

## Help Save a Child's Life

St. Joseph Hosp'l  
Feb 1983

In 1981, seven children in Maryland were killed during their first ride in an automobile. In 1982, the number jumped to 15.

These deaths could have been prevented if parents would have secured their children in a federally approved safety seat.

Presently there is a bill in the House of Delegates (HB 5) for the purpose of "prohibiting a person from operating certain motor vehicles without securing certain child passengers in federally approved automotive restraint systems."

The bill, if enacted into law, will also "prohibit the use of a federally approved automotive restraint system by more than one person at a time."

A person who operates a motor

vehicle without securing each child passenger, of a certain age, in the proper restraint system, will be guilty of a moving violation and will be subject to a fine of not more than \$15.

The Hospital Administration supports HB 5 and encourages the use of automotive restraint systems for children through the two-year old Buckle-Up Baby Program.

How can you help make HB 5 a Maryland law? Write your legislative officials in Annapolis to show your support!

The Buckle-Up Baby committee will have a booth in the lobby on February 23, and will have information on HB 5, and what more you can do to help push this legislation through the Maryland legislature.

and graduated at the top of her class.

She received the McMillan Award from the American Physical Therapy Association and travelled to California to receive this great honor. She was the only student in the nation to be so recognized, truly outstanding since individuals are judged on their academic achievement, leadership, character, and their potential for contributions in the field of physical therapy.

When Debbie Lynne isn't helping people through her job, she is helping them with her music. She has unlimited energy and performs weekends and some week nights singing and playing the guitar at local night spots in the Baltimore area.

While many of us are home relaxing in front of the television or with a good book, Debbie Lynne is out making music. She is a dedicated musician.

"I believe everyone needs laughter and music," Debbie Lynne says. "For me, music is heal-

industry. In the meantime, she has her profession to fall back on if her dreams don't work out.

"If Kenny Rodgers calls this afternoon, I'd pack up and go to Nashville, but I'm realistic," she notes. "I'm not waiting by the telephone for that call. I'm proceeding with my life with the hope of stardom, but the realism that the music industry is very competitive, and there are a lot of starving performers out there."

Most of Debbie Lynne's performing years have been as a soloist, but says that "harmony is music for my soul." She has been looking for that special someone to provide the "harmony" that is lacking in her music.

She is teaming up with Gil German from the "New Early Sunrise Band" and together they will expand their repertoire.

Debbie Lynne is well-known around town. She appeared at the special noontime entertainment summer series at Harborplace, and the City Fair. She has performed at

Joseph Hospital Blood Assurance program will be replaced with the Greater Baltimore Lifeline on August 1.

The Greater Baltimore Lifeline is a program to supplement the supply of blood in the Greater Baltimore Area by increasing blood donations to local hospitals.

The Baltimore Lifeline Blood Assurance Program was created at the request of several Maryland hospitals through the Maryland Society of Pathologists to encourage blood donors or prospective blood donors to periodically share their "gift of life" in the donor room of a convenient participating hospital.

Designed to encourage blood donations, this program also includes a unique provision to permit all citizens of Maryland to join

By becoming a member, you can greatly reduce the cost of a blood transfusion. A charge, called a Replacement Deposit Fee, is removed from your hospital bill when the blood you use is replaced. This can be done either through donations by friends or family, or by being a member of a blood assurance plan. The Replacement Deposit Fee is usually not covered by health insurance. Joining the Greater Baltimore Lifeline relieves you from the burden of finding replacement donors or paying for the blood you or your dependents use.

The Hospital will pay your three dollar annual dues if you become a member of our group sponsor plan.

Normally there is a 30-day waiting period for eligibility for in-

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Mr. Baker is 38 years old and a strong young man. But how about another of our patients? Mrs. Catherine Daugherty is 73 years old, yet following her bypass operation, she is doing as well as Mr. Baker. And the others, too, all ranging in age somewhere between these two, are all well on the way to recovery. Miracles, all of them!

Just what have these folks been

there by specific members of the surgical team, including the surgical and medical physicians.

When the precise hour arrives in the Operating Room cardiac surgical suite the next morning the team is there—and ready. Each knows his place, his job, his par-

*(continued on page 2)*

## VOLUNTEERS INSTRUCT CAR SAFETY PROGRAMS

Concerned Hospital volunteers are contacting mothers of newborns and of children ages five to nine in an effort to reduce the number of children killed or injured in auto accidents. They emphasize the proper use of infant restraint seats and safety belts.

