Heat-related Illness

When children are in a hot environment, they can get heat-related illness. The most common problem is dehydration.

Young children have more body surface area per pound of body weight than older children and adults. They get hot more easily and lose water faster by sweating than older children and adults.

Overheating may make people very thirsty. Other signs of heat-related illness include feeling very tired, headaches, stomachaches, fever and breathing faster than usual.

Children can die when left in a vehicle. When the outside temperature is 80 degrees, the inside of a vehicle will reach nearly 110 degrees in 20 minutes. It will be hotter than 120 degrees in 60 minutes. These temperatures can kill children.

Make sure that vehicle cooling systems work well. Check every seat in the vehicle before leaving it. Be sure that no child is left behind.

If it is hot, prevent heat-related illness with these measures:

- Have a heating, cooling, ventilation and air conditioning contractor check and fix building cooling systems to work properly. Maintain the cooling systems in vehicles.
- Provide drinking water wherever children are at play or in warm environments.
- Take breaks from active play to cool down.
- Wet clothing by spraying water mist from a spray bottle or have the children play in the water from sprinklers. The evaporation of the water helps to cool them.
- Provide shade for outdoor play areas.
- Set up a procedure to make sure children are not left in vehicles.

Flu Vaccine Is Required by PA Child Care Regulations

PA regulations require that children have vaccines recommended by the ACIP.* The ACIP is the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices. The ACIP recommends that everyone older than 6 months of age receive influenza vaccine.

The American Academy of Pediatrics recommends that child care programs control influenza with annual immunization for everyone older than 6 months of age, especially all teachers/caregivers.** ECELS urges programs to adopt policies and practices that require influenza immunization, hand hygiene, cough/sneeze etiquette, and minimizing crowding.

* The vaccine regulations of the Department of Public Welfare (DPW) and Department of Health (DOH) are: PA DPW Chapter 55 3270.131(e), 3280.131(e) and 3290.131(e) and PA DOH Title 28 § 27.77. These regulations require compliance with ACIP recommendations.

**The Quick Reference Sheet on page 111 of Managing Infectious Diseases in Child Care and Schools, 3rd edition, 2013.
Bug Bite Prevention

Summer is a time when many biting insects are most active. Mosquitoes, stinging insects and ticks are a problem. To minimize insect bites:

- Avoid bright colored clothing.
- Avoid any product that has an odor.
- Avoid stagnant water.
- Cover foods well.
- Watch for places stinging insects seem to have nests. Stay far away from them or have a pest-control professional get rid of them.
- Use insect repellent containing DEET to prevent insect-borne illnesses.

Ticks spread Rocky Mountain Spotted Fever and Lyme Disease in most areas of the United States. Mosquitoes spread viruses such as the West Nile virus. The newly introduced Middle East Respiratory Syndrome (MERS) started out as a viral disease of camels. Mosquito bites spread it to humans in the Middle East. Now infected travelers have started to bring the virus to other countries. The bites of local mosquitoes in these other countries can spread it.

Caring for Our Children 3, Standard 3.4.5.2 says “Insect repellents may be used with children in child care in areas of the country due to specific disease outbreaks and alerts.” If a health professional recommends using a repellent, DEET should be used for everyone but infants younger than 2 months of age. Do not use sunscreen-DEET products. You need to apply sunscreen more often than insect repellent.

Drowning

In the United States, every day, about 10 people die from drowning. About one in five are children 14 years of age and younger. Five times more children survive near drowning. Children 1-4 years of age have the highest drowning rates. Drowning is second only to motor vehicle passenger and pedestrian accidents as the highest causes of unintentional injury-related death.

Child drowning is related to lack of swimming ability, lack of barriers to prevent unsupervised water access, and lack of close supervision while swimming. Other factors are any location where water is available and failure to wear life jackets.

Lack of swimming ability: Children 1-4 years of age who receive formal, nationally approved swimming instruction are less likely to drown. All children should be taught to swim and to do so safely. Remember that even good swimmers need close supervision.

Lack of barriers: Child care providers should consider water activities desirable, but plan for safety. All bodies of water should have fences or other barriers that can’t be climbed.

Lack of Supervision: Water play for each child should be assigned to a specified adult. Drowning happens quickly and quietly in bathtubs, swimming pools, buckets, even where there are lifeguards.

Location: Many children drown in swimming pools. Mobile infants and toddlers can drown in buckets or toilets. Other risky settings for drowning are natural water areas such as small and large streams, lakes and oceans.

CPR performed by bystanders has been shown to save lives and improve outcomes in drowning victims. The more quickly CPR is started, the better the chance of improved outcomes. Make sure that all staff members who supervise children who have access to water can perform CPR.

For more information, go to: http://www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html
Oral Health Habits Learned in PA Child Care Programs

ECELS and PA AAP’s Healthy Teeth, Healthy Children conducted an online survey for early care and education programs as part of the February 2014 Dental Health Month. The purpose of the survey was to learn how child care programs were teaching and practicing oral health.

Over 300 early care and education practitioners responded to the survey. Most respondents were from center based programs. A smaller number were family child care practitioners and Head Start program teachers. Ninety-percent of the respondents were from programs participating in Keystone STARS.

