

ZIPS

Zero to age 21: Information Promoting Success
for Public Health Professionals working with Kansas Kids



18th Annual Conference of the Perinatal Association of Kansas

Sept. 7 marked the date of the 18th Annual Conference of the Perinatal Association of Kansas. The conference was held at the Providence Medical Center, Keenan Education Center in Kansas City. Featured speakers were Jordan Perlow, M.D.; Meeka Centimano, LMSW; Steven M. Barlow, Ph.D.; Sherry Dean, MHA, RN, CCRN; Sherry McCool, BS, RRT-NPS; and Ginger Breedlove, Ph.D., CNM, ARNP, FACNM.



Dr. Perlow opened the conference with a discussion of the benefits of using blunt tip needles during obstetrical procedures. Next, Dr. Perlow discussed the effect of the obesity epidemic in America and how it is linked to long-term adverse health outcomes and the possibility of shorter life spans in the United States. He linked the obesity data to adverse perinatal outcomes in mothers, fetuses and neonates and explained that the greater the degree of obesity, as measured by body mass index (BMI), the greater the likelihood for the occurrence of adverse perinatal outcomes. He stressed appropriate preconceptional counseling with a particular focus on adverse outcomes related specifically to obesity as a key to prevention.

Meeka Centimano, presented on the need for assisting women with perinatal mood disorders to find order in their lives for the benefit of themselves and their families. She described various mood disorders in some detail and offered the services of the Postpartum Resource Center of Kansas to counsel and assist those dealing with perinatal mood disorders via telephone and support group.

At lunch, during the annual PAK business meeting, the baton of PAK president was passed from Debra Ohnoutka, RN, BSN, MHA, director of Women's and Children's Services at Shawnee Mission Medical Center to Lesley Pike, RN, BSN, IBCLC, maternity services manager at St. Luke's South Hospital

for the upcoming year. In addition, the annual Kunsche award winner was Norm Hess, MA, a long-time advocate for women's and children's health who works for the national office of the March of Dimes.

Steven Barlow, Ph.D., began the afternoon session with a presentation of a new approach in developing oromotor feeding skills in premature infants. He presented on the Ntrainer, an infant feeding device consisting of a rubber nipple that teaches infants to more effectively suck via a rhythmic sucking motion while the infant's mouth is on the nipple.

The conference concluded with two presentations on maternal child health during a disaster response. The first presentation was given by Sherri Dean, MHA, RN, CCRN, clinical manager of Neonatal Services at Shawnee Mission Medical Center and Sherry McCool, BS, RRT-NPS, CFC operations manager at Children's Mercy Critical Care Transport on their experiences in providing command center and flight team services during the Hurricane Katrina disaster in Louisiana and the Gulf Coast region for local children and families. The second presentation, delivered by Ginger Breedlove, Ph.D., CNM, ARNP, FACNM, director of the Nurse Midwifery Education Program at KU Medical Center focused on disaster preparedness in caring for women and children. Her main objectives were to promote awareness of a national working group to develop guidance at both the federal and state levels; to understand communication pathways and tools within states to provide guidance for responders in the field related to pregnant women and infants; and to identify the need for an advocacy campaign to inform policymakers of unique needs of women and infants during a disaster.

Special Points of Interest:

- Gel Hand Sanitizers as Alternative for Hand Hygiene
- Kansas Teen Pregnancy Rates Continue to Drop
- Creating a Safe Sleep Environment for Your Baby
- Creating Bully Free Schools is Everyone's Business
- Preventing Dryer Fires



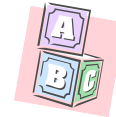
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PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



October is More Than Jack-O'-Lanterns and Ghosts

Welcome to October! Now is the time when many contemplate the fall season with the annual changing of the color of the leaves on many trees and plants as the weather cools down. This is usually a time of year when school is in full swing and children and adults alike celebrate the harvest season, pumpkins begin to appear on porches and in yards and spooky stories are told that spark the imagination. However, October is more than all that.

In the U.S. House of Representatives, a resolution (H. Res. 42) was being considered for passage with language that affirmed the U.S. poor showing (28th) among industrialized nations in the rate of infant mortality. The resolution acknowledged an increasing infant mortality rate, especially among African American, Native American and Hispanic families as a troubling public health issue. Finally, the resolution stated the support of the U.S. House of Representatives of the goals and ideals of various national observances of issues related to infant mortality.



