HEALTH AND SAFETY CALENDAR
Use the calendar to plan ahead.

February

Check that all children arrive and leave the child care facility safely buckled up. For a buckle-up photo magnet, complete the order form on page 7.

National Children’s Dental Health Month: To prevent early childhood caries (ECC) or baby bottle tooth decay, never put a child to bed with a bottle. Introduce a cup by 6 months of age, and encourage the transition from bottle to sippy cup by 12 months of age. For a colorful fact sheet on ECC, use the order form on page 7.

March

National Poison Prevention Week: March 19-25, 2000. The Central PA Poison Center has received reports from local schools that kids are inhaling solvents from saturated shirt sleeves during class. Protect your school-aged children from inhalant abuse. Check out the National Inhalant Prevention Coalition’s website at <www.inhalants.org> or call 800/269-4237 for a free video while supplies last.

National Nutrition Month: Offer kids healthy shakes made with low fat milk, juice, and frozen yogurt. For recipes and a free milk shaker, use the order form on page 7.

April

Easter Eggs: Refrigerate eggs immediately after cooking and dying. The US Department of Agriculture reminds you to time your Easter egg hunt to make sure eggs are not out of the refrigerator for more than 2 hours if they will be eaten. Remind parents to hide eggs early on Easter morning before children wake up, rather than the night before. Hard-cooked eggs are still good to eat for up to a week if they are kept in the refrigerator. If in doubt, throw them out.


Asking about ...

Asthma

About 10-12 million Americans have asthma. More than 5.6 million of these individuals are children under the age of 18. Since 1984, asthma has increased by 80 percent among school children and 160 percent among preschoolers. Chances are you already care for children in your program who have asthma. Even if you don’t now, you most likely will in the near future.

Respiratory Basics

When children breathe normally, a large, strong muscle in the chest called the diaphragm contracts and moves down. When the diaphragm moves down and the muscles of the chest lift the ribs, the chest volume becomes larger. This expansion makes the pressure in the chest less, so air flows in through the nose or mouth, travels down the throat, and enters the trachea (windpipe). From there, air flows down the two main branches of the respiratory “tree”: the bronchi. From the bronchi, air continues to travel b smaller branches called bronchioles, and finally winds up in air sacs called alveoli. In the alveoli, oxygen moves from the air into capillaries (tiny blood vessels). Once in the blood system, oxygen is carried to all body tissues.

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Carbon dioxide, a waste product of respiration, moves from the capillaries into the air in the alveoli and is released when we let our chest muscles relax to exhale. When the chest expands and the chest pressure drops during inhalation, the walls of the air tubes move out, widening the tubes slightly. During exhalation, the opposite occurs and the tubes narrow slightly.

**What is Asthma?**

Asthma is a respiratory disease that occurs when the breathing tubes narrow in response to some irritating condition or substance that is called a “trigger.” Asthma is sometimes called Reactive Airway Disease (RAD) because the breathing tubes “react” by becoming narrow and clogged in response to triggers. Common triggers are colds, exercise, pets, pollen, strong odors, cigarette smoke, cold air, and allergens. When exposed to a trigger, the muscles that surround an asthmatic child’s bronchioles tighten, narrowing the air passage. Extra mucus is produced, and the lining of the bronchioles swell. During an asthma episode, a child may cough and wheeze. Wheezing is a high-pitched whistling sound made when air tries to squeeze through narrowed breathing tubes. Since the air tubes narrow when we breathe out, wheezing is usually louder when the child breathes out than when the child breathes in.

**Triggers**

The most common asthma triggers in early childhood are respiratory infections, such as colds, ear and sinus infections. The second most common triggers are irritants such as tobacco smoke, smoke from fireplaces or woodstoves, chemical fumes, cleaning agents, strong perfume, and other odors. Another common trigger is the excrement of the dust mite, a microscopic insect that lives in fabric in our environment and feeds on the skin cells that we shed all the time. Cats, dogs, rabbits, gerbils, guinea pigs, hamsters, and birds can be asthma triggers. Mold is a trigger also.

To prevent asthma, identify triggers that affect a child’s asthma and reduce or eliminate them. Seasonal pollens, exercise, temper tantrums, and excessive laughing or crying all can start or worsen an episode of asthma. While you can reduce the exposure to pollens by using an air conditioner, keeping children indoors all the time or trying to keep them from exercising or getting excited should not be necessary. By using asthma medications properly, most children can lead a normal life with normal activities.

