TUBERCULOSIS
What Caregivers/Teachers Need to Know

Tuberculosis (TB) is a disease caused by the bacteria Mycobacterium Tuberculosis. TB usually affects the lungs, but it can affect other organs also. In the 1920s TB was the 8th leading cause of death in children between the ages of 1-4 years old. Thankfully, the incidence of TB has gone down and TB is a much less common disease today.

In 2004, 14,511 cases of TB were reported in the United States. This represents a 3.3% decline compared to 2003. Pennsylvania’s rate for TB infection is approximately 3 cases for every 100,000 people.

Usually, untreated adults with active TB disease in their lungs are contagious. Their cough can spread TB through the air. When the TB germ gets into someone’s body, it may cause disease right away or remain inactive unless another illness or age weakens the person’s immunity.

In children, tuberculosis infection of the lung is the most common type. Children with this form of TB usually do not have any symptoms or spread the disease. There are two easy ways to determine if a child has TB. First, a physician asks the child’s family to answer a detailed questionnaire about possible exposure to TB. In communities where the TB infection rate is low, this screening test is an appropriate first step to screen for TB risk. (If the child does not have any known exposure or risk factors for TB, then no further TB testing may be necessary.)

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The second step to screen for TB is called the Mantoux Test (pronounced “Man-Too”). In the Mantoux Test, a health professional uses a very fine needle and a syringe to place a small amount of a substance called Purified Protein Derivative (PPD) between the layers of the skin, usually on the forearm. PPD is a non-infectious material that checks for a reaction of the body to the TB germ. The health professional measures any induration (skin firmness) at the injection site in 48-72 hours. A pink or red color change of the skin does not matter.

Children and adults with any known exposures or risk factors for TB should have the Mantoux Test. These risk factors include:

- Contact with someone with confirmed or suspected TB disease
- Symptoms of TB disease
- Close contact with someone from an area of the world where TB is common (e.g. Asia, Middle East, Africa, Latin America)
- Travel to countries where TB is common
- Infection with HIV
- Exposure to people in prison, those who are homeless, residents of nursing homes or other institutions, illicit drug users, and migrant farm workers.

Please check with your local health department for specific local recommendations for TB screening.

Some countries use a vaccine to prevent TB, called BCG (Bacille Calmette-Guerin). People who have received BCG often have a scar in their upper arm. This vaccine is very effective in places where many people have TB. The U.S. does not use BCG vaccination.

Treatments for TB usually start in the hospital for infants with the disease. Most older children who have TB can be treated at home with medication. The treatment is usually one to four types of pills or liquid medicine. Treatment may last for 9-12 months. The medicine must be taken for the full amount of time to cure the TB.

For more on national guidelines related to TB and child care, see two publications available in hard copy from the American Academy of Pediatrics bookstore at www.aap.org: In Caring For Our Children, National Performance Standards for Out-of-Home Child Care, see standards 6.014 and 6.015 (Electrically available at http://nrc.uchsc.edu.) In Heath in Child Care, A Manual for Health Professionals, see Appendix E, p. 489 for current national recommendations on TB screening for child care staff. At this time, PA DPW child care regulations §3270.151, §3280.151 and §3290.151 require facility persons to have Mantoux testing at initial employment and every two years.

Children in child care may need to take medicine while they are away from home. Everyone involved in giving medication at child care should have special training from a health professional on the risks and skills involved. ECELS offers a workshop on “Safe Medication Administration” that teaches how to avoid serious errors.

Here are a few tips on giving medicine to children:

- Never guess at how much medicine to give. Be sure to read any labels. Check what the parent wrote on the child’s medication administration form and what the doctor’s note says for the correct amount.
- Infant drops are stronger or more concentrated than liquid medicine. Be especially careful to check the amount of medicine in milligrams and the volume that you should give.
- When giving medicine to infants, use a syringe or oral dropper that has volume labels on it. Fill the device with the correct dose, then slowly squirt the medicine into the inside of the infant’s cheek.
- Never put the medicine in a feeding bottle. It is too difficult to know if the child got all of the dose.
- It is OK to add a little sugar (1/4 to 1/2 teaspoon) to a toddler’s medicine to make it taste a little better. Do this in a small cup, and then put a little water in the cup for the child to drink after the medicine — to be sure no medicine is left behind.

