



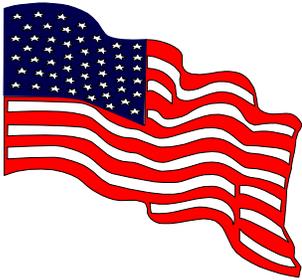
EARLY CHILDHOOD HEALTH LINK



Uniting Children, Parents, Caregivers and Health Professionals

VOLUME 13: ISSUE 2

SPRING, 2002



9/11/01

In response to the terrorist attacks on America, ECELS / Healthy Child Care Pennsylvania (HCCP) is devoting much of this issue of HEALTH LINK to related topics: communicating with children during times of crisis, coping with disaster, and readiness concerning issues of bioterrorism. ECELS /HCCP helps child care providers and health professionals who work with child care programs address health and safety needs of children in group settings. More than ever before, children need our help to stay safe and feel safe.

The American Academy of Pediatrics (AAP) offers the following advice on how to talk with children during crises:

- Tell children that they're safe. Given what they may have seen on television, they need to know that the violence is happening somewhere else and not exactly where they are. Parents and caregivers should try to assure children that they are doing everything they can to keep children safe.
- Overexposure to the media can be traumatizing. It's unwise to let children view footage of traumatic events over and over. Children should not watch these events alone.
- Adults need to help children understand the significance of traumatic events. Discussion is critical.

Remember to use language children understand. Avoid allowing children to eavesdrop on adult conversations about violence or terrorism that could be confusing and upsetting.

HEALTH AND SAFETY CALENDAR

Use the calendar to plan ahead.

March

National Poison Prevention Week: March 17-23, 2002. Each year, accidental poisonings kill 30 children and result in over 1 million calls to poison control centers. For more information on poisoning prevention, visit www.cpsc.gov.

April

Kick Butts Day: April 4, 2002. Keep child care facilities free from secondhand smoke and urge parents to do so at home too. For more information, access the National Center for Tobacco-Free Kids' website at www.tobaccofreekids.org. For tobacco information and tips on quitting, check out www.cdc.gov/tobacco. To take the "Smoke-free Home Pledge" visit the Environmental Protection Agency's website at www.epa.gov/iaq/ets.

National Child Abuse Prevention Month: Signs of child abuse and neglect are often accompanied by behavioral signals. For a flier on "Clues to Child Abuse and Neglect" use the ECELS Order Form on page 7.

Child Care Health Consultation: Spring is a good time to do a thorough play equipment inspection, check children's health records, and make sure staff is up-to-date with training requirements. Who can help you with these tasks? A Child Care Health Consultant - Trainer. Check out the flier included with this issue of HEALTH LINK for more information.

May

Prevent foodborne illness: Make sure cold food is maintained at 40 degrees F or colder and hot food stays at 140 degrees F or hotter to prevent foodborne illness. Warmer weather means taking special precautions when packing lunches for Spring outings. Helping to prevent foodborne illness is one of the many functions of a Sanitarian. Read the insert for more information.

Common Childhood Behaviors After a Disaster

Children depend on daily routines. They wake up, eat breakfast, go to school or child care, and play with their friends. When emergencies or disasters interrupt this routine, children may become anxious.

Children's fears also may stem from their imagination; parents and caregivers should take these feelings seriously. A child who feels afraid is afraid. Your words and actions can provide reassurance. When talking with a child, be sure to present a realistic picture that is both honest and manageable.

Understand that after a disaster, children are most afraid that:

- The event will happen again.
- Someone close to them will be injured or killed.
- They will be separated from their family / caregivers.
- They will be left alone.

Children may become upset over things that adults consider insignificant. They may even undergo a personality change – from being quiet and obedient to loud and aggressive.

Some children may have nightmares or be afraid to sleep with the light off. Others may cry or whine, and revert to younger behavior such as bedwetting and thumbsucking.

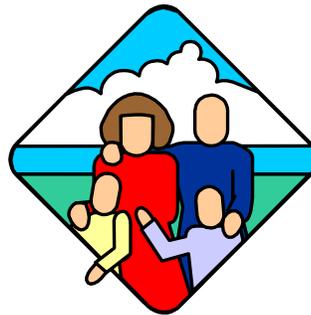
Children may become angry with adults who they perceive as being unable to control the disaster and make it go away. Some children

may even feel guilty that a disaster was caused by something they said, thought, or did.

