Checking Up on Chickenpox

Child care providers should make sure children’s health records are complete. This should include checking that the children’s immunizations are up-to-date according to the recommendations of the American Academy of Pediatrics (AAP).

Since 1995, the American Academy of Pediatrics has recommended the varicella (chickenpox) vaccine for children over 12 months of age who have not had chickenpox. The recommended time for the single dose vaccine is between 12 and 18 months of age. For children who have not had chickenpox and are between 18 months and 13 years of age, one dose of vaccine is recommended as well.

HEALTH AND SAFETY CALENDAR

Use the calendar to plan ahead.

November

- **Election Day November 4th:** Lead children in a nutrition election activity. Paste pictures of healthy and unhealthy foods on flash cards or poster board. Help children “vote” for good food choices.
- **National Diabetes Month:** See the article about diabetic children in child care of this edition of HEALTH LINK.
- **The Growing Years Health and Nutrition Conference:** November 18, 1997 at the Carnegie Science Center, Pittsburgh. For more information, contact the Dairy Council Mid-East at 412/367-9120.
- **Food Safety:** If you are planning a Thanksgiving meal, call the USDA Meat and Poultry Hotline at 800/535-4555 for information on safe turkey preparation.

December

- **Holiday Hazards:** Trim the tree with colorful ribbons and bows. Avoid tinsel, angel hair, and breakable ornaments. Snow scene globes are generally non-toxic but the liquid inside can be contaminated with bacteria. The propellant in snow sprays can be toxic if inhaled.
- **Poison Prevention:** Keep decorative plants out of children’s reach. Although the leaves of a poinsettia are not particularly poisonous, the berries of a holly plant or mistletoe are toxic. Call your local poison control center for more information.

January

- **Evacuation Drills:** Start the New Year off right by testing your drills under adverse conditions. Plan drills at lunch time, nap time, or when parents are dropping off or picking up children at the child care facility. Plan how to evacuate in bad weather too.
Federal Regulation of Immunization Documentation for Subsidized Child Care

Health & Human Services Secretary Donna Shalala announced proposed federal child care regulations to require immunization of young children in group care. The reason for the rule is to get children immunized on time.

The proposed federal rule will emphasize the obligation of the parent to document up-to-date immunization to receive subsidized child care. It will apply to all subsidized child care providers, including care that may be exempt from state licensing.

This new effort to reach children through child care is accompanied by a comprehensive Childhood Immunization Initiative which eases the burden of immunization for parents. New immunization services are available to provide vaccines for low income and uninsured families. Improved vaccines and new methods of vaccine use should ease the burden of immunization. The new DTaP has fewer side effects and doctors are being urged to give as many vaccines as the child needs whenever the child is available, including at sick visits.

The drive for full immunization should not overshadow the need for other preventive services. Children should receive screening for growth, development, vision, hearing, anemia, lead, and blood pressure at recommended intervals. Early and periodic screening preserves the potential for a healthy life.

REFERENCES?

If you or parents want to look up what the pediatric experts say about child health issues, the American Academy of Pediatrics has books for you...

Caring for Your Baby and Young Child includes the best advice most pediatricians would give parents. It discusses physical, cognitive, social and emotional milestones for birth to five years of age and includes common illnesses of childhood and what to do about them. The Academy’s newest book, Guide to Your Child’s Symptoms, helps you identify a child’s symptom, learn its possible cause, and how to take action. While you can buy these books in bookstores, the Academy offers a discounted direct sale price for one copy and further discounts for multiple copies. To order, call 800/433-9016.

Lots of good health and safety information is being posted on the Internet now. ECELS is posting Fact Sheets, HEALTH LINK issues, the catalog of our free Audio-Visual Lending Library and much more. Use the Internet to find interesting information for bulletin boards, staff and parent meetings. The ECELS web address is <http://www.voicenet.com/~paaap/> From the ECELS website, there are “hot links” to lots of other web sites with good child care information. The national Academy’s web address is <http://www.aap.org> Look there for news on child health issues, parent education resources, and national policies on child health issues.

To learn more about the Internet, check out the article in this edition of HEALTH LINK.
A Diabetic Child’s Needs in Child Care ...

The Top Ten

1. Check my blood sugar when my parents and doctor ask you to. It is the easiest way to know what’s going on inside my body. Blood sugar testing is fast, easy, and safe. It can help prevent serious problems like low blood sugar and long-term complications like blindness.

