SIDS Update

Since 1992, the American Academy of Pediatrics has recommended that infants be placed to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS). According to the National Center for Health Sciences, SIDS is the leading cause of death for children in the United States between one month and one year of age. The condition is rare during the first month of life, peaks between 2 and 4 months old, and then declines. African American infants have a SIDS rate over two times the national average and they are twice as likely to be placed on their stomachs as white infants.

Also, although many parents may know about the recommendation, many child care workers do not follow back-sleeping practices. In a 1998 telephone survey, ECELS learned that more than half of the center directors in PA reported that their caregivers used tummy, side or some combination of sleep positions when they put babies down to sleep. Reported practices of family child care providers were a little better than that described by the center directors.

Some people fear babies will choke (aspirate) when they sleep on their backs. There's been no increase in aspiration or

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complaints of vomiting with the change to placing babies to sleep on their backs. Aspiration is a very rare cause of infant death. Infants should not be put to sleep on waterbeds, sofas, soft mattresses, or other soft surfaces.

**SIDS Update**

Soft materials or objects such as pillows, quilts, comforters, or sheepskins, should not be placed under an infant. Soft materials such as pillows, stuffed toys, or soft bumper pads that are not tightly secured to the crib rails can block infants’ airways, even if they are lying on their backs. These articles should be kept out of an infant’s bed.

The risk of SIDS is higher for infants who are back-sleepers at home, but who are put to sleep on their stomachs in child care. Back-to-sleep should be used for all babies. Children who can roll to tummy or side position without help after being put to sleep on their backs can safely stay in the tummy or side position.

A certain amount of “tummy time” is good while infants are awake. Tummy time helps infants develop their back, neck and arm muscles and avoids flat spots on their heads. Flat spots also can be avoided by placing babies in different directions in the crib each time they are put down to sleep—but still on their backs. That way, as the baby turns toward light or activity while lying down, the head won’t get molded by the pressure of lying in the same position all the time.

A study by the American Academy of Pediatrics in August 2000 estimated that 20% of SIDS deaths occur in child care settings.

This means caregivers should not use gadgets designed to maintain sleep position or force the child’s head into different positions. None of these have been sufficiently tested for safety or effectiveness. Also, they may restrict normal movements that make children comfortable during sleep.

A study published by the American Academy of Pediatrics in August 2000 estimated that 20% of SIDS deaths occur in child care settings. Child care providers should place babies on their backs every time they put infants down to sleep. It is not advisable to honor a parent’s request for a sleep position other than back-sleeping UNLESS it is accompanied by a physician’s written instructions. Keep in mind that while the “back to sleep” national recommendation is NOT a PA DPW regulation, it is recommended by the American Academy of Pediatrics, US Consumer Product Safety Commission, the US Department of Health & Human Services, and many experts.

For more information on safe sleeping, and SIDS prevention, check out the National Institute of Child Health and Human Development’s website at www.nichd.nih.gov and click “Back to Sleep” or call 800/505-CRIB to order free brochures, door hangers, magnets, and a SIDS prevention video in English or Spanish. Visit the Consumer Product Safety Commission’s website at www.cpsc.gov and type in “SIDS” using the search option, or log on to the American Academy of Pediatrics’ website at www.aap.org and type in keyword “SIDS.” Use the ECELS Order Form on page 7 for a copy of the CPSC’s “Child Care Safety Checklist.”

- Adapted, in part, from materials published in/ by AAP; CPSC; Caring For Our Children, 2d
September 11th Anniversary

Helping Children Cope with Traumatic Events

To mark the one year anniversary of the terrorist attacks on America, there has been repeated coverage of the event and a lot of commentary on TV and radio. These scenes may upset family members, especially children as they “re-live” the events of September 11, 2001.

To help children cope with this or other traumatic events, Dr. Mary Margaret Kerr, Director of Outreach Services for STAR-Center, a program funded by the Commonwealth of Pennsylvania, shares the following information:

We say that a person has experienced or witnessed a trauma when he or she has been exposed – firsthand or indirectly – to an unexpected event that seriously threatened, injured, or killed someone. The key elements of a trauma according to the American Psychiatric Association are unpredictability, helplessness, fear and horror.