Some children may show signs of upset soon after a disaster, and may not want parents or caregivers out of their sight. Remember that the psychological effects of a disaster don't go away once the emergency has passed. Children can suffer from nightmares or other problems for up to two years after a disaster.

Children are able to cope better with a traumatic event if parents and caregivers support and help them with their experiences. Help should start as soon as possible after the event. Some children may never show distress, while others may not show evidence of being upset for several weeks or even months. Even if children do not show a change in behavior, they may still need your help. Be on the lookout for signs that kids need extra help, attention, or even counseling.

- - Adapted from the American Academy of Pediatrics' "The Family Readiness Kit: Preparing to Handle Disasters"
<http://www.aap.org/family/frk/frkit.htm>



FACT SHEETS! Hot off the press!

Use the ECELS Order Form on page 7 for a copy of the new Fact Sheets on Child Health Issues. New fact sheets include Cold Sores, Respiratory Syncytial Virus (RSV) and Universal & Standard Health Precautions to name a few.

Now's a good time to update your facility health care and exclusion policies - use the Fact Sheets to make sure you have the most current information!

Anthrax ... q & a

Q: What is anthrax?

A: Anthrax is an acute infectious disease caused by a bacterium called *Bacillus anthracis*. Anthrax most commonly occurs in wild and domesticated animals such as goats, sheep, cattle, swine, horses, buffalo, and deer. When not infecting a host, *B. anthracis* can form into spores that can remain viable for forty years or more. The spores are not visible to the naked eye.

Q: What are the different kinds of disease caused by anthrax?

A: There are three kinds of anthrax.

Cutaneous (skin) anthrax is the most common type, and is usually not fatal unless left untreated. Cutaneous anthrax occurs most commonly in agricultural and industrial workers who come into contact with infected animals or animal products. Imported dolls and toys decorated with infected hair or hides can also be a source of infection. Recently, cases of cutaneous anthrax have resulted from exposure to spores sent through the mail. The earliest symptom is a small sore on the skin which blisters. Then, within 1-2 days, it becomes an ulcer with a black scab. If allowed to continue, the infection can spread to the blood and death can result.

Inhalation (lung) anthrax is rare. It results from breathing in thousands of anthrax spores. Initial symptoms may resemble the flu or upper respiratory infection. Left untreated, symptoms can progress to severe breathing problems and shock. Inhalation anthrax is usually fatal unless treated early (within the first 4 days of symptoms.) The last case of inhalation anthrax in a human in the United States, before the recent use of anthrax as a biological weapon, was in 1978.

Gastrointestinal (ingested) anthrax also is rare. It usually occurs after eating contaminated, undercooked meat. Death rates from gastrointestinal anthrax range from 25-60 percent.

Q: Is anthrax contagious?

A: No. Anthrax is not transmitted from person to person.

Q: How does anthrax affect children?

A: Anthrax affects adults and children the same way.

Q: What would happen if a child in my care were exposed to anthrax?

A: The child's physician would initially prescribe an antibiotic in consultation with public health officials. These drugs may cause significant side effects in children. Giving antibiotics to a child who has not been examined by a physician could do no more harm than good, since it could mask symptoms of serious illness. In addition, widespread use of antibiotics can lead to drug-resistant bacteria – which would make the medicines ineffective for those who truly need them. Parents and caregivers should rely on pediatricians and public health officials to advise them in the event of exposure.

(Continued from page 3)

Anthrax Q & A

Q: Can children be vaccinated against anthrax?

A: Anthrax vaccine has not been studied in children, and is not recommended for individuals younger than 18 years of age. At this time, anthrax vaccine is available only to people in the military.

Q: Since the initial symptoms of anthrax and influenza may be similar, should everyone get a flu shot so that if they if they get flu-like symptoms, they'll know they don't have influenza?

A: It is a good idea for staff and children in child care to get flu vaccine if supplies are sufficient. Child care is known to be a place where community infections of influenza spread easily. Influenza vaccine should not be considered a way to avoid confusing flu from anthrax for several reasons. First, symptoms such as fever, body aches, and headaches are common to many different infections besides influenza and anthrax. While influenza vaccine is not 100% protective, it does reduce the severity of illness and the risk of getting flu. If people who've received the flu vaccine get flu-like symptoms, it will still be much more likely that they have influenza or another virus than anthrax. The 2001 shortage of flu vaccine led to targeted programs for people at the greatest risk. When there is sufficient vaccine, everyone who wants to reduce their risk of influenza may receive the vaccine.

Q: Should parents keep antibiotics on hand in order to reduce the risk of children developing anthrax?

