Poison Prevention Tips for Caregivers

1. Keep potentially poisonous products up and out of reach of children.
2. Help children learn the differences between look-alike products.
3. Use child-resistant packaging, but remember that nothing is child-proof.
4. Use the enclosed Mr. Yuk stickers and order more materials to teach children about poisons (See order form, p. 7).
5. Visit the Mr. Yuk website at www.chp.edu/mryuk for more information about poison education materials.

"An ounce of prevention is worth a pound of cure." - Henry de Bracton

In 2003, the two Pennsylvania Poison Centers – Pittsburgh Poison Center and The Poison Control Center (Philadelphia) – managed more than 100,000 poisonings. Fifty-one percent of the poisonings involved children less than six years of age. Edward P. Krenzelok, Pharm.D. is the Director of the Pittsburgh Poison Center at Children’s Hospital of Pittsburgh. He says, “A poisoning typically occurs when medications, household cleaners, cosmetics, plants or other toxic substances are left within the grasp of a curious child — or unintentionally given to a child. Parents and caregivers need a clear plan and good communications for giving medications to a child. Otherwise it’s easy for a child to receive a double-dose or even a triple-dose when more than one adult is involved.”

(Continued on page 2)
Fortunately most poisonings in young children are not life threatening or fatal. “Big people” get poisoned too. Senior citizens suffer the most significant morbidity and mortality from unintentional poisoning. Krenzelok says, “Unintentional poisoning in seniors usually occurs when they take extra medication doses accidentally, use ear-drops as eye drops and drugs that interact with nonprescription medications, and improperly use household cleaning products due to compromised vision.” A grandparent’s home can be fertile ground for poisonings of young children if potentially poisonous items are within easy reach.

Parents are susceptible to poisonings too. They may inadvertently mix cleaning products such as household bleach and ammonia. This mixture releases chloramine, a very noxious gas that can harm everyone in a household, including siblings and household pets.

Parents may be poisoned and poison their families from occupational contamination. For example, parents may bring lead dust home from the workplace on their clothing and poison adults and children. Also, since terrorists can use chemical and biological weapons, everyone is vulnerable to poisoning.

Krenzelok offers this advice, “Since everyone is potentially at risk of being poisoned, parents, grandparents, caregivers, and older brothers and sisters must understand the importance of poison prevention and immediate treatment. If a poisoning does occur, or if there is even the possibility of a poisoning, do not hesitate to seek help. Here are four simple steps a caregiver should take in the event of a suspected poisoning:

1. Don’t panic; remain calm.
2. Don’t try to induce vomiting – no Syrup of Ipecac!
3. Call 1-800-222-1222 to connect to your local poison control center.
4. Listen carefully and follow the instructions of the poison specialist.

The nearest Pennsylvania Poison Center is available 24 hours a day, every day of the year to respond to your emergency or question. Put one of the Mr. Yuk stickers enclosed with this issue of Health Link next to each phone. Your local poison center can provide you with more educational materials and information about poison prevention.”

National Poison Prevention Week is in March.

To access the poison center closest to you, dial 1-800-222-1222.
**ECELS Q & A**

<table>
<thead>
<tr>
<th>Q: What should we do if parents want their babies put to sleep on their tummies, or with blankets?</th>
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<tbody>
<tr>
<td><strong>A:</strong> Babies should always be put to sleep on their backs. After being put down in the back-sleeping position, the baby can assume any comfortable position — including sleeping on the tummy. However, putting a baby down to sleep in any position other than on the back should be prohibited by your facility’s written policy and in practice. Loose blankets and objects in the crib, overheating, covering the child’s head, smoking and lack of breastfeeding have all been shown to increase the risk of Sudden Infant Death Syndrome (SIDS). Back-to-sleep positioning has reduced SIDS by 40%. Early childhood educators should not follow some other practice, even if parents sign a waiver for it, unless the child’s physician specifies otherwise with a note.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q: If a child is coughing all the time, should the child get cough medicine?</th>
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<tbody>
<tr>
<td><strong>A:</strong> Coughing is a symptom, not a disease. Any irritation of the respiratory tract, from the nose to the lungs, can cause coughing. Coughing is the way the body tries to remove the irritant. Medicine to stop the coughing does not work unless it addresses the cause of the cough. Coughing can occur when the child has a runny nose, an ear infection, throat irritation, asthma, or pneumonia. Medications that are sold to stop or suppress coughs usually contain sedative medications or antihistamines. Antihistamines may be helpful in dealing with allergy symptoms, but do nothing for other causes of cough. Some make children sleepy. If a child has asthma, coughing usually means the child needs asthma medicine to help open airways and reduce mucus production. Be sure you have an asthma action plan for any child known to have asthma. Coughs may be helped by keeping the body well-hydrated by drinking a lot of fluid, and by humidifying the air to keep mucus membranes from getting irritated by dry air. If the problem is something else, a doctor needs to figure out what is causing the cough so the child gets proper treatment. Recently reported research (<em>Pediatrics</em> July 2004) shows that over-the-counter cough medications are no better than placebo for the treatment of night cough and sleep problems related to common colds. Since some of these medications are sedatives, it is not only useless to give them, but risky to keep them in settings where children may be exposed to poisoning from them.</td>
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**Achoo!**

