Boosters Are For BIG Kids!

Traffic crashes are the leading cause of death for children of every age between 6 and 14 years. This statistic can be linked to the fact that most kids are unbuckled or improperly restrained in vehicles.

Parents have become more aware of the dangers of placing small children in lap-and-shoulder seat belts, which are inappropriate for them. And in recent years, the use of booster seats for children has increased; however, many parents still fail to place their children in belt-positioning booster seats when they’ve outgrown their forward-facing convertible seats.

Children generally outgrow convertible child safety seats when they reach a weight of about 40 lbs. The National Highway Traffic Safety Administration (NHTSA) recommends that all children who have outgrown child safety seats should be properly restrained in booster seats until they are at least 8 years old, unless they are 4’9” tall. The belt-positioning booster seat lifts the child up to the level where the adult lap-and-shoulder belts are then positioned correctly and safely. Belt-positioning booster seats offer children

(Continued on page 2)
Booster Seats
(Continued from page 1)
better visibility and comfort too!

Children should remain in a belt-positioning booster seat until they are big enough to fit properly in an adult seat belt. Children are not big enough for the adult seat belts unless they can sit with their backs straight against the vehicle seat back cushion, with knees bent over the vehicle’s seat edge without slouching.

Help parents perform a 5-Step Test to determine if a child is ready to use the vehicle’s lap and shoulder seat belt.

The 5-Step Test
1. Does the child sit all the way back against the vehicle seat?
2. Do the child’s knees bend comfortably at the edge of the vehicle seat?
3. Does the belt cross the center of the child’s shoulder?
4. Is the lap belt as low as possible, touching the thighs?
5. Can the child stay seated like this for the whole trip?

If you or the parent answer no to any of the previous questions, the child needs to be seated in a belt-positioning booster seat while riding in a vehicle. Always keep in mind that the safest place for a child to ride is in the back seat, buckled correctly. When in doubt, don’t guess! Read the car seat and vehicle instructions, or call the PA Traffic Injury Prevention Project at 800-CAR-BELT for help.

Health and Safety Calendar
(Continued from page 1)

February


March

National Nutrition Month: Child care providers can combat obesity and maintain a healthful diet themselves by using the National Institute of Health’s (NIH) Interactive Menu Planner at http://hin.nhlbi.nih.gov/menuplanner. The program allows you to enter your daily planned caloric intake and choose from a variety of foods from each meal’s pull-down menu. The program calculates calories, grams of fat and carbohydrates of your chosen food item, and lets you know how many calories you have remaining for the rest of the day!

New Training Opportunity! Did you know that 95% of the centers participating in the PA Safe Child Care Project administer medications to children? In order to help caregivers make sure they are administering medication safely and appropriately, ECELS has created a new 3-hour “Safe Medication Administration Workshop.” (Participants who successfully complete this training will receive 3 hours of PA Pathways Program training credit in CBK 7.)

The “Safe Medication Administration Workshop” allows caregivers to practice skills, discuss scenarios, and identify priorities for improving medication administration policies and procedures. It also provides practical tips for administering oral medications to young children. Use the ECELS Order Form on page 7 for a copy of the American Academy of Pediatrics’ brochure “A Guide to Children’s Medications.” To request the “Safe Medication Administration” or the other workshops offered by ECELS, use the Health & Safety Workshop training Request Form insert.
Indoor Environment and Health in Child Care

According to US Environmental Protection Agency (EPA) studies, we spend about 90% of our time indoors, so it makes sense to pay attention to the quality of our indoor environments. Children are more susceptible to pollutants because they are still growing and they eat and breathe more per weight than adults.

The most significant indoor pollutants...

Radon  Radon is a colorless, odorless gas that is released from the earth and accumulates in homes. Radon increases the risk of lung cancer and is estimated to cause 15,000 to 22,000 US deaths each year. It is a serious problem in many areas of Pennsylvania. Testing is easy and inexpensive, and is the only way to find out if you have a problem. In nearly all cases, the problem is readily fixed with minimal repairs, or at worst, for about $2000. For information, contact the PA Radon Division of the Pennsylvania Department of Environmental Protection at 800/23-RADON (800/237-2366) or access their website at www.dep.state.pa.us. Type in “radon” and click “GO.” The Radon homepage will provide you with general information about radon and radon service providers’ certification. You can also type in your zip code and obtain average radon results for your community.

