

HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

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Bottles, Pacifiers and Sippy Cups Cause Many Injuries

About every 4 hours, one child less than 3 years of age receives emergency room treatment for an injury involving bottles, pacifiers or Sippy cups. Data collected by the Consumer Product Safety Commission's (CPSC) revealed this significant risk. A 2012 article in *Pediatrics* discussed the CPSC findings from the National Electronic Injury Surveillance System (NEISS). NEISS samples reasons for treatment for injury in representative emergency rooms in the United States.



Most of the injuries while using one of these products (86%) were from falls. Two thirds involved children around one year of age. The injuries were cuts or bruises of the mouth and face. Prevent these injuries and dental decay by not allowing children to walk around with a bottle, pacifier or Sippy cup. Children should drink from a regular cup as soon as they

can learn to do it. The American Academy of Pediatrics recommends that children transition to a regular cup by no later than one year of age.

2012-2013 Flu Vaccine Recommendations

The 2012-2013 influenza vaccine is arriving at health offices, grocery store pharmacies and free-standing pharmacies. The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics urge all of us to get this vaccine. No matter what you remember or others tell you about influenza vaccine reactions in the past, the 2012 flu vaccine is safe and effective. Two types of vaccine are available, an injection or a nasal mist. A few people may have mild symptoms like tenderness at the injection site for a day or two from flu vaccine. Fewer still get fever, nausea, headache or muscle aches.

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Violence: How to reduce its impact on children

Here are some facts about violence and children from the June 2012 webinar presented by Denise Dowd, MD, MPH, FAAP in a webinar sponsored by the U.S. Department of Justice (1):

⇒ Exposure of children to violence is very common. A national telephone survey reported in 2009 that almost half of children 2 to 5 years of age had been victims or witnessed some form of physical assault within a year of the survey. Among children 6 to 9 years of age, 56% reported exposure to physical violence that year. Smaller, but substantial percentages were exposed to bullying, child maltreatment, or community violence in the same time period. Ten percent (10%) witnessed an assault in their family. Many children had multiple episodes of exposure to violence. During the year, 39% were victims two or more times; 11% were victims five or more times.(2)

⇒ A study of Adverse Childhood Experiences (ACEs) in a population of 17,000 children found "certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States." (2) Exposure to violence can increase risk for obesity, heart disease, addiction, mental disorders, intimate partner violence and risky sexual behaviors throughout the lifespan of the individual.(3)

⇒ In a national survey reported in 2012, 6% of respondents said they had harsh physical punishment in childhood.



This form of violence experience was strongly associated with lifetime mental health problems.(4)

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A few people catch influenza even though they had their annual vaccine. Their illness is very mild compared with what happens to people who do not get vaccine. Influenza infection causes many visits to doctors, hospitalizations and thousands of deaths. The symptoms and complications from influenza infection can last for months leading to missed weeks from work and school.

The relevant facts for early education and child care providers are:

The 2012-2013 vaccine has components that will protect against the types of influenza virus that are likely to cause disease in the United States this year. The CDC urges all people over 6 months of age to get influenza vaccine every year. In the United States, influenza activity starts in October, peaks in January through March, and continues to cause outbreaks through May. Choose the type of vaccine you prefer that's right for your age.



Everyone involved with children and their families should get either the flu shot (killed virus) or the nasal spray that has a live-weakened flu virus as soon as it is available in doctor's offices, clinics, drug stores, food store pharmacies or other places in the community. The nasal spray vaccine is OK for healthy people between 2 and 49 years of age. Egg allergy is not a reason avoid flu vaccine unless the reaction to egg was severe, requiring epinephrine shots.

The highest priority groups for flu vaccine include children younger than 5 years of age, anyone with a medical problem that increases their risk of severe complications from influenza and all those who care for young children and people with medical problems. Strongly urge all caregivers and family members of infants less than 6 months of age to get flu vaccine. Infants less than 6 months of age do not get flu vaccine because their immature immune systems do not respond well enough to benefit from it. This makes them more likely to get severe influenza disease too.

Practice influenza control measures: Urge use of vaccine. Teach and practice hand hygiene. Cover sneezes and coughs with a tissue or a shoulder. Clean and sanitize surfaces people touch.

If you have staff and parents who find it difficult to go to their doctor's office for the vaccine, ask your local public health facility or a private health care professional who serves some of the families in your child care program to give flu vaccine to families and staff at the child care facility. Schedule one or two end-of-day sessions. Private health professionals may be able to accept whatever payment method they use in their office to give the vaccine at your facility.

Last year's influenza season was mild compared with earlier years. More healthy and high risk people did get flu vaccine and were protected. However, nearly half of children who were in the hospital for influenza complications last year were previously completely healthy. Those who didn't get vaccine or the disease were lucky – and protected by those who did get vaccine. Try to get people to understand the facts so they give up irrelevant past concerns or depend on luck.