The two-year old Buckle-Up Baby Program aims to have newborns discharged from the Hospital "buckled up" in a dynamically crash-tested car seat.

The Beltman Program, which began about six months ago, wants to develop safe riding habits for older children by emphasizing the proper use of safety belts.

Under the direction of patient education coordinator Peg Carr, R.N. and expectant parents program coordinator Judy Gister, R.N., volunteers Libby Gohn, Janis Alvarez, and Jennifer German provide hands-on demonstrations to patients and families in both programs.

"Parents and children need to be extensively educated in the use of car seats and safety belts, and

this is the key aspect in both programs," says Peg Carr, R.N.

The three volunteers attended an intensive training program prior to actual patient instruction. They themselves are extremely well informed on car safety and each has a strong desire to share this vital information.

The volunteers alternate teaching days throughout the week. For one hour on Monday, Wednesday, and Friday, they instruct 3 West new mothers on the proper use of infant restraint seats and their importance to safety.

If the mother has purchased an infant seat, she is requested to bring it in prior to discharge so the volunteers can provide a hands-on demonstration on its proper use. If a new mother does not own one, a coupon worth five dollars toward the purchase of a dynamically crash-tested car seat from Best Products in Eudowood Plaza is offered. Best Products gives an additional five percent off to show sup-

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*Volunteers demonstrate the proper use of infant car seats*

*Carpenter's Staff - St. Joseph Hospital*

Maryland started, following graduation in July 1965, at the Johns Hopkins Hospital, where he stayed until 1968 when he assumed the responsibilities of Director of Pharmacy Services at Good Samaritan Hospital.

Under Pat's leadership, the pharmacy department at Good Samaritan Hospital soon became recognized as one of the premier pharmacy departments in the state. Pat is responsible for implementing the first hospital-wide unit dose system in Maryland, the first hospital-wide I.V. additive system in Maryland, and the first medication administration team in a Maryland hospital.

Since May 1980, Pat has worked as the Director of the Department of Pharmacy at Saint Joseph

member of the Board of Directors, he added.

In addition to these professional contributions, Pat has authored several articles and made numerous presentations to both local and national pharmacy organizations.

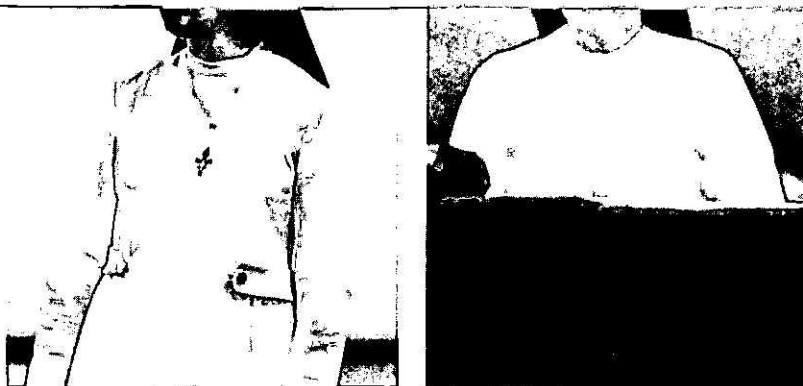
"Pat, it is my pleasure, on behalf of the membership of the Maryland Society of Hospital Pharmacists, to present this W. Arthur Purdum Award to you, for your significant and sustained contributions and your influential leadership in the practice of institutional pharmacy in the State of Maryland," Mr. Grove concluded.

Congratulations, Pat, on your outstanding accomplishment!

Pat lives in Perry Hall with his wife, Judy, a nurse on 5 East, and their three children.



Carroll M. Gebhardt, Chairman of the Community Activities Committee for G & P Telephone Company presented Jane Devlin, Public Relations Director, with a check for \$500 to purchase surgical equipment for the new Open Heart program.



Sister M. Margaret Aloysius McGrail, O.S.F., President pro tem and Sister M. Margarella O'Neill, O.S.F., Chairman of the Board of the newly organized Franciscan Health System, explained the functions of FHS at a recent department head meeting. The eleven hospitals sponsored by the Sisters of the Third Order of Saint Francis are included in this organization.