House Resolution 42 set out September as Infant Mortality Awareness Month, October as Sudden Infant Death Awareness Month and November as Prematurity Awareness Month. By supporting these national observances, we can nationally promote awareness of infant mortality and its contributing factors. In addition, we can facilitate activities that will assist local communities in their efforts to meet the Healthy People 2010 goal of reducing the rate of infant mortality to not more than 4.5 infant deaths per 1,000 live births. So, when you start having thoughts of the turning of the fall leaves and carving out pumpkins with your children, also think about how you can help to promote awareness of infant mortality as well as ways to help reduce the rate of infant mortality. For evidence-based practices on how to accomplish these goals go to: www.sidsprojectimpact.com/programs/risk.cfm

Facts Versus Fiction: Alcohol and Other Drug Use in Pregnancy



Very few women who are pregnant use alcohol or other drugs. The tendency here is to assume that only a very few pregnant women would think so little of themselves or their infant to consume alcohol or other drugs. However, the reality is that over 12 percent of all pregnant women who were surveyed admitted to using alcohol or illegal drugs during pregnancy. Along this same line of thought, is it reasonable to assume that most women would stop consuming alcohol or other drugs upon learning that they are pregnant? Unfortunately, without proper education about the effects of alcohol and other drugs on their infant, 94 percent of addicted pregnant women will refuse treatment. Conversely, given this proper education, many women are more likely to quit.

Some women believe that since alcohol and tobacco products are legal to use for those who are of legal age to acquire them, that they are harmless substances and can be used at any given time. This is obviously a fictional statement, since both are drugs whose deleterious effects have been demonstrated time and again in prominent research studies and have been warned against use, especially during pregnancy. Further, it is a fact that alcohol use during pregnancy is the leading cause of mental retardation in children. For information on resources and treatment centers go to: www.hradac.com/resources.htm





CHILD HEALTH

Brenda Nickel, Child Health Consultant



Gel Hand Sanitizers as Alternative for Hand Hygiene in Absence of Soap and Water



Exposure to germs that cause illnesses can occur during food preparation, handling common objects in the school or work setting, with coughing or sneezing, and when handling animals. The importance of hand washing cannot be stressed enough in the prevention of the spread of diseases, however hand washing with soap and warm water for 15 – 20 seconds as the Centers for Disease Control and Prevention (CDC) recommends may not always be feasible. In those instances, the use of an alcohol-based gel to disinfect hands is a suitable alternative.

Hand sanitizers are alcohol-based gels used to disinfect hands when washing hands with soap and water is not possible. Hand sanitizers do not remove surface dirt from the hands. However, these products do kill germs (bacteria) that could spread disease with as little as a dime-sized amount put into hands and rubbed over the surface of the hands until dry. To be effective the product should have 60 percent to 95 percent alcohol (ethanol or isopropanol).

Because hand sanitizers cause less skin irritation than soap and water and are quick and easy to use, their use may help prevent germs from spreading in a variety of settings, including schools and childcare centers. However, just as with hand soap, there are safety considerations for the use of hand sanitizers that include:

- Always supervise young children when using hand sanitizer gel;

- Place the hand sanitizer out of reach of children until needed or if in a school setting, near the teacher's desk;
- Have an adult dispense the sanitizer and supervise its use;
- Keep refill containers locked out of sight and reach of children;
- Never transfer hand sanitizer to an unmarked container

It's also helpful to "be prepared," so be sure and keep the toll free Kansas Poison Center number near every telephone. The number is 1-800-222-1222. For more information from the Kansas Poison Center at the University of Kansas, visit www.kumed.com/bodyside.cfm?id=2144

For other resources for illness prevention and use of hand sanitizers, visit the following Web sites:

- Sandora, T., (2004). Hand Sanitizer Gel Works. Children's Hospital Boston. Pediatric Views. www.childrenshospital.org/views/december04/sanitizer.html
- Centers for Disease Control and Prevention-Preventing the Spread of Influenza (the Flu) in Child Care Settings: Guidance for Administrators, Care Providers, and Other Staff. www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm
- Seasonal Flu Information for Schools and Childcare Providers www.cdc.gov/flu/school/
- Centers for Disease Control and Prevention. Clean Hands Save Lives! www.cdc.gov/cleanhands/



ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant
Pamela Combes, Abstinence Education Consultant



Kansas Teen Pregnancy Rates Continue to Drop



Teenage pregnancy rates for Kansas residents declined again in 2005, but at a slower pace than observed since the declines started in 1995. The teenage pregnancy rate for females age 10-19 reached a low of 26.1 per 1,000 female age-group population in 2004. According to Kansas Center for Health and Environmental Statistics (CHES), the pregnancy rate for females ages 10-19 was 26.7 per thousand women in 2005, up 2.3 percent from 2004 (26.1). The 2005 rate was 21.2 percent lower than the rate in 1996 (33.9). Teen pregnancy rates for females ages 10-17 decreased 33.3 percent during this same time frame.

