

HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

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Noise and Management of Sound

High noise levels can be challenging sources of stress in early education and child care settings. The result may be undesired behavior by children and adults. Also, noise affects understanding and learning. When noise levels are high, it is harder to distinguish word sounds clearly. So it is more difficult for children to learn to say words correctly. Both for tranquility and for a good learning environment, controlling noise is a good idea.

Sound is a key component of the environment. What is noise to one person is music to another. Sound varies in pitch, loudness and the way these factors are experienced over time. It can be challenging and stressful or soothing and comforting.



Stressful sounds can be especially difficult in group care settings during winter months when groups spend more time indoors. Many facilities are not designed to reduce sound stress. Too much noise where children gather for learning and play is a common problem.

In *Caring for Our Children (CFOC)*, 2nd edition, Standards 5.046 *Noise Levels* and 5.079 *Floors, Walls, and Ceilings* are helpful. Standard 5.046 describes the rationale for choosing different surfacing materials. CFOC lists with these two standards the related standards of ASTM for appropriate noise levels for human health and for fire safety of surfaces. ASTM (formerly known as the

American Society for Testing and Materials) is the organization commissioned by Congress to set such standards.

What can you do? It would be best if you could design and build a facility with sound control in mind. Then you could involve an acoustical engineer in the planning. However, most programs have to retrofit their facilities.

You can add sound absorbing surfaces to a room. For example, use carpeting on a wall or ceiling – leaving a broad unbroken expanse of a hard surface (which is easy to clean) only on the floor. Divide quiet from noisy areas with furnishings that have some height, varying the softness and bends in surfaces to contain and absorb the sound. Lower ceiling heights and reduce the hardness of ceiling surfaces by hanging washable materials over noisy areas. Wherever you can, keep noise from traveling by placing sound-absorbing material so that it separates spaces and absorbs sound. With any indoor add-ons, check with a fire safety expert to be sure that what you install does not increase the risk that a fire could spread easily in the building. Outdoors, reduce traffic noise by planting evergreen trees between the building and the street.

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Are Disinfectant/Sanitizer Wipes OK?

New products have come on the market labeled as disinfectant or sanitizer wipes. These come in convenient dispensers. If you want to use them, be sure to choose a product with a label that says it is an EPA registered disinfectant that can be used to sanitize or disinfect. You must follow the instructions on the product label.



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Can you plan the curriculum to include sound experience? Plan to alternate quiet with noisy activities. Speak in normal conversational tones. If you find yourself raising your voice to be heard, lower the noise level rather than adding to it. When playing background music, keep the volume low enough so a normal conversation can be heard above it. When playing music as an activity, keep the volume low enough to hear the children's singing and instrument playing. Plan periods of silence. Sounds are best appreciated as differences. Children need time to hear the smallest sounds – the ticking of a clock, the whoosh of a broom. Loud sounds can be scary or fun. Yelling is OK for cheering outside.

Be mindful about sound in the environment. When the sound is too loud or repetitive, it is numbing. We may not be able to hear the lovely sound of birds chirping until spring. Nevertheless, there are many possibilities for managing sounds for learning and pleasure this winter.

(continued from page 1—Are Disinfectant/Sanitizer Wipes OK?)

The labels do not always give instructions for sanitizing. Sanitizing usually requires less chemical and shorter contact times than disinfecting. Many people, even health professionals, use the terms disinfect and sanitize interchangeably. Sanitizing is a less stringent level of germ control than disinfecting. Sanitizing means reducing the number of germs so that transmission of disease is unlikely. Disinfecting means reducing the number of germs until there are very few left on a surface. Usually, child care programs only need to sanitize, not disinfect surfaces.

Some wipes have instructions for both sanitizing and disinfecting. One popular brand has a label that says to pre-clean the surface, and then to keep the surface wet with the wipes for 30 seconds to sanitize and for 4 minutes to disinfect the surface. Pre-cleaning to remove visible soil enables any product to work best on germs left on the surface, instead of being soaked up by visible dirt. In many non-chlorine products, the active ingredient is a type of chemical known as a "quat" or quaternary ammonium amine. Quats are usually toxic and leave a residue. Therefore the user must keep the wipes out of the reach of children and when using these wipes, rinse off the chemical using drinkable water if the surface will come in contact with food or anything related to food.



So if you use this type of wipe, you have an extra rinse step that you don't need if you sanitize a clean surface by 2 minutes of contact with a dilute bleach water spray made fresh daily by mixing 1 tablespoon of household bleach in 1 quart of water. You don't have to rinse the bleach away. You can just let the surface air dry or wipe it dry after the

surface has been wet with the solution for two minutes. When the surface is dry, the bleach is gone.