Some children with ear infections do not require antibiotic treatment. A recently published scientific study tested a “watchful waiting” approach. In the study, the children were diagnosed with an ear infection by a health professional, had temperatures under 101.5 °F and no other complicating condition. Parents received a prescription for an antibiotic, but agreed to fill it only if the child’s symptoms got worse or did not improve. Only 31% of the parents filled the prescription. All of the children got well! Decreasing unnecessary use of antibiotics helps keep germs from developing resistance to them.

For a Fact Sheet on Ear Infections, see p. 57 in the book: Managing Infections in Child Care and Schools. At the end of 2004, ECELS used a PA DPW grant to send a copy of this book to all PA licensed centers. Providers in DPW-regulated group and family child care homes may use the order form on p. 7 of this issue of Health Link to request a free copy of this book, while supplies last.
Q: Are artificial sweeteners safe to give to children?

A: Aspartame, known by the trade name of Equal or Nu-trasweet, contains phenylalanine. This is harmful to children with the condition called phenylketonuria or PKU. No harmful effects have been reported in children who don’t have PKU who consume aspartame.

Sucralose is known commercially as Splenda. It does not contain phenylalanine, and has not been reported to cause harmful effects.

Q: Is it safe for children to sleep in strollers?

A: Strollers are not manufactured and marketed as infant or toddler sleeping equipment. Children should sleep in clean, individual, age-appropriate rest equipment. (See PA DPW regulation § 3270.106, § 3280.106, § 3290.106.)

Some children may fall asleep in stroller while out on a walk. When the child returns to the child care facility, the teacher/caregiver should gently move the child to appropriate sleep equipment.

Inulin is a new artificial sweetener. It is made from chicory. It is high in fiber. No harmful effects of inulin have been reported.

Saccharin was introduced in 1979. It has been shown to cause cancer in animals, but has not been shown to do so in humans.

Children may startle and move suddenly in their sleep. Even if the child falls asleep while out for a walk, keep the safety strap fastened when a child is in the stroller!

Here are some “best practice” recommendations for sleep:

- Infants should be placed on their backs on a firm mattress or pad in a crib, always. No bed sharing!
- Toddlers should sleep on individual firm mats with washable covers.
- Preschoolers should also sleep or rest on firm mats with washable covers.

See Standards 5.144 and 5.145 in Caring For Our Children for further guidance. The full text of all the national health and safety standards is available at http://nrc.uchsc.edu

STOP SECOND-HAND SMOKE EXPOSURE

ECELS has a self learning module that you can use to prepare for the Great American Smokeout in November. Learn how to protect children from disease caused by second-hand smoke. This self-learning module contains information and support materials to help smokers quit. It includes the American Cancer Society’s preschool Smoking Prevention Package with video and activities for children. Pennsylvania providers may order this self-learning module from the website, or request it by email, fax, or phone. Successful completion earns 2 hours of PA Pathways (K7C2-Topic Code 84) training credit.

The Clean Air for Healthy Children Program of the PA Chapter of the American Academy of Pediatrics offers training to early education and child care providers as well as health professionals. The training teaches how to counsel smokers to quit, and to decrease exposure of pregnant women and children to second-hand smoke. It also helps caring adults learn how to identify the level of readiness of smokers for stage-appropriate messages on quitting smoking. Learn about resources for families and the free PA Quit Line, 1-800 Quit Now. Clean Air for Healthy Children training can be provided at a child care facility or for more than one facility at a central location. Once some of their staff have received training on how to teach parents and other family members, sites will have access to educational handouts for families. To schedule a training, call 800-375-5217.

See Standard 8.038 in Caring for Our Children at http://nrc.uchsc.edu
Stuttering can be mild, as when a child occasionally repeats sounds more than twice or hesitates when speaking. Sometimes stuttering is severe. Many children will outgrow stuttering, but some children may need speech therapy to help them become more fluent. For the preschool child, stuttering is often a phase in development. It occurs when the brain can think of words faster than the mouth can produce the sounds.

Here are 3 tips from the Stuttering Foundation of America to help a child who stutters:

1. Speak to the child in an unhurried way, pausing frequently. If you speak slowly, the child will feel less pressure to get his or her words out.
2. Instead of asking questions, try commenting on what the child has said. You can also use gestures and facial expressions to show the child you are listening. This doesn’t pressure the child to ‘answer’ you.
3. Offer the child a few minutes during the day with one-to-one time. This will provide a quiet, relaxed situation for the child to speak freely.

