Cold Weather Safety Tips

Winter brings colder weather. Children get cold (and hot) more easily than adults. This is because young children have relatively more surface area for their body mass than those who are older. Still, going outside when it is cold is a good idea. Germs are less concentrated in the outdoor air. Take the group outside while fresh air circulates from opened windows and/or the ventilation system in the emptied rooms. Outdoor play in cold weather encourages more vigorous physical activity. In addition, going outside in all types of weather gives children opportunities to learn about changes in the environment. The Centers for Disease Control and Prevention website at http://www.bt.cdc.gov/disasters/winter/ offers these tips to enjoy cold weather.

Dress for the weather

Adults and children lose body heat more quickly if they don't wear a hat. Choose tightly woven fabrics that keep you warmer by holding in more heat and keeping wind from taking body heat away. Wool or tightly woven synthetic fibers are better than cotton.

Cold air holds less moisture than warmer air. So if it is very cold, wear a scarf or knitted face covering. This reduces drying of exposed skin and linings of the nose and throat.

Getting too warm can cause sweating. So dress to stay warm, but avoid over-dressing. Perspiration wets clothing. Moisture on the skin wicks heat away from the body. However, wet weather doesn't need to keep everyone inside. It can be fun to be outside in snow and rain – if you dress in water-resistant clothing that keeps skin dry.

Shivering is the movement of muscles to generate warmth when the body is getting too cold. If someone is shivering despite increased activity, it is time to go inside. Otherwise, body temperature will start to fall.

The following definitions of cold injury are from Pediatric First Aid for Caregivers and Teachers, 2nd edition, 2012, pp. 298-303. This manual was written by the American Academy of Pediatrics and the National Association of School Nurses.

**Hypothermia:** Lowered body temperature is called hypothermia. Suffering hypothermia doesn’t require very cold temperatures if the skin gets wet. In addition to shivering, at significantly lowered body temperatures, drowsiness, confusion, slurred speech and shallow breathing can occur. Body temperatures lower than 95 degrees F. are dangerous. First aid for hypothermia is to call EMS. Then take the child to a warm room, remove cold wet clothing and replace it with warm dry clothing or a blanket. If a warm room isn’t available, wrap the cold person and a warm person together in a blanket.

**Frost nip:** In freezing temperatures, smaller, exposed body parts suffer cold injury first. Blood vessels in these areas constrict in response to cold. This constriction can make fingers, toes, ear lobes and tip of the nose pale and numb. They are painful as they warm up again. If the part doesn’t actually freeze and no permanent injury occurs, the condition is called “frost nip.”

First aid for frost nip is similar to the first aid for hypothermia. Do not rub the injured part. Until you can get to a warm room and replace cold wet clothing with dry warm ones, put the cold body parts close to warm body areas, eg. hold cold hands in armpits. For 30 minutes, slowly rewarm injured areas in warm (not hot) water around 100 degrees F. Apply warm compresses to the injured area. If warm water isn’t available, gently wrap the area in warm blankets. If the area seems to return to normal, have caregivers/families watch for any evidence of injury that signals the need for medical care.

**Frostbite:** If body tissues actually freeze, the injury is called frostbite. Frostbite requires medical attention as it can cause permanent damage. The severity of frostbite is graded like burn injuries.
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First degree frostbite is when tissues become white and hard, and then mildly red and swollen when rewarmed. Second degree frostbite is when blisters appear the next day. Third degree frost bite is when permanent skin damage occurs. First aid for frostbite is to contact EMS and then follow the same procedure as for frost nip until EMS can take over.

Wind Chill
Wind removes heat from the body faster than would occur just by exposure to the cool temperature. The National Weather Service has a guide at www.nws.noaa.gov/om/windchill/index.shtml that indicates when conditions are comfortable, require caution, or are dangerous for outdoor activities. Outdoor play with proper clothing is OK unless the temperatures are at or below minus15 degrees F. Check children frequently when conditions require caution. Look for shivering and any signs of early cold injury to hands, toes or other vulnerable body parts. For a CDC chart that indicates the amount of time until frostbite occurs at varying combinations of air temperatures and wind speed, go to www.cdc.gov. Search for “wind chill.” For a child care chart, see www.idph.state.ia.us/hcci/common/pdf/weatherwatch.pdf.