Let's Move! Child Care Activity Calendar

Go to the *Head Start Body Start* website for the [Get Moving Today Activity Calendar](http://www.aahperd.org/headstartbodystart/activityresources/activityCalendar/upload/Cal_eng.pdf) at http://www.aahperd.org/headstartbodystart/activityresources/activityCalendar/upload/Cal_eng.pdf. The calendar suggests different daily, fun ways to have preschoolers exercise. Use the ideas in the curriculum. Post it or send it home for parents to use with their children. You can download a free copy of the calendar in [English](#) and [Spanish](#).

Head Start Body Start is part of the *Let's Move! Child Care (LMCC)* national initiative. LMCC empowers early education and child care providers to help children practice lifetime healthful behaviors. The focus is to increase physical activity, reduce screen time, select appropriate foods and beverages and properly feed infants. The LMCC partnership includes Michelle Obama, the White House Domestic Policy Council, the Administration for Children and Families, Centers for Disease Control and Prevention, Health Resources and Services Administration, Nemours, Child Care Aware of America, and the University of North Carolina.

(continued from page 1: Violence ...)

- ⇒ Interventions to reduce toxic stress from violence are most effective when they are implemented in early childhood.(3)

Stress can be a positive force, tolerable, or toxic. The reaction involves feelings and changes in body functions. Exposure to violence without sufficient social support is “toxic stress.” Toxic stress produces body functions that change the way the brain of a young child makes connections from one brain cell to another. These brain changes result in unhealthy management of stressful situations. This damage is most likely when the toxic stress occurs in early childhood. (5)

Purposeful, positive caregiving by parents and teachers of young children helps. Make sure that children feel safe and loved.



Model effective ways to deal with conflict and emotions, stress and discomfort. Help children to solve conflicts with words, not fists. Think about all the ways children see violence and do what you can to reduce this exposure. Whether they experience violence in real life, in screen games, in sports, on TV or in other media, do what you can to make the stress less toxic. Respond swiftly and effectively to explain that violence in any form hurts people. Listen compassionately when an exposure occurs in any form. When family members experience violence, refer them to sources of effective support services in the community. Then help them make the contact.

References:

- (1) Webinar sponsored by the American Academy of Pediatrics, PowerPoint presented by Andrew Garner, MD, PhD, FAAP. Translating Developmental Science into Healthy Lives. 6/2012
- (2) Finkelhor, et al. *Pediatrics* 2009;124:1411-1423
- (3) Data reported on the website of the Centers for Disease Control and Prevention, at <http://www.cdc.gov/ace/index.htm>, accessed 8/8/12
- (4) Felitti V, Anda R, Nordenberg D, et al. *Am J Prev Med* 1998;14(4):245-258
- (5) Afifi T et al. *Pediatrics* 2012;130:184-192

Asthma Devices

Inhalers and Spacers

A metered dose inhaler delivers a single dose of medication at a time as a fine mist sprayed from a metal canister. Research shows that the mist medication gets to the lungs best by using the inhaler with a spacer, also called a holding chamber. Metered dose inhalers are usually stored at room temperature. The label on the metered dose inhaler will say how many doses of medicine it contains. Count the doses given to know how many doses are left. The medicine may be gone even if you can hear some liquid when you shake it.

A spacer or a holding chamber catches the mist from the metered dose inhaler. The spacer allows the user to slowly breathe the mist. More medicine travels into the lungs with a slow deep breath. A fast breath deposits most of the medicine in the mouth and throat. Follow the instructions that come with the spacer about cleaning it and when to replace it. Usually, you need to take the spacer apart, clean it with soap and water, then air-dry it.

Nebulizers

A nebulizer is a compressor that pushes air through a liquid medication. This changes the liquid into an aerosol. Some nebulizers are disposable, intended for about two weeks of daily treatments. Reusable nebulizers usually last at least six months. Check with the manufacturer's instructions for details. Invite the DME (durable medical equipment) company to deliver the equipment at the child care facility so they can instruct child care staff and parents together about proper use and maintenance of the equipment.

A nebulizer is not working properly when treatments that used to take about five or 10 minutes to use up the medicine now take much longer. Nebulizers can spread infection if they are not cleaned and disinfected properly. After every use, clean and disinfect the nebulizer cup that holds the medication, the mouthpiece and mask, but not the tubing. Use a mild dishwashing liquid, then rinse thoroughly and allow it to air dry. Some nebulizer parts can be boiled or disinfected by using diluted bleach, alcohol or peroxide. Ask the DME company about these routines. Ask how to find and change the filter and how to obtain new air intake filters. Be sure to clean all asthma devices.

