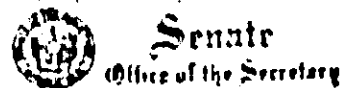


SIXTEENTH CONGRESS OF THE REPUBLIC)
OF THE PHILIPPINES)
Third Regular Session)



16 JAN 25 P5 03

SENATE
S. No. 3100

RECEIVED BY: 

Introduced by Senator Miriam Defensor Santiago

AN ACT
TO ENHANCE THE EFFORTS FOCUSED ON PUBLIC AWARENESS AND
EDUCATION ABOUT THE RISKS AND DANGERS ASSOCIATED WITH SHAKEN
BABY SYNDROME

EXPLANATORY NOTE

The Constitution, Article 15, Section 3 provides that:

The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation and other conditions prejudicial to their development.

The child has the rights to survival, development, protection and participation in accordance with the United Nations' Convention on the Rights of the Child. These rights are interdependent, indivisible and should be respected, promoted and protected so that the child can enjoy a full life.

Shaken Baby Syndrome is a form of child abuse affecting thousands of children every year all over the world. According to studies, it is estimated that between one quarter and one-third of Shaken Baby Syndrome victims die as a result of their injuries, while one-third suffer permanent, severe disabilities including paralysis, seizures, loss of hearing or vision, cognitive impairments, and other disabilities, often resulting in a lifetime of extraordinary medical, educational, and care expenses.

Shaken Baby Syndrome is preventable. Prevention programs abroad have demonstrated that educating new parents and other caregivers about the danger of shaking young children, healthy strategies for coping with infant crying, infant soothing

skills, and how to protect children from injury can bring about a significant reduction in the number of cases of Shaken Baby Syndrome.

Education programs abroad have been shown to raise awareness about Shaken Baby Syndrome and provide critically important information about the syndrome to caregivers, day care workers, child protection employees, law enforcement personnel, health care providers, and legal representatives.¹

Miriam Defensor Santiago
MIRIAM DEFENSOR SANTIAGO
RP

¹ This bill was originally filed during the Thirteenth Congress, Third Regular Session.

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

1 SECTION 1. *Short Title.* – This Act shall be known as the “Shaken Baby
2 Syndrome Prevention Act.”

3 SECTION 2. *Declaration of policies.* – It is the policy of the State to prioritize the
4 needs of the children.

5 SECTION 3. *Definition of Terms.* – The following terms as used in this Act shall
6 be defined as follows:

7 A. “Council” shall refer to the Shaken Baby Awareness Advisory Council
8 created under Section 5 of this Act;

9 B. “Shaken Baby Syndrome” (SBS) is a term used to describe the constellation
10 of symptoms, trauma, and medical conditions resulting from the violent
11 shaking, or abusive impact to the head, of an infant, toddler or other young
12 child; and

13 C. “Secretary” means the Secretary of Health, unless otherwise indicated.

1 **SECTION 4. *Public Health Campaign.*** - The Secretary shall develop an effective
2 national Shaken Baby Syndrome public health campaign.

3 The public health campaign shall inform the general public, and new parents, child
4 care providers and other caregivers of young children, health care providers, and social
5 workers, among others, about brain injuries and other harmful effects that may result
6 from shaking, or abusive impact to the head, of infants and children under five years old,
7 and healthy strategies to cope with a crying infant and related frustrations, in order to
8 help protect children from injury.

9 In carrying out the public health campaign, the Secretary shall also coordinate
10 activities with providers of other support services to parents and other caregivers of
11 young children.

12 In carrying out the public health campaign, the Secretary shall carry out the
13 activities described in Section 5.1 to 5.3.

14 **SECTION 5. *National Action Plan and Strategies.*** –

15 **5.1** The Secretary shall:

16 A. Develop a National Action Plan and effective strategies to increase
17 awareness of opportunities to prevent Shaken Baby Syndrome through
18 activities that comprehensively and systematically provide information and
19 instruction about healthy strategies for parents and other caregivers
20 concerning how to cope with a crying infant, and related frustrations; and

21 B. Coordinate the Plan and effective strategies with evidence-based strategies
22 and efforts that support families with infants and other young children, such
23 as home visiting programs and respite child care efforts, which have a role
24 to play in prevention of the syndrome.

1 5.2 The Secretary shall carry out communication, education, and training about
2 Shaken Baby Syndrome prevention, including efforts to communicate with the general
3 public by

4 A. Disseminating effective prevention practices and techniques to parents and
5 caregivers through maternity hospitals, child care centers, organizations
6 providing prenatal and postnatal care, organizations providing programs for
7 fathers, and organizations providing parenting education and support
8 services;

9 B. Producing evidence-based educational and informational materials in print,
10 audio, video, electronic, and other media, giving special attention to
11 educating young men and English language learners through the materials,
12 and coordinating activities carried out with national awareness activities,
13 such as the activities accompanying Shaken Baby Awareness Week, which
14 shall be determined by the Council, to the extent possible;

15 C. Carrying out Shaken Baby Syndrome training, which shall aim :

16 i. to ensure that primary care providers, home visitors, parent
17 educators, child care providers, foster parents and others involved in
18 the care of young children, and nurses, physicians, and other health
19 care providers, are aware of ways to prevent abusive head trauma
20 and other forms of child maltreatment, and the need to secure
21 immediate medical attention in cases of head trauma; and

22 ii. to provide health care providers and early childhood educators with
23 the knowledge, skills, and materials to simply, quickly, and
24 effectively educate parents, including adoptive and foster parents, as
25 well as others' who are caregivers of young children, about infant
26 crying and thus reduce abuse.