**Monitoring Symptoms and Peak Flow Readings**

Children can have less trouble with their asthma if health professionals work with parents and child care providers to use an asthma care plan. By identifying a child’s triggers and early symptoms, adults can help asthmatic children stay well. All caregivers should keep track of symptoms such as cough and wheezing during sleep and wake times. This information is key for adjustment of medications. The asthma care plan should include when and how to

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**Immunization Updates**

**Rotavirus:** In the Summer edition of HEALTH LINK, we told you that clinicians had been asked to suspend administration of the rotavirus vaccine, pending further study. Vaccine experts suspected a problem with the vaccine when the routine reporting system detected a few cases of intussusception during the first few weeks after babies received the vaccine. (Intussusception is a blockage caused when one part of the intestine telescopes in on itself.)

In October, Wyeth Lederle announced the company was withdrawing the only rotavirus vaccine on the market, RotaShield. The company asked doctors to return all doses of the vaccine.

**Immunization Schedule:** The new 2000 national immunization schedule is enclosed with this issue of HEALTH LINK. Use it to be sure all children in your care are up-to-date.

**New Two-Year Calendar:** Use the PA
Laughter is Good Medicine!

Don’t forget about the “funny bone” when it comes to your health. Research has demonstrated the benefit of laughter on human health.

In the late 1970s, Norman Cousins wrote a book called Anatomy of An Illness. His book talks about the value of laughter in helping people with serious medical illness. Cousins says, “Laughter is internal jogging.” Indeed, scientists can measure laughter’s beneficial effect. When a person laughs:

- heart and blood pressure rise briefly, then fall below their original measurement.
- production of the hormone cortisol is inhibited. Cortisol regulates the immune system and is involved in the metabolism of protein, fats and sugars.
- white blood cell production is stimulated (white blood cells are those that fight infection).

You can “build up” and “work out” your sense of humor. This does not mean that you have to learn how to tell great jokes or go to a comedy club every weekend. Here are some easy ideas to practice:

- Stick up funny one-liners on the bathroom mirror or refrigerator.
- Collect jokes to share with family members, friends and age appropriate jokes for children (avoid sarcasm and ridicule).
- Hang around people who make you laugh.
- Use props to support your giggles when you may need them the most, such as wearing a red clown nose when things aren’t going too well, or keeping bubbles in your car to use when stuck in traffic.
- When you feel a chuckle coming on, don’t suppress it. Give in to laughter! Enjoy and exercise your funny bone.

“Everyone uses the expression, ‘Someday we’ll laugh about this.’ Why wait?” says Joel Goodman, EdD, director of the HUMOR Project. The HUMOR Project is one of many organizations that promote the positive effects of laughter through publications, motivational training, individual counseling, research and grants. Hospitals and nursing homes are also joining the “laughter is good medicine” trend by setting up “humor rooms” and “humor carts.” Humor carts pass out a joke or two along with required medications.

Remember, laughter is one of the body’s built-in tools. Perspiration is a tool that helps our bodies to cool-off in hot weather; laughter helps us to cool-off emotionally.
all aboard!
don’t miss your train(ing)!!!

15 Training Opportunities to do on your own ...

ECELS now maintains a library of fifteen self-learning modules. Most self-learning module kits contain a video, print material, a self-test or other means to successfully complete the module, and a training credit & evaluation form. You can earn one, two, or three hours of child care training credit, depending on which self-learning module you choose. Please note that once you receive credit for completing a module, you cannot complete the module a second time for additional credit.

ECELS has self-learning modules on the following topics:

- Immunization checking - 1 hour of training credit
- Active Play - 2 hours of training credit
- Menu Planning - 2 hours of training credit
- Family Child Care Health & Safety - 2 hours of training credit
- Lead Poisoning - 1 hour of training credit
- Model Child Care Health Policies - 3 hours of training credit
- Fire Safety - 3 hours of training credit
- Bloodborne Pathogens - 2 hours of training credit
- Second-hand Smoke - 2 hours of training credit
- Illness in Child Care - 2 hours of training credit
- Asthma - 2 hours of training credit
- Motor Vehicle Transportation - 2 hours of training credit
- Food Allergy - 2 hours of training credit
- Sun Safety - 2 hours of training credit
- Back To Sleep (SIDS prevention) - 1 hour of training credit

Start the new year off right by checking the training credit requirements for yourself and your staff. Self-learning modules are a great way to learn about child care topics without leaving your home! No winter weather concerns or training fees to worry about! Use the form on page 7 to order a self-learning module.

