

Take the **Car Seat YES** Test

A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash. Using a car seat properly is required by law in Alberta. Use the YES test to help you properly install the car seat in your vehicle and buckle up your child correctly every time.

Push, pull and adjust the seat until you can check each item that applies to your child's car seat.

Who should be in a rear-facing car seat?

- A child is safest in a rear-facing car seat until they are at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Rear-facing car seats that have higher weight and height limits are preferred and will keep your child in the safer, rear-facing position beyond age 2.



Getting ready

- I've read the instruction booklet that came with the car seat.
- I've read my vehicle owner's manual on how to install a car seat.
- I've checked the labels on the seat to find the maximum rear-facing weight and height limits. My child's weight and height are under the limits.
- My child's car seat is in the back seat.
- I never place the car seat in front of an airbag.
- My child's car seat is approved to be used in Canada and has a CMVSS label.

Securing the car seat

There are 2 ways to secure the car seat.

Either

- I'm using the **Universal Anchorage System (UAS)** to secure the car seat.
 - I've checked my vehicle owner's manual for the correct UAS anchor locations.
 - The UAS belt goes through the **rear-facing belt path** on the car seat or base and is attached to the UAS anchors.



Or

- I'm using the **seat belt to secure the car seat**.
 - I've checked my vehicle owner's manual for how to lock the seat belt for use with a car seat.
 - The seat belt goes through the **rear-facing belt path** on the car seat or base and is buckled up.
 - If the seat belt doesn't lock, I've used a belt lock or locking clip.

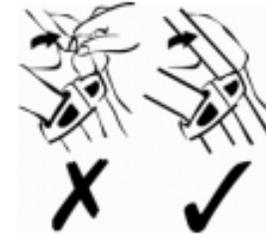


For either UAS or seat belt installation:

- I've pushed down on the car seat or base and pulled the UAS belt or seat belt tight.
- The car seat moves less than 2.5 cm (1 inch) in any direction.**

Buckling your child in the car seat

- The slots the harness straps go through are at or just below my child's shoulders.
- The chest clip is at the level of my child's armpits.
- The shoulder harness lies flat with no twists.
- The harness is snug—I can't pinch a fold in the harness strap.



Being safe

- My child rides in the car seat every trip.
- If the car seat has a carry handle, I put it in the travel position.
- I've sent in the registration card and checked for recalls on my child's car seat. Recall information is available from Transport Canada at 1-800-333-0510 or at www.tc.gc.ca/roadsafety (search for child safety).
- If needed, I'll get a larger car seat, with higher rear-facing weight and height limits, so I can keep my child rear-facing as long as possible.
- When my child outgrows the rear-facing seat, I'll move them to a forward-facing car seat.



Q: My child's knees are bent, is it still safe to use a rear-facing car seat?

A: Yes, injuries to the legs are very rare when children ride in rear-facing seats.



If you answered “YES” to all of the statements, you’re ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle’s owners manual for the exact installation instructions.

For more information:

- go to www.healthyparentshealthychildren.ca (search for car seats)
- go to www.myhealth.alberta.ca (search for car seats)
- call Health Link at 811

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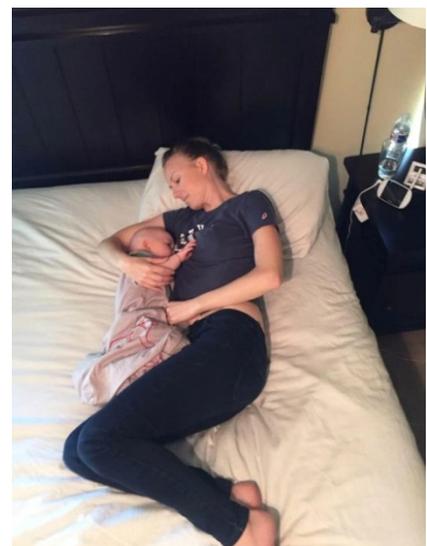
Safe Sleep for Your Baby