Unpredictability means that the event caught the person by surprise. Being caught off guard and vulnerable is distressing. How distressing depends on the event itself and the child’s direct exposure, temperament, previous experiences, maturity, knowledge, and supports.

For example, young children often experience events as traumatic because they do not yet have the information and experience to anticipate situations. As a result, they may find a normal situation (like getting an x-ray) to be stressful because they have never experienced it before. Over time, most children overcome their fears. Maturity and experience prepares us for many situations that might otherwise surprise us. On the other hand, a disaster can initially overwhelm even the most mature person because it is too shocking to manage. Ways children may react include:

♦ Being upset with changes in routine.
♦ Needing to control what happens.
♦ Wanting more frequent communications with parents and caregivers.
♦ Asking questions repeatedly to get information about what will happen next.
♦ Depending on routines at child care and at home.
♦ Nervousness and being easily startled.
♦ Being less willing to try unpredictable social situations or new experiences.
♦ Moodiness and anger.

Helplessness is the partner of scary surprises. Trauma victims need to regain control. Empowering them is the goal. For example, a caregiver offers a child choices whenever possible: “You can take a nap, or you can close your eyes and listen to the music. It is OK to cry. Do you want to keep your stuffed animal with you?”

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**September 11th Anniversary**

Children feeling helpless often react in these ways:

- Irritable when not given choices or power in decisions.
- Bossy with family and friends.
- Critical of others.
- Stubborn and inflexible.
- Children may show off or exhibit risk-taking behaviors.

Fear is a natural reaction to the horror a child experiences during a trauma. Each child will respond according to past experiences, age, cognitive ability, and emotional maturity. The experience of trauma is individual — what may terrify one child may be manageable for another. Children who have experienced fear and horror may show their fears in reactions such as:

- Inability to concentrate.
- Poor appetite.
- Being frightened by darkness, monsters, strangers, or reminders of the event.
- Anxiety when separated from parents or caregivers.
- Demanding reassurance and attention.
- Nightmares and other sleep disturbances.
- Fascination with morbid details of the event.
- Acting out aspects of the event in imaginative play.
- Questioning repeatedly about details of the event.

Other signs of acute stress include general anxiety, withdrawal from others, and not wanting to engage in favorite activities.

In summary, it is important to become familiar with the signs of acute stress reactions so you can spot problems requiring special treatment or support. Help children regain control over their immediate world through the restoration of routines and activities. Reassure them with messages that directly address their fears. Remind them that their reactions are normal and that many other children are feeling the same way. Let them know that their powerful and sometimes confusing feelings will become easier to manage with time, especially with the help of parents and caregivers.

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**Acetaminophen**

...and other Over-the-Counter Medications

Acetaminophen is an over-the-counter (OTC) remedy (common brand name: Tylenol®). Parents often give this medicine to children for pain, fever, or other symptoms without advice from health care providers. The American Academy of Pediatrics (AAP) has a policy to help keep acetaminophen safe and effective for children. Some parents use too much of this drug. Some think that if a little acetaminophen works well, more will work even better. Just because acetaminophen is an OTC medication doesn’t mean it is risk-free. According to the AAP, signs and symptoms of acetaminophen intoxication can include nausea, vomiting, abdominal pain, and liver failure. US regional poison control centers treated more than 10,000 cases of acetaminophen overdose in 1997.

The AAP now recommends that pediatricians give parents specific written information about acetaminophen dosage, frequency and strength, i.e. infant, junior, or adult-strength. Unless the parent or doctor correctly calculates equivalent doses, substituting alternative dosage forms can be dangerous. Many OTC cold and cough preparations contain acetaminophen, and the simultaneous use of more than one such product may lead to an overdose.