4 Workshop Training Opportunities ...

ECELS is now offering on-site workshop training on the following topics:

- Asthma
- Back To Sleep (positioning for infants in child care)
- Managing Illness
- Food Allergy

Training will be available for groups of at least 15 child care staff. Network as necessary with home-based and other child care staff to gather the minimum group. You’ll need to send in a non-refundable fee for each participant once ECELS identifies an instructor for your training. To request...

Update on First Aid Training ...

ECELS staff know child care providers need help to get much-needed pediatric first aid training. ECELS has begun to field test a new 5 hour First Aid Workshop - getting ready for a project that ECELS will implement in Pittsburgh in May 2000 and in Philadelphia in October 2000. Child care centers in the project areas will receive a special invitation to apply to participate in the project. Soon, ECELS will start to build a network of first aid trainers for other areas of the state too. Participating in the project will involve:

- completing a questionnaire
- having an evaluator visit to check for hazards and emergency planning
- receiving free first aid training for the staff, and a free injury prevention curriculum to use with the children
- a follow-up evaluation one year after the first evaluation. Some centers will be assigned to a group that receives services only after the second evaluation.

(Continued on page 5)
The new First Aid Workshop will be available to child care providers in other areas of the state as soon as ECELS can train instructors to deliver it. This will take resources that ECELS is organizing right now. At the same time, ECELS is working to make the American Red Cross Infant & Child First Aid Course more available too. Pennsylvania ARC has been in touch with ECELS to ask for help to update the 7 hour 1992 ARC course that is still being used in 21 Pennsylvania counties. For both types of courses, ECELS staff will promote the use of

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Early Childhood Education Linkage System (ECELS)  
Request for Health and Safety Training (Form 1)

**ECELS will arrange training on a first-come, first serve basis as Instructors are available. Completion of this form does not guarantee that training can be scheduled.**

The Child care facility must guarantee at least 15 participants and $10 registration fee per participant to proceed with scheduling. State funding to subsidize workshop training costs is limited, but training can be arranged on a fee-for-service basis when state funds for the year have been exhausted.

Name of Child Care Facility__________________________________________

Facility Address_____________________________________________________

City _________________________________State_______Zip______________

County_________________________Phone (____)______________________

Contact Person___________________________________________________

Please indicate which of the following workshops you would like arranged in order of preference, 1=most preferred; 4=least preferred:

____ Asthma                                                                    _____ Managing Illness

____ Back to Sleep (positioning for infants in child care)                   _____ Food Allergy

Return this form to ECELS-PA AAP, 919 Conestoga Road, Building 2, Suite 307, Rosemont, PA 19010.

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**TAKE NOTE ...**

“Preparing For Illness” 4th edition is enclosed with this edition of HEALTH LINK. Use this booklet to help identify and manage illnesses
(Continued from page 2)
administer preventive and treatment asthma medications, what triggers to avoid, and when to call for help.
ECELS has a form to help obtain this information.

A peak flow meter is a handy tool to measure how a child with asthma is doing. Children as young as four years of age can learn to use a peak flow meter. Peak flow meter readings can detect asthma at the earliest stage, before the child is aware of symptoms. A peak flow meter measures the amount of air an individual can blow out, blowing as hard and as fast as possible, within one second. During an asthma episode, the breathing tubes narrow and the child can't blow air out as hard and as fast as before. A drop in the peak flow reading from the child's best level is a signal for asthma trouble. Improvement in the peak flow reading helps to tell when the child is responding to medication or doing well.

Medication

Asthma medication comes in different forms and has different purposes. Some medicines prevent asthma symptoms while others treat symptoms once they occur. Inhaled medication is delivered by means of a nebulizer (compressor machine), a metered-dose inhaler (small, pressurized spray), or a device that delivers a powder when the child breathes in through the mouthpiece. Inhaled medication for treatment of asthma symptoms that are already there is safer, quicker to act, and more effective than liquids or pills taken by mouth. Some inhaled medicines, pills and liquids are preventive medicines that do nothing during an asthma episode, but help to prevent episodes occurring. Knowing what a medicine does and when to use it is very important.

