Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

Belief Statement We, Dechille CDC (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.
Background
SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death ¹ . According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT ² .
Procedure/Practice
Recognizing:
 Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.
Responding to:
If SBS/ABT is suspected, staff will ³ :
 Call 911 immediately upon suspecting SBS/AHT and inform the director.
o Call the parents/guardians.
 If the child has stopped breathing, trained staff will begin pediatric CPR⁴.
Reporting:
 Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing <u>webmasterdcd@dhhs.nc.gov</u>.
• Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: 910-323-1540
Prevention strategies to assist staff* in coping with a crying, fussing, or distraught child
Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.
If no physical need is identified, staff will attempt one or more of the following strategies ⁵ :
Rock the child, hold the child close, or walk with the child.
Stand up, hold the child close, and repeatedly bend knees.
Sing or talk to the child in a soothing voice.
Gently rub or stroke the child's back, chest, or tummy.
Offer a pacifier or try to distract the child with a rattle or toy.
Take the child for a ride in a stroller.
Turn on music or white noise.
Other
Other

In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children⁶.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.

Other	