For much more information and useful materials on stuttering, go to the website www.stutteringhelp.org.
NAEYC: Accreditation for Quality Improvement

Accreditation identifies better quality performance. The National Association for the Education of Young Children (NAEYC) operates the largest accreditation system for center-based programs. The National Association for Family Child Care accredits home-based group care. Families recognize accreditation as a measure of quality.

NAEYC has more than 10,000 accredited centers. Independent studies show that NAEYC accredited centers perform better than those that are only state licensed. Usually, programs start by using accreditation requirements for a self-study. Most can improve. When the program is ready to be accredited, an outside observer comes. The organization uses the observer's findings to decide whether the program meets the threshold for approval.

NAEYC is updating its accreditation system in 2006. First, a “reinvention” commission recommended changes for the process. Then an Accreditation Commission revised the standards and criteria. At the December 2005 annual meeting, NAEYC will release new self-study materials. Look for the updated standards and accreditation news on the NAEYC website at www.naeyc.org.

NAEYC-accredited programs must meet 10 standards. Five of the standards directly impact on children. These are: Relationships, Curriculum, Teaching, Health, and Assessment of Child Progress. The other five are: Teachers, Partnerships with Families, Community Relationships, Physical Environment, and Leadership and Management.

Whether or not they are seeking accreditation, most providers need to improve health and safety. Many get low scores on the health and safety items in the Environmental Rating Scales. One of the new health criteria for NAEYC accreditation requires at least two on-site visits each year by a health professional for all programs. Programs that serve infants and toddlers must have health consultant visits at least 4 times a year. ECELS-Healthy Child Care PA recruits and supports health professionals to be Child Care Health Consultants. Check the ECELS website for more information about child care health consultants, www.ecels-healthychildcarepa.org.

Another health criterion for accreditation mirrors PA regulation 3270.131. This requires documentation that all children are up-to-date for preventive health care as recommended by the American Academy of Pediatrics. ECELS maintains privacy-protected software to check health records called WellCareTracker™. It is simple to use from any computer with access to the Internet. The authorized user enters the dates from the child health records that parents bring to the center. The software prints out reports listing any missing services and services that will be due soon. Parents can take the report to their child’s doctor to fill any gaps. Go to www.wellcaretracker.org to learn more about how you can use WellCareTracker™.

ECELS helps center-based and home-based providers figure out how to improve health and safety with affordable solutions. ECELS also works with the new PA Early Learning Keys to Quality system to establish linkages between providers and local Child Care Health Consultants. Check the Internet websites in this article, call the ECELS Help line at 800-24-ECELS, or send an email to ecels@paaap.org to find out more.

Submitted by Beth A. DelConte, MD, FAAP
Did you know ...

- Children whose mothers smoke during pregnancy have an increased risk for developing asthma?
- Half of the children in the world are regularly exposed to tobacco smoke in their homes?
- Infants exposed to second-hand smoke have higher hospitalization rates than infants who aren’t exposed?

The good news is...

- Many parents quit smoking
- Parents who take a firm stance against smoking help prevent smoking by their teenagers
- 79-94% of schools in the United States have a zero tolerance program for smoking

The surgeon general’s office offers guidelines to help smokers kick the habit. For more information and support, go to www.surgeongeneral.gov/tobacco/.

State Government Works on SECCS

SECCS stands for State Early Childhood Comprehensive Systems. The federal Maternal and Child Health Bureau awarded each state a grant to develop a “comprehensive early childhood system that promotes the health and well-being of young children, so they will be ready and able to learn at school.” The grant includes two years of planning funds. Then the federal agency will provide 3-5 years of implementation funding. In Pennsylvania, the PA Department of Health, Bureau of Family Health administers the SECCS grant.

The PA Department of Health brought together representatives of state government, local parent and child advocacy groups, child care leaders and health care providers to discuss what Pennsylvania can do. The grant has five areas of focus. Here is a brief description of these areas:

1. Access to a "medical home" – The medical home is not a place. This term describes an approach to health care that ensures care that is accessible, coordinated, comprehensive, compassionate, family-centered, continuous, community-based and culturally competent. A medical home provides such care in an environment of trust and mutual responsibility.

2. Mental health and social-emotional development – Many parents and providers have questions about the behavior of some children. They wonder whether the child requires special management. A mental health group is seeking ways to improve resources and services to address the mental health needs of infants and young children.

3. Early care and education services – Quality early education is not available to many families. The newly created Office of Child Development is working across state agencies to improve early care for PA children.