In healthy, full-term babies, Sudden Infant Death Syndrome (SIDS) is the leading cause of death up to 1 year of age. Here are some important things you can do to help prevent SIDS:

-  **Put your baby on their BACK to sleep, every sleep. Have tummy time when baby is awake with you.**
-  **Use a crib, cradle, or bassinet that is free of clutter (no loose blankets, bumper pads, stuffies, etc.)**
-  **Keep your baby warm, not hot**
-  **Keep your home smoke-free before and after birth**
-  **Breastfeed your baby**
-  **Share a room (room-sharing for 6-12 months decreases the risk of SIDS)
Don't sleep when your baby is in bed with you, and never sleep with baby on a sofa or other sleep surface.**

IF you choose to bed-share:

- Firm mattress or other sleep surface only. Never sleep with your baby on a soft or padded surface such as a sofa, upholstered chair, bed with a soft mattress or bedding, water or air-filled mattress.
- Keep bed covers, blankets, and pillows far away from your baby (you and baby both need to wear whatever you need to keep warm instead of using a blanket)
- Make sure that you and your partner know when your baby is in bed with you
- Never sleep with your baby if you or your partner:
 - smoke
 - are overtired from stress or lack of sleep
 - have used alcohol, cannabis, street drugs or any over-the-counter/prescription/herbal medicine. These can make you less able to respond to your baby's needs





Vaccines

Your child's immunity is their armour against disease. Vaccines help your child to develop this armour through their natural immune response. This means they can safely develop antibodies, before being exposed to the disease, so they don't get sick!

We recommend giving your baby these routine vaccines. Call your local Community Health Centre (<https://www.albertahealthservices.ca/findhealth/service.aspx?id=1000870>) as soon as baby is born to book them. For more information, visit www.immunizealberta.ca

Age	Vaccine(s) your child will receive	Diseases your child will be protected against
 2 Months	<ul style="list-style-type: none">• DTaP-IPV-Hib• Pneumococcal conjugate (PNEU-C13)• Rotavirus	<ul style="list-style-type: none">• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b• Pneumococcal Disease• Rotavirus
 4 Months	<ul style="list-style-type: none">• DTaP-IPV-Hib• Pneumococcal conjugate (PNEU-C13)• Meningococcal conjugate (MenconC)• Rotavirus	<ul style="list-style-type: none">• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b• Pneumococcal Disease• Meningococcal Disease• Rotavirus
 6 Months	<ul style="list-style-type: none">• DTaP-IPV-Hib• Pneumococcal conjugate (PNEU-C13) (for high-risk children only)	<ul style="list-style-type: none">• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b• Pneumococcal Disease
 6 Months Repeated annually, every influenza season	<ul style="list-style-type: none">• Annual (seasonal) influenza	<ul style="list-style-type: none">• The strains of influenza expected to circulate in that influenza season. Because the strains of influenza circulating change every season, the influenza immunization changes each season as well. To be protected, your child needs to receive his or her influenza immunization every year, at the start of influenza season (approximately October of every year).
 12 Months	<ul style="list-style-type: none">• MMR-Var• Meningococcal conjugate (MenconC)• Pneumococcal conjugate (PNEU-C13)	<ul style="list-style-type: none">• Measles, mumps, rubella, chickenpox• Meningococcal Disease• Pneumococcal Disease
 18 Months	<ul style="list-style-type: none">• DTaP-IPV-Hib	<ul style="list-style-type: none">• Diphtheria, whooping cough (pertussis), tetanus, polio, <i>Haemophilus influenzae</i> type b
 4-6 Years	<ul style="list-style-type: none">• dTap-IPV• MMR-Var	<ul style="list-style-type: none">• Diphtheria, whooping cough (pertussis), tetanus, polio• Measles, mumps, rubella, chickenpox