## Volunteers Instruct Car Safety Programs

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port of Saint Joseph's BUB program.

The program's volunteers also gather statistics on how many babies leave Saint Joseph Hospital buckled up by observing the early morning discharges at the front entrance. They also keep the nursery's bulletin board display on car safety up-to-date.

In 1979, there were 500 child auto deaths in Maryland and only six of the victims were wearing safety belts. The Beltman Program aims to reduce this startling statistic. The program is conducted twice a week, an hour a day, for pediatric patients and their families. Superhero Beltman explains the five safe-riding habits: locking car doors; "buckling up"; riding quietly; keeping arms and hands inside the car; and entering and exiting the car at the curbside.

Following the film, a demonstration on proper safety belt use is given by the volunteer, and then return demonstrations are given by the children. A picture test reviewing safe-riding habits is given and each child who passes receives a Beltman iron-on decal and certificate.

Mrs. Carr said: "Automobile accidents are the number one killer of children. This year alone it is estimated that two thousand children under the age of 14 will die; many could have been saved if they were buckled-up.

"For children four years and younger, infant and child restraint seats have proved to reduce the probability of death by 95 percent. A crash-tested car seat is one of the best gifts new parents can give their newborn."



# Health Education Newsletter

Maryland State Department of Health and Mental Hygiene  
Health Education Center

Summer 1980

Vol. 3 No. 3

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PROJECT KISS is supported by a 12 month grant from the Maryland State Department of Transportation to the Health Education Center to:

- Increase by 10% the proper and consistent use of infant car safety seats among families participating in the demonstration projects; and
  - Increase awareness about the need for infant and child car safety seats among families and professional groups in the target communities.
- These are the five components of the grant:
- Parent education
  - Car seat loaner programs

- Evaluation of the feasibility and effectiveness of education and loaner programs in local health departments
- Health professional workshop
- Statewide survey of child auto safety resources



Motor vehicle accidents kill more children than any other single type of accident and outrank all disease-related causes of death. The solution to this problem is prevention: protection of infants and children by using safety car seats and safety belts.

Yet 93% of all children travel unrestrained — thus improperly protected. Even though, nationally, 14% of adult passengers wear safety belts, 75% of their young passengers ride unprotected in a vehicle. The deaths and injuries to children which occur as a result of traffic accidents could be reduced by at least 50% if safety car seats and safety belts were properly and consistently used.

## Parent Education for Child Auto Safety

After reviewing other educational efforts to increase car safety seat utilization, it was decided that a new approach should be developed and evaluated. PROJECT KISS begins educating expectant parents with appeals that build toward obtaining a commitment to use a car safety seat prior to the time of delivery.

Educational messages, introduced sequentially, are designed to be compatible with parents' concerns at

See PROJECT KISS, pg. 2

## Parent Education At Greater Baltimore Medical Center

From its beginnings in February, 1975, the goal of GBMC's Parent Education Program has been to complement GBMC's Family Centered Maternity Care concept with a formal educational component, while at the same time making the whole package increasingly attractive to consumers, family members, and health personnel. The growing list of class offerings includes the following:

An 8-week course in Preparation for Childbirth is available. The two beginning classes focus on general pregnancy information (maternity care options, fetal growth and development, physical and emotional changes in pregnancy, plus tips on how to cope)

and most importantly, introduce clients to relaxation techniques for use not only in pregnancy but, also to combat stress throughout life.

Five classes focus on the theory and practice of relaxation and breathing techniques in labor and delivery. Newly added is a postpartum class, to allow parents to air the frustrations and joys of having a new baby in the home, and to provide some practical insights into handling them.

A Refresher Course for previously trained parents presents an in-depth review of relaxation and breathing techniques plus updates of information, policies and care alternatives, such as the Birthing Room, new rooming-in options, early discharge, etc.

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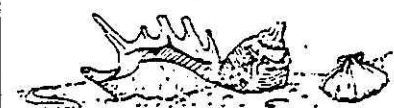
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# PROJECT KISS

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different stages of the pre- and post-natal period. Those messages considered critical for initiating and maintaining parents' use of car safety seats are repeated and communicated using several different educational methods.