Lead  Research conducted over the last 30 years has shown that even low levels of lead can have profound effects on children’s development. One of the main pathways for lead poisoning in young children is the unintentional ingestion of tainted dust through hand-to-mouth activities. Ingestion of even a few grains of lead-tainted dust on a regular basis can cause learning deficits, reduced IQ and behavioral problems. While there are literally thousands of sources of lead, some of the most common include paint inside buildings painted prior to 1978 and soil contaminated by leaded gasoline and exterior lead-based paint. Old paint causes problems as it deteriorates or when sanded or scraped during remodeling, painting or repairs. Lead was banned from gasoline in 1982. Contaminated soil may be directly ingested or carried into the house to taint dust there. Some ways to reduce lead exposure are to wash children’s hands frequently, cover bare soil with grass and use a doormat to catch tracked soil. To learn more in English or in Spanish, call the National Lead Information Center at 800/424-5323.

Managing Difficult Behaviors in Young Children

Did you know that 15-30% of preschoolers have significant behavior problems, including aggression? And that in the 2-5 year age group, a significant number of children have moderate to high aggression? To help address these concerns, ECELS recently sponsored an audio conference for pediatric clinicians, child care health consultants and Head Start health coordinators. The speakers were national pediatric and child care experts who discussed difficult behaviors in young children and offered ideas for caregivers, parents and health care providers to work together.

Some of the highlights included:
- How teachers and environment can support positive behavior in children.
- The most common behavior problems in child care.
- The pediatrician’s role in managing children with behavior problems in child care.
- Factors contributing to behavior problems.

Following up on this audio conference, ECELS has created a self-learning module on the topic of Managing Difficult Behaviors in Young Children. To earn 2 hours of DPW-approved, PA Pathways Program training credit, order the self-learning module using the ECELS Order Form on page 7 today! For a copy of the Special Care Plan for a Child with Behavioral Problems, print a copy available from the PA AAP website at http://www.paaap.org/pdf/ecels/care.pdf or use the ECELS Order Form.
**Indoor Environment and Health in Child Care**

*(Continued from page 3)*

**Mold**  Mold is another issue getting lots of media attention recently. How harmful is it? According to medical data, serious health problems from inhaling mold spores are seen mainly in those with occupational exposures (such as farming – moldy hay), compromised immune systems, the elderly, and in young children. Health problems include headaches, allergies, asthma attacks, and irritation of mucous membranes. Severe problems involve the lungs and can include infections. There is a growing belief that the amount of mold exposure is more important than the type of mold involved. Stories about “killer mold” (Stachybotrys chartarum) seem to have gotten somewhat out of hand.

Since mold needs moisture to grow, a mold problem in a building means that there is a moisture problem in the building. Solving the mold problem means finding and fixing the moisture problem. A good resource on mold is EPA’s booklet “Mold Remediation in Schools and Commercial Buildings”, available at: www.epa.gov/iaq/pubs/moldresources.html or by calling 800/438-4318 or 800/490-9198.

**Irritants and allergens**  These include allergens from pets, as well as from pests such as mice and roaches. Dust mites, which live in carpets, dust and bedding, affect about a third of all asthma patients. One task that asthma patients must carry out is to identify their particular triggers and to avoid them. For information on asthma, contact the Allergy & Asthma Network at 800/878-4403 or www.aanma.org. For DPW-approved, PA Pathways Program child care training credit, request the Asthma Workshop or the Asthma self-learning module from ECELS.

**Carbon monoxide**  Carbon monoxide is a colorless, odorless gas which can be harmful. Carbon monoxide detectors are widely available and easy to install. Always make sure that furnaces are serviced yearly and avoid space heaters when possible.

Caring For Our Children Standard 5.034 prohibits the use of gas, oil, or kerosene heaters, as well as portable gas stoves and charcoal grills for space heating or any other indoor purpose.

Standard 5.035 warns that electric space heaters are a common cause of fires and burns resulting from very hot heating elements being too close to flammable objects and people. The Standard says that if electric space heaters are used, they must:

- Be inaccessible to children and be stable
- Have protective covering to keep hands and objects away from the electric heating element
- Bear the safety certification mark of a recognized testing laboratory such as UL (Underwriters Laboratories) or ETL (Electrotechnical Laboratory)
- Be placed at least 3 feet from curtains, papers, furniture and any flammable object
- Be properly vented, as required by the regulatory agency.

