

Critical Health and Safety List

(Related to Standard 6-4)

*Ideally, the majority of these topics will be discussed prenatally. However, because families enter the program at different times, we have prioritized them according to urgency. These time frames are when the topic will first be introduced by the home visitor through information sharing. Information may need to be reinforced and additional support may be necessary at subsequent visits based on the family's situation. When information is shared on any of these topics, the home visitor will document it **on the MIS Tab: "Health of TC"/ Section: "Health Care Activities of Home Visitor"** If information is shared during the FROG Visit, the home visitor (FRS) can also document what was shared on the **MIS Tab: "Health of TC"/ Section: "Health Care Activities of Home Visitor"** This tab will now be available when completing the home visit log for a FROG visit.*

	Within 1 month of first content visit	Within 2 months of first content visit	Within 4 months of first content visit
Required Topics	<ul style="list-style-type: none"> SIDS and Safer Sleep (Checkbox name: "Provide SIDS and Safe Sleep information") Shaken Baby Syndrome (Checkbox name: "Discuss Shaken Baby Syndrome") Pre and Postnatal Health Care (Checkbox name: "Provide education/information regarding prenatal care, pregnancy, or postnatal care") Perinatal/Postpartum Depression (Checkbox name: "Discuss depression or other mental health issues") <p><u>If prenatal, families will also receive information on</u> (These items are only evaluated if the TC was still prenatal as of the first content visit):</p> <ul style="list-style-type: none"> Prenatal Care and Pregnancy (Checkbox name: "Provide education/information regarding prenatal care, pregnancy, or postnatal care") 	<ul style="list-style-type: none"> Well-Child Care/Child Health (Checkbox name: "Provide child health information") Immunizations (Checkbox name: "Provide information about immunizations") Infant/Child Feeding (Checkbox name: "Provide infant/child feeding information/support") Nutrition (Checkbox name: "Provide nutrition/food preparation information") Breastfeeding (Checkbox name: "Provide breast feeding information/support") Smoking Cessation (Checkbox name: "Provide information on smoking cessation") Any Culturally Based Safety Issues (Checkbox name: "Discuss family roles, relationships (fatherhood, grandparents) and/or cultural 	<ul style="list-style-type: none"> Lead Exposure (Checkbox name: "Discuss home environmental concerns/issues (lead, bugs, no beds, substandard housing, etc.)" <p>Check FAQ for everyday practice for lead: https://healthyfamiliesnewyork.org/Staff/Documents/QA%20to%20Everyday%20Practice-02-2023.pdf</p> <ul style="list-style-type: none"> Selection of Childcare Providers/Caretaker (Checkbox name: Address needs for baby-sitting or daycare") Dental and Oral Health (Checkbox name: "Provide dental health information")

	<ul style="list-style-type: none">• Fetal Alcohol Spectrum Disorder (FASD) (Checkbox name: "Provide FASD information")• Prenatal Smoking, Alcohol/Substance Use (Checkbox name: "Provide information on prenatal smoking/alcohol/substance use")	influences (beliefs and traditions related to child-rearing)".	
--	---	--	--

Recommended Topics	<u>Age-Appropriate Child Safety/Baby Proofing including:</u> <ul style="list-style-type: none"> ▪ Car Seat Safety (Checkbox name: “Provide car seat information/equipment”) ▪ When to Call the Doctor (Checkbox name: “Provide information about when to call the doctor”) 	<u>Age-Appropriate Child Safety/Baby Proofing including:</u> <ul style="list-style-type: none"> ▪ Water Temperature (Checkbox name: “Provide water temperature safety information”) ▪ Pool and Tub Safety (Checkbox name: “Provide pool and tub safety information”) ▪ Fire Safety (Checkbox name: “Provide information about fire safety”) ▪ Firearm Safety (Checkbox name: “Provide information about firearm safety”) 	<u>Age-Appropriate Child Safety/Baby Proofing including:</u> <ul style="list-style-type: none"> ▪ Medications (Checkbox name: “Provide information about medication safety”) ▪ Cleaning Products (Checkbox name: “Provide information about cleaning product safety”) ▪ Pets and Pet Food (Checkbox name: “Provide information about child safety related to pets and pet food”) ▪ Choking Hazards (Checkbox name: “Provide information about choking hazards”) ▪ Emerging Ability to Roll Over (Checkbox name: “Provide information about emerging ability to roll over”)
---------------------------	---	---	--