Remember to have the child's health care provider complete a care plan that says what to do too!

Article Contributed by Beth A. DelConte, MD, FAAP
ECELS Pediatric Advisor, adapted from an article by medical staff of *The Children's Hospital of Philadelphia*.

Insect Bites and Stings in the Fall

Insect bites and stings are especially likely in the fall. The insects multiply all summer, so by the fall, there are many of them. Early educators must protect children from bites and stings.

Prevent bites and stings

- Stay away from plants where you see insects are gathering nectar from the flowers.
- Wear shoes outside.
- Place all sugary items, rotten and discarded foods in covered containers. Sweet drinks and ripe fruits attract stinging insects. Get rid of any rotten fruits that fall from vegetation where children and adults may go.
- Eliminate any pool of standing water, including those as small as a bottle cap.
- Wear sun protective clothing over otherwise exposed skin. The close weave of the long sleeves and long pants keeps both sun and insects from getting to the skin. Avoid wearing bright colors that attract some insects. For example, mosquitoes are attracted by bright colors and perspiration.
- Avoid wearing any scented products.
- Apply an effective insect repellent to children who are over 6 months of age, no more than once daily, before they go outside. The American Academy of Pediatrics recommends 30% DEET or 5-10% picaridin. Apply sunscreen separately over the repellent, every two hours. Insect repellents prevent bites by mosquitoes, ticks, fleas, chiggers, and biting flies. They do little to prevent stings from yellow and black banded insects (e.g. bees, yellow jackets,) hornets and wasps.

Insect stings require quick action.



1. Get away from the place where the sting happened. You might be near a nest. When some insects sting, they give off a chemical that alarms others nearby and give more stings.
2. Give first aid related to the type of sting or bite. Remove any visible stinger quickly. Use a credit card or similar object to scrape the stinger out of the skin, avoiding pushing more venom out of any stinger sack. Honey bee stingers continue to pump venom into the skin after the insect is gone. Swelling of the tissues may make stingers hard to remove if they are not removed immediately. If scraping the stinger out with a plastic card doesn't

work, use a tweezers without squeezing any sack. If the bitten person is known to have had a severe reaction to a sting in the past, or has signs of a severe reaction, stay calm. Use an auto-injector of epinephrine if one has been prescribed for that person, and call 911 to get emergency medical services immediately. Then contact a responsible family member. Signs of a severe reaction include difficulty breathing, swelling of the lips/mouth/tongue, feeling weak or becoming unconscious, hives or itching all over the body, or swelling around the eyes or penis.

3. Apply cold to the bite site right away to limit the irritating chemical from the insect to as small an area as possible. Use cold water, ice, frozen food or freezer cold pack wrapped in cloth. Slight redness, swelling and itching for a few days after a bite or sting is common. Brief applications of cold help. For example, apply an ice cube wrapped in paper towel until the ice cube melts.
4. Get advice from the child's medical professional if there is a lot of swelling, discoloration, an expanding area of warmth or any red streaks not limited to the bite site.

Photo UF/IFAS . Article adapted from the University of Florida website, <http://edis.ifas.ufl.edu/ig099>

Special Care Plans—Braedon's Story

(As told by Laurie Grant, BS, RN, MEd, Child Care Health Consultant during the June 20, 2012 ECELS Audio Conference about Special Care Plans)

Braedon is 2 years old, the second child born to a very attentive family. He has been resilient despite his need to go to many specialists for the care of a congenital condition that involves stiff joints and weak muscles. He has asthma too. So sometimes he has breathing problems and has to go to the emergency room. His asthma is managed by an allergist. He receives physical and occupational therapy. Intermittently, his limbs are put into casts to help lengthen his muscles and stretch the tissues around his joints.

At Braedon's child care center, we prepared for his care by having his mother share everything she knew about his condition. We asked her to tell us about her goals for him. Also, we asked her to write down all of his specialists' names and their contact information. We asked her to have his allergist complete an Asthma Care Plan form, and to have his physical therapist or orthopedic doctor complete a Special Care Plan form for the center staff to plan for his care.

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Also, we asked her to sign a form that authorized release to us of his IFSP (Individualized Family Service Plan) by the coordinator of the Early Intervention Agency overseeing Braedon's care. We needed this information to plan our care at the center. We needed this information to plan our care at the center. We also wanted to be in touch with the other professionals involved with Braedon so they could think about how to coordinate their treatment with his child care experiences.

Using the information on the Special Care Plan forms, the center's Child Care Health Consultant (Laurie Grant,) worked with Braedon's medical providers so the staff could have the advice and training needed to care for Braedon. His teachers needed training to give him nebulizer treatments properly. They needed to modify the Special Care Plan when Braedon's treatments started to involve periodic wearing of casts for 6 weeks at a time. The teachers learned to use a stroller and arrange pillows so Braedon could participate in program activities. When he had to go to the emergency room for trouble breathing, the Special Care Plan was updated again with special play opportunities to understand his experience.