Teenage pregnancy rates for black mothers fell more

steeply from 1996-2005 than rates for other population groups. The pregnancy rate for black females ages 10-19 decreased 39.2 percent from 69.3 pregnancies per 1,000 in 1996 to 42.1 in 2005. Although the rate for Hispanic teens (Hispanic origin may be of any race) (10-19) has declined since 1998, there was a 3.9 percent increase between 2004 (51.0) and 2005 (53.0). Hispanic teens have one of the highest rates.

For more information on Kansas specific data, go to Information for Communities (KIC) at <http://kic.kdhe.state.ks.us/kic/> or CHES at www.kdheks.gov/ches/ and see the *2005 Adolescent and Teenage Pregnancy Summary*.

Health Promotion and Disease Prevention Includes Adolescent Vaccination Recommendations

Students anticipating graduation from high school may not be inclined to seek out vaccinations, however vaccines are not just for babies and young children. As children get older, the protection provided by some early childhood vaccines can wear off. Children also generally develop risks for more diseases as they approach their teen years. For these reasons, older children – including teens - need to receive recommended vaccinations.

School nurses and health department nurses are in unique positions to visit with adolescents and their families about the importance of continued vaccination to prevent diseases that could significantly impact the health of a young adult. Parents and students need information on the following vaccines:

HPV – The new human papillomavirus vaccine (HPV) is recommended in a three-dose schedule with the second and third doses administered two and six months after the first dose. Routine vaccination with HPV is recommended for females ages 11-12; the vaccination series can be started in females as young as age 9; and a catch-up vaccination is recommended for females ages 13-26 who have not been vaccinated previously or who have not completed the full vaccine series. For more information about HPV and the vaccine, visit

www.cdc.gov/std/HPV/STDFact-HPV-vaccine-hcp.htm

Hepatitis B - this vaccine helps protect against the Hepatitis B virus that can be transmitted through blood and sexual contact, can cause liver inflammation, and increases the risk of developing chronic infection and chronic liver disease. For more information, visit www.cdc.gov/ncidod/diseases/hepatitis/b/acip.htm

Tdap– On June 30, 2005 the Advisory Committee on Immunization Practices (ACIP) voted to recommend the rou-



tine use of Tdap vaccines in adolescents ages 11–18 in place of tetanus and diphtheria toxoids (Td) vaccines. On Oct. 26, 2005 the ACIP voted to recommend routine use of a single dose of Tdap for adults 19-64 years old to replace the next booster dose of tetanus and diphtheria toxoids vaccine

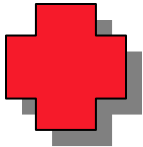
(Td). The ACIP also recommended Tdap for adults who have close contact with infants <12 months of age. For more information, go to www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTaP-Td-DT/Tdap.htm

Meningococcus – this vaccine is highly recommended for students who will be attending college. Colleges may require this vaccine prior to attending school due to the susceptibility of college-aged students to meningitis infection due to close living arrangements. For information about the disease and vaccine recommendations, go to www.cdc.gov/vaccines/vpd-vac/mening/default.htm

Influenza Vaccine - Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Most healthy adults may be able to infect others beginning one day **before** symptoms develop and up to five days **after** becoming sick. For more information about preventing seasonal go to www.cdc.gov/flu/protect/preventing.htm

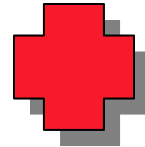
Other vaccinations to consider - Older children should get the following vaccinations if they did not receive **all** recommended doses when younger include the hepatitis B series, polio series, measles-mumps-rubella series and the varicella (chickenpox) series.

Some children may need additional vaccines either due to their own specific health conditions or exposure in households to other people with age-related or health-related risks. The additional vaccines for which your child should be assessed include influenza, pneumococcal polysaccharide (PPV) and hepatitis A.