ECELS has always advised caregivers to get a doctor’s instructions for dose, frequency, form, and duration before administering OTC medications to a child. Caregivers should also get instructions regarding which conditions or symptoms must be present before they are to administer the medication. Refer to the “Medication Policy” section of Model Child Care Health Policies for more information on getting physicians’ instructions for medication administration. For a copy of the policy, use the ECELS Order Form on page 7.
Holiday Gift-giving

Toy Safety

Toys are fun to give and to receive! Toys are included in most children’s play activities. Play promotes children’s work - to learn and grow in mind, body and social skills. Proper toys can become learning tools, but toys that are not right for a particular child can be harmful.

As the end-of-the-year gift giving season approaches, it’s a great time to do an inventory of the toys you already have in your child care home or facility, and to think about the safety aspects of the new toys you might want to add to your program.

Toy Safety Tips

• Be careful when purchasing toys on the Internet - You can’t examine the toys for dangerous parts. And according to the PA Public Interest Research Group (Penn PIRG), the hazard labels that must be on toy packages by law if sold in stores are not required to be provided on the Internet.
• Check electrical toys for shock or burn hazards.
• Make sure that toys do not have lead or toxic materials in them.
• Ensure that commercial art supplies used meet American Society for Testing and Materials (ASTM) standards (Caring For Our Children, 2d ed., 3.038).
• Avoid latex balloons or toys / games that contain latex balloons in child care. (Caring For Our Children, 2d ed., 3.038).
• Some polyvinyl chloride (PVC) toys that children mouth may still contain chemicals known as phthalates. Diisononyl phthalate (DINP) is used to make PVC softer. Phthalates are thought by some to be toxic/cancer-causing, and have been banned in some European countries. Many U.S. toy manufacturers have phased out the use of phthalates in their teething toys. In its 1998 report, the CPSC stated that the amount of DINP children might ingest does not reach a level that would be harmful. For a list of toy products that contain phthalates, visit www.pennpirg.org, click “News Room” followed by “Trouble in Toyland.” For CPSC information on phthalates, visit www.cpsc.gov.
• PennPIRG reminds us to be careful when considering the purchase of bin toys. Many retail stores, especially party stores, drug stores, and dollar stores sell unpackaged toys in bins.
• Keep the following toys / items away from children under the age of 3: toys or objects with removable parts with a diameter less than 1 ¼ inch and a length less than 2 ¼ inches; balls that are smaller than 1 ¾ inches in diameter; toys with sharp points and edges; plastic bags; Styrofoam objects; coins; rubber balloons; safety pins; marbles; other small objects. (Caring For Our Children, 2d ed., 5.087).
• Prohibit projectile toys in child care. (Caring For Our Children, 2d ed., 5.090).
• Keep strings and cords that are long enough to encircle a child’s neck inaccessible to children in child care. (Caring For Our Children, 2d ed., 5.160).
• PennPIRG suggests that if a toy sounds too loud in the store, don’t buy it. Children are even more sensitive to sound than adults. The CPSC has limited the noise that toy caps and guns may make to 138 decibels but has not established safe noise regulations for other toys.

ECELS Book Review

Do you have children in your care who are experiencing the divorce of their parents? *I Don't Want To Talk About It* by Jeanie Franz Ransom is a lovely picture book to read to children affected by divorce. This thirty page book addresses children’s fears related to divorce. It compares a child’s living / visiting in separate parent houses with a robin that has two places to live: the south in the winter and the north in the summer.

At the end of the book, appears a section written by psychologist Philip Stahl, PhD, who explains to parents and caregivers some typical behaviors of children experiencing divorce: small regressions, toileting accidents, playing with toys meant for younger children, the use of immature language, irritability, forgetfulness, etc. Dr. Stahl offers concrete suggestions for children who are concrete thinkers. For example, for children who do not understand the concept of visiting “every other weekend,” Dr. Stahl recommends the use of a schedule or calendar with colors or letters to designate where the child will be and when.

The hardcover version of this book is available for $14.95; the soft cover book sells for $8.95. For ordering information, contact the American Psychological Association at 800/374-2721 or visit www.maginationpress.com.

