



EARLY CHILDHOOD HEALTH LINK



Uniting Children, Parents, Caregivers and Health Professionals

VOLUME 15: ISSUE 1

WINTER 2004

Be Prepared



Preparing for emergencies is essential. Unfortunately, many people wait until a tragedy calls their attention to the need to plan. All early education and child care facilities should have a plan for emergencies in place.

State agencies say the plan must address at a minimum: shelter of children during an emergency, evacuation of children from the facility, and a method for facility persons to contact parents. DPW and the Pennsylvania Emergency Management Agency (PEMA) worked together to develop materials that child day care facilities can use to make the plan. For a copy of these materials from the Internet, go to www.pema.state.pa.us select "site index" then "PEMA Guides" and then "Day Care Planning Tool Kit." Child day care facilities can contact their regional day care office for more information about DPW requirements related to a facility plan for emergencies.

Local emergency response professionals have received materials from PEMA to help early childhood educators develop plans for emergencies. ECELS-Healthy Child Care PA has some technical assistance to offer as well.

On September 17, 2003 ECELS organized a mid-Atlantic regional audio conference on planning for emergencies. Three experts gave helpful presentations during the audio conference.

(Continued on page 2)



HEALTH AND SAFETY CALENDAR

January

◆ **PA Department of Health (DOH) Checks Immunization Compliance:** PA DOH has instructed child care providers to complete and submit a DOH form to verify compliance with state regulations that require each child's immunizations to be up-to-date. One easy way to do this is to sign up to use your computer (without special software) at an ECELS Internet site: www.wellcaretracker.org. You can get reports on the status of each child, a mock up of your data on the DOH form and a table of the data. Alternatively, order and use an Immunization Dose Counter to check the records by hand. (See p.7)

February

◆ **National Child Passenger Safety Week, Feb 8-14, 2004:** See the articles on pages 4 and 5 about booster seats for children and new Head Start transportation requirements. Check <http://www.BoosterClubOrder.com> or call NHTSA 202/366-9550 or PA TIPP at 800-CAR-BELT for free materials.

March

◆ **National Poison Prevention Week:** For educational materials, call the US Consumer Product Safety Commission, Kim Dulic. 301/504-0580, Ext. 1184.

◆ **National Sleep Awareness Week, March 29-April 4, 2004:** See Web Wanderings on p. 7 for new sleep guidelines for children.



(Be Prepared — continued from page 1)

You will find the handouts from the audio conference and the PA Emergency Response Planning Guide on the ECELS-Healthy Child Care PA page of the PA AAP website, <http://www.paaap.org>.

Watch the Spring 2004 issue of Health Link for news about new training opportunities to learn about planning for emergencies and earn DPW authorized training credit.



Shelter in Place

“Shelter-in-Place” is one of the key concepts in emergency response planning. “Shelter-in-Place” means staying inside the building you are using when the emergency occurs. In some emergencies, it is less dangerous to stay put than to try to evacuate. For example, when a toxic chemical release occurs outdoors, the occupants need to stay inside a building that they can adapt to reduce their danger. Local authorities alert the public and relay emergency action steps through the media when it is best to use “Shelter-in-Place.”

Your County Emergency Management Agency can tell you about the fastest way to receive an alert from your community’s emergency warning system. If you are asked to “Shelter-in-Place,” you need to be ready to implement a well-thought-out plan. All the adults and children involved with the facility should understand the plan.

Those who have practiced the plan will be more cooperative at the time of an alert. Families need to know the plan too so they do not risk danger to reach their children in an emergency. If some adults at the facility will not agree to commit to “Shelter-in-Place,” the plan must address their departure. When you are doing “Shelter-in-Place,” stay in the building until you receive official notification that the danger has passed.

Several sources of guidance are available to jump-start your planning. To prepare this article, ECELS staff used the section on “Shelter-in-Place” in the Emergency Response Planning Guide for Child Care that is posted on the ECELS-Healthy Child Care PA web page at <http://www.paaap.org>. Recently, the Philadelphia Fire Department developed a guide for Philadelphia child care facilities called “Shelter-In-Place at a Day Care Facility” that ECELS used to write this article. Also, Bright Horizons has a model plan that they have posted on a publicly accessible part of their web site. Their plan is in Microsoft Word for easy editing after you download it. You’ll find their model plan at <http://www.brighthorizons.com/talktochildren/>.