Staff who give medications should receive training from a health professional on how to use the medicines recommended for each child with asthma. Caring for children with asthma requires a team effort. Parents, child care providers, and health care professionals

ORAL STIMULATION

Description: Oral stimulation is a sensory activity that involves the mouth, teeth or gums and can occur as a purposeful action or as an action that the person does without thinking. It is very common in infants until age two. Infants learn a lot about their environment from "mouthing" objects. Oral stimulation activities are less common in older children and adults, but even adults seek oral stimulation with activities like smoking, nail biting, sucking on candy, and chewing gum. These oral behaviors are especially common in children and adults with communication difficulties and developmental delays.

Infants are born with a natural desire to mouth objects to learn about their environment and to self soothe. Oral activities help some children and adults to relax during times of stress and anxiety.

Common Oral Stimulation Activities: Thumb sucking, toy mouthing, biting, biting the side of the mouth or lip, and pica (eating of non-food objects).

When should a provider or parent be concerned about a child's oral stimulation behavior? “Red flags” include:

? The oral activity hurts someone.
? The child participates in the activity a lot and is not interested in other activities or relationships with other children or adults.
? The child is difficult to redirect to other activities and has exhibited the behavior for several weeks.

What can providers and parents do?

? Schedule a parent/staff team meeting to review the concerns.
? Discuss the problem with a health care provider.
? Refer to other professionals as needed for physical or developmental assessment.
? Make a written plan that includes activities for healthy oral stimulation and an agreed method of behavior redirection. Share the written plan with all team members.

Oral Stimulation Activity Plan: Offer oral stimulation activities at least twice a day. Suggestions include: using a Nuk™ brush (available at children’s stores and some grocery stores), tooth brushing, bubble blowing, blowing cotton balls across the table with a plastic straw.
Calcium Counts

“Government studies have shown that more than half of all children in America do not meet current calcium recommendations. Three or four servings of milk or other dairy foods every day is an easy way to meet these requirements,” says Susan Baker, MD, PhD, Chairperson of the AAP’s Committee on Nutrition.

Milk is important throughout all stages of a young child’s growth and development. Until age one, babies should receive breastmilk or infant formula. For children over one year of age, the AAP recommends 800 mg of calcium each day, or the equivalent of three 8-ounce servings of milk or other dairy foods. Preteens and adolescents should receive 1200-1500 mg of calcium, or at least four 8-ounce servings from the milk group.

Making sure children get enough calcium in their diets can be easy and fun. The American Dairy Association and Dairy Council Mid-East are offering two free brochures with ideas on how to make sure kids get the calcium they need every day. Check out the order form below for a copy of “The Growth Record for Children” and “Helpful Tips for Hungry Kids.”

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

Please use this form to order any brochure listed below. Check the box beside the item 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)

- Asthma Care Plan
- Buckle-up Photo Magnet
- Early Childhood Caries fact sheet
- Dairy recipes & milk shaker
- “The Growth Record for Children”
- “Helpful Tips for Hungry Kids”

Self-Learning Modules:
Use the list of 15 self-learning modules on page 4 as a guide. Write in the name of the module you would like to complete. Please note there may be a waiting list for a particular module.

Name of module: ____________________________
______________________________

Name: __________________________________________________________________________
Organization: ____________________________________________________________________
Address: _________________________________________________________________________
________________________________________________________________________________
City: ___________________________ State: __________ Zip: _____________________
Area Code and Telephone #: ________________________________________________________
E-mail address (if you have one):
________________________________________________________________________________
ECELS AWARD

ECELS Health Consultant Chas Barrett is the director of Fox Chase Play-n-Learn and a special education teacher in the early intervention program of the Chester Upland School District in Delaware county. As a play specialist, Chas provides early intervention services in homes, child care centers, and Head Start facilities.

Since 1977, Chas’ classroom management approach has focused on eliminating reprimands and emphasizing children’s success through play. He structures children’s activities so that all children experience success. Chas is working with ECELS to develop print materials on safe toys and play activities for children of all ages.

ECELS AWARD

CHAS BARRETT
(and Abigail)

IN THIS ISSUE:
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