WEST NILE VIRUS

The PA Department of Health has confirmed the presence of West Nile virus in birds and mosquitoes in a number of counties across the Commonwealth. Human positives have been reported in Philadelphia and Fayette counties. The disease was identified in the United States in 1999. Previously, West Nile virus was found only in Africa, Eastern Europe and West Asia. West Nile virus is a mosquito-borne disease that can cause encephalitis, or a brain infection. Mosquitoes acquire the virus from birds and pass it on to other birds, animals and people. In 1999, West Nile virus first appeared in New York. For the first time, in the summer of 2000, Pennsylvania found the virus in mosquitoes, birds and a horse. West Nile virus cases occur primarily in the late summer or early Fall, although the mosquito season is April through October.

Mosquitoes spread this virus after they feed on infected birds and then bite people, other birds and animals. It is not spread by person-to-person contact and there is no evidence that people can get the virus by handling infected animals. Anyone can contract the virus, but older adults and people with compromised immune systems are at highest risk of developing the disease.

There is no specific treatment for West Nile virus infection, or a vaccine. While most people fully recover from the virus, in some severe cases hospitalization may be needed.

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WEST NILE VIRUS
(Continued from page 1)

What are the symptoms?
People with mild infections may experience fever, headache, body aches, skin rash and swollen lymph glands. People with more severe infections may experience high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, occasional convulsions and paralysis.

Mosquitoes
There are about 60 different species of mosquitoes in Pennsylvania. While most do not transmit West Nile virus, several mosquito species have been found to transmit the virus.

Mosquitoes lay their eggs in stagnant water around the home. Weeds, tall grass, shrubbery and discarded tires also provide an outdoor home for adult mosquitoes. By eliminating places for mosquitoes to breed, we can go a long way to prevent West Nile virus.

Chance of getting West Nile virus
“The chance of contracting West Nile virus from an infected mosquito is small,” PA Surgeon General Robert Muscalus has said. “And even if an infected mosquito bites you, your chances of becoming seriously ill are small.” Nonetheless, to avoid mosquito bites, Dr. Muscalus recommends the following:

• Make sure screens fit tightly over doors and windows to keep mosquitoes out of your home;

• Consider wearing long-sleeved shirts, long pants and socks when outdoors;

• When possible, reduce outdoor exposure at dawn and dusk during peak mosquito periods (usually April through October);

• Use insect repellents according to the manufacturer’s instructions. An effective repellent will contain 20 percent to 30 percent DEET. Avoid using products that contain more than 30 percent DEET, since high concentrations may cause side effects, particularly in children. Insect repellents should not be applied to children under 3 years of age.

Editor’s note: the American Academy of Pediatrics says that repellents appropriate for use on children should contain no more than 10 percent DEET because the chemical, which is absorbed through the skin, can cause harm. The concentration of DEET varies significantly from product to product, so read the label of any product you purchase. Also, remember NOT to apply insect repellent to children’s hands. Children with insect repellent on their hands may put their hands in their mouths or eyes by accident. Put the repellent on your own hands, then apply to children.

- For more information on the West Nile virus, call 877-PA-HEALTH toll-free.
- To check surveillance maps and see what’s happening in your Pennsylvania county, visit http://www.westnile.state.pa.us/
- To read more about West Nile virus, access the website of the Centers for Disease Control at http://www.cdc.gov/
- For an EPA fact sheet on applying insect repellents safely, and a information sheet on reducing mosquitoes, use the ECELS Order Form on page 7 or check out http://www.epa.gov/pesticides/citizens/insectrp.htm

- Adapted from fact sheets and news releases of the PA Department of Health, the Centers for Disease Control, the Environmental Protection Agency, and the American Academy of Pediatrics.
**EMSC UPDATE**

Many thanks to the health professionals, including paramedics and emergency medical technicians (EMTs), who contributed their time and talent over the past year to the Child Care Risk Reduction Initiative, also known as the Emergency Medical Services for Children (EMSC) PA Safe Child Care Project.

Through their efforts, more than 100 child care centers across 18 selected counties received invaluable support, information and training.

The PA Safe Child Care Project focused on these major health and safety areas: emergency preparedness, injury prevention, reduction of illness, and first aid training.

So far, volunteers have trained 173 providers in first aid (using the PA AAP First Aid Course for Child Care Providers), and ECELS has received commitments from 16 health professionals to become permanent consultant/trainers for their assigned child care facilities.