Start by having a way to know who is in the building at all times, including staff, volunteers and visitors. At the time of an emergency, you’ll need a simple way to inform visitors who do not know the emergency plans. For example, assign someone to instruct visitors in an emergency. As with all other specific duties, have a back-up person to be sure that those duties get done in a crisis.

When you have a plan, practice it. If some part doesn’t work well, fix the plan. Practice at least twice a year. The first time, review the procedures with everyone and announce the drill a few days in advance. The next time, announce that a drill will happen in a few days to prevent panic, but do not say exactly when it will occur.

Be ready. While planning for an emergency may scare children and grown-ups, knowing how to be safe helps everyone feel better.



ECELS Q & A

Nosebleed Control

Q: Why are nosebleeds more common in the winter and what should we do to stop them?

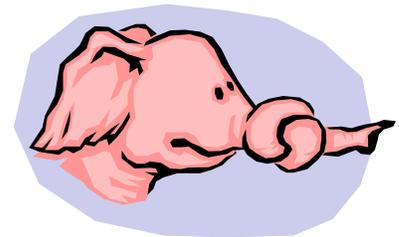
A: The nose filters, add moisture and warms cold air to protect the lungs. Nosebleeds are common in winter when allergies, infections or dry air cause itching and picking of the nose. Blowing the nose too hard or hitting the nose can cause nosebleeds also.

Adding moisture to the dry winter air is a good way to reduce the risk of nosebleeds. Doctors encourage families to put salt water nasal mist spray or some petroleum jelly in the

front portion of the child's nose to help protect the delicate nasal tissues from harsh, dry winter air.

Most nosebleeds come from the lower part of the wall that separates the two nostrils of the nose. If a blood vessel breaks in that area, the blood runs out of the nostril when the person is sitting or standing. The blood drips into the back of the throat and is swallowed when the person lies down or tilts the head back. Putting the head back or lying down may make the blood appear to stop flowing, but it doesn't stop the bleeding. Swallowing blood upsets the stomach and may lead to vomiting – then the stress of vomiting may actually make the nosebleed worse.

ECELS adapted these simple steps from the recommendations on how to stop a nosebleed on the website of the American Academy of Otolaryngology (Ear, Nose and Throat doctors <http://www.entnet.org/healthinfo>).



1. Stay calm.
2. Keep the child sitting up.
3. Use the thumb and a finger of one hand to pinch all of the soft parts of the nose together.
4. Gently press the pinched nose against the bones of the face.
5. Hold that position **for a full five (5) minutes by the clock**. Don't peek to see if the bleeding has stopped until the 5 minutes are up. Then, release the nose very gently to avoid restarting the nosebleed. A sudden rush of blood reentering the broken blood vessel in the nose could dislodge the clot that should have formed while you kept the area pinched off and pressed against the face.
6. If you can, apply ice to the child's nose and cheeks using a plastic bag of ice or frozen vegetables wrapped with a cloth while you press the nostrils together.

Infectious Disease Fact Sheets



Are you looking for handouts to give to families during an outbreak of an infectious disease such as the common cold, strep throat, influenza, conjunctivitis, or diarrhea?

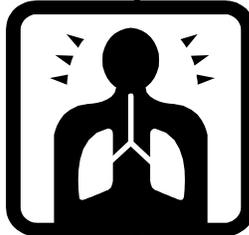
Look on the ECELS-Healthy Child Care PA page of the PA AAP website, <http://www.paaap.org> where you will find a large number of Fact Sheets on common infectious diseases. These are written in plain language that staff and parents will appreciate. You can also find fact sheets on infectious diseases on the website of the Centers for Disease Control and Prevention at <http://www.cdc.gov>.

Asthma Update

Many children with asthma require medicines during the day. They may need “rescue medicine” for an episode of asthma as well as “controller medicine” to minimize the frequency and severity of asthmatic episodes.

Different types of controller medications require different numbers of doses, from 2-4 times per day. A recent study found that when children with asthma received twice daily inhaled steroid medication that requires only two doses a day, the quality of life for the children and their caregivers improved. In this study, children receiving inhaled steroids had more symptom-free days compared with children receiving another controller medicine.

The convenience of once- or twice-daily dosing with a steroid preparation that can be given at home decreases the burden on families and other caregivers. Unlike oral steroids, inhaled steroids require a very low dose that has few side-effects. A routine of twice-a-day inhaled steroids is easier and gets better results than 3 or 4 times-daily doses of Cromolyn, a commonly used controller medicine. Giving asthma medicines by inhalation usually requires special devices: aerosol or powder inhalers, spacers or a nebulizer (a mist-making machine.)