PUBLIC HEALTH

Children and Families Section



Methicillin-resistant Staphylococcus Aureus Resistant to Certain Antibiotics



Staphylococcus aureus, often referred to simply as “staph,” are bacteria commonly carried on the skin or in the nose of healthy people. Approximately 25 to 30 percent of the population is colonized (when bacteria are present, but not causing an infection) in the nose with staph bacteria. Sometimes, staph can cause an infection. Usually these skin infections are minor (such as pimples and boils) and can be treated without antibiotics. However, staph bacteria also can cause serious infections (such as surgical wound infections, bloodstream infections, and pneumonia).

Methicillin-resistant Staphylococcus Aureus (MRSA) is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. Staph infections, including MRSA, occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. The majority of MRSA infections occur among patients in hospital or other healthcare settings; however, it is becoming more common in the community setting (schools).

You can prevent staph or MRSA skin infections by prac-

ting good hygiene by keeping your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer; keep cuts and scrapes clean and covered with a bandage until healed; avoid contact with other people’s wounds or bandages; avoid sharing personal items such as towels or razors.

If you have an MRSA infection it is important to cover your wound, change bandages regularly, and wash hands thoroughly after changing the bandage or touching the infected wound; wash your hands frequently with soap and warm water; take a full-body shower each day; do not share personal items such as towels, washcloths, razors, clothing, uniforms, and sports or protective equipment and wash sheets and towels that become soiled with hot water and laundry detergent. Dry clothes in a hot dryer, rather than air-dry, to help kill bacteria.

"According to 2003 data it is estimated that 12 percent of MRSA infections occur outside of a healthcare facility. MRSA is not a disease that KDHE tracks, but it is certainly a disease that we want the public to know about," said Dr. Hansen, state epidemiologist director, Office of Surveillance and Epidemiology with KDHE. For more information about MRSA, visit the Centers for Disease Control and Prevention Web site at www.cdc.gov. For more information about KDHE, please visit: www.kdheks.gov

Creating a Safe Sleep Environment For Your Baby

In order to create a safe sleeping environment for your baby, remember to always place your baby on its back to sleep in a safety-approved crib. Also, you may choose to use a safety-approved bassinet by the Juvenile Products Manufacturers Association. Babies should never be put to sleep on chairs, sofas, waterbeds or cushions. It is important to place the baby to sleep in a smoke-free environment. This avoids the risks associated with second-hand tobacco smoke. In addition, any items that might in any way impair the infant’s ability to breathe should be removed from its sleeping environment. This includes items like fluffy blankets, comforters, pillows, stuffed animals and wedges. Finally, experts agree that babies should be fed human breast milk, if possible, for their first year of life. For more information on ways to promote the health and safety of your infant go to: www.cdc.gov/doc.do/id/0900f3ec802270e4

Simplicity, Inc. has recalled about one million Graco cribs that were made in China. These cribs were linked to at least two infant deaths. This is according to a report from the U.S. Product Safety Commission on Sept. 21. For more information go to: www.msnbc.msn.com/id/20907633/from/ET/



Ask Ken! ELECTRONIC SUBMISSION OF DATA & CVR'S

Q: In Program 4 (M&I) – Infant, the HSHV, RN and Interpreter visit the baby. The RN does an assessment. How many CVR’s are completed?

A. Two, one for the RN in Program 4 for the (M&I) infant and one for the HSHV. If the RN sees the mother for any reason, then a CVR could be completed for Program No.3, M&I Postpartum. There is no CVR for the interpreter.

Q. What happens if in M&I the client gives one income and in FP the same client gives another income?

A. The client’s income can vary at different times. The local agency’s fiscal management policies and procedures should address the issue of obtaining and re-evaluation of the client’s income across all programs.



SCHOOL HEALTH

Brenda Nickel, Child Health Consultant
Jane Stueve, Adolescent Health Consultant



Creating Bully Free Schools is Everyone's Business

Bullying in schools is a long-standing problem, yet parents and school leaders often overlook the harassment occurring in their own communities. Many adults imagine bullying to be the noticeable intimidation of a child by a physically more powerful peer. While such harassment certainly occurs, the overwhelming majority of bullying involves a variety of behaviors that are not physical in nature, such as gossiping, spreading rumors, and name-calling. These anti-social behaviors are often dismissed as a normal part of growing up by many adults, but they have highly detrimental effects on students' well-being and academic performance.