Knowledge, attitudes, and skill factors are all related to a parent's decision to use a car safety seat. High priority concepts that need to be communicated include:

- Risk of injury or death to the infant and child travelling unrestrained.
- Protection provided by car safety seats significantly exceeds that provided by holding an infant or using an inadequate device.
- Requirements for using a car safety seat correctly and consistently.
- Acceptance of the inconvenience of using a car safety seat.

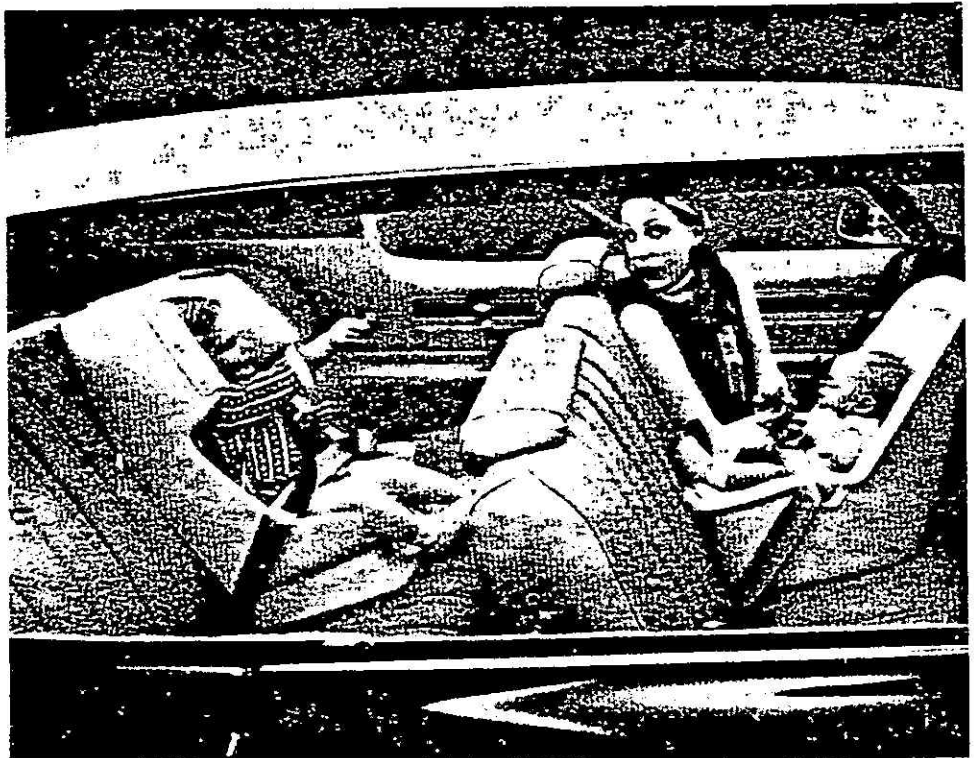
A variety of educational methods, used collectively, introduce and reinforce these messages. The cornerstone of the educational program is direct communication by health professionals, physicians and nurses, who are viewed by parents as highly credible sources and who have frequent, continuing contact with expectant and new parents.

To facilitate this process, the PROJECT KISS staff has prepared a *Resource Manual for Health Professionals* which includes the necessary facts on child auto safety, guidelines for introducing and sequencing the educational messages, and the loaner component of PROJECT KISS.

Two staff inservice sessions were held in each demonstration site to increase the health professionals' understanding of child auto safety as a public health problem and their role in reinforcing educational messages.

The film *The Perfect Gift* is shown to all expectant mothers in the prenatal clinics. Pamphlets and flyers supplement the film, announce the loaner program, and illustrate the most important aspects of child auto safety.

Information about purchasing car safety seats is made available, and an exhibit with several dynamically-tested models has been developed for community use.



## Borrow a Car Seat

For parents who are convinced of the need for car safety seats but who cannot purchase one, PROJECT KISS makes available an infant car safety seat. For a \$5 returnable deposit, the seat is loaned for nine months, or until the baby weighs 20 pounds, at which time a larger seat is required for adequate protection. When the seat is borrowed, parents receive a full description about the correct use of the seat, including an actual demonstration and printed instructions.

Only infant seats are currently being loaned, with the emphasis on expectant parents borrowing a seat prior to delivery. The decision to begin the project with only infant seats was based on the fact that infants are six times more likely to be fatally injured in an accident than are older children, and on the notion that if parents begin the car seat habit early, they will be motivated to obtain and use a larger seat when their baby outgrows the infant seat.

