

Time for Kids' Health



In This Issue

<i>Playground Safety</i>	1
<i>Changes in Care at Home Waiver</i>	2
<i>Changes in Access Pass Program</i>	2
<i>Reflections</i>	3
<i>Hydrations Tips</i>	3
<i>Calendar/What's New?</i>	4

Playground Safety

More accidents occur during the summer months than during any other time of the year and many involve children. Falls are the leading cause of unintentional injury in children and account for one third of the fall-related visits to the hospital emergency room. So where are these accidents occurring? On average, 500 children under the age of 19 are injured each year in playground-related accidents in New York State. Playgrounds often have old equipment, are poorly maintained and/or don't have enough supervision. Children's reflexes and coordination are not yet fully developed. Children who are impulsive or inattentive are particularly at risk of falls and/or being injured. The most common injury is a fracture of the wrist, elbow or lower arm and girls sustain injuries slightly more often than boys. So, what can a parent do to lessen the likelihood that their child is injured on a playground? Here are some guidelines for minimizing childhood injuries:

- Provide adequate adult supervision. Parents should be able to maintain a line of sight as their children move about the playground. Children should never fight, push or shove near playground equipment.
- Check your child's clothing. Clothing with ties or draw strings, loose clothing and/or children's jewelry can get stuck in equipment and strangle a child.
- Make sure your child is using equipment that fit his/her abilities and size. Look for playgrounds that

have separate play areas for older and younger children.

- Teach children how to use playground equipment correctly. Children should use a slide one person at a time, slide feet first, face the end of the slide and move away before the next child slides down. Children should not run in front of, or twist, swings. Standing on swings and pushing empty swings should also be avoided.
- Look to see if the playground surface is energy absorbent. Materials such as sand, mulch, wood chips, pea gravel and safety tested rubber mats are energy absorbing surfaces. Protective surfacing should be maintained to a depth of at least nine inches and extend at least six feet in all directions from the equipment. Make sure the equipment has been properly maintained. Do not use any piece of equipment that is broken or rusted, or contains loose bolts, or sharp parts.



Children with Special Health Care Needs (CSHCN)

- ♦ CSHCN are those children ages 0-21 who have a chronic physical, developmental, behavioral or emotional condition.
- ♦ If you have suggestions for topics or would like to share a story for "Reflections," please contact us. We'd like to hear your point of view.
- ♦ Thanks to Michele Stone who shares her insights in this issue of "Reflections."
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- Check the condition of the playground equipment. Slides, in particular, can become hot enough to cause burns.
 - Eliminate hazards. Make sure elevated surfaces such as platforms and ramps have guard rails. Pick up any rocks, glass, sticks, toys or debris that can injure your child.
 - Remember that children with special needs have a low tolerance for heat and the sun. Choose shade
- New York State playground regulations were updated in 2007; however, many playgrounds still have old and outdated equipment. Careful monitoring of children on playgrounds should protect them from serious injury and make playing on a playground more fun.

More information about playground safety can be found at the following websites:

The U.S Consumer Product Safety Commission,
<http://www.cpsc.gov/cpscpub/pubs/325.pdf>

The Centers for Disease Control and Prevention,
<http://www.cdc.gov/HomeandRecreationalSafety/Playground-Injuries/playgroundinjuries-factsheet.htm>

National Program for Playground Safety,
<http://www.uni.edu/playground/>

Changes in the Care at Home I /II Medicaid Waiver

Care at Home (CAH) I/II is a Home and Community Based Services Medicaid Waiver that enables physically disabled children to be cared for in the community. When the waiver approval was renewed in 2009, changes were made in eligibility requirements and palliative care services were added.

To be eligible for Care at Home children must be 1) under the age of 18, 2) be physically disabled (according to the Social Security Administration program criteria), 3) require the level of care provided by a skilled nursing facility and 4) be capable of being safely cared for in the community. A 30-day inpatient stay is no longer required for eligibility.

Palliative care services added to address end-of-life issues related to a child's illness include: family palliative care education, bereavement therapy, and pain and symptom management.

For more information, contact the Office of Long-Term Care, Bureau of Medicaid Waivers, CAH I/II Program at: (518) 486-6562.

Changes in the State Parks Access Pass Program

New York State residents with certain disabilities can apply for an Access Pass through the New York State Office of Parks, Recreation and Historic Preservation. An Access Pass offers free use of campsites, cabins, golf courses and historic sites. Two specific groups of individuals may no longer qualify for an Access Pass. These groups are: individuals who are semi-ambulatory and individuals who receive federal social security disability or supplemental security income. These individuals must now qualify for an Access Pass under one of the six remaining eligibility categories: AM (full or partial amputation of extremities or congenital loss of arm or leg), BL (visual acuity of 20/200 or less), DF (profound hearing loss), DD (eligibility from OMRDD), MH (receives services funded by NYS Office of Mental Health) and WC (permanently disabled, requires use of a wheelchair and has severely limited mobility). For more information about Access Pass regulations visit: nysparks.com To apply for an Access Pass see: <http://nysparks.state.ny.us/admission/documents/AccessPassApplication.pdf>



Reflections

by Michele Stone

Every few years, it happens. Busy at work, the phone rings, and I pick it up with hardly a thought. Hearing a voice say “I’m calling about Tim,” I know it’s time to whisper a prayer, steel myself and dive in to the unknown.