Here are some highlights of how programs are promoting oral health:

- 87% reported including healthy food choices for meals and snacks.
- 85% reported showing and talking about healthy food choices.
- 81% reported reducing sugary snacks such as gummy bears, granola bars and cookies.
- 75% reported reducing juice intake for children.
- 47% reported they provide oral health education for children.
- Nearly 40% of the early care and education practitioners said they role model oral health habits for children in their program.
- Over 30% reported they help children brush their teeth after meals and snack.

Children learn how to take care of their teeth and gums when teachers model and include oral health practices as one of the daily routines. Children learn best about oral health routines from what their teachers do and have them do.

From the survey respondents, ECELS selected three programs to have a free onsite Cavity Kids professional development session. These programs were: Stepping Stones Children’s Center in Wexford, PA; Harrisburg Area YMCA; and A Rose Bush Child Care in Glen Mills, PA. The first twenty-five respondents to the survey received the book, “Happy, Healthy Teeth! A Guide to Children’s Dental Health.” All of the respondents received an online list of oral health resources.

The survey respondents noted some barriers to promoting oral health in their programs. These included: need for staff education, need for more support to implement activities, and the expense of conducting oral health activities.

ECELS can help reduce these barriers. Use the ECELS Oral Health Self-Learning Module (SLM) to educate staff members about oral health. It includes tools to implement oral health activities. Go to the ECELS website: www.ecels-healthychildcarepa.org. Select “Professional Development,” then “Self-Learning Modules,” and then “Oral Health.”

Also, ECELS offers technical assistance to help assess, improve and minimize the cost of oral health activities. Contact ECELS at 800/243-2357 or ecels@paaap.org.

Contributed by Libby Ungvary, MEd, ECELS Director with input from Bonnie Magliochetti, RDH, RN, Oral Health Program Director and Lauren Orsini, MPH, Oral Health Program Coordinator

First Aid Corner—Tick Removal

If you see a tick on a child – stay calm. Use a blunt, fine-tipped tweezers to remove it.

- Grasp the tick’s body as close to the child’s skin as possible. Pull the tick slowly and steadily out of the skin. Do not squash or break its body. Do not twist or jerk the tick.
- Wash the bite area with soap and water.
- Inform the parents/guardians you have removed a tick. Ask them to watch the bite area for a rash. Teachers/caregivers should check the bite area each day too.

The child needs medical care if a rash appears or the child becomes ill.
Health Integration in Early Care and Education Pays Off

Low income children enrolled more than 30 years ago in a high quality early care and education program grew up to be healthier and better achieving as adults. The Abecedarian Project reported long-term follow-up of children who were randomly selected to attend the Frank Porter Graham child care center from when they were infants to 5 years of age. The staff checked to be sure the children received recommended preventive health services. They provided good nutrition. They educated children, teachers and families about good health behaviors.

The study compared the status of the enrolled children with that of children who had access to typical community services. As adults in their mid-30s, the enrolled children were healthier. Fewer had high blood pressure and obesity. Also, they had a lower risk of heart disease, diabetes and stroke.

Frances Campbell, the lead scientist for the project said: “Good health is the bedrock upon which other lifetime accomplishments rest, and without it, other gains are compromised. Investing in early childhood programs has been shown to pay off in ways we did not anticipate forty years ago when the Abecedarian study was founded.”

A new 2 minute video called “Medical Compliance Starts at Birth” summarizes the findings. Go to http://heckmanequation.org/content/resource/medical-compliance-starts-birth for the video. To read more about the research, go to http://heckmanequation.org/content/resource/research-summary-abecedarian-health

Integrating health into early care and education promotes health and safety. It prevents lifelong health problems and saves health care costs. Every child care program should identify someone on the staff as a health advocate. This person may have other roles. She/he doesn’t need to do all the tasks, but should make sure that health and safety is properly addressed in the program. The staff member with the role of “child care health advocate” can be the director, a lead teacher or someone else who agrees to make sure health and safety are addressed in all parts of the program.

Child Care Health Advocate Course

Have a staff member who is designated health advocate for the child care program take the 3 college credit hour Child Care Health Advocate Course offered by Northampton Community College. For the past 7 years, early educators who have taken this course said they learned a lot. Their assignments enabled them to improve their programs during the course and to make plans for further improvements thereafter. For more information about how to register for the course, see the flyer listed under “News” on the ECELS home page at www.ecels-healthychildcarepa.org

Screening To Assess Development and Behavior

Screening young children’s development and behavior should be routine. Screening identifies children who need further evaluation to see if they have a problem. With early identification, children can receive services when they benefit the most from them.

Take a look at the new program Birth to 5: Watch Me Thrive! Federal health and education officials developed the program with support from the American Academy of Pediatrics. The website has extensive online resources with practical suggestions. Go to http://www.acf.hhs.gov/programs/ecd/watch-me-thrive.