Much consideration was given to the logistics of storing, distributing, demonstrating and recycling the car seats, as well as to record keeping. The *Resource Manual* outlines suggested procedures for carrying out these activities in a clinical setting, although they are sufficiently flexible to be adapted to the needs and routines of various settings.

Existing staff can implement a loaner program, or volunteers may be recruited as in the Baltimore County project where the local North Point Jayceettes are active participants.

## Evaluation

To evaluate the effectiveness of the educational and loaner program components, correct use of car safety seats among parents attending the participating clinics will be observed over time and compared with similar observations from control clinics (i.e. clinics not participating in the project). Baseline data on observed use of car seats before PROJECT KISS will be compared to data collected periodically following implementation of the project.

A protocol for parking lot observations and the evaluation instrument have been developed and pretested. Process evaluation is ongoing with feedback provided by clinic staff on the usefulness of the *Resource Manual* and inservice meetings, as well as on the feasibility of incorporating PROJECT KISS activities into clinic procedures. Additionally, the number of public inquiries, newspaper articles, and requests for presentations are all being documented to assist in evaluating the effect PROJECT KISS activities may have on public awareness.

## Other Activities

As a part of the first year grant requirements, the Health Education Center will also present a regional workshop for health professionals and conduct a statewide resource survey. The workshop is being planned for the Eastern Shore area later this fall and will aim to increase participants' understanding of child auto safety. The survey will assess the availability of programs and resources for child auto safety in both the private and public sectors of the state.

To expand the population reached by PROJECT KISS beyond that served in the demonstration clinics, work has begun in several communities. PROJECT KISS staff have developed an educational exhibit for public display at fairs and meetings.

Work is underway with Dr. Kenneth Roberts of Sinai Hospital in Baltimore and the Maryland chapter of the American Academy of Pediatrics to develop a consumer guide for purchasing car safety seats and a permanent display of dynamically tested models for use by the general public.

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## Conclusion

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monstration project will be used to determine whether loaner and education programs can and should be implemented in other health department facilities throughout the state. A variety of additional community and professional activities are being considered should funding be available next year.

Child auto safety is an area which has historically received little attention from health professionals. Developing a potential remedy for the problem of fatalities and injuries among children on Maryland highways is an exciting challenge.

For more information, contact Andrea Gielen, Sc.M., Health Education Center, Maryland Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, Maryland 21201, Telephone (301) 383-7290.

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Optional Breast Feeding classes are available to all class participants.

A fee is charged for all classes except Breast Feeding. For further information, contact Joan Imhoff CNM, MSN, Coordinator Parent Education Program, Greater Baltimore Medical Center, 6701 North Charles Street, Baltimore, Maryland 21204, Telephone (301) 828-2048, Weekdays 12-4 p.m.

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## Red Cross Offers Courses in Childbirth/Parenthood Education

The American Red Cross has long supported the concept of the family as the basic unit in society. Taking an active role in assisting parents-to-be to adjust to and cope with their new family roles, Red Cross offers its Preparation for Parenthood and Parenting: Birth to Two Years of Age free of charge through many community agencies and organizations. In the Baltimore metropolitan region classes are held in public health clinics, schools, churches, and local department stores.

Developed with the assistance of specialists from the fields of obstetrics,

pediatrics, psychology, nutrition, and parent and child health, these courses are taught by trained Red Cross instructors. Preparation for Parenthood is designed to help prospective parents know what to expect during the prenatal period, labor, delivery and the first year of the new baby's life.

Parenting: Birth to Two Years of Age concentrates on the parents' role in the social, emotional, verbal, and intellectual development of the young child. Presently, Red Cross is one of the few agencies which provides both prenatal and postnatal infant care programs.

Instructional methods include lecture, discussion, demonstration, the use of audio-visual aids, and simulated practice. Classes meet for one two-hour session each week for six to seven weeks.



Red Cross also offers an 18-hour instructor training course for qualifying nurses, teachers, and others who wish to teach these courses in their public health facilities or community settings. For additional information on the Preparation for Parenthood and Parenting courses, contact Nursing and Health Services at the Baltimore Regional Red Cross at 467-9905.