The bottom line is that disinfectant/sanitizer wipes are acceptable. Using wipes can be an expensive and labor intensive way to sanitize surfaces. Remember that you must follow the manufacturer's label instructions. If the product doesn't have a label that says it is an EPA registered disinfectant or sanitizer, or if you don't want to follow the instructions that are on the label, don't use the product.

Promote 60 Minutes of Moderate to Strenuous Physical Activity Daily

In Pennsylvania's winter, the wind chill may limit time spent in outdoor play to brief periods. Use indoor activities to be sure that every child gets the 60 minutes of daily moderate to strenuous activity required to prevent obesity. For ideas tailored to different developmental levels, use the resources suggested in the website provided in the April/May 2007 issue of this newsletter. Go to <http://nccic.acf.hhs.gov/fitsource/>. You can also just think up other fun activities like:

- Jump, kick in the air, bounce and dance.
- Hoops: Make interesting patterns on the floor for children to jump from hoop to hoop. Have children twirl hoops around their bodies.
- Jump ropes: Several young children can jump over a rope on one foot or two feet while someone gently swings the rope back and forth at floor level.
- Light weight nylon scarves: Have the children toss them to one another, seeing how many they can keep in the air at one time.
- Sit down, get up, speed up, count: See how many children can do.

Be active. Have fun. Stay fit.

Animals in Child Care

Interaction with animals is a useful and fun way to educate children about life, death and unconditional love. Animals stimulate children's curiosity, and promote self-initiated learning. However educators must consider the risks and benefits before arranging for children and animals to share the same environment. First, any animal in an early education and child care facility should be known to be in good health. The program staff should have a letter from a veterinarian for the facility to keep on file. The letter should confirm the health of the animal, state the type of care it requires and any risk to humans in contact with the animal. If appropriate for the animal, the animal should be fully immunized and maintained on a flea, tick, and worm control program.

Staff must always supervise children when the children are anywhere near the animals or the containers where the animals are kept. Children must be taught how to interact with animals. Children do not know how to be gentle in their motions to avoid startling or injuring animals. A sudden lapse in appropriate child behavior can result in a serious injury for the animal or for the child. Some other issues to consider before deciding to have animals in child care include:

Bites: Dog and cat bites are some of the most common bite injuries. Bites from these animals often lead to infection of the skin and deeper tissues because many germs live on the teeth of animals. Bites often produce puncture wounds that push germs deeply into the skin. Once a bite occurs, place the child's wound under running water to flush away bacteria that are on the surface. Notify the parents right away. Seek medical attention for the injury if the skin has been broken, especially if the wound is significant.

Infection—General Guidelines: Routine hand washing after any animal contact is a key to preventing infection. The animal itself is not the only source of infection. Any part of the animal's habitat or the routines required to care for the animal can spread germs to people.

Bacteria: Some animals like amphibians (e.g., frogs) and reptiles (e.g., turtles and snakes) should not be in facilities for children less than 5 years of age. These animals routinely carry disease-causing germs (salmonella) in and on their bodies that can cause outbreaks of serious illness in young children. This same germ is found in owl pellets. Contact with the animals or their habitats can spread these germs.

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Upright Seating Lowers Oxygen of Young Infants



A study reported in the September 2009 issue of *Pediatrics* compared oxygen levels in 200 newborns while in a hospital crib, car bed and car seat. The mean oxygen saturation level was significantly lower in the car seat (95.7 percent) and the car bed (96.3 percent) compared to the crib (97.9 percent). Car seats and other seating devices are not appropriate sleep equipment or places for infants to sit for prolonged periods of time while awake. Car seats are essential for protection from injury during travel. They are not a replacement for a crib or a lap.

Check Out New AAP Web Site For Reliable Pediatric Information

HealthyChildren.org is a new web site for parents and caregivers. It is offered by the American Academy of Pediatrics, the national organization of 60,000 member pediatricians and the source of many of the United States' expert standards for child health care. Jennifer Shu, MD, FAAP is the medical editor of this website. She is known for her ability to explain health information.

HealthyChildren.org is easy to navigate. Some sections are organized by ages and stages of development from infancy through adolescence. Other sections address healthy living topics such as fitness, nutrition, oral health and emotional wellness. Still others have articles on safety and prevention. More than 300 health care topics can be accessed from an A to Z list. The home page offers news items along with a chronological list of past postings of news items. For example, the 2010 Immunization Schedule was posted on this website on January 4, 2010. Go to this new website for information to share with parents or if you have a question yourself. You can be sure that what you find will be reliable. It is based on scientific evidence reviewed by the nation's experts, not just one person's thinking.