Nine of the 16 consultant/trainers went on to become ECELS trainers, and are eligible to receive reimbursement for their training time from grant funding. The data collected as a result of this project will allow ECELS to develop programs to help child care centers.

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**ECELS READERS LEARN MORE ABOUT:**

**Pennsylvania Pathways - Tools for Lifelong Learning**

To do a job well, you need to have the right tools. Whether it’s cooking or carpentry, having the appropriate tools and knowing how to use them can make the difference between failure and success. Even in a professional career, the proper tools are essential companions to skills and expertise. A career in child care and education demands its own set of skills and areas of knowledge, if child care professionals are to provide the best possible care to our children. For the tools to help you apply your skills and knowledge in the best way, you can turn to the Pennsylvania Pathways professional development program. Pennsylvania Pathways offers two valuable tools to help you on your path to success: the Core Body of Knowledge (CBK) and the Professional Development Record (PDR).

The Pennsylvania Core Body of Knowledge for early childhood and school-age caregivers is a tool you can use when planning your professional development. The CBK is a document that outlines what caregivers need to know and be able to do when caring for children. Areas of knowledge include child growth and development; environment, curriculum, and content; families in society; child assessment; communication; professionalism and leadership; and health, safety, and nutrition. When you refer to the CBK, you can see which knowledge areas are strengths for you and which areas need attention.

Health, safety and nutrition is a Core Body of Knowledge area that needs your attention on an annual basis. ECELS may assist you as you improve your knowledge in this area. You might complete a self-learning module or schedule a health consultant to present a workshop onsite at your child care facility. Select from topics that include: asthma, food allergy, inclusion of children with special health care needs, preventing injury during active play, caring for the caregiver, and more! The Pediatric First Aid Course for Child Care Providers was updated in March, 2002. This 5-hour course meets the DPW’s requirement (every 3 years) for first aid training.

A tool that complements the CBK is the Professional Development Record. While the CBK allows you to assess your professional knowledge, the PDR is the document in which you record your training and credentials. The advantage of the PDR is that it allows you to record everything in one place—your professional development information, the knowledge and skills you’ve acquired through experience and training, and plans for your future career development.

The PDR is divided into four sections, each allowing you to record information in an organized, logical way:

- **Section 1, Employment History**, is the place to record your past and present places of employment. There is space to list all agencies, organizations, and child care facilities where you’ve been employed, as well as the time period of your employment, position or title, and salary.
♦ In Section 2, Professional Development History, you can record your educational degrees and certifications, including the type of training hours or credits earned, as well as awards and achievements and any clearances you may have. This is also the section for detailing the training and other professional development you’ve completed. When recording your training, the Core Body of Knowledge also comes into play. For each training course you’ve taken, you can refer to the CBK, determine which competency area your training covered, and record that information in Section 2.

♦ Section 3, Core Body of Knowledge/Competency Areas, also goes hand-in-hand with the CBK. This section is divided into the seven knowledge areas found in the CBK. For each knowledge area, the specific knowledge and skills, or competencies, that caregivers need are defined and described.

♦ The final section of the PDR, Section 4, Professional Development Training Plan, provides a form for you to record and evaluate what you accomplished in the past year and to formulate your professional development plan for the coming year. It’s recommended that you use this form each year so that you can determine whether you achieved your professional training goals. In addition to columns for recording specific information, the form provides space for personal comments and reflections on your professional achievements, goals, and plans.

When you keep your PDR up to date, it will serve as a personalized record of your growth and development as a child educator and caregiver—an active document that you can use as a tool for lifelong learning.

For more information about PA Pathways, visit www.papathways.org, call 800/492-5107, or email them at papathways@kurc.org.

- - Adapted with permission from the original article by Krista Weidner that appeared in Child Care Concepts, newsletter of the PA Child Care / Early Childhood Development (PA CC/ECD) Training System, PA Pathways Program.

Our bodies create a tremendous amount of internal heat. We normally cool ourselves by sweating and radiating heat through the skin. Under certain circumstances, such as unusually high temperatures, high humidity or vigorous exercise during hot weather, this natural cooling system may begin to fail. The result may be heat illness. Some sources describe three types of heat illness: heat cramps, heat exhaustion, and heatstroke.