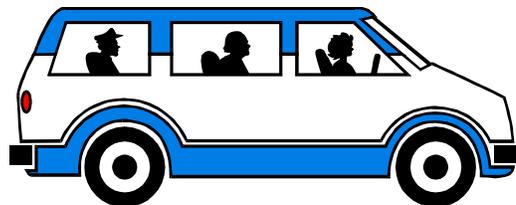
Ask parents of children with asthma to check with their child's pediatrician about choosing controller medicines that only require two doses a day. With this change, except when an asthma episode requires additional medication, the parent can give the child doses of medication at home.

The signs of asthma may include wheezing, coughing, or trouble walking and talking when the child must work hard to breathe through narrowed chest airways.

For all children with asthma, ECELS urges early education and child care providers to:

- Have a current Asthma Care Plan for each child with Asthma (see ECELS-Healthy Child Care PA page on the PA AAP website: <http://www.paaap.org>).
- To receive a self-learning module or schedule workshop training on Asthma or Medication Administration, contact ECELS-Healthy Child Care PA by email: ecels@paaap.org, by phone: 610/520-3662 or 800/24-ECELS, or by mail using the training request form insert.

Reference: **Murphy, Kevin R et al.** *Pediatrics* 2003;112:e212-219. URL:<http://www.pediatrics.org/cgi/content/full/112/3/e212>.



New Head Start Transportation Regulations

Effective January 20, 2004, Head Start agencies that provide transportation services must ensure that each vehicle used to transport children receiving such services is equipped with height- and weight-appropriate child safety restraint systems. Head Start children under 50 pounds must use these systems.

(See the article on page 5 of this issue of Health Link on booster seats. Note that the National Highway Traffic Agency recommends use of child passenger restraints for all children up to age 8 and 4 feet 9 inches in height.)

In addition, the new Head Start regulations say that items in the passenger compartment must be secured, exits remain clear and a bus monitor must be on board at all times.

Teach Kids That Exercise Makes You Feel Terrific

Kids need a better message than they get when they see adults exercising on TV. Too often they see adults jogging with pained expressions, and commercials showing people with bulging muscles and flat abdomens using expensive exercise equipment. Exercising should involve regularly doing something that's fun, something that people can do at every age. When teacher/caregivers do daily exercise with children, everyone gets these benefits:



- Strenuous exercise works off stress and helps you relax.
- Skill and strength-building exercise helps you feel proud of yourself.
- Exercise helps you keep a healthy weight by reducing your appetite and reducing the amount of your food that your body stores as fat.
- Moving around for the equivalent of at least an hour of walking every day, helps to keep body parts flexible and ready for action when you need to do something strenuous.
- Doing vigorous exercise for 20-30 minutes at least three times a week makes your whole body stronger, and is especially good for your heart.

Think about how you can involve children in planning and doing exercise to get one or more of the benefits listed above. For example, when a toddler is angry or frustrated, help the child select an acceptable vigorous activity to "chase away" the anger.

To view a list of 21 activities that are fun and easy for very young children, visit the federal government website www.fitness.gov/funfit/. Select "Kids in Action." The props you'll need are simple and readily available: a beanbag, a short stick, a coffee-can sized container with some small objects, a pillow, and a ball.

For older preschoolers, set up a chart with pictures of skill or strength targets that are developmentally appropriate. Let children plot their progress by putting lines or stickers next to the activity to represent the number of times they can do each activity, such as hopping on one foot, or jumping a distance longer than they could do before. Have children act out stories rather than just sit and listen to them. Think about how many different ways you can get more movement into the activities you do each day.

Use Booster Seats



More than 40% of children under eight who die or suffer incapacitating injuries in fatal crashes are completely unrestrained. National Highway Transportation Safety Agency (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."** Children are large enough for a lap and shoulder belt when they can sit with their hips against the vehicle seat back cushion with their knees bent over the vehicle seat cushion.

Research by the National Highway Transportation Safety Agency shows that for a child between 4 and 8 years of age, use of a belt-positioning booster seat reduces the child's risk of being killed in a crash by 54%, compared with only 48% risk reduction for using adult belts alone in the back seat. PA law requires drivers to secure all children between 4 and 8 years of age in a seat belt system and a properly fitted child booster seat.