The 2012, second edition of PedFACTs, the nationally approved pediatric first aid course book has been updated. It is very easy to use. Every adult who cares for children needs this information. The book is required for the Pediatric First Aid for Caregivers and Teachers, (PedFACTs) course. The American Academy of Pediatrics (AAP) and the National Association of School Nurses wrote the second edition.

The book includes “must know” topics. In addition to how to care for different injuries and how to perform CPR, the book has related topics. One chapter describes how to handle common chronic diseases. Another recommends how to prepare for emergencies. The appendices of the book offer valuable supplemental information. A large appendix gives guidance about common childhood illnesses. For each illness, the text says “What you should know,” What you should look for,” “What you should do”, and when the “Child may return to School or Child Care.” Another appendix includes the current AAP first aid chart, a list of situations that require immediate medical attention, supplies needed for first aid kits, and how to take a child’s temperature. Other appendices include sample forms, cleaning/sanitizing/disinfecting information and signs and symptoms of child abuse and neglect.

Single copies of the PedFACTs book cost $17.95. You can order it from the American Academy of Pediatrics (AAP) bookstore at www.aap.org or at 847-434-4000.

Now there are two options to take the PedFACTs first aid course. Choose the 4 hour in-person course or the online/hands-on hybrid course. The four hour course includes lecture, interactive discussions and skills stations in a classroom setting. The hybrid course combines self-directed online learning (about 2 hours) followed by a 2-hour classroom session for hands-on CPR skills practice and instructor interaction.

For more information about the course, visit www.pedfactsonline.com. Pennsylvania early education and child care providers may request the on-site option or hands-on portion of the hybrid PedFACTS course from ECELS. To make a request, send an e-mail to ecels@paaap.org or call 800-24-ECELS (800-243-2357).
Tooth Brushing in Child Care

Oral hygiene during the child care day is a good learning activity. Performing daily tooth brushing is a personal care routine that every child with at least one tooth needs. Brushing after a meal or snack in child care reinforces the concept of cleaning food off teeth and gums. Tooth brushing with fluoride toothpaste prevents gum disease and tooth decay.

Tooth brushing in child care helps overcome the lack of well-supervised twice daily oral hygiene at home. In many families, hurried morning and bedtime routines lead to skipped or poorly performed tooth brushing. Oral health professionals recommend adult assisted tooth brushing until the child can perform the task well. Usually, children need help until they are 4 to 6 years of age.

Standard 3.1.5.1 in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for early care and education programs, 3rd edition (CFOC)*, addresses routine oral hygiene activities. The standard says, “All children with teeth should brush or have their teeth brushed at least once during the hours the child is in child care...Children whose teeth are (properly) brushed (with fluoride toothpaste) at home twice a day may be exempted... The cavity-causing effect of frequent exposure to food or juice should be reduced by offering the children (mouth) rinsing (with) water after snacks and meals when tooth brushing is not possible.”

*CFOC* no longer recommends wiping the gums of infants who do not yet have teeth. Current evidence shows benefit of oral hygiene starting when the child has a tooth.

Facilities with large trough-type sinks or many sinks can do tooth brushing at sinks. However, sinks are not necessary. Many facilities have limited numbers of easily accessible sinks. Brushing teeth at the table after a meal or snack is finished provides peer reinforcement. Hand washing before tooth brushing is not necessary if the children wash their hands for a meal or snack and then do tooth brushing right after eating. Tooth brushing at the table makes it easy to supervise and teach more than one child to perform oral hygiene. Many Head Start and quality child care programs use this routine. It is a good transitional activity after eating.

Staff members:
1. Wash your hands, and then assemble the following items for each child.
   - The child’s labeled tooth brush
   - A cup with just enough water for the child to wet the toothbrush. After brushing, the cup can be used as a spit cup or just thrown away.
   - The appropriate amount of fluoride toothpaste on the edge of the cup. Children less than 2 years of age need a smear or rice grain amount; older children need a small pea-sized amount. Dispense the toothpaste only onto a clean surface, not directly onto toothbrushes. Regular adult toothpaste has the same fluoride concentration and is less expensive than toothpaste labeled and flavored for children. Children are less likely to eat the less flavored adult toothpastes. The teacher should dispense the toothpaste from each child’s own labeled) toothpaste tube or from a single tube. Toothpaste should be inaccessible to children. Toothpaste is not necessary to teach children how to brush to remove food and plaque from their teeth. However, brushing without fluoride-containing toothpaste does not prevent tooth decay.