To learn how to create a more respectful and healthy school culture, the adults in children's lives must understand what contemporary student harassment looks like. The popular image of the physically more powerful child beating up a weaker peer makes identifying a "bully" and a "victim" seems easy. While some youth may be seen as more ag-

gressive and hostile than others, both research and conversations with students show that nearly all students have had experiences bullying and being bullied. A child who is visibly teased, for example, also may be spreading rumors and hurting other students. Realizing this, schools are moving away from "zero-tolerance" policies of identifying "bullies" and focusing on the way their school environment can encourage respectful behaviors and look at underlying factors. Bullying can take place over cell phones, with text messaging or e-mails and chat rooms.

Children in all grade levels use difference as a reason to discriminate, exclude, and make fun of their peers. Perceived distinctions based on race, class, religion, gender, sexual orientation, body type, and physical or mental abilities are the main foundation for harassment, especially in middle school. www.pta.org/pr_magazine_article_details_1187297022546.html

School Nurses Role in Facilitating Communicable Disease Control



The beginning of school has brought together school spirit, new and fresh learning ideas / strategies, and a host of exposures to communicable disease that creates concern for the wellness of students. School nurses have reported Methicillin Resistant Staphylococcus aureus (MRSA) infections, varicella (chickenpox) and mumps. Other than the MRSA, the other reported infections are vaccine-preventable diseases

With the arrival of "flu season" in the next few weeks, the role of school nurses in assisting school personnel, students, and families in maintaining good health is important. There are a variety of common sense practices that can be shared with these groups to assure a healthier autumn and winter season and hopefully, avoidance of the potentially serious complications that can accompany these perceived "mild" infections.

Prevention and health promotion measures that are critical include hand washing frequently and well; proper coughing and sneezing etiquette using tissues, "sneeze in your sleeve", covering your mouth, and of course, hand washing afterwards; obtaining immunizations for vaccine-preventable diseases including the required school-

entry vaccines and the recommended childhood and adult vaccines for varicella, meningitis, influenza, and pneumonia; good nutrition practices; adequate amounts of sleep; avoidance of crowds during disease outbreaks and remaining home when ill; hygienic practices such as covering wounds, washing soiled clothing, and regular bathing to cleanse the skin.

The following Web-sites have information and links to other resources to facilitate communicable disease control:

- Centers for Disease Control and Prevention. Community-Associated Methicillin Resistant Staphylococcus aureus (CA-MRSA) www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
- Kansas Department of Health and Environment:
 - Office of Surveillance and Epidemiology www.kdheks.gov/epi/index.html
 - Bureau of Disease Control and Prevention, Immunization Program, www.kdheks.gov/immunize/index.html
 - State regulations and information for communicable and infectious disease, www.kdheks.gov/epi/regulations.htm
 - Influenza information, www.kdheks.gov/flu/index.html

EVENTS



RESOURCES

Bullying Prevention Regional Training This past session the Kansas Legislature passed HB 68 that addresses bullying in schools. The components of the legislation are to be in place by Jan. 1, 2008. KSDE encourages schools to address this legislation as soon as possible at the beginning of the 07-08 school year prior to the Jan.1, 2008 deadline. The dates, sites and topics covered can be found at <http://conferences.ksde.org/Default.aspx?alias=conferences.ksde.org/BullyingTraining>

The 2007 Governor's Conference for the Prevention Child Abuse and Neglect will be held Nov. 6-8 at the Capital Plaza Hotel in Topeka. Early registration deadline is Oct. 12. To register online go to www.kcsl.org and click on training. For question call Pamela Noble at (316)942-4261 x-1343.

SAVE THE DATE - 2008 Public Health Conference will be held at the Airport Hilton in Wichita on Apr. 28 (new MCH staff orientation) and Apr. 29-30. Anyone new to Maternal Child Health is encouraged to attend. Contact Jamie Klenklen at jklenklen@kdhe.state.ks.us or (785)296-1234 for more information.