4. Parent education – Many private and public resources are available to help parents learn about better parenting. Finding out which resource may be most helpful and how to access it can be difficult. The SECCS grant is a means to address these concerns.

5. Family support services – Family access to resources to reduce stress varies across the state. The SECCS grant is being used to explore ways to increase help to families, and to reduce financial and health insurance problems.

All professionals involved in the care of children need to work together and share information. None of us has enough resources to do the job by ourselves. By working together, we can help children remain healthy and become great learners.

Submitted by Beth A. DelConte M.D., FAAP
Handy Resources

Media Matters

Media Matters is a national public education campaign launched by the American Academy of Pediatrics in 1997. The information provided on the AAP web pages help everyone who cares about children become more aware of the influence that media have on child health. Television, movies, computer and video games, Internet, advertising, and popular music are influencing what children learn about tobacco, alcohol and other drugs; aggression and violence; sex and sexual exploitation; obesity and poor nutrition. For more information, go to [www.aap.org](http://www.aap.org) and type “Media Matters” in the search box. For older children, learn how to teach them to analyze the media with critical thinking. For younger children, use the web links on the Media Matters web pages for sources of reliable reviews and ratings of movies, videos and other media that may be inappropriate.

BOO!

Each year, on the last night of October, millions of children across the U.S dress-up in costume for Trick or Treat fun. Make sure costumes and celebrations are safe, fun and a healthful learning experience. The holiday started as a Celtic ritual. Then Romans and Christians modified the meaning to celebrate what they valued. At [www.historychannel.com/exhibits/halloween/](http://www.historychannel.com/exhibits/halloween/) you’ll find information about the origins of the holiday, the great pumpkin, and even a few ghost stories! Explore this site to find out the true history!

REQUEST HEALTH AND SAFETY MATERIALS AND TRAINING

(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

Materials  (One copy per organization, by mail; first-come-first-served, while supplies last)

To receive the material listed below, check the box and mail the form with a self-addressed mailing label to: ECELS-HCCPA, PA AAP, Rose Tree Corporate Center, Bldg. 2, Ste. 3007. 1400 N. Providence Rd., Media, PA 19063.

- Great American Smokeout Month (brochures)
- Toys—Tools For Learning (brochure)
- Managing Infectious Diseases in Child Care and Schools (This Quick Reference Guide is a 158-page book with reproducible Fact Sheets that was sent to all DPW-licensed centers at the end of 2004. Only PA regulated family child care and group home providers may order the book at this time, while supplies last.)

Health & Safety Training Opportunities

See the training brochure enclosed with this issue. ECELS training is part of the child care training system. Look for a scheduled session on the PA Pathways website at [www.papathways.org](http://www.papathways.org). You may also schedule on-site workshop training, and request self-learning modules or videos from ECELS by using the request forms at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org), by sending an email to ecels@paaap.org, or by calling 800-24-ECELS (800-243-2357.)

Workshops: Organize a group of providers who want training on a specific topic, provide a space for training and ask ECELS to arrange for the trainer and training materials.

Self-Learning Modules: Use these 23 independent study tools to learn and earn training credit when and where you find it convenient. One of the modules gives Directors 0.3 CEU from the University of Pittsburgh.
Children Love Fairytales!

Children love stories with princesses and princes, castles and kingdoms, and marriage themes. We all know many traditional fairytales such as Cinderella, Robin Hood, and the Princess and the Pea. Reading to children is a good way to foster literacy and stimulate discussion that fosters socio-emotional health. Here are some new twists on these well-known themes.

The Persian Cinderella by Shirley Climo is the story of Settareh. She loses her diamond anklet at the prince’s festival. Cendrillon by Robert D. San Souci is about a Caribbean Cinderella. Just Ella, is a tale of a strong woman who finds that living in the palace isn’t all it is cracked up to be! Visit your local library to find and explore books with new and exciting twists on favorite fairy tales!

Changes at ECELS

Due to the end of federal grants and reduced funding from PA DPW, Nurses Eileen Bradley and Sandy McDonnell will reduce their time with ECELS to work on special projects. Project Assistant Nancy Starr is now working with other programs of the PA AAP. Pediatric staff time has been reduced and divided among three Pediatric Advisors.

ECELS is improving access to useful materials by posting more items on the ECELS website, www.ecels-healthychildcarepa.org. Please let us know how you like the new website and new options for telephone callers. Also, ECELS is working with the new PA Early Learning Keys to Quality system to encourage child care providers to increase their use of competent sources of technical assistance and training on health and safety.

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