Colds are very common in infants and children. The average child has 3 to 10 colds a year. On average, children in their first couple of years of child care or school have one or two more colds than children their age who receive care only at home. After three years of child care, this situation reverses: children in child care have fewer colds than those who have not had the opportunity to build their immunity through group care.

The common cold is caused by viruses. At least 100 different kinds of viruses can cause cold symptoms. The symptoms include runny nose, a scratchy or sore throat, headache, cough, sneezing, fussiness, muscle aches or tiredness. Some children may also have a low grade fever (less than 102°F). No ordinary lab tests help in diagnosing a cold.

Unfortunately, no cure for the common cold works except for supporting the body in fighting off the infection. A recent article in *Pediatrics in Review* confirmed that over-the-counter medications do not relieve runny nose, sneezing and the other symptoms of a cold. The symptoms usually improve or complications occur, whether or not the child receives these medications. So, what can you do for a child with a cold?

- Keep the nasal passages open when mucus gets thick, using saline nose drops.

*(Continued on page 6)*
Check For Children Who Need Catch-up Doses of Pneumococcal Vaccine

For the past year or so, the United States has had a shortage of pneumococcal vaccine that reduces the risk of infection from the most common bacterial cause of pneumonia and that cause ear infections as well. As a result of the shortages, not all children received their shots. Now, that the shortage is over, national experts recommend that all children should receive all 4 doses by age 18 months (at 2 months, 4 months, 6 months, and 15-18 months.) If a healthy child received a dose of vaccine at or after 18 months, or is older than 60 months of age, no further doses are required. If you have been using WellCareTracker™ Internet software, you can print out a list that will show you which children need to go back to their doctors for updates. See page 5 for more about using WellCareTracker™ and how to sign up for a free subscription. This software requires no installation on your computer, only an Internet connection. Using it helps ease the burden of completing the required PA DOH reports. It also gives you individual health record summaries and letters to use to get all the children up-to-date with preventive health care.

2003/2004 CHILD CARE IMMUNIZATION REPORTING RESULTS

In January 2004, the Pennsylvania Department of Health (PA-DOH) implemented the first annual, statewide requirement for immunization reporting. PA-DOH distributed Immunization Data Collection Forms to 4,492 licensed child care facility operators. When the data were analyzed, they showed:

- 3,184 (71%) child care facility operators completed and returned to the DOH the forms.
- The forms included immunization data for 104,707 children;
- 1,308 (29%) child care facility operators did not return the completed forms
- Estimated immunization coverage levels by vaccine and age group were at or above targeted levels for children 4 years and older for all vaccines except the one that prevents pneumococcal disease. Immunization levels for children between 4 months and 18 months need the most work to reach the national targets. The data are listed in the table below:

<table>
<thead>
<tr>
<th>VACCINES</th>
<th>2-3 Months</th>
<th>4-5 Months</th>
<th>6-18 Months</th>
<th>19-47 Months</th>
<th>48-71 Months</th>
<th>All Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>94.7 ± 1.2</td>
<td>78.0 ± 2.1</td>
<td>87.2 ± 0.6</td>
<td>90.4 ± 0.3</td>
<td>97.0 ± 0.2</td>
<td>92.5 ± 0.2</td>
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<tr>
<td>Polio</td>
<td>91.8 ± 1.5</td>
<td>73.8 ± 2.2</td>
<td>93.2 ± 0.4</td>
<td>93.7 ± 0.2</td>
<td>97.6 ± 0.1</td>
<td>94.9 ± 0.1</td>
</tr>
<tr>
<td>HiB</td>
<td>93.8 ± 1.3</td>
<td>76.9 ± 2.1</td>
<td>74.8 ± 0.8</td>
<td>98.7 ± 0.1</td>
<td>98.2 ± 0.1</td>
<td>95.3 ± 0.1</td>
</tr>
<tr>
<td>HepB</td>
<td>94.9 ± 1.2</td>
<td>83.6 ± 1.9</td>
<td>93.5 ± 0.4</td>
<td>94.0 ± 0.2</td>
<td>96.3 ± 0.2</td>
<td>94.7 ± 0.1</td>
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<tr>
<td>MMR</td>
<td>-----------</td>
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<tr>
<td>Varicella</td>
<td>-----------</td>
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<td>-----------</td>
<td>96.1 ± 0.2</td>
<td>98.7 ± 0.1</td>
<td>97.3 ± 0.1</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>79.1 ± 2.3</td>
<td>64.1 ± 2.4</td>
<td>69.0 ± 0.8</td>
<td>81.7 ± 0.3</td>
<td>49.5 ± 0.5</td>
<td>67.1 ± 0.3</td>
</tr>
</tbody>
</table>