Braedon's story was part of a June 20, 2012 ECELS audio conference about the use of care plans, electronic medical records and tools to care for children with special needs. The audio conference featured a co-editor of the American Academy of Pediatrics' manual, *Managing Chronic Health Needs in Child Care and Schools*, Dr. Elaine Donoghue. Her co-presenters were Dr. Beth DelConte, ECELS Pediatric Advisor and Laurie Grant, a nurse and Child Care Health Consultant.

To listen to the audio conference, go to the ECELS website: www.ecels-healthychildcarepa.org. Click on the section "Publications and Media" then select the subsection "Let's Talk Audio conferences." To use the audio conference to receive professional development credit (PA Keys to Professional Development or Act 48) listen to the audio conference and complete the evaluation form in the audio conference document packet. For more information about this opportunity, contact ECELS at ecels@paaap.org or call 800-24-ECELS.

Article contributed by Beth DelConte, MD, FAAP – ECELS Pediatric Advisor



ADHD Treatment for Preschoolers

What works to help hyper kids, those who don't pay attention, some of whom disrupt the group? Many teachers have at least one child with these behaviors. About 5.3% of children less than 18 years of age have ADHD – attention deficit hyperactivity disorder. A 2012 review of research studies identified some helpful approaches.

Get help for children you think might have ADHD early. The first approach is to modify the environment to help the preschooler cope. An article on the PA Key website is a good source to learn how to teach self-regulation/self-control. Go to <http://www.pakeys.org/uploadedContent/Docs/ECMH/Focus%20on%20ECMH-Self-Regulation.pdf>. It is in the Early Childhood Mental Health Consultation Project section under "Resources."

Some children who are hyperactive, inattentive and/or disruptive are very smart. With consistent coaching, they can learn how to organize situations for themselves so they can succeed. Any approach to change behavior should last several weeks before deciding if it works. It takes a team: parents, teachers, health professionals and mental health specialists. Getting everyone thinking about what might work and then doing it consistently is worth the effort!

Programs that participate in Keystone STARS can request consultation with an Early Childhood Mental Health Consultant by contacting their Regional Key. The consultant works with staff to plan environmental changes and behavioral expectations to properly care for these challenging children. To arrange a consultation, go to the PA Keys website at www.pakeys.org, and then select your Regional Key website.

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Use of stimulant medications for inattentive and hyperactive children can be effective too. Since most of the research about the ADHD medications has involved children 6-12 years of age, experts are cautious about giving them to preschoolers. If used for several months to a year, a preschool child's growth rate may slow slightly. Children who take ADHD medications may be irritable and moody. For children 6 years of age or older with attention deficit and hyperactivity who are helped by medication, long-term use causes few serious problems.

Reference: Gaynes et al. Future Research Needs Paper No. 9.AHRQ Publication No. 12-EHC008-EF, Agency for Healthcare Research and Quality. January 2012. www.effectivehealthcare.ahrq.gov/reports/final.cfm



Emergency Preparedness Manual

A user-friendly manual from Head Start clearly outlines the planning every type of early care and education program should do to prepare for emergencies. It is available on the Emergency Preparedness landing page of the Early Childhood Learning and Knowledge Center (ECLKC) at <http://eclkc.ohs.acf.hhs.gov/>. The manual has the following sections:

I. Introduction— examples of significant emergencies that have involved early care and education programs

II. Planning—The components and approaches to make an effective plan

III. The Impact Phase—what will actually happen when an emergency or disaster happens

IV. The Relief Phase—developing and using Action Checklists

V. The Recovery Phase—Practice, Review and Revise

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The first Appendix has materials for addressing specific types of emergencies.

- ◇ Natural disasters: earthquakes, extreme heat, fire, flood, hurricane, landslides, mudslides, thunderstorms and lightening, tornado, volcano, wildfire, winter storm and extreme cold
- ◇ Health emergencies: influenza or other widespread outbreak of significant illness
- ◇ Technical hazards: center-based chemical emergency, hazardous materials incident
- ◇ Terrorism and acts of violence: community violence, family violence, terrorism

The second Appendix provides tools to use for Emergency Preparedness planning that correspond with the content of each of the sections.

The third Appendix includes helpful fact sheets on topics such as behavioral reactions to crisis, helping adults and children cope, emergency lockdown/intruder alert procedure, procedures for conducting a fire drill, supporting families who are homeless, responding to staff needs, how to shelter in place and much more.

Use this tool to check that your existing emergency planning will get you through a crisis as easily as possible.

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