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For example, in December 2009, the Centers for Disease Control and Prevention (CDC) reported a 25 state outbreak of salmonella infection related to water frogs. Salmonella infection causes diarrhea, fever, and abdominal cramps. In a recent outbreak of salmonellosis in 107 people exposed to small turtles, one third of these people were hospitalized in serious condition. The sale of small turtles was banned in the U.S. in 1975. Still pet shops continue to sell small turtles.

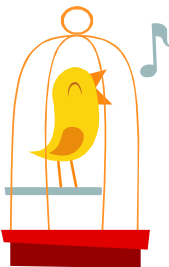
Parasites: Cryptosporidium and Giardia are transmitted from infected animals and cause diarrhea in humans. Other types of parasites such as hookworms and heartworms from dogs can spread easily to children. Children often put their fingers in their mouths after touching objects or surfaces that may have been contaminated by animal feces.

Rabies: Rabies is a disease feared in ill-appearing dogs and cats. However, it occurs in raccoons, skunks, bats, and foxes as well. Avoid all these animals except in zoo exhibits.

Leptospirosis: This disease is flu-like infection transmitted via the urine of infected animals. Pets can receive a vaccine to protect them. Children should not be in areas where animals urinate.

Cat diseases: Cat scratch disease causes fever and swollen glands. Healthy cats and kittens can spread this disease with a simple scratch. The feces of cats can spread toxoplasmosis. This infection can cause severe congenital defects or even stillbirth in a human fetus. A pregnant caregiver should avoid taking care of cats and handling cat litter at any time during her pregnancy.

Birds: Psittacosis is a prolonged lower respiratory tract illness caused by Chlamydia psittaci and spread by certain birds. Before allowing a bird in a group care setting, these animals (parrots, parakeets, and cockatiels) should be treated or test negative for avian chlamydiosis. The birds should not be allowed to roam, fly free, or have contact with wild birds. Instead, they should be kept in enclosed cages under appropriate restraint.



Fish: Mycobacterium marinum lives on fish and on fish tank surfaces. It may cause long-lasting infected wounds in sites of minor trauma after someone cleans the fish tank. While cleaning fish tanks, wear gloves. People who have im-

mune system problems should avoid this task. Water from the aquarium should not be put into sinks used for food preparation or obtaining drinking water. Discard the water in a utility sink.

Allergies: Children who are allergic to pet dander or suffer from asthma that is triggered by contact with animals should be protected from contact.

Article updated from Winter 1998 issue by: Ranita Kuryan, MD Resident at Jefferson University/ NEMOURS PL-3 and Rachel Choron, Medical Student at Jefferson Medical College

Managing Chronic Health Needs in Child Care and Schools, A Quick Reference Guide

So much change! Children change. Educational practices change. The medical needs of children in our care change. Having a Care Plan for a child with a special need is essential. An excellent new book published by the American Academy of Pediatrics (AAP) can help.

Managing Chronic Health Needs in Child Care and Schools, A Quick Reference Guide is edited by two pediatricians with many years of experience working with community programs, Drs. Elaine Donoghue and Colleen Kraft. The guidance is clear and easy to understand. The book provides practical information about 37 frequently encountered health conditions in quick access, reproducible fact sheets. Also, the book has ready-to-use forms for health care professionals to share essential information and instructions with parents and teachers about both daily needs and emergency situations.

Federal laws and regulations require that early childhood education (ECE) settings make "reasonable accommodations" to care for all children whose families want to have them participate in the ECE program. The book reviews these legal requirements. Inclusion of all children in ECE environments within Pennsylvania is a high priority for the Office of Child Development and Early Learning (OCDEL) and the STARS quality rating system. Many ECE providers would appreciate having up-to-date guidance about specific conditions. Using this practical book to plan how to care for children with medical needs will improve the comfort and competence of everyone involved. To review the content in more detail and to order the book, go to www.aap.org. Click on the AAP bookstore icon. To order by phone, call 1-888-227-1770.

Article contributed by Beth DelConte, MD, FAAP
ECLS Pediatric Advisor

Vaccine News:

- **New 2010 Child Vaccine Schedule**
- **WellCareTracker™ Documents H1N1 Vaccine Now**

Pennsylvania requires that all children in group care settings must be up-to-date with the current nationally recommended vaccine schedule. Three organizations approved the 2010 recommended immunization schedules for children 0 through 18 years of age and the catch-up immunization schedule. They are the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). These schedules are posted on the websites of the AAP at www.aap.org and the CDC at www.cdc.gov/vaccines/recs/schedules. Significant effort may be required to apply the schedules to an individual child's situation. The CDC's website explains the issues involved and has a vaccine scheduling tool that parents can use to help figure out what their child needs. Also, the websites list the changes from the 2009 to the 2010 schedule.