HSHV Fall Regional Trainings

- Oct. 10 - Trego County: WaKeeney City Library, WaKeeney
- Oct. 11 - Mitchell County: First Christian Church, Beloit
- Oct. 17 - Jefferson County: Health Department, Oskaloosa
- Oct. 24 - Stevens County: Library, Hugoton
- Oct. 25 - Kiowa County: County Commissioners Building, Greensburg
- Oct. 26 - Chautauqua County: First Christian Church, Sedan



Maternal / Child Health

Mid-America Pediatric Environmental Hazards

Infectious disease

Immunization Update 2007

KDHE Exercise and Evaluation and After Action Reports for Health Care (#1009236); Garden City, Oct. 23

For other trainings offered see <http://ks.train.org>

Whatever things a man gives up, By those he cannot suffer pain.

-Tiruvalluvar

Resources for Use with Substance-Using Pregnant Women The Kansas Alliance for Drug Endangered Children has developed a series of tip cards addressing the effects of substance use on a pregnant woman and her unborn child. These resources are designed for use by professionals in the medical setting and are available in both English and Spanish. The tip cards are available on the following topics: Alcohol, Cocaine, Marijuana, Methamphetamine, Prescription Drugs and Tobacco. To place an order for the tip cards, please call Loretta Wyrick Severin at lwyrick@parstopeka.com or call 785-266-8666. Limited quantities of the tip cards are available, but agencies and interested individuals may obtain an electronic file of the tip cards that can be modified to include local contact information. To find out more about the Kansas Alliance for Drug Endangered Children go to:

www.ksmethpreventionproject.org/

Nike, Inc. -- Physical Activity Grants for Youth

Nike, Inc. supports programs that increase and promote physical activity and seeks to: 1) get youth more physically active; 2) get youth involved in the teamwork of sports; and 3) have real, positive and measurable impact. Eligible applicants include nonprofit organizations with 501 (c)(3) status in communities where Nike has a significant employee or business presence. Deadline: Rolling, Contact Nike, Inc. directly for complete program information and application guidelines: www.nike.com/nikebiz/nikebiz.jhtml?page=26&item=guidelines

CDC has a new toolkit titled **Heads Up: Concussion in Youth Sports** to accompany an existing toolkit titled **Heads Up: Concussion in High School Sports**. This new toolkit was developed to help youth sports coaches and administrators, parents, and athletes better understand how to prevent, recognize, and respond to concussion among young athletes. The toolkit contains (1) fact sheets for coaches, parents, and athletes; (2) a clipboard, magnet, and poster containing facts on concussion; and (3) a quiz for coaches, athletes, and parents to test their knowledge about concussion. Additional information and resources on TBIs, including all the toolkits, is available at www.cdc.gov/ncipc/tbi/tbi.htm.





**The State of Kansas
Department of Health and Environment**

Bureau of Family Health

Children and Families Section

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“Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.”

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

www.kdheks.gov/c-f/zips/

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Visit our Web site at www.kdheks.gov/c-f

Preventing Dryer Fires



October marks Fire Prevention Month across the country. Dryer Vent Wizard, Dry Clothes, Safe Homes is joining the National Fire Protection Association (NFPA), in fire prevention awareness efforts by providing a downloadable tips brochure for preventing dryer fires and giving away dryer clog measurement tools and smoke alarms.

According to the U.S. Fire Administration, dryer fires account for an average of 15,000 fires with an approximate \$88 million in property damage, 15 deaths and 400 injuries annually. "Failure to clean" was cited as the leading factor contributing to clothes dryer fires in residential buildings.

In joining efforts with the NFPA for Fire Prevention month, Dryer Vent Wizard is providing the following advice to consumers to minimize the risk of dryer fires.

- Be sure that dryer vent systems are up to code with city, state and manufacturer.
- Replace any plastic or foil vent with semi-rigid or solid metal venting.
- Clean screen lint trays before and after drying a load.
- Wash lint screens with soap and water every few

months to remove residue left behind by fabric softeners.

- Have dryer vents professionally cleaned and inspected annually.
- Don't keep combustibles like chemical cleaning products or chemical laden rags near dryers.
- Don't leave the house or go to bed with your dryer running.
- In cold weather, check outside vent cover to make sure it's not blocked or frozen shut.

Warning signs to look for:

- Clothes are taking more than one cycle to dry, especially jeans and towels.
- No lint visible on lint screen.
- Dryer repeatedly stops during a cycle.
- Clothes have moldy smell after dry cycle.
- Clothes are very hot after a dry cycle.

To receive a free dryer fire clog measurement tool or smoke alarm and downloadable brochure visit www.dryerventwizard.com and click on "Fire Prevention Month." For more information contact 877 498- SAFE, (7233) or visit www.dryerventwizard.com