1 5.3 The Secretary, in consultation with the Council, shall work to ensure that the
2 parents/caregivers of children are connected to effective supports through the
3 coordination of existing programs and networks or the establishment of new programs.

4 5.4 To the extent practicable, the supports provided under this paragraph shall
5 include the provision of a 24-hour phone hotline, and the development of an Internet
6 website for round-the-clock support, for:

7 A. Parents and caregivers who struggle with infant crying and related
8 concerns;

9 B. Parents and caregivers of surviving children who suffer serious injuries, as
10 a result of shaking or an abusive impact to the head, as a young child; and

11 C. Parents and family members of children who do not survive such shaking
12 or abusive impact.

13 SECTION 6. *Creation of the Shaken Baby Awareness Advisory Council.* - The
14 Shaken Baby Awareness Advisory Council is hereby created. The Council shall be
15 composed of members appointed by the Secretary, not later than six months after the date
16 of enactment of this Act, including, to the maximum extent possible, one representative
17 each from:

18 A. Shaken Baby Awareness advocacy organizations, including groups formed by
19 parents and relatives of victims;

20 B. Child protection advocacy organizations;

21 C. Organizations involved in child protection and child maltreatment prevention;

22 D. Disability advocacy organizations;

23 E. Pediatric medical associations;

1 F. Professional associations or institutions involved in medical research related to
2 abusive head trauma;

3 G. Academic institutions;

4 H. Parenting support organizations, including those providing programs targeted
5 towards fathers;

6 I. Organizations who come in contact with families and caregivers of infants,
7 toddlers, and other young children; and

8 J. Other government agencies involved in child abuse prevention activities.

9 The Secretary shall, after consultation with the members of the Council initially
10 appointed by the Secretary, determine and establish the term of service on the Council
11 that shall apply to all current and future members. Any vacancy in the Council shall not
12 affect the powers of the Council, but shall be filled in the same manner as the original
13 appointment.

14 The Secretary shall terminate the Council when the Secretary determines, after
15 consultation with the Council, that it is no longer necessary to pursue the goals and carry
16 out the activities of the Council.

17 **SECTION 7. Meetings.** – The Council shall meet at least semi-annually:

18 A. To develop recommendations regarding the National Action Plan and effective
19 strategies; and

20 B. To develop recommendations related to support services for families and
21 caregivers of young children.

1 The members of the Council shall not receive compensation for the performance
2 of services for the Council, but shall be allowed travel expenses, including per diem in
3 lieu of subsistence, at rates authorized for employees of agencies under the law, while
4 away from their homes or regular places of business in the performance of services for
5 the Council. The Secretary may accept the voluntary and uncompensated services of
6 members of the Council.

7 Any government employee may be detailed to the Council without reimbursement,
8 and such detail shall be without interruption or loss of civil service status or privilege.

9 **SECTION 8. *Government Health Care Programs.*** – The Secretary, in consultation
10 with other appropriate departments and agencies, shall establish mechanisms to ensure
11 that government health care programs meet the requirements of Section 4.

12 **SECTION 9. *Initial Report to Congress.*** – Not later than six months after the
13 effectivity date of this Act, the Secretary shall submit to the appropriate committees in
14 the Senate and the House of Representatives a report that describes how the agency
15 intends to meet the following objectives:

16 A. Communicating the requirements of this Act to health insurance issuers, health
17 plans, and government health care programs;

18 B. Training government health care program employees to write in plain
19 language;

20 C. Meeting the requirement under Section 4;

21 D. Ensuring ongoing compliance with the requirements of this Act;

22 E. Enforcing the requirements of this Act pursuant to Section 6; and

1 F. Designating a senior official to be responsible for implementing the
2 requirements of this Act.

3 SECTION 10. *Appropriations.* – The amount necessary for the initial
4 implementation of this Act shall be charged against the appropriations of the Department
5 of Health under the current General Appropriations Act. Thereafter, such sum as may be
6 necessary for its full implementation shall be included in the annual General
7 Appropriations Act as a distinct and separate item.

8 SECTION 11. *Separability Clause.* – If any provision of this Act is held invalid or
9 unconstitutional, the same shall not affect the validity and effectivity of the other
10 provisions hereof.

11 SECTION 12. *Repealing Clause.* – Any law, presidential decree or issuance,
12 executive order, letter of instruction, administrative order, rule or regulation contrary to
13 or is inconsistent with the provision of this Act is hereby repealed, modified, or amended
14 accordingly.

15 SECTION 13. *Effectivity Clause.* – This Act shall take effect fifteen (15) days
16 after its publication in the *Official Gazette* or in two (2) newspapers of general
17 circulation.

Approved,

/apm8January2015