who are awake. This will help babies strengthen their muscles and develop normally.
- Teach all staff, substitutes, and volunteers about safe sleep policies and practices and be sure to review these practices often.

When a new baby is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby sleeps in a way other than on her back, the child's parents or guardians need a note from the child's physician that explains how she should sleep, the medical reason for this position and a time frame for this position. This note should be kept on file and all staff, including substitutes and volunteers, should be informed of this special situation. It is also a good idea to put a sign on the baby's crib.

If you are not sure how to create a safe sleep policy, work with a child care health consultant to create a policy that fits your child care center or home.

Face up to wake up – healthy babies sleep safest on their backs.

Do not place pillows, quilts, pillow-like toys, or anything in the crib.

Supervised daily tummy time during play is important to baby's healthy development.

Safe Sleep Practices

- Practice SIDS reduction in your program by using the *Caring for Our Children* standards.
- Always place babies to sleep on their backs during naps and at nighttime.
- Avoid letting the baby get too hot. The infant could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Talk with families about the importance of sleep positioning and encourage them to follow these guidelines at home.

Safe Sleep Environment

- Place babies to sleep only in a safety-approved crib with a firm mattress and a well-fitting sheet. Don't place babies to sleep on chairs, sofas, waterbeds, or cushions. Adult beds are NOT safe places for babies to sleep.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they are close to their face.
- The crib should be placed in an area that is always smoke-free.
- Room sharing *without* bed-sharing is recommended. Evidence has shown this arrangement can decrease the risk of SIDS as much as 50%.

Other Recommendations

- Support parents who want to breastfeed or feed their children breast milk.
- Encourage parents to keep up with their baby's recommended immunizations, which may provide a protective effect against SIDS.
- Talk with a child care health consultant about health and safety in child care.
- Have a plan to respond if there is an infant medical emergency.
- Be aware of bereavement/grief resources.

Am I A Child Care Provider?

Some child care providers are professionals with college degrees and years of experience, but other kinds of child care providers could be grandparents, babysitters, family friends, or anyone who cares for a baby. These guidelines apply to any kind of child care provider. If you ever care for a child who is less than 12 months of age, you should be aware of and follow these safe sleep practices.

If you have questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org or 888/227-5409. Remember, if you have a question about the health and safety of an infant in your care, ask the baby's parents if you can talk to the baby's doctor.

Resources:

American Academy of Pediatrics
http://www.aappolicy.org
SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
http://pediatrics.aappublications.org/content/128/5/1030.full

Healthy Child Care America
http://www.healthychildcare.org

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Third Edition.
Visit the National Resource Center for Health and Safety in Child Care and Early Education Web site at: http://nrckids.org/CFOC3/ to download a free copy. Hard copies are available from the American Academy of Pediatrics Bookstore at http://www.aap.org.

National Institute for Child and Human Development Back to Sleep Campaign
Order free educational materials from the Back to Sleep Campaign at
http://www.nichd.nih.gov/sids/sids.cfm

First Candle/SIDS Alliance
http://www.firstcandle.org

Association of SIDS and Infant Mortality Programs
http://www.asip1.org/

CJ Foundation for SIDS
http://www.cjsids.com/

National SIDS and Infant Death Resource Center
http://www.sidscenter.org/

The Juvenile Products Manufacturers Association
http://www.jpma.org/

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Revised 2012

SIDS Summit 2

At the California State Coroner Association Annual Meeting

September 22-23, 2016

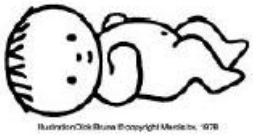
Miramonte Resort and Spa

45000 Indian Wells Lane
Indian Wells, California 92210
Phone:(760) 341-2200

An Interdisciplinary 1½ day conference for Coroners, PHNs, first responders, CDRT, etc., to explore how determinations of the cause and manner of infant deaths are made, and to help understand the roles of everyone involved when a baby not breathing call comes in.

To Register, go to:
https://www.coroners.org/training/symposium2016/sidsRegistration-2016.php

The 2016 International Conference on Stillbirth, SIDS and Baby Survival
(ISA/ISPID Congress)



Joining efforts to reduce perinatal and infant mortality in Latin America

Date: 8-10 September, 2016

Preconference: September 7, 2016

Location: Radisson Victoria Plaza Hotel
Montevideo, Uruguay

Sponsors

international stillbirth alliance

ISPID
The International Society for the Study and Prevention of Infant Death

sup
www.sup.org.uy

Sociedad Argentina de Pediatría
www.sap.org.ar

era en abril
Grupo de ayuda mutua para padres que perdieron a sus bebés en el embarazo o después de nacer
www.eraenabril.org

Congress and Exhibition
www.irsolucionesempresariales.com

SAVE THE DATE!
35th Annual
CALIFORNIA
SIDS
CONFERENCE
Friday, October 14, 2016
8:00 a.m. – 4:30 p.m.
1500 Capitol Avenue
Sacramento, CA 95814
Conference: Friday, October 14, 2016
Featured Presenters:
Dr. Richard Goldstein, Boston Children's Hospital/Dana-Farber Cancer Institute, Boston, MA
Dr. Janet Childs, Executive Director, Centre for Living with Dying, San Jose, CA
• Parent Panel
• Parent Sessions
– Grief and Bereavement
– Parent Support Group
• Public Health Professional Sessions
– Collaborative Work Through A Trauma Informed Lens
– Grief and Bereavement
• 2016 Daniel E. Boatwright Award
Pre-Conference: Thursday, October 13, 2016
• SIDS Information and Education at the Capitol, West Lawn
• California SIDS Advisory Council Meeting
Registration Information to Follow!
California SIDS Program is funded by Federal Title V Block Grant through the California Department of Public Health, Maternal, Child and Adolescent Health Division.
Public Health