Two types of booster seats are available: 1) Belt-positioning booster: Seats that are used with lap/shoulder belts. The booster raises the child so that the lap/shoulder belt fits properly. This helps protect the child's upper body and head. Belt-positioning booster seats are available as both high-backed models (for seats lacking a head restraint) and models that raise the child, but have no back. 2) Shield boosters: Shield boosters may be used by children less than 40 lbs. However, children less than 40 lbs. are best protected in a seat with a full harness. If a child weighs more than 40 lbs, the shield may be removed and the seat used with a lap/shoulder belt as a belt-positioning booster.

For more information, visit NHTSA on the Internet <http://www.nhtsa.dot.gov/>. Order printed materials from the American Academy of Pediatrics at <http://www.aap.org/publications/> or call 866/843-2271.



Overweight Children and Other Nutrition Issues

Over 15% of children ages 3 to 5 years are already overweight. Nutrition is everyone's business in early education and child care. Childhood nutrition is a key determinant of health for children now and throughout life. Since children eat in early education programs, you should address nutrition practice and education, including the food brought from home. Nutrition determines staff and parent health too. Use the order form on page 7 for a copy of a quiz that helps pinpoint areas where children and families can improve their diets.

The American Dietetic Association (ADA) has some wonderful fact sheets, booklets and other tools to help with overweight and other nutrition issues. The ADA website even has a spot where you can look up a local nutrition professional to help you improve the nutrition component of your program. On the ADA website, you'll find *Healthy Habits for Healthy Kids*, a booklet that you can read in English and Spanish, or order in hard copy sets of 25. This excellent guide includes good information and a questionnaire for parents about home eating habits that early educators can distribute and use themselves. The graphics and content of this material are appealing and current. You can order 6 inch by 6 inch print copies of the guide that is posted on the Internet at only \$10.50 for a pack of 25.

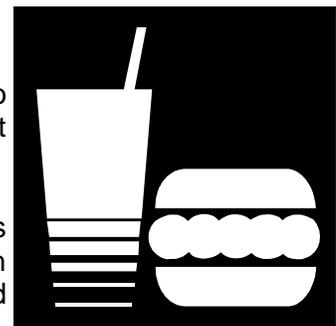
Also on the ADA website, you can order a book called *Your Child Is Overweight: A Guide for Parents* by Susan Kosharek, MS, RD. This \$15 book is newly expanded and revised with practical tips. The 48-page guide is low-key and written in an easy-to-use format. Readers find out how to tell if a child is overweight, what is causing it, and how to set realistic goals for weight loss. The book's simple how-to instructions help children to change the way they eat, and offer family-centered tips for making nutritional, healthy changes. The book includes portion sizes and sample menus, the food guide pyramid adapted for kids, physical activity tips, charts for hunger and weekly goals, tips for eating out, school lunches and dealing with special occasions. The guide encourages planning for snacks, tailoring portion sizes, making meals last longer than 15 minutes, allowing food to be left on the plate, storing food out of sight, and avoiding using food as reward or punishment. Finally, the book describes the benefits of physical exercise for children and families. Order the book using Catalog #3037.

To order materials from the ADA, use the ADA Internet website at <http://www.eatright.org> or call 800-877-1600 Ext. 5000

Portion Distortion

What is a portion? Most restaurants serve excessive amounts of food to give the customer a sense of value for the money. For the restaurant, most of the cost of the meal is in the service and not in the food.

Knowing how much is in a serving is easier if you visualize a serving as some familiar object. For example, a portion of cooked meat, chicken or fish is only 3 ounces, about the size of a single deck of cards. A portion of baked potato is the size of a computer mouse.



Packaged foods are often more calorie dense than whole foods or foods prepared from scratch. Read the labels and you'll be surprised to see how many portions you've been eating at one time. Few people will stretch a 15-ounce jar of spaghetti sauce to feed 6 people! True, there are 6 portions at around 110 calories each in the bottle, but you probably dish out at least 220 calories to each person just for the sauce! Use the calorie count per serving on the label to decide how much of the food you should eat. Smaller plates help avoid feeling short-changed by proper portions. Share meals rather than taking leftovers home. Food prepared in a restaurant sits out at room temperature too long after preparation to be safe by the time you take it home and want to eat it again.