2. Know the signs and symptoms of low blood sugar. If I am acting unusually hungry, cranky, uncoordinated, shaky, pale, or am crying, sweating, or refusing to play for no apparent reason, check my blood sugar as soon as possible.

3. If my blood sugar is too low (below whatever level my parents and doctor specify), feed me right away! I don’t need a lot of food - just half a cup of juice or a small box of raisins (check my special care plan). Let me rest for about 15 minutes and then check my blood sugar again.

4. If I lose consciousness due to low blood sugar, don’t try to feed me. I might choke on anything you put in my mouth. Activate EMS; call my parents and follow the instructions on my special care plan.

5. Try to feed me on time. Delaying my meals and snacks may cause my blood sugar to go too low.

6. Let me play just like the other kids. My blood sugar level can rise too high if I don’t get enough exercise. On the other hand, keep an eye out for low blood sugar when I exercise a lot.

7. Never deny me toilet privileges! High blood sugar caused by diabetes can make me have to urinate more than usual. I don’t like wet pants!

8. Learn to recognize the warning signs for high blood sugar: drinking a lot, urinating a lot, tiredness, and possibly an upset stomach. Check my blood sugar if you suspect that it may be too high.

9. If my blood sugar is too high (over the level my parents and doctor specify), make sure I get plenty of sugar-free drinks. If my blood sugar is very high, please call my parents.

10. Except for my special care plan, please don’t treat me differently just because I have diabetes. I am no better or worse than anyone else. I just have to take extra care of myself so I can laugh and play and cry and eat just like my friends do. It means a lot that you care enough to help me have a safe and fun time at child care!

- Gary Scheiner, MS, CDE
Integrated Diabetes Services, Merion, PA
Car Seats and Field Trips

Your state law may require children to ride in approved car seats. The law may also apply when child care providers transport children on field trips. The problem is that there have been over 400 car seat models sold since the federal motor vehicle safety standard went into effect in 1981. There are at least 27 different safety belt systems and over 1000 vehicle seat configurations.

Car seats must be used exactly as the car seat manufacturer and vehicle manufacturer instruct. Often the car seat and the vehicle are incompatible. Special buckles and locking clips may be required to do the job right. Follow these steps to reduce your facility’s liability:

Specify in your policies whether the facility or parents will provide car seats for field trips. In either case, make sure car seats have not been recalled, have never been in a crash, have all their parts, and are properly installed according to the instructions provided by both the car seat and the vehicle manufacturer. The car seat shouldn’t move from side to side or back and forth. It must be virtually embedded into the vehicle’s seat cushion. Sometimes a locking clip is required to hold the car seat in place.

If parents drive on field trips, have an organizational meeting early in the school year to discuss which parents will drive which children. Explain that the facility cannot ensure that car seats have been placed correctly in drivers’ cars. Parents should find out whether their car seats will work in the car of their child’s driver before the day of the field trip. On the day of the trip, parents should install their child’s car seat themselves in the drivers’ cars. Remember ... over 90% of car seats are misused. Misuse increases the risk of injury and death. Urge drivers to be sure they have done everything right before transporting someone else’s child.

Place all children in the back seat. Children should not sit in a seat protected by an airbag and many vehicles have airbags that are hard to detect. Make it your facility policy that no children ride in the “shotgun” position in the front seat.

- - Lorrie Walker, MS, TIPP Coordinator

Surfing the Net

The Internet … “a network of networks, tens of thousands of computers connected in a web, talking to one another through a common communications protocol” -- Ayre 1994

There are several ways to access the Internet. A dial-up modem is one of the most frequently used ways to get on line. You will need a personal computer (PC), a modem connected to a telephone line, and an on-line service such as America Online, EROLS, or Compuserve. There are many other independent service providers with Internet access as well. These service providers will mail all necessary software and instructions you'll need to install and configure your system. They usually include a list of local telephone numbers needed to access the Net. In some cases, it might be better to have a telephone line “dedicated” for your computer modem. Having a second telephone line will eliminate the inconvenience of not being able to make or receive calls while you’re surfing the Net.

The speed of a modem significantly affects the amount of time you’ll spend receiving and viewing information on the Net. A modem that runs at 2400 or 9600 bps may be too slow; a modem speed of 14400, 28800 or higher is preferable. You’ll also want at least 16 megabytes of Random Access Memory (RAM).