2. Demonstrate how to brush teeth up and down for 2 minutes with 1:1 teacher-assisted instruction of a different child each day. Wearing gloves is necessary only if the child has bleeding gums or mouth sores.

3. After brushing their teeth, have the children either spit into the cup or just swallow. The amount of fluoride in the recommended amount of toothpaste is not harmful. Learning to spit is a skill that some children do not acquire until they are 3 or 4 years of age.

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Infant Swings-New Standards

In May 2013, a new federal mandatory safety standard for infant swings will go into effect. According to the U.S. Consumer Product Safety Commission, the new standard is necessary because of deaths and injuries of infants placed in infant swings, cradle and travel swings.

If your program has an infant swing, don’t wait for May 2013. Unless the manufacturer of the swing labels it or provides documentation that it meets ASTM F2086-12a, do not use it.

Standard 5.3.1.10 in Caring for Our Children, National Health and Safety Performance Standards says infants should not be in restrictive infant equipment for more than a maximum of 15 minutes twice a day. Also, infants should not sleep in these devices. Seated positioning and “slump overs” of infants restrict their ability to move and breathe in these devices.

Immunization Scheduler– A Tool to Do Free Checks

Vaccine schedules are complicated. Each vaccine has special rules about when to give each dose and what to do if the child received a vaccine later than recommended, or missed a dose. The Centers for Disease Control and Prevention offers immunization checking tools on their website at http://www.cdc.gov/vaccines/schedules/. In the column headed “For Everyone,” choose the age group for the record you want to check. Follow the instructions for a list of the dates vaccine should have been given.

Teachers/caregivers need special consideration for two vaccines: A dose of Tdap is a vaccine recommended for caregivers of young children no matter when the person last had tetanus-diphtheria vaccine. OSHA requires that employers offer hepatitis B vaccine to anyone who might be exposed to blood at work, as in giving first aid.

Another CDC website tool is for children 0 to 6 years of age who have not followed the recommended schedule. After entering the dates for all the vaccines the child has received, the website indicates vaccines that the child requires and the dates when the child should receive the required doses. For this tool, go to https://www.vacscheduler.org/scheduler.html?v=patient.

(For an alternative to the CDC scheduler from ECELS, view a live demo at www.wellcaretracker.org.)
Violence–Children as Witnesses & Victims

The American Academy of Pediatrics recently reported startling statistics about violence and children. Over 60% of children are exposed to violence each year. Nearly half (46%) experienced a physical assault at least once. A quarter (25%) witnessed a violent act and 10% saw one family member assault another. In a study of adults enrolled in Kaiser Permanente (a large, national HMO,) those who had exposure to adverse events in childhood were more likely to have long-term physical, mental and behavioral health issues.

Recent research about early brain development suggests why exposure of young children to violence is so harmful. Exposure to violence stimulates a stress response. Children with overstimulated stress responses have poorly adapted brain connections necessary for managing stress and decision-making. Children less than two years of age are particularly vulnerable.

Post-traumatic stress syndrome (PTSD) occurs in children. Their response to trauma may be disorganized or agitated behavior such as eating or sleep problems. They may avoid reminders of the incident, or become withdrawn. They may have more tantrums or become aggressive. Some may limit variety of their play activities. They may play out the traumatic event repeatedly. Others may lose recently acquired skills. For example, children who recently mastered toilet learning may start to wet or soil themselves again. A child who was happy and independent may become clingy.

What can teachers/caregivers do for a child whose behavior suggests possible exposure to violence?

- Gather information sensitively. Have a trusted caregiver/teacher or director ask family members what behaviors they observe at home. Ask when changed behavior began, then what was happening at the time at home and in the child care program. Try to figure out if anything happened to the child or to anyone involved with the child at the time the behavior began.
- Maintain routines while observing the child’s behavior – documenting when concerning behavior occurs and what the child does.
- Engage the family and the child’s health care provider in a discussion about the observed behaviors at home and in other places, and a consistent approach to the child in all settings.
- Consider consultation with a mental health professional if the concerns persist.

The American Academy of Pediatrics has a list of additional suggestions and resources at http://www.healthychildren.org.

Playground Signs

Anytime is a good time to make the playground safer. Children should play outdoors in all seasons. Each year, over 200,000 children go to emergency rooms because of playground-related injuries. Playgrounds should have nationally recommended signs to remind users about safety precautions.