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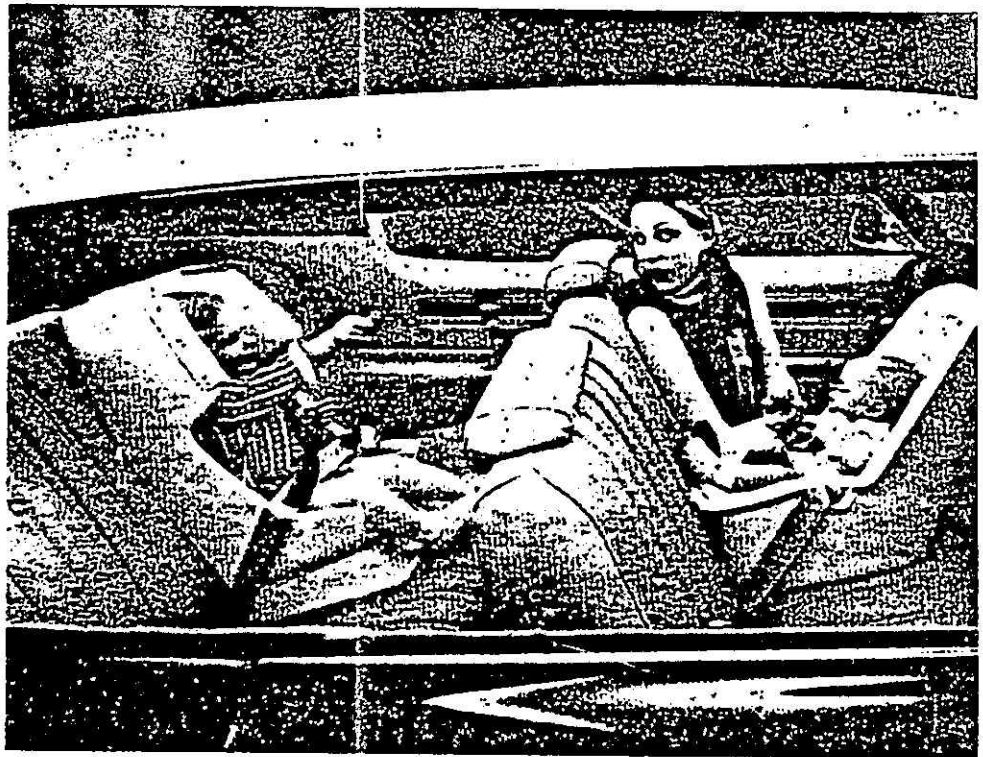
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Developed with the assistance of specialists from the fields of obstetrics,

pediatrics, psychology, nutrition, and parent and child health, these courses are taught by trained Red Cross instructors. Preparation for Parenthood is designed to help prospective parents know what to expect during the prenatal period, labor, delivery and the first year of the new baby's life.

Parenting: Birth to Two Years of Age concentrates on the parents' role in the social, emotional, verbal, and intellectual development of the young child. Presently, Red Cross is one of the few agencies which provides both prenatal and postnatal infant care programs.

Instructional methods include lecture, discussion, demonstration, the use of audio-visual aids, and simulated practice. Classes meet for one two-hour session each week for six to seven weeks.



Red Cross also offers an 18-hour instructor training course for qualifying nurses, teachers, and others who wish to teach these courses in their public health facilities or community settings. For additional information on the Preparation for Parenthood and Parenting courses, contact Nursing and Health Services at the Baltimore Regional Red Cross at 467-9905.

# traffic safety outlook

## child passenger safety



### RESTRAINT SYSTEM EFFECTIVENESS

- ▶ Research on the effectiveness of child safety seats has found them to reduce fatal injury by 69 percent for infants (less than one year old) and by 47 percent for toddlers (one to four years old).