A complete 2004 report of the immunization coverage levels by age groups for children in child care group settings can be accessed at http://www.dsf.health.state.pa.us/health/site/default.asp

The next child care immunization reporting form with instructions for submission will be distributed in January 2005. The DOH joins Department of Public Welfare, the state’s childcare facility licensing agency, in urging all child care operators to complete and submit this important report according to the instructions included with the form. For further information, you may contact Heather Stafford, RN, at DOH: (717) 787-5681 or e-mail at hstafford@state.pa.us
Providers Report WellCareTracker™ Helps Them With Child Health Records

Hundreds of child care centers are now using WellCareTracker™. Among the first-time users, 83% report being extremely or very satisfied with this Internet-based software to manage health records. Nearly two-thirds report using WellCareTracker™ more than once a month. Over 40% report using WellCareTracker™ once/week or more. More than half say that the most important reason for selecting WellCareTracker was, “to ease the burden of managing health records.” Another 40% say they use the tool because of “the ability to generate data for the mandatory annual report to the PA Department of Health.” Over 75% of users are satisfied or very satisfied with how WellCareTracker™ prepares data for the PA Department of Health and for the licensing visits of the PA Department of Public Welfare.

Compared with other ways to manage health records, two thirds of the users report that WellCareTracker™ is much better. Over half of the users report that the amount of time usually spent entering each new child’s data was less than 3 minutes. Another third report their data-entry time as 3-5 minutes per child. Overall, 88% say that WellCareTracker™ is easy to use. Over 80% say they have no problems using the software. Finally, 85% say they would definitely or probably recommend WellCareTracker™ to others.

A limited number of subsidized subscriptions to WellCareTracker™ are still available. ECELS purchased these subscriptions with one-time grant funding to the PA AAP from DPW. ECELS provides technical support for WellCareTracker™ users. Child care providers who sign up for the subsidized subscriptions pay a one-time $25 set-up fee for secure passwords to the privacy-protected secure Internet server where their data are stored. No special software is installed on your computer. You just need to be able to access the Internet. Users of the software who enter at least 50% of their children are eligible for 2 hours of PA Pathways training credit at no additional fee.

Act now to learn more about WellCareTracker™ by using your computer to link to the Internet site at www.WellCareTracker.org. Click on Sign-Up/Subscribe. Join the hundreds of centers now using WellCareTracker™ to ease the burden of managing child health records in early education programs.

Buckle-Up News

Child passengers should always be restrained — to prevent the child’s impact on hard surfaces in the event of a sudden stop. The national Highway Traffic Safety Administration reviewed fatal crashes from 1991 to 2001. They found that child passengers are more likely to be unrestrained if the driver is unrestrained, and vice versa. Since 1996, child restraint use has improved. In the same period, the annual number of passenger deaths of children under 5 years of age has dropped 23%.

We know child safety seat restraints work. Now we need to get all children buckled up properly to avoid injury and death. A new study in the June 2004 issue of Pediatrics reported that hands-on help with correct seat restraint use works. Across the state, trained staff are available for car seat installation workshops. Call 888-SEATCHECK, to find the nearest location of a workshop. To do better on your own, here are some guidelines to follow:

- Infants must be rearward facing until they are at least 1 year old, and at least 20 pounds. The longer a child can ride rearward facing the better. So if the child has a car seat that is designed to accommodate the child’s weight and height in the rearward facing position, don’t turn the child around until the child reaches the highest weight or height allowed by the child safety seat manufacturer.
- After they can no longer ride rearward facing, children should be in a forward facing car seat with a 5-point harness, until they are 40 pounds.