The Birth to 5: Watch Me Thrive! Program will help families and providers:
1. Celebrate developmental milestones
2. Promote universal screening
3. Identify possible delays and concerns early
4. Support healthy child development

After reading the overview of the program, select the section which describes your role. The choices are early childhood education (ECE) provider, home visitor, families, early intervention service/early childhood special education provider, child welfare, primary care provider, behavioral health provider, housing and homeless shelter provider, and community.

(continued on page 5)
HVAC Summer Maintenance

Arrange for a Heating, Ventilation and Air Conditioning (HVAC) professional to check your system. Have this service annually, preferably before the hot summer months. A tune-up of the HVAC system can save money and make everyone more comfortable. Schedule another check of the system in the late fall, before the heating season.

The professional should clean key parts of the HVAC system. For summer, this includes flushing the drain pipe for the water that the HVAC system takes out of humid air. A clogged drain makes the unit work harder and less efficiently. In addition, the service should include cleaning the fan blades on the outdoor unit and removing the dust and other buildup from the indoor evaporator coil.

Check and change dirty disposable air filters once a month. Caring for Our Children, 3rd edition standard 5.2.1.8 requires changing disposable filters routinely at least every 3 months. Wash the reusable ones on the same schedule. A clean air filter can substantially reduce energy consumption. The Alliance to Save Energy says having a clean filter can lower an air conditioner’s energy consumption by up to 15%. In addition, the Alliance recommends keeping vegetation at least two feet away from the unit. This allows the unit to freely pull in air. Take away debris that may have fallen into and around the unit too. For more information, go to http://www.ase.org/resources/summer-hvac-maintenance-tips-save-energy-and-money.

Be sure you have a programmable thermostat. This relatively inexpensive device allows decreased use of the HVAC system when the building is not occupied. For warm months, set the thermostat to around 78 degrees F. That setting should be comfortable and will keep the humidity at a healthful level. The Alliance to Save Energy says that every degree you lower the thermostat for air conditioning costs about 1% more on your energy bill.

Check all the heating and cooling ducts, window and door seals to be sure you keep cool air in and hot air out when air conditioning. The HVAC system should turn over the volume of air in occupied spaces according to the recommended standards for the level of occupancy in your building. The air turnover standards are set by American Society of Heating, Refrigerating and Air Conditioning Engineers. To learn more about these standards, go to https://www.ashrae.org/about-ashrae/.

Open windows to allow fresh air into occupied spaces on days when the outdoor temperature is near the comfort level, and when pollen levels are not a problem. Enjoy the summer!

(continued from p.4 — Screening To Assess Development and Behavior)

The ECE provider’s section has good tips for “Talking to Families after an “at risk” screening result”. Here are some of the tips:

- Remind parents/guardians that screening does not give a diagnosis. An “at risk” screening simply indicates the child needs a more thorough evaluation.

- If screening identifies a concern, both a health care professional and an early intervention specialist should evaluate the child. Connect the family with their child’s health care professional for further evaluation. This health care professional may refer the child to a pediatrician, a family physician or nurse clinician with special training to address the concern.

Refer the child to the local early intervention service program. For children less than 3 years of age, this may be a separate agency. For children 3 to 5 years of age, contact the child’s neighborhood public school to connect with the early intervention service. In Pennsylvania, to help parents/guardians make an appointment for early intervention evaluation, call 1-800-CONNECT.

- Work with families to create a list of questions to ask the pediatrician and early intervention specialist as a result of the screening.

Contributed by Beth DelConte, MD, FAAP – ECELS Pediatric Advisor
Roxana Leon—SERK Child Care Health Consultant

Roxana Leon works as a Child Care Health Consultant (CCHC) at the Southeast Regional Key (SERK.) The role of the CCHC includes making site visits and collaborating with the facility’s staff members.

The SERK works with too many child care programs for Roxana to have an ongoing personal relationship with each facility. However, she provides valuable health professional advice to fellow SERK staff members and to child care providers who ask for help.

Roxana partners with STARS Technical Assistance Consultants and Infant Toddler Specialists at the SERK. They help Keystone STARS providers maintain their current STAR level or seek a higher level. She provides regularly scheduled in-person professional development workshops. Working with the SERK’s professional development staff, she planned and conducted a Health and Safety Mini Conference too.

Roxana is a Registered Nurse. She has a Bachelor of Science in Nursing from Thomas Jefferson University. As part of her education, she cared for children and adults at different types of health care facilities. These included Children’s Hospital of Philadelphia (CHOP), Philadelphia’s Health Care Center #2, Thomas Jefferson University Hospital and a senior living center. Before joining the SERK, she worked as a substitute school nurse.

The technical assistance and professional development that Roxana provides covers a range of health and safety topics. These include physical, oral, nutritional, and developmental issues related to the health and safety of children, families and staff members. As a certified CPR instructor, she teaches the pediatric first aid/CPR course of the American Academy of Pediatrics. This course is called Pediatric First Aid for Caregivers and Teachers or PedFACTs. She is a bi-lingual instructor, teaching in English and in Spanish.

Currently, Roxana is enrolled at Immaculata’s School Nurse Certification Program. She is an awesome professional and person to know. In addition to working at the SERK, she is the mother of infant twins.