What Should Playground Signs Say?

Use the US Consumer Product Safety Commission (CPSC) and ASTM standards for playground signs. Signs should specify the age range of children who can safely use the equipment. Many adults don’t realize that it is dangerous for young children to play on equipment intended for older children. Signs should say what safety surfacing needs to be under and around equipment. Signs should identify equipment that requires especially close adult supervision.

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Child Care Health Consultation
Dr. Philip Siu, an Excellent Role Model

Dr. Philip Siu is a Child Care Health Consultant for Children’s Village. ECELS asked Beth Baker to describe the role that pediatrician Philip Siu, MD, FAAP has at the center. Beth Baker is the Family Services Director at Children’s Village. In his office in South Philadelphia, Dr. Siu provides health care services for children. Dr. Siu and Children’s Village have had a long-standing relationship. This real-life model of child care health consultation services is inspirational. Beth Baker reports:

"Children’s Village is a child care center in Center City Philadelphia. The center serves 417 children between 13 months and 12 years of age. Children’s Village is NAEYC accredited, and a STAR 4A program in Keystone STARS, the state’s quality rating system. The center collaborates with the Philadelphia School District to deliver Head Start and Pre-K Counts services. (For more information about Children’s Village go to www.childrensvillagephila.org.)

Dr. Siu helps the center develop realistic, healthful policies. Every two years, or more often as needed, he reviews Children’s Village policies and procedures with administrative staff. He focuses especially carefully on prevention and management of infectious illnesses, medication administration at the center, special diet and feeding considerations, routine environmental hygiene and sun safety practices. He brings nursing staff and influenza vaccine from his office to give the vaccine at Children’s Village every fall.

Children’s Village contacts Dr. Siu about special health concerns that have not yet been addressed in the center’s written policies. He always responds promptly to these requests. For example, the center needed his guidance about how to protect a child and the community when a family chooses to leave their child unimmunized or under-immunized. He helped establish a re-admission protocol for conditions associated with unusually persistent symptoms. He helped the center staff deal with the widely publicized health alerts about Severe Acute Respiratory Syndrome (SARS) and H1N1 (swine) flu outbreaks. He has provided medical advice about environmental issues, e.g. a mold problem. His input enables the center’s administrative staff to address and quiet alarm among parents and staff in these situations.

Some of the children at Children’s Village are mutually served by the center and Dr. Siu’s pediatric practice. With parent consent, Dr. Siu collaborates with the center staff to more effectively meet the health and developmental needs of these children. For example, Dr. Siu helped a reluctant parent accept special services that the center’s psychologist recommended for a child who demonstrated special developmental needs. He has supported planning for children with chronic conditions so these children can participate fully in the center’s program. He advised Children’s Village staff members about sensitive, appropriate diet and exercise routines for children who are obese.

Dr. Siu is unwaveringly professional, thorough, reflective and kind. He has a quick, wry and refreshing sense of humor. He is not afraid to take a stand on tough issues, even when they are hot topics for parents and/or authorities. He is always on the side of what is right for children. He advocates for what children deserve and need to be happy, healthy, contributing members of their communities now, and as they grow up to become adults."

ECELS-Healthy Child Care PA is based at the PA Chapter of the American Academy of Pediatrics. ECELS provides support to health professionals who take on any part of the role of a child care health consultant. We are sharing Beth Baker’s description of Dr. Siu’s role as a Child Care Health Consultant to encourage other programs and pediatricians to form similar relationships.
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Obesity Prevention–Nutrition and Physical Activity Checklists

The National Resource Center for Health and Safety in Child Care has easy to use nutrition and physical activity checklists. ECELS encourages Child Care Health Consultants, Home Visitors, Quality Rating Improvement Specialists, program administrators and parents to use them.

View and download the checklists. Observe for all the items to see which are program strengths and what needs to improve.

Nutrition Checklist
- (English) http://nrckids.org/nutritionchecklist.pdf
- (Spanish) http://nrckids.org/nutritionchecklistsp.pdf

Physical Activity Checklist
- (English) http://nrckids.org/physicalchecklist.pdf
- (Spanish) http://nrckids.org/physicalchecklistsp.pdf

For more information, use the online Self-Learning Module from ECELS, “Fitness and Nutrition: Moving and Munching.”

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