It is important to learn about our indoor environment, its potential hazards and the steps needed to control these risks. In most cases, a little knowledge and some easy measures can improve our living environment. For general information on indoor air, visit www.healthyindoorair.org - a website developed as a joint project of the EPA and the US Department of Agriculture. With more information, we can all breathe easier.

Joseph T. Ponessa, Ph.D.
Extension Housing Specialist and Professor, Rutgers Cooperative Extension
Compliance Summary Report

Compliance Summary Reports are documents ECELS mails to child care providers on a yearly basis. The reports reflect child care facilities’ compliance with child care licensing regulations for maintaining accurate and up-to-date child health assessments for the children who attend the program. The reports are generated through ECELSTRAK, a software program which uses a 10% sample from available health assessment forms (CY51s) collected by the PA Department of Public Welfare (DPW) Licensing Specialists.

Lately, ECELS has noted an increase in the number of inquiries from child care providers concerning the Compliance Summary Report. Please take time to review all the materials that accompany the Compliance Summary Report, as we include additional information in the mailing that may answer your questions. ECELS, with help from DPW, is considering revising the Compliance Summary Report problem sheet to make it more “provider” friendly. We welcome your suggestions.

Also, please take advantage of the Voluntary Pre-Licensing Check of Child Health Forms. Three months before the licensing visit, send ECELS:
1. A full set of copies of the most current Child Health Assessment Forms (CY51s) - one for each child enrolled for more than 60 days,
2. A list of names, birth dates and enrollment dates for all children enrolled more than 60 days, and
3. A request to check the records written on the facility’s letterhead. When the PA DPW Licensing Specialist comes to inspect, show the results of the ECELS check and any corrections the center made. By having ECELS check records ahead of the Licensing Specialist’s visit, you save time and can hopefully find solutions to problems by the time DPW arrives.

Remember, the Compliance Summary Report is a tool for child care providers to help make sure children in child care are getting age-appropriate preventive health services. ECELS is partnering with child care providers to make this job easier!

Stay tuned for new Internet-accessible tools that the PA AAP is developing from ECELSTRAK software that will allow you to check child health records yourself as parents give them to you. This new software will notify you when children become due for additional services. Look in Spring 2003 HEALTH LINK for more news about this.
“PA Safe Child Care Project” Volunteers Honored in Commendation Ceremony

Four health professionals from across the state were recently recognized for their volunteer work in the federally funded Emergency Medical Services for Children PA Safe Child Care Project being coordinated by ECELS. Fred Flugger, EMT, and Lisa Maloney, RN, from the Pittsburgh region, Craig Spector, EMT, from the Philadelphia region, and Kathleen Law, RN, from the York region were the honorees. Each was given a plaque citation from the American Academy of Pediatrics for their unique achievements during a special Commendation Ceremony on August 2, 2002 at the 25th Annual PA Emergency Medical Services Conference, co-sponsored by the PA Emergency Health Services Council and the PA Department of Health, in Lancaster.

The four honorees were commended for establishing year-long linkages with a community child care center, often several centers, and for training facility staff using the 5-hour “PA AAP First Aid Course for Child Care Providers.” They were also recognized for providing ongoing health consultation in emergency preparedness, safety hazard identification, and injury and illness prevention.

ECELS wishes to thank Liz Wertz, Kathy Idzik, and the EMS for Children Advisory Committee for generously providing free conference registration for our honorees, and for promoting the PA Safe Child Care Project to emergency medical services personnel over the past 2 years. Congratulations to our volunteers for a job well done!

Reminder!

ECELS’ self-learning modules provide an easy, quick way to earn child care training credit. But remember ... you can only earn credit ONCE. You cannot repeat a module and earn credit again even if a long period of time has passed. ECELS keeps a list of all the modules you have completed. If a module has been updated and the training requirements have changed, a provider may earn credit for the new, updated version.

The only module that you MAY use more than once is the Fire-safety module, for the purpose of fulfilling your annual fire safety requirement. You cannot, however, earn child care training credit towards the DPW 6 hour annual health and safety training requirement for this module over and over again.

A flier describing the self-learning modules is enclosed with your newsletter.