### RESTRAINT USE

- ▶ In 1994, reported restraint use for children age four and under in passenger cars involved in fatal crashes was 62 percent.
- ▶ Failure to read the child safety seat instructions and the vehicle owner's manual regarding child safety seat installation could result in serious injury or death due to the failure of the child safety seat to be securely and/or properly restrained.
- ▶ Lack of access to affordable child safety seats results in far lower use by Medicaid recipients than other children. The limited studies available suggest that only 25 percent of children ages zero to four who are covered by Medicaid travel in child safety seats.\*

- ▶ Ninety-five percent of low-income families who own a child safety seat use it.\*

### BENEFITS OF CHILD RESTRAINT USE

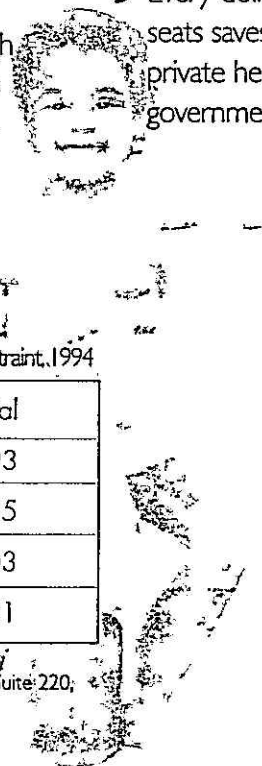
- ▶ In 1994, there were 682 occupant fatalities among children under five years of age. Of these 682 fatalities, an estimated 376 (55 percent) were totally unrestrained.
- ▶ Among children under five years old, an estimated 308 lives were saved in 1994 by child restraint use. Of these 308 lives saved, 250 were associated with the use of child safety seats and 58 with the use of adult safety belts.
- ▶ At 100 percent child safety seat use for children under five, an estimated 532 lives (that is, an additional 282) could have been saved in 1994.
- ▶ Over the period 1982 through 1994, an estimated 2,655 lives were saved by child restraints.

### AIR BAGS

- ▶ Children in rear-facing child seats should not be placed in the front seat of cars equipped with passenger-side air bags. The impact of a deploying air bag striking a rear-facing seat could result in serious injury to the child.

### COSTS SAVED

- ▶ For children ages zero to four, every dollar spent on child safety seats saves \$2 in medical costs and \$6 in future earnings.\*
- ▶ Insurers (both public and private) pay \$175 million annually in claims resulting from crashes in which children (ages zero to four) were traveling unrestrained in motor vehicles.\*
- ▶ Every dollar spent on child safety seats saves auto insurers \$2.30, private health insurers \$1.10 and the government \$1.10.\*

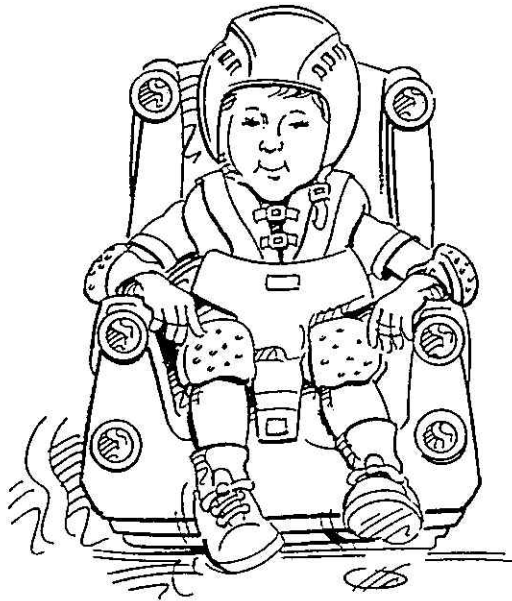


Children Under Five Years Old Fatally Injured in Motor Vehicle Crashes by Age Group and Type of Restraint, 1994

Type of Restraint	Infants (Under age 1)	Toddlers (Age 1-4)	Total
None used	93	299	393
Child Seat	64	121	185
Adult Seat Belt	5	99	103
Total	162	519	631

\*Source: Children's Safety Network Economics and Insurance Resource Center, 8201 Corporate Drive, Suite 220, Landover, MD 20785.





# How to keep your child in one piece.

Children are fragile. When on the go, proper safety precautions must be taken or tragedies can result. Transportation-related injuries and fatalities that might have been prevented in one recent year are staggering.

- Motor vehicle crashes were the leading cause of death for children aged 5 through 15.
- More than 360,000 children were injured and at least another 3,200 were killed in transportation accidents.
- More than 250 lives would have been saved had children been properly secured in child safety seats.
- One-fourth of the traffic fatalities of those under age 16 were pedestrians, many not observing crossing rules of the road.
- More than one-third of the bicyclists killed were between age 5 and 15.
- More than 90 children were killed and 200 injured at railroad crossings.
- Life jackets would have saved the lives of approximately three dozen children that died from recreational boat drownings.