My son has just experienced an unexpected, severe medical emergency, and he is being rushed to the hospital...again. Tim was born with severe hydrocephalus, and the brain trauma it caused has cascaded over the years to flood him with neurological and digestive conditions that at times have been life threatening. The hardest part is being caught completely off guard, just like when he entered the world...I never saw it coming.

Muffling fear and trying desperately to stay calm, I drop whatever I have been doing at work, not knowing if it will be days or weeks before I can come back to it. I fly to the all-too-familiar setting and wait for hours, sitting in the cold room with Tim, rubbing his hair and speaking words of comfort as he loses consciousness or battles great pain in silence. If only he could talk so he could verbalize his fears and questions...but he lies in silence, dependent on others to meet his needs and guess at what might make him feel more comfortable.

For the first 25 years of his life, Tim took every set

back in stride and kept a bright outlook on life, remaining engaged in the world around him and reaching out to the people he loved. But that is changing....

In the last 18 months, Tim has had three unrelated medical episodes that have robbed him of what little independence he once enjoyed. He is now so sad, unable to find the motivation to push back against increasing limitations. He is physically weary from trying to recover from one hard punch only to get hit again from a different direction. His body is getting weaker and weaker. The doctor says he is fortunate to have been with us for as long as he has. There is no miracle cure.

What is a mother to do?! I have so much respect for my son and the courageous life he has led. I will continue to advocate for his needs, appreciate the dedication of those who care for and work with him, and honor the choices he makes. He no longer wants to fight back...he wants to let go. I can see it in the way he is pulling back from the people and activities he loves. When he looks at me, his eyes almost beg me: “Mom, please, I don’t want to do this anymore!” I hug him tight, remind him of how much he is loved, and tell him that if he wants to close his eyes and not open them again, it’s OK. I love him, and that will never change.

How Much Fluid do Children Need to Stay Well Hydrated?

When the temperature is warm outside, dehydration (a lack of sufficient fluid in one’s body) is a concern in young children and those with special needs. The amount of fluid necessary to remain hydrated varies depending on the child’s size and physical activity level. Water is the best fluid replacement. Follow these healthful hydration tips:

- Make drinking water easily visible and available for self-serve both indoors and outdoors.
- Offer children water at a moderate temperature.
- Encourage children to drink at least one glass of water per day.
- Offer water frequently—do not wait until he/she is thirsty.
- Snack on water-rich foods such as fresh fruits and vegetables including watermelon, cucumbers, strawberries, celery, oranges or tomatoes.

Mark your calendar

√ Disability Awareness Night 2010

Come cheer on the Syracuse Chiefs as they play the Lehigh Valley Iron Pigs on Saturday, August 28th at Alliance Bank Stadium (pre-game ceremonies at 4:20, game at 5:00 p.m.). Pre-Game Baseball Clinic and Resource Fair will take place from 2:30 to 4:00 p.m. at Perfect Practice Indoor Baseball Training Facility, 130 Hiawatha Place, Syracuse, NY. For free tickets (limit 5 per family) and/or clinic registration please call Amanda at (315) 449-3000 ext 333.

√ EFR Advocacy Workshops

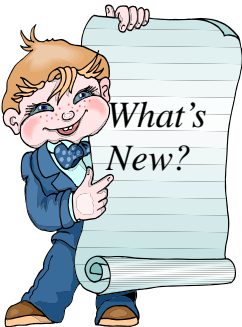
Join us for our Fall Workshop Series to learn effective strategies for working with your disabled child.

INDIVIDUALIZED SUPPORTED EMPLOYMENT will be presented by Pam Aspinall of EFR on Tuesday, October 5, 2010 (6:00 to 8:00 p.m.)

BRAIN INJURY BASICS will be presented by Dr. Brian Rieger from SUNY Upstate Medical University on Tuesday, November 2, 2010 (6:00 to 8:00 p.m.)

Both workshops will be held in the 2nd floor Board Room at Exceptional Family Resources, 1820 Lemoyne Avenue, Syracuse, NY. The registration fee for each workshop is \$5.00 and includes dinner. For information, call Sue Corcoran at (315) 478-1462 ext 327.

HealthCare.gov



The U.S. Department of Health and Human Services has launched a new website, www.HealthCare.gov/, to connect consumers with resources that will help them access quality, affordable health care coverage as called for by the Affordable Care Act. At this website, consumers can compare health insurance plans in

both the public and private sector including Medicare and the new Pre-Existing Condition Insurance Plan. Price estimates for health insurance plans will be added in October. In addition, users of the website can offer comments as to whether or not specific pages were helpful to them.

Name & Personnel Change

The New York State Senate and Assembly have passed the Governor's Program Bill to change the name of the Office of Mental Retardation and Developmental Disabilities (OMRDD) to the New York State Office for People with Developmental Disabilities (OPWDD). The words "mental retardation" will be removed from the name of the State agency as well as from State statutes and regulations.

Diana Jones Ritter has tendered her resignation as OMRDD Commissioner effective July 16, 2010 to take a position with the New York City Metropolitan Transit Authority. Executive Deputy Commissioner, Max Chmura will be taking over as Acting Commissioner. Congratulations to both individuals in their new roles.

Children with Special Health Care Needs

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