Heat cramps are brief, severe cramps in the muscles of the leg, arm or abdomen that may often occur during or after vigorous exercise in extreme heat. Heat exhaustion can occur when a child in a hot climate or environment has not been drinking enough fluids. Symptoms can include: dehydration, intense thirst, fatigue, weakness, and clammy skin. There also may be headache, nausea, and/or vomiting, hyperventilation (rapid breathing), or irritability.

Heat stroke, the most severe form of heat illness, is a life-threatening emergency. Factors that increase the risk for heat stroke include overdressing and extreme physical exertion in hot weather.

First Aid for heat illness
♦ Move the child from the hot spot to a cool place immediately. Encourage the child to rest.
♦ Give water to drink every 15 minutes.
♦ If the child’s body temperature is elevated, cool the child by: moving the child to a cooler place, air-conditioned, if possible; applying cool wet towels; soaking the child in lukewarm water; removing as much of the child’s clothing as possible; wetting the child’s skin with cool water, then fanning the child to hasten evaporation.
♦ Call EMS (911) if the child shows no improvement in 15 minutes, starts vomiting or has a temperature above 101 degrees F.

- - Adapted from an article by June Cuddihy and Chris Wasson that originally appeared in The Nursing Corner, May 7, 2001.

For an American Academy of Pediatrics first aid chart, use the ECELS Order Form on page 7.
The Role of Attachment in Transitions and Separation

One of the most important factors in understanding how children experience transition and separation is that of attachment.

Attachment begins even before babies are born, and is influenced by many factors, including the babies’ environment, caregiving experiences and their own temperament. The most important factor is the capacity to develop a sense of trust in their world and the people around them. The relationship between their temperament, their world and the way that caregivers respond to them is what continuously shapes the course of infants’ development.

When babies are consistently given care that is sensitive and predictable, they learn that people can be trusted. Securely attached infants will grow up to be confident and capable of healthy relationships with other human beings. On the other hand, babies who have a poor sense of trust and attachment tend to be very mistrusting of others and are likely to feel incompetent in various aspects of their lives.

Babies form an emotional attachment with their primary caregiver (usually the mother) at about six to eight months of age. Other people, such as child care providers, can also be very important attachment figures for children.

**Attachment = Bonding**

Positive bonding occurs when babies’ needs are met consistently. For example, when babies cry, caregivers should immediately respond by attempting to soothe the babies by rocking or holding them. Next, try to determine what is causing their distress. For instance, if the baby is hungry, the caregiver feeds him or her. The repetition of this cycle soon conveys a very important message to the baby - that his needs are important, and he can expect that he will be taken care of in a nurturing and consistent way. This is the beginning of trust and attachment.

“Separation anxiety” is actually a natural “next step” for children who have bonded successfully with the parent. So when a 10 month old infant reacts to her mother leaving by crying, her tears of protest are quite normal and healthy! However, because she has also had the opportunity to form an attachment relationship with you, the child care provider, you will probably notice that you are able to soothe and calm her within a few minutes because she has learned to trust you as well.

Children who cannot be comforted as easily during these transitions, or who remain inconsolable for greater periods of time, may require a lot more time, patience and understanding. But even most of these children are soothed eventually with consistent, warm caregiving efforts.

Remember that “how you are is as important as what you do” especially when it comes to helping children through transitions. And don’t forget to give yourselves a generous, well-deserved pat on the back for all that you do to nurture these young children in your care!

--- Adapted from the original article by Patti Lucarelli, RN, MSN, CPNP which appeared in the Summer 2001 issue of Child Care Chronicle, a publication of Child Care Services of Monmouth County, Inc., a NJ child care resource and referral agency.
**JUICE …**

How much is too much?

Water is a better routine drink than fruit juice and fruit drinks. While 100 percent fruit juice contains healthful nutrients, too much juice can cause problems. Since fruit drinks are mostly sugar water, stick with 100 percent fruit juice if you are going to serve juice to the children in your care. The key is to limit fruit juice to no more than four to eight ounces a day.

Too much juice displaces other foods from a child’s diet, causes diarrhea, abdominal pain and bloating, and even failure to thrive. Years ago, doctors suggested pear, apple and grape juices for children with diarrhea, but these popular juices often made diarrhea worse. They contain sorbitol that acts like a sponge, holding water in the gut that the body would otherwise absorb for hydration.