Unfortunately, the long list of children killed or injured while traveling goes on and on. Many of these tragedies would have been avoided if those children and their parents had observed proper safety measures. Teach your child safety and you'll not only make the odds swing in your favor, you'll also give yourself some peace of mind.

## The Top Ten Simple Safety Steps For Children On The Go

1. Safety belts should always be buckled, whether a child is in a motor vehicle or on an airplane.
2. Young children should always be properly secured in child safety seats.
3. Children on bikes should always wear helmets.
4. Children should stop at the curb, look left, right, and left again before crossing the road. At intersections, they should pay special attention to turning vehicles.
5. Children should never play on or near railroad tracks.
6. Children should always wear life jackets when boating or around water.
7. Children should always be visible when walking or biking. They should wear light, brightly-colored clothing. At night, they should wear markers that reflect light.
8. When riding on an escalator, children should stand facing forward, always hold the handrail and never touch the sides or sit on the stairs.
9. No one, especially a child, should ever ride in the bed of a pick-up truck.
10. Children should never play near a subway platform edge or by the curb at a bus stop.



U.S. Department of Transportation

*Instill the spirit of safety in your children and make their world a better place. For more information about child safety, call the U.S. Department of Transportation at 800-424-9393.*



# legislative factsheet

## kids aren't cargo

### CHILD PASSENGERS AT RISK IN PICKUP TRUCKS

Trucks are increasingly becoming a popular form of transportation for family travel. Occupant protection inside the cab is limited by a number of factors: space, number of safety belts, and the fact that pickup trucks are not required to meet all passenger car safety standards. Space limitations often lead drivers and/or parents to allow children to ride in the cargo area.

### THE FACTS

- ▶ The cargo area of a pickup truck, with or without a canopy, has proven to be a source of injuries and death to children and adults. A Washington state study found a fatality risk 10.4 times higher for persons riding in cargo areas than the risk to the general population of people involved in collisions.
  - ▶ Ejection from the cargo area during a collision was the major cause of injury and death for pickup truck passengers.
  - ▶ Most noncollision deaths were caused by falls due to swerving, braking or rough roads. In one-third of these cases, the victim was standing up, sitting on the tail-gate or "horsing around."
  - ▶ Over two hundred deaths per year occur to persons riding in pickup cargo beds. More than half the deaths are children and teenagers.
- ▶ Children in covered cargo beds are exposed to the danger of carbon monoxide poisoning from exhaust fumes.

### ARE EXTENDED CABS A SAFE OPTION FOR CHILDREN?

Parents should be aware that these rear seats may not serve their children well. Child restraints are designed for use on forward-facing seats and are not suitable for jumpseats. Jumpseats are too small to support the bases of most child restraints. The bench seat may not be wide enough to support a child restraint and there may not be enough room between the front and back seats to allow for the expected forward movement of a child's head in a crash.

### CLOSE THE GAPS IN CHILD PASSENGER SAFETY LAWS

- ▶ Upgrade laws to eliminate exemptions.
- ▶ Cover all children under the age of 16.
- ▶ Include all vehicles equipped with safety belts.
- ▶ Allow passengers to ride only in seating areas equipped with safety belts.
- ▶ Prohibit all passengers from riding in the cargo areas of pickup trucks.

### STATE LAWS FOR PASSENGERS IN PICKUP TRUCKS\*

- ▶ *New Jersey is the only state that prohibits without exception riding in the open bed of a pickup truck.*

Twenty-one states permit riding in the open bed of a pickup truck, with certain restrictions:

- ▶ California- Permitted if occupants are properly restrained or in an enclosed camper.
- ▶ Colorado- Permitted only if passenger is enclosed by four sides and is in a sitting position.
- ▶ Connecticut- Persons under 16 years of age must be restrained in an approved fixed seat.
- ▶ Florida- Prohibited for persons under six years of age.
- ▶ Georgia- Prohibited on interstate for persons under 18 years of age.
- ▶ Hawaii- Permitted only when there is no seating available in the cab.
- ▶ Kansas- Prohibited for persons under 14 years of age, with certain exceptions.
- ▶ Louisiana- Prohibited for persons under six years of age.