FLU vaccine

For the 2002-2003 flu season, the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP) recommend influenza vaccine for the following groups involved with child care programs:
- All children (and adults) with a chronic illness that could put them at increased risk for complications of influenza.
- All children 6 months through 23 months of age.
- Caregivers of children in the two groups above.

Children who are receiving the vaccine for the first time will need two doses of vaccine to be protected and should receive the first dose in October.

For more information, check out the “Flu Shot” flyer insert included with this issue of HEALTH LINK.

The "I Buckle Up for Me and My Child" slogan and logo - two hearts, one wrapped with a lap and shoulder belt and the other with a 5-point harness - were developed to remind parents and adults to properly wear their seat belts whenever traveling in a vehicle. Parents may be very conscientious about placing their infant in a car seat but many times, do not buckle up their older children or themselves. The “I Buckle Up …” exit sign is an 8.5” X 11” card stock sign caregivers can post at the door of the child care facility to remind parents to wear their own seat belt, as well as to buckle up their child. Use the ECELS Order Form on page 7. (Limit two signs per facility).
Web Wandering?

Looking for some interesting websites you can share with preschoolers and school-aged children in your care? Each issue, HEALTH LINK will spread the news about health and safety websites we’ve found and ideas on how to get kids involved.

Did you know that the average American eats about 147 pounds of sugars a year? Sugary snacks taste so good but aren’t good for your teeth or for your body. The National Institute of Dental and Craniofacial Research of the National Institutes of Health says that candies, cakes, cookies, and other sugary foods between meals can cause tooth decay … Many sugary foods have a lot of fat in them too. And items like brown sugar, honey and molasses react with bacteria to produce acids (powerful enough to dissolve enamel on teeth) just like refined table sugar does! Limit sweet snacks. Use fruit as a routine dessert after a meal and celebrate special occasions with fun activities instead of sweet, high fat foods.

Check out the “Snack Smart for Healthy Teeth” webpage at www.nidr.nih.gov/health/pubs/snaksmt/text.htm. Have the older children in your care scan the “Be choosy” list of non-sugary, low-fat snacks and help you plan menus for the upcoming months!

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ECELS ORDER FORM FOR PRINT MATERIAL
(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

Please use this form to order any brochure listed below. Check the box beside the items you would like and return the form to PA AAP, ECELS, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

Brochures/Handouts: One copy per organization

- “Child Care Safety Checklist”
- Medication Policy from Model Child Care Health Policies
- “Toy Safety Tips”
- “Toys: Tools for Learning”
- “I Buckle Up for Me and My Child” sign (two signs per program)

ECELS’ Training Opportunities: see insert for a list of opportunities for workshops and self-learning modules (SLMs).

ECELS’ newest SLM now available: “Promoting Oral Health in Child Care”

Name: ____________________________________________________________________________

Organization: ______________________________________________________________________

Address: __________________________________________________________________________

_________________________________________________________________________________

City: _____________________________            State: __________         Zip: _____________________

Area Code and Telephone #:  ________________________________________________________

E-mail address (if you have one): _____________________________________________________
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♦ Helping Children Cope with Traumatic Events
♦ Acetaminophen
♦ Toy Safety
♦ Flu vaccine and insert
♦ Child Care “Best Practices”

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Child Care “BEST PRACTICES”

Do you have a child care success story to share? Have you completed a health and safety project? Solved a health and safety problem? Tried a new approach to improving health or decreasing hazards in your family child care home or facility? Maybe you have a relationship with your health care consultant you want to brag about? Let ECELS know!

Each issue, HEALTH LINK will feature the most creative ideas submitted by child care providers. ECELS will award a free copy of the six-part video series, Caring For Our Children and the 2nd edition of the corresponding national health and safety standards book to those whose ideas we publish. The videos are great for training staff, and nice to show at parent-teacher events too! The standards text Caring For Our Children, 2d edition is a reference that every program director should consult for information on “child care best practices” and why they should be done.

Send your stories to “HEALTH LINK Editor” at 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010 or email paaap@voicenet.com. If you email your story, please write “Child Care Best Practices” in the caption.