Health and safety websites with good info for early education and child care:

New Sleep Guidelines for Children: The National Sleep Foundation has published a new set of consumer guidelines on best sleep practices for parents of children from birth to three years of age. NSF convened a task force of nationally recognized experts on pediatric sleep to discuss many aspects of sleep for newborns, infants and toddlers, and to make recommendations to parents. The task force reviewed the scientific data on pediatric sleep and produced the publication of a colorful and practical brochure, *Sleep, Your Baby and You*. A free copy of *Sleep, Your Baby and You* is available from JOHNSON'S® Baby by calling 1-866-565-2229. For more information about sleeping, surf the Internet to: <http://www.sleepfoundation.org/baby.html> or call 202/347-3471.

Managing Stress in the Workplace: You can order a free DVD program to play on your computer or your TV's DVD player from the U.S. Centers for Disease Control and Prevention's (CDC) National Institute for Occupational Safety and Health (NIOSH). This DVD was released in November 2002 and takes 17 minutes. It describes workplace factors that can create or worsen stress for staff – and gives practical tips for reducing job-related stress that are applicable to any work setting. The DVD is a companion program to the 1999 NIOSH document, "Stress ... At Work."

To request a free copy of the DVD "Working With Stress" (Pub. No. 2003-114D (DVD), Pub. No. 2003-114V (VHS)), contact the NIOSH Publications Office, or call toll-free 1-800-35-NIOSH (1-800-356-4674). For more information, surf the Internet to <http://www.cdc.gov/niosh/video/stressdvd1002.html>

REQUESTING PRINTED MATERIAL AND ADVICE ON HEALTH AND SAFETY ECELS ORDER FORM

(Pennsylvania Child Care Providers & Pennsylvania Health Consultants Only)

To receive a copy of any handout listed below, check the box and **return the form with a self-addressed, stamped business envelope for each handout** to PA AAP, ECELS-HCCPA, Rosemont Business Campus, 919 Conestoga Road, Bldg. 2, Suite 307, Rosemont, PA 19010-1353.

Handouts

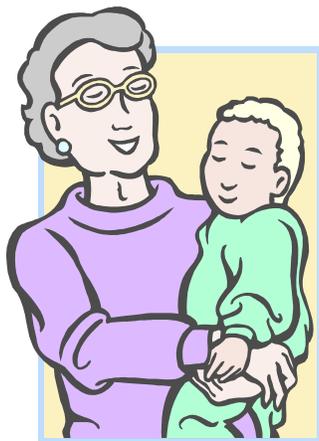
One copy per organization

Health & Safety Training Opportunities: Use the ECELS training request form to request self-learning modules and workshops.

- Get Up and Grow Quiz** (helps pinpoint areas where children need to improve their diets)
- Prevent Child Abuse America** (brochures): "Would You Like To Wear the Red or Blue Socks?" and "Splash Water On Your Face"
- Immunization Dose Counter** (a slide-rule device for checking up-to-date status of immunizations for a child.)

Health Link contains more website addresses where good materials are posted so you can obtain updated materials when you need them, using your computer and printer. 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>". 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. If you don't have a computer with a printer, we may be able to fax some materials to you. Fax your request to (610) 520-9177. You can also send your questions and your requests for materials to ECELS-Healthy Child Care PA by email to ecels@paaap.org.





Infant Feeding News

The Pennsylvania WIC Program feeds many children as well as pregnant mothers and mothers who are breastfeeding. Since 1972, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has been an important source of nutrition education, supplemental food, and health care referrals for low-income women during and after pregnancy and for infants and children up to age 5. Prospective participants in the WIC program receive nutritional screenings as part of determining eligibility: height, weight, diet, health history, and anemia. Promotion of immunization, health insurance and breastfeeding are important components of the WIC program.

In collaboration with ECELS-Healthy Child Care PA, PA WIC has developed a breastfeeding handout enclosed with this newsletter. Early education and child care providers can use the handout to educate themselves and families about newly proven benefits from breastfeeding of infants until they are at least one year of age. The handout describes how to use human milk when mothers cannot feed directly from the breast. Feeding human milk makes children smarter and healthier than if they did not have this perfect food.

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ECELS-Healthy Child Care PA is a program of the PA Chapter of the American Academy of Pediatrics, funded by contracts with the PA Departments of Health and Public Welfare, as well as contributions from corporations, foundations and individuals. HEALTH LINK is a publication of ECELS-Healthy Child Care PA.

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