(Continued on page 6)
(Achoo, continued from page 3)

- Encourage the child to sit up or sleep with the head and chest elevated on a mattress that has something under it, so mucus will drain away. (Don't use pillows, since they cock the child's head on the chest and may make things worse.)
- Help the child learn to gently blow her nose.
- Offer lots of fluids to drink.
- Use a humidifier that you sanitize daily, to keep the humidity around 30-50% during the winter months. Daily sanitizing with a bleach-water solution prevents mold from growing in the machine.
- Wash hands whenever there might be some contact with mucus or touching of eyes, nose or mouth — to avoid spreading the cold virus in the environment and infecting yourself as well.

No reliable evidence shows that taking zinc supplements, Echinacea or Vitamin C shortens the course of the common cold, although many claims have been made for these remedies.

For guidance on many types of infectious diseases in child care, see the new book, Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide, 2004. With a grant from DPW, ECELS purchased and mailed this book to each licensed center. To buy the book for $34.95 from the American Academy of Pediatrics, call 888/227-1770 or go to www.aap.org/bookstore
New ECELS-Healthy Child Care PA Website: With support of a federal grant, ECELS–Healthy Child Care PA has attractive, newly designed web pages. The new design makes it easier for users to find information, and for ECELS to update useful materials. Check the web site of the PA Chapter of the American Academy of Pediatrics at least once a month to explore the many helpful materials posted there. Go to www.paaap.org, then click on ECELS-Healthy Child Care PA.

Compilation of standards in Caring for Our Children on the topic of Emergency/Disaster Preparedness. The National Resource Center for Health and Safety in Child Care has released a standards-based tool that contains 45 standards related to emergency preparedness, with associated rationale and references. The tool can be accessed and downloaded from the NRC website at http://nrc.uchsc.edu/SPINOFF/EMERGENCY/Emergency.htm.

NFPA Sparky the Fire Dog “Cool to Do” Pages: For February in honor of Valentine’s Day, try www.nfpa.org/sparky/valentinesday.html where guidelines are provided on how to do art projects to remind those you love to buckle up and celebrate Child Passenger Safety. For March, try the Hunt for Poisons at www.nfpa.org/sparky/coolfunt.html where school age kids will get a worksheet to do a poison hunt at home.

ECELS ORDER FORM

(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

To receive the handouts listed below, check the box and return the form with a mailing label that can be applied to a large envelope. Return the order form to: ECELS-HCCPA, Rose Tree Corporate Center II, Suite 3007. 1400 North Providence Road, Media, PA 19063.

Handouts: One copy for each child care facility while supplies last — Remember to mail or fax this form to ECELS with a large mailing label, suitable for a large mailing envelope. (For fax requests, we will glue or tape the label information you send us onto your package.)

- Mr. Yuk Poison Help poster, Mistaken Identities brochure
- Poison Prevention Flash Card sets (For school-age programs only)

Health & Safety Training Opportunities:

Four Self-Learning Modules are now available on the ECELS web pages at www.paaap.org. ECELS also offers many on-site workshops. Providers who want these workshops arrange for the site, and request training for a group of participants. Please see and follow the instructions to request training in the ECELS training brochure enclosed with this newsletter for both workshop and self-learning training opportunities.

Many useful materials are located on the PA AAP website, ECELS-Healthy Child Care PA page. To find ECELS-Healthy Child Care PA on the PA AAP website, sign on to the Internet, type into the internet address box on your computer screen “http://www.paaap.org” or “http://paaap.org”. When the PA AAP web page opens, use your mouse to put the cursor on “ECELS-Healthy Child Care PA” in the left border or frame of the page, and then click on it. You can also make requests by email: ecels@paaap.org or by Fax: 484-446-3255
**Winter Exercise: 1-2-3 Stretch**

Exercise is important year-round, even when it is sooooo cold outside, or there is snow and ice on the ground. Kids can usually play with a ball outside, even when it is cold. Some facilities can handle indoor ball-play too. Yoga is a fun way to stretch and move. It doesn’t require any special equipment and is easy for teachers and children to learn. Videos from the public library can show you simple yoga positions. Keeping active helps children and adults stay physically fit and mentally healthy. Here are a few other ways to stretch and move around:

- Stretch on tip toes and reach for imaginary falling snow flakes.
- Run in place, lifting knees high to step over imaginary piles of snow.
- Jump and hop in place.
- Have a walking parade through the facility, or play follow the leader.
- Try some simple yoga positions.

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- Internet Sites for good stuff
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