PHOTO HERE

L to R: Heather Rivers, Project Assistant, ECELS; Amy Requa, Project Coordinator, ECELS Assistant Director; Lisa Maloney, RN; Craig Spector, EMT; Fred Flugger, EMT. Not pictured: Kathleen Law, RN
Nursemaid’s Elbow

A pulled elbow (subluxation or nursemaid’s elbow) is a common, avoidable injury in young children. Sometimes parents or caregivers pull or yank children’s hands or arms to get them to pay attention or to redirect them. Sometimes adults lift children up by the hands or wrists, or hold onto a child’s hand as the child falls to the ground instead of letting go when the child’s arm is fully extended. These dangerous practices cause wrist, elbow, and shoulder injuries in children. When a child’s body weight stretches these arm joints, the bones can pop out of place. Typically, a child with this type of injury will cry and not be able to use the arm.

A child with an arm or elbow injury needs first aid. Tie a towel, scarf, or shirt over the child’s arm and chest to hold the child’s arm against the chest so it doesn’t move. Don’t give the child any food, drink, or pain medication unless the child’s health care provider says it’s OK. Call the parent to take the child to the doctor. Usually, the pediatrician can manipulate the arm to put the bones and tissues back in place.

Lift a child with two hands on the child’s chest or one hand under the child’s bottom and one hand on the child’s chest. Never lift babies up by their hands or forearms from the floor, playpen, etc. Do not swing children by their arms. When you hold a child’s hand, let the child hold your hand rather than using your hand to grasp the child’s hand or wrist. If the child starts to fall, resist the temptation to pull up on the child’s arm. When walking, the child is close to the ground and unlikely to fall far.

Remember when lifting a child to bring the child close to your body and bend your knees before you lift. Use good body mechanics to protect yourself. When older, larger children need lifting, try to have them use a step stool instead of picking them up.

---

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

☐ “A Parent’s Guide to Booster Seats”
☐ Model Child Care Health Policies (guide only)
☐ Special Care Plan for a Child with Behavioral Problems
☐ “A Guide to Children’s Medications” brochure

ECELS’ Training Opportunities: see insert

☐ New Self-Learning Module!!
☐ Managing Difficult Behaviors In Young Children
☐ Model Child Care Health Policies (guide & SLM)

Name: ____________________________________________
Organizations: ________________________________________
Address: ____________________________________________
__________________________________________________________________________________________
City: _____________________________            State: __________         Zip: _____________________
Area Code and Telephone #: _________________________________________________________________
E-mail address (if you have one): ______________________________________________________________
ECELS has incorporated the newly revised edition of *Model Child Care Health Policies* into a self-learning module (SLM) available for 3 hours of DPW-authorized, PA Pathways Program training credit. By completing this self-learning module, child care facilities will be able to get feedback about their work from reviewers at ECELS. While the review by ECELS will be helpful, the program should have the policies reviewed by a health consultant who has visited and is familiar with the facility. The review by a local health consultant is desirable, but not required for satisfactory completion of this self-learning module.

The elements required for satisfactory completion of the SLM:

- Submission of a completed version of the *Model Child Health Policies* that has been adapted for use in the setting where the person works who is submitting the module for credit.
- Correct answers to a set of questions about use of policies to improve child care. While the entire staff of a facility can and should work on a set of policies that fit the operation of the facility, each individual who is seeking credit for the self-learning module must individually complete the questions about the use of the policies.

The 4th edition includes revised wording throughout, new sections on security and emergency preparedness, as well as updated appendices. The fill-in-the-blank format makes it easy to customize the model policies for different types of child care settings and for the unique circumstances of each facility.

ECELS has incorporated the newly revised edition of *Model Child Care Health Policies* into a self-learning module (SLM) available for 3 hours of DPW-authorized, PA Pathways Program training credit. By completing this self-learning module, child care facilities will be able to get feedback about their work from reviewers at ECELS. While the review by ECELS will be helpful, the program should have the policies reviewed by a health consultant who has visited and is familiar with the facility. The review by a local health consultant is desirable, but not required for satisfactory completion of this self-learning module.

The elements required for satisfactory completion of the SLM:

- Submission of a completed version of the *Model Child Health Policies* that has been adapted for use in the setting where the person works who is submitting the module for credit.
- Correct answers to a set of questions about use of policies to improve child care. While the entire staff of a facility can and should work on a set of policies that fit the operation of the facility, each individual who is seeking credit for the self-learning module must individually complete the questions about the use of the policies.

**IN THIS ISSUE:**

- Booster Seats
- *Model Child Care Health Policies* announcement
- Indoor Environment
- Managing Difficult Behaviors
- SLM & Safe Medication Administration training announcements
- Compliance Summary Reports
- Nursemaid’s Elbow