A: No. The American Academy of Pediatrics (AAP) and the CDC recommend that people do NOT obtain antibiotics for children, either through prescriptions or any other means, unless the public health officials say to do so in the face of documented exposure to anthrax.

-- Adapted from *The Red Book 2000: Report of the Committee on Infectious Diseases, American Academy of Pediatrics*; "Anthrax / Bioterrorism Q and A", American Academy of Pediatrics www.aap.org/advocacy/releases/anthraxqa.htm and "The Child with a Suspected Anthrax Infection" www.aap.org/advocacy/releases/anthraxsusp.htm



Activities to Help Children Cope with Disaster



Talk to children about what they feel and listen without judgment. Let them know they can have their own feelings which might be different than others. Help them learn to use words that express their feelings, such as happy, sad, angry, mad and scared. Just be sure the words fit their feelings - not yours.

Assure fearful children that you will be there to take care of them. Children should not be expected to be brave or tough, or to "not cry."

News coverage of disasters, especially if children see their own community on TV, can be traumatic to individuals of all ages and seem to be happening close by. (Ed. note: *United Flight 93 crashed in Somerser county, Pennsylvania on September 11, 2001 killing everyone aboard.*) TV viewing should not be a typical activity in child care. Share with parents experts' recommendations that if children watch TV coverage of the war/disaster, etc., parents should watch the program WITH the children and talk about it afterwards.

Encourage children to draw or paint pictures of how they feel about their experiences. Write a story of the frightening event. You might start with, "Once upon a time a terrible event happened and it scared us all. This is what happened: _____." Be sure to end the story with, "But we are safe now." Creating music, poems, and songs are valuable for children and relieve stress and tension too.

The best "activity" you can employ when coping with disaster is to resume former routines as soon as possible. Maintain a regular schedule for children, encouraging them to make some choices and allowing them some special privileges (sleeping with the light on). Find ways to emphasize to children that you are doing all you can to keep them safe.

-- Adapted from "Family Readiness Kit", American Academy of Pediatrics, www.aap.org/family/frk/frkit12.htm



Helping Children with Cognitive Disabilities Understand Disaster

The Administration for Children and Families (ACF) of the US Department of Health and Human Services recognized a need to help parents and caregivers teach coping skills to kids with cognitive disabilities. These techniques will help younger, typically developing children too. Specifically, ACF recommends:

- ◆ Check the child's understanding of the event.
- ◆ Speak at the child's language level, giving short explanations.
- ◆ Avoid vague expressions such as reference to victims "losing their lives."
- ◆ Address misunderstanding. Upon watching rebroadcasts, children with language and cognitive disabilities may think attacks are continuing.
- ◆ Explain abstract concepts such as how donating blood does not hurt the donors.
- ◆ Repeat responses patiently.
- ◆ Identify the human element of the tragedy if inappropriate questions are asked. E.g. a child with restricted interests may want to review details that seem irrelevant or insensitive.

Some children with cognitive disabilities may develop stress disorders related to their exposure to the September 11th events and aftermath. Children may need to be referred to a mental health professional for counseling.

- - Adapted from "Coping with Disaster: Suggestions for Helping Children with Cognitive Disabilities" www.acf.dhhs.gov/programs/add/Sept11/addcoping.html

SMALLPOX

Smallpox is a viral illness that occurs only in humans. The last known case occurred in Somalia in 1977, and in May 1980, the World Health Organization certified that the world was free of smallpox cases.

During the smallpox era, about 30 percent of infected people died. The only known samples of smallpox virus are kept for research purposes in secure facilities at the Centers for Disease Control (CDC) in Atlanta, and at the Institute for Viral Preparations in Russia. Although there is no proof of any risk now, the concern is that terrorists might acquire smallpox virus vials.

Smallpox can spread easily from one person to the next. Smallpox can be differentiated from chickenpox because smallpox is typically most prominent on the face and extremities, and happens all at once. The rash from chickenpox, on the other hand, is most pronounced on the trunk and develops over several days. Smallpox lesions are deeper than chickenpox lesions and often produce scars.

There are no specific medicines proven to cure smallpox, and the vaccine is currently available only from special emergency supplies maintained by the US Public Health Service. The federal government is now calling for the production of an additional 250 million doses of smallpox vaccine by the end of next year, putting the total at more than 300 million doses--enough to have on hand for every person in the United States. There is no intent to return to universal vaccination at this point, since immunization with smallpox vaccine predictably produces illness in people with weak immune systems.