Remember, children are great observers of what adults do. If you eat or drink where a child can see you, be sure you are a good role model. Eating nutritious food, and having pleasant conversation with the children during mealtime helps develop good lifetime eating behaviors. Drinking plenty of water during the day keeps everyone well-hydrated, ready to handle the heat, and fend off infectious disease.

For a fact sheet that compares nutritional content and price of popular drinks, use the ECELS Order Form on page seven. Check out the Order Form for other nutritional materials too!

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**ECELS Book Review**

365 TV-Free Activities You Can Do With Your Child is a terrific little book chock full of games, brain-teasers, educational activities and just plain fun to share with children of all ages. Each activity is featured on a different page representing every day of the year. In the margin of each page, you’ll find a short list of supplies needed to complete the activity, so you can tell at a glance if you’re equipped to try that activity on any given day! Also in the margin are safety reminders such as “small parts - tooth picks - required” or “scissors - adult use only.”

School-aged children will enjoy “Chicken Scratch”, an ingenious code-writing activity, or “Chisanbop”, a Korean method of using fingers and fists to create lightning-fast calculators. Preschoolers can try the “Grid Game” as they learn to identify shapes and textures, and use their large muscles at the same time. Toddlers will love “Kitchen Camping” and age-appropriate variation of “Rule for the Day.”

365 TV-Free Activities has a wonderful index at the back of the book where you’ll find each activity grouped under headings such as “Indoor Play”, “Tire ‘em Out”, and “Older Kids’ Play” so you can find the type of activity you’re looking for immediately without paging through the entire book.

Another nice feature is the Table of Contents, arranged not only alphabetically by activity name, but by icon also. You could even photocopy and enlarge the icons, glue them to cardboard, and use them as flashcards for younger kids to use to pick activities. Creating the flashcards would even be a nice project for the after-school children in your care to work on.

Try 365 TV-Free Activities not only as a means to cut down on TV viewing, but as a wonderful way to stimulate kids’ creativity and expression. For ordering information, contact Adams Media Corporation, 260 Center Street, Holbrook, MA 02343 or call 800/872-5627.
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.

Summer is here - time to protect your skin! According to the National Safety Council (NSC), one in seven Americans will develop skin cancer in his or her lifetime. Solicit the help of the school age kids in your care as you spread the word about sun safety. Have them check out the National Safety Council’s Environmental Health Center website at www.nsc.org/ehc/sunsafe.htm. Preschoolers will enjoy activities such as circling the hats that provide the best sun protection. Older children can work through sun safety mazes and crossword puzzles.

Try an activity to demonstrate which time of day the sun is at its strongest. Using sidewalk chalk, have one child trace the shadow of his partner. Check out the “UV Index” link on the NSC’s website—you’ll learn that if your shadow is taller than you are, in the early morning and late afternoon, your UV exposure (ultraviolet rays) is likely to be low. If your shadow is shorter than you are, around midday, you are being exposed to high levels of UV radiation. Seek shade and protect your skin and eyes.

Web Wandering?

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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:  ECELS’ Training Opportunities: see insert

One copy per organization

- Insect repellent /mosquito information
- First aid chart (one copy per organization)
- “Think your Drink” fact sheet
- “Get Up & Grow” nutritional materials

Name: ____________________________________________

Organization: ______________________________________

Address: __________________________________________________________________________

City: _____________________________            State: __________         Zip: _____________________

Area Code and Telephone #:  ________________________________________________________

E-mail address (if you have one):

_________________________________________________________________________________
Meet ECELS Staff!

This issue ECELS introduces you to Project Assistant Sandy Sandos. Sandy is helping ECELS staff conduct a health and safety survey of child care facilities across the state. She also works on providing child care facilities with health consultants, helps with mailings, data collection / entry, and completes ECELS Order Form requests!

Before coming to ECELS, Sandy worked as a project coordinator in the field of market research (medical and pharmaceutical project studies). Sandy has always been active in issues regarding children’s health; as president of her local PTA, Sandy was the driving force in starting the first after-school latchkey program in the Springfield Twp., Montgomery county public school system.

Welcome Sandy!

Sandy Sandos

IN THIS ISSUE:
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♦ EMSC Update
♦ PA Pathways
♦ Preventing Heat Illness
♦ Transitions and Separation
♦ Juice
♦ Insert: 2002 Immunization schedule

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