To ease the burden of checking child health records for child care providers, ECELS offers WellCareTracker™ — an online software application that uses the complex schedules and rules to check whether children are up-to-date with nationally recommended immunizations and health screenings. Now it includes H1N1 vaccine and uses the 2010 vaccine schedule. Dr. Stuart Weinberg is the pediatrician who developed WellCareTracker™ and keeps the system current with national well-care recommendations, including immunizations and other preventive services like vision screening. It takes 2-4 minutes to enter each child's birth date and check-up service dates into the secure, password-protected data base the first time. Users can enter data from any computer with a connection to the Internet. Then with a single click, the software generates reports which list which children are up-to-date, which are over-due, and which will need specific health services in the next 3 months. You can print out individual reports and letters for parents and child health providers. Another benefit for Pennsylvania child care staff is that WellCareTracker™ generates the program report data required annually by the PA Department of Health. Many handy tools are available on the WellCareTracker™ website. For information and a demonstration of WellCareTracker™, go to www.wellcaretracker.org or contact ECELS at 484-446-3003.

**Reportable Illness**

Pennsylvania child care regulations require that early learning practitioners report to the Department of Health when anyone has certain types of illnesses or diseases.

The regulatory language in 3270 for centers, 3280 for group homes and 3290 for family child care homes (.136) says:

“§ 3270(80)(90).136. Reporting diseases

(d) A facility person who knows of a communicable disease for which 28 Pa. Code Chapter 27 (relating to communicable and noncommunicable diseases) requires reporting, or who knows of a group expression of an illness which may be of public concern, whether or not it is known to be of a communicable nature, shall report it promptly to the appropriate division of the Department of Health as specified in Chapter 27, or to a local department of health.”

Chapter 27 is PA Code, Title 28, Chapter 27 which provides the List of Reportable Diseases.

To find this list, go to the Pennsylvania website at <http://www.state.pa.us>. Select the Government tab, then Department of Health, then Diseases and Conditions. Certain broad categories such as “Food Poisoning Outbreak” require reporting all illnesses of that type. Remember to report any disease outbreaks and/or unusual occurrences of disease. Early educators are not expected to make diagnoses. However, child care facilities should report to the Department of Health if they learn that someone involved with the facility has a diagnosis on the list of reportable diseases. Reporting makes it possible for public health professionals to consider whether some action is needed to protect others in the facility.

Call 877-724-3258 to reach the PA Department of Health. You may be instructed to call a local county or municipal Department of Health to make your report if you are in an area where such services are available.

Start Safe: A Fire and Burn Safety Program for Preschoolers and Their Families—Free Materials

With a grant from the U.S. Department of Homeland Security/Office of Domestic Preparedness, the Home Safety Council developed a developmentally appropriate fire and burn safety education program for preschoolers. In the spring of 2009, they tested the program in selected Head Start programs. Philadelphia Head Start was one of the test sites. The developers realized that many preschool age children cannot master the elementary school messages “Stop, drop and roll” and “Crawl low under smoke.” Instead, this new preschool program uses messages that a 3 to 5 year old child can more easily understand.

These messages are:

- I Spot Something Hot (Recognize danger)
- Have a Home Escape Map (Have a planned way out)
- Practice a Family Fire Drill (Practice getting out)
- Go Outside and Stay Outside (Go out and stay out when there is danger inside)

The support materials include a poster, *Fire Fighters are Helpers*. The poster shows a fire fighter in full regalia. Teachers can explain why helpers sometimes wear what may seem to make them look scary to children. There is a Big Book, a DVD, and puppies Wiggle and Giggle as part of the kit. (The photo below is not the poster.)



For more information about this new program and to request and download free materials go to www.homesafetycouncil.org/startsafeprogram. The Home Safety Council (HSC) is a national nonprofit organization solely dedicated to preventing home related injuries and is located in Washington, DC.

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Acidic Foods, Drinks, Candy Linked with Dental Enamel Erosion

Bryant Low, a 4th year dental student at the University of Pittsburgh wrote to ECELS in September 2009. He commended our work to promote oral health in child care settings. Then he urged us to tell early educators that eating sour candies and (multiple daily) exposure to acidic foods (e.g. citrus fruits and juices) increases the risk of erosion of tooth enamel. He cited a report in the July 2009 issue of the Journal of the American Dental Association that compared original flavor and sour flavor candies. While both caused erosion of tooth enamel, the sour candies did more harm.

Health professionals recommend limiting the amount of sugary acidic beverages and candy. If you serve them at all, offer them only at meal-times, and be sure the teeth are cleaned or at least rinsed with a drink of water after eating. Remember, for children under 4 years of age, hard candies are choking hazards.

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