Another way of accessing the Net is via a Local Area Network (LAN). This modality is usually more complicated and requires a considerable amount of hardware and resources. Usually government offices, universities, and large corporations have this type of set-up.

Many local and college libraries also have Internet access. The type of set-up varies and there may be limitations on use. Contact your local library for more information and get surfing!

- - Victor Alós, DMD
Regional Dental Consultant
HHS Region III
The National Pediculosis Association (NPA) recommends that schools and child care facilities launch a head lice prevention campaign. Don’t wait ’til there is an outbreak at your facility to start thinking about prevention.

Lice are insects that feed on the blood of their host. They lay eggs attached to the hair near the scalp. The NPA says that the manual or mechanical removal of lice and nits from the hair is crucial no matter what treatment regimen is chosen.

The NPA recommends the following head lice management program:

- Educate in advance of outbreaks
- Break down stigmas and myths
- Learn how to identify lice and nits
- Encourage routine lice screening
- Promote early detection
- Institute a “No Nit” policy
- Identify lice killing products as pesticides
- Comb regularly as part of routine hygiene
- Discourage the use of environmental sprays and lindane-containing products
- Stress the importance of removing lice and all nits from children’s hair

To help staff and parents, the NPA is selling a new, reusable comb device called the LiceMeister™. This tool is a big improvement over the formerly recommended popsicle stick method to screen for nits. Also, parents will find the LiceMeister™ helps a lot with making children nit-free. Many of the chemicals used to kill lice and nits are no longer fully effective. Those clever bugs are becoming resistant to all types of pediculocides. Avoid repeated use of these poisons on children by combing out all lice and nits the first time the child receives treatment. Keep combing to get out any resistant lice, late-hatching nits, or reinfesting insects. To make the job easier, recommend short hair cuts.

For more information, contact the NPA at 617/449-NITS or check out their Website at <www.headlice.org> To order the LiceMeister™, call 888/LICEMEISTER.
ECELS BOOK REVIEW

Children with Disabilities, 4th edition, is a 900+ page text that covers topics such as:
- learning disabilities
- autism
- cerebral palsy
- seizure disorder
- vision and hearing impairments
- feeding and nutrition for children with disabilities
- and many others

Written by experts in children’s disabilities and edited by Mark L. Batshaw, MD, a specialist in child development and rehabilitation, Children with Disabilities introduces the reader to genetics and heredity in a very understandable way. The book is full of helpful tables, graphics, and photos. Each chapter includes learning objectives, explanations of important issues (key words are bolded and defined in the glossary), and several case studies that illustrate the disability discussed in the chapter.

Health consultants and caregivers who care for children with special needs will benefit from having this comprehensive resource book handy. For ordering information, contact Paul H. Brookes Publishing Company, P.O. Box 10624, Baltimore, Maryland 21285-0624.

Call 800/638-3775 or e-mail: <custserv@pbrookes.com>
ECELS Q & A

Q: Is it OK for a pregnant or breastfeeding caregiver to have a TB skin test?

A: ECELS health consultant Barbara Watson, MB, ChB, MRCP, DCH, Associate Director of the Tuberculosis Control Program for the City of Philadelphia Department of Health responds:

"Pregnancy and breastfeeding do not alter the clinical presentation of tuberculosis. However, given the increased incidence of pediatric tuberculosis, it is important to identify the mothers who may be infected. Pregnancy and lactation do not measurably affect the response to a tuberculin skin test. Nor has there been any evidence of adverse effects on women or their babies from TB skin tests.

It is important that infected women are identified in pregnancy and when they are breastfeeding so others may be protected from the source case that infected the mother, if the mother does not have the disease herself."

Q: What is the correct use of diaper rash cream? We find that parents apply it to baby’s skin that has not been cleaned first, apply it excessively, and want us to apply it more than we think is necessary.

A: Diaper creams may be helpful for children whose skin breaks down easily, but is unnecessary for those who have never had any problem with diaper rash. If a cream is needed, it should be applied generously over freshly cleaned skin the first time. Subsequently, the top layer of cream can be removed until a clean level is reached. A thick layer of cream can be reapplied after the top soiled layer is removed at this level. Vigorous cleaning to remove all the diaper cream previously applied can cause further injury.
IN THIS ISSUE:

- Chickenpox Update
- Diabetes
- Car Seats
- The Internet