- - Adapted from *The Red Book 2000: Report of the Committee on Infectious Diseases, American Academy of Pediatrics*; "Bioterrorism Q&A", *American Academy of Pediatrics*, www.aap.org/advocacy/releases/anthraxqa.htm and "Rush is on for Smallpox Vaccine", *Peter Gerner, Chicago Tribune* 10/28/01.



First Aid / Disaster Supply Kits

In addition to guidance on evacuation drills, and procedures to follow during catastrophes, *Model Child Care Health Policies (MCCHP)* also lists for child care providers those items that should be kept in a first aid kit. The American Academy of Pediatrics (AAP) now features guidance from the Federal Emergency Management Agency (FEMA) on its website and recommends a "Disaster Supply Kit" as part of family readiness. It makes sense for child care providers to consider the same. Remember to keep this kit inaccessible to children. The Disaster Supply Kit includes:

- | | |
|--|----------------------------|
| u Water - at least one gallon daily per person for 3 to 7 days | u Toiletries |
| u Food - at least enough for 3 to 7 days | u Flashlight / batteries |
| u Blankets / pillows | u Radio - battery operated |
| u Clothing | u Keys |
| u First Aid Kit / medicines | u Toys, books, games |
| u Special items necessary for babies, toddlers, etc. | u Important documents |
| | u Tools |
| | u Vehicle fuel tanks full |

FEMA also advises that if you are trapped in debris, use a flashlight. Cover your mouth with a piece of cloth. Tap on a pipe or wall so that rescuers can hear where you are. Use a whistle if available and shout as a last resort. Shouting can result in inhalation of dangerous amounts of dust.

- - Adapted from "Terrorism", American Academy of Pediatrics and the Federal Emergency Management Agency, www.aap.org/family/frk/frkit29.htm

For a copy of MCCHP's "First Aid Kit Inventory" or a copy of ECELS' Index of Resource Tools to address child care safety hazards and emergency preparedness, use the ECELS Order Form on page 7.



ECELS Book Review



A Terrible Thing Happened, by Margaret M. Holmes, is a story for children who have witnessed any kind of violent or traumatic event. This 32 page soft-cover book (\$8.95) is for children 4-8 years of age, and is published by the American Psychological Association. The book also features a great guide to parents and caregivers in the back. Suggestions include, "Use words that are both real and accurate, and avoid euphemisms. Substitute words and phrases, although seemingly comforting to adults, can add to the child's confusion about what it is that he or she witnessed."

Order this book by calling the American Psychological Association at 800/374-2721.



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

School-aged children may be more interested in, and need to feel more involved in, disaster preparedness since the September 11, 2001 attacks. Have them visit the kids' homepage of the Federal Emergency Management Agency (FEMA) at www.fema.gov/kids.

The website explains what FEMA does, and educates kids in preparedness for all disasters including floods, tornadoes, and winter storms. Children who have been through a disaster can share their stories and artwork; and kids interested in earning a certificate from FEMA can complete a preparedness-activities checklist.

There are a number of freebies you can order for kids too - An activity book, brochure, booklet, map, poster, and more!

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

ECELS' Training Opportunities: see insert

- r First Aid Kit Inventory
- r Resource Tool (Safety Hazards & Emergency Preparedness)
- r "Clues to Child Abuse and Neglect"
- r "Fact Sheets" on Child Health Issues

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Telephone #: _____

E-mail address (if you have one):

Meet ECELS Staff!

Sandy McDonnell, MSN, CRNP (*below right*) joined ECELS with over 20 years pediatric nursing experience. She worked at the Children's Hospital of Philadelphia, and after obtaining her master's degree, practiced as a pediatric nurse practitioner for the Visiting Nurse Association-Community Services. Her experience includes child care health consultation, health education, primary care. Sandy continues to practice private duty nursing, and lives in Lafayette Hill with her husband and two children.

Betsy Miller, BSN, RN,C (*below left*) is a certified Public Health nurse who also joined ECELS with 20+ years

nursing experience. Betsy worked as a missionary public health nurse in New Mexico, providing care for Native American and Hispanic clients; and most recently, worked for nine years with the Montgomery County, PA Health Department, overseeing several maternal-child health programs. When she's not working at ECELS, Betsy can be found singing for the Savoy Opera Company where she has been a member since 1993.

Betsy's and Sandy's responsibilities as Training and Technical Assistance Coordinators include linking health consultants with child care centers, providing technical assistance to child care providers, and the development of educational materials.

PHOTO HERE

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