



Second-Hand Smoke and Climbing Equipment Hazards

by Susan S. Aronson, MD

Second-Hand Smoke

All child care programs can help protect children from exposure to tobacco smoke both in child care and at home. Few child care facilities allow smoking in the presence of children, but some allow smoking in designated areas. Smoke easily drifts into the breathing space of nonsmokers, indoors and outdoors. In addition to making child care settings smoke-free, child care providers can discourage tobacco use wherever children spend time.

Tobacco smoke is a potent poison for children. Children of mothers who smoked ten or more cigarettes per day during pregnancy have significantly lower scores on IQ tests than those whose mothers did not smoke. Over the past few years, early childhood educators, pediatricians, and the press have talked about how participation in child care increases the incidence of respiratory disease among young children. Exposure of infants and children to environmental tobacco smoke equals and adds directly to the risk of infection from participation in group care.

Doctors are starting to ask parents whose children have frequent illnesses whether the children are exposed to tobacco smoke.

Children who are exposed to tobacco smoke have more upper respiratory tract infections, middle-ear fluid, snoring, asthma, and lower respiratory infections such as pneumonia and bronchitis. Helping parents keep their children smoke-free will reduce the burden of childhood illness for everyone.

The US Environmental Protection Agency (EPA) classifies environmental tobacco smoke as a known human carcinogen. Second-hand smoke is responsible for about 3,000 lung cancer deaths per year among nonsmokers in the US. Children's lungs are more susceptible than those of adults to harmful effects from environmental tobacco smoke.

Some ill effects are immediate, but the long-term effects are an even greater problem. Children are more likely to have asthma when they are exposed to environmental tobacco smoke. Young children who grow up in households where others smoke emulate their role models and are more likely to smoke during later childhood and adolescence.

By spreading the word about the dangers of second-hand smoke, child advocates are getting the message to parents and other caregivers. In August 1994, the US Department

of Health and Human Services, CDC Office on Smoking and Health, reported progress in reducing tobacco exposure of children. Smoking prevalence has declined overall in the US.

Unfortunately, smoking cessation during pregnancy is moving in the wrong direction. Among pregnant women who smoked, only 31% quit smoking during their pregnancy in 1991, compared with 39% in 1985. Moreover, a substantial proportion of women smokers who quit smoking during pregnancy (70%), resume after the baby is born.

The US Public Health Service defines regular exposure to tobacco smoke at home as smoking anywhere in the home on more than three days a week. By the year 2000, the national goal is that no more than 20% of the population of infants will be regularly exposed to tobacco smoke at home. The rate in 1991 was 32%. For children in child care, discussions initiated by caregivers during contacts with parents and other family members can help reach and exceed the national goal.

Early childhood educators have a key role to play as partners in the community-based campaign against exposure of children to tobacco

smoke. By the time children enter regular school, most have been in some form of group care setting.

Family child care providers need to protect children from environmental tobacco smoke by prohibiting smoking in the child care home anywhere in the house at any time, not just when children are in care. Child care providers can also use bulletin boards, meetings, and one-to-one conversations to teach parents about avoiding tobacco exposure in other environments.

Many nonsmokers or ex-smokers find asking smokers to quit or not to smoke in shared air an awkward challenge. By becoming comfortable with helpful messages, early childhood education professionals can play a supportive role for children and for those whose smoke in the air children breathe.

Some useful ways to talk about smoking hazards are:

1. Offer to listen to a smoker about why the person started to smoke, why the person smokes now, and how smoking feels.
2. Say: "You already know smoking is dangerous to your health, but it is hard to quit. Until you can quit, you can avoid injuring other people with your smoke. Try to smoke only where nonsmokers will not be breathing the air, now or later. Smoke travels and lingers in the air."
3. Say: "Have you tried to quit? Many people try several times before they succeed. Doctors can help smokers to quit. Perhaps you can talk to your doctor about it. If you try to quit, I will help you by talking with you about it while you are trying to quit. Many people find it easier to quit smoking by talking about it, going for walks, getting

hugs, eating healthy foods, and drinking more water while they are trying to quit."

4. Say: "Many people can quit smoking by setting a quitting date, especially if they use the time until they reach that date to prepare to quit. Figure out why you smoke and what you can do instead to help satisfy the need that makes you smoke. You can quit all at once or taper off your smoking. Smoking is an addiction. It is hard to quit and you will always have to resist the temptation to start smoking again. You can do it for yourself and for those you love."

Include education about the hazards of second-hand smoke in the cur-

riculum for children and as health education for staff and parents. Send for and use materials about the risk of smoke exposure.

The National Center for Education in Maternal and Child Health has a free set of brochures for center-based and family child care in English and in Spanish. These include information for parents and stories to read to children about smoking. You can order a set as publication F086 (English) or F094 (Spanish) from the National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, Virginia 22102-3810, or fax orders to (703) 821-2098. Contact the American Lung Association and the Environmental Protection Agency for materials intended for the public.

Climber Hazards Indoors and Outdoors

Falls from climbers are the leading cause of significant injury to children in child care. These injuries occur primarily because climbers raise children above hard surfaces onto which they fall. Inexpensive, colorful plastic climbers are popular items of equipment. Many are unsafe for use in child care because they are for only one or two children at a time. All require impact absorbing surfacing under and in the full fall zone around the equipment. Generally, the fall zone is at least six feet out in all directions around the equipment.



In May 1995, the US Consumer Product Safety Commission issued a Consumer Product Safety Alert about climbing gyms. The Commission warns that plastic climbing equipment should not be used indoors on wood or cement floors, even if covered with carpet. Carpet does not provide adequate protection to prevent injury in a fall from a climber. The USCPSC reports that one child died and 12 suffered serious head injuries at home and at child care centers when they fell from climbers onto cement, wood, or carpeted floors. For a copy of the alert and more information about child safety, call the USCPSC at (800) 638-2772.

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