Stop Fever Phobia

Many people think fever identifies a child who is ill. Fever (a rise in the body temperature above normal) is common and rarely harmful in young children. Exercise, environmental conditions, individual variations in baseline body temperature and teething can elevate body temperature. Overheating in a hot environment is the only situation when fever might hurt the body.

Normal body temperatures may vary from person to person and from one time of day to another. Some arbitrarily set levels of body temperature are considered above normal: oral temperatures above 101°F (38.3°C), axillary (armpit) temperatures above 100°F (37.8°C), or rectal temperatures above 102°F (38.9°C.)

Caring for Our Children, Standard 3.6.1.1 states that there is no need to exclude from a group care program a child who is older than 6 months of age with a fever and normal behavior. Fever with a stiff neck, lethargy, irritability, or persistent crying requires exclusion from child care and medical professional advice. A medical professional should evaluate a child younger than six months with an unexplained fever. Young infants may not show behavior change with serious illness. So arrange urgent medical attention for any infant less than two months old with a fever.

Fever can help fight an infection. Many adults and some health professionals believe giving fever-reducing medicine to a child with a fever will make the child more comfortable. Sometimes children do become less irritable, drink better and play more actively when medication reduces their fever. Be sure to weigh this benefit against the help fever gives the body to fight an infection. Observe the behavior of a child with fever. Is the child acting normally? Does the child seem ill? Is the child drinking enough to keep up with increased body fluid loss from fever?

Giving fever-reducing medications (ibuprofen or acetaminophen) too often or in unsafe doses can be harmful. In a recently reported study, up to half of adults gave an incorrect dose of these medications to children in their care. The child’s weight, not age determines the right dose. Always use the right device to measure a specific medication. Don’t wake a sleeping child who has a fever to give fever-reducing medicine. Stop using fever reducing medicine as soon as possible. The safety of long-term use of these drugs is not known.

(Adapted from Managing Infectious Diseases in Child Care and Schools 2nd edition, 2009, pp. 73-74, CFOC Standard 3.6.2.10 and AAP News Vol. 32 No. 3 March 2011, p. 8 with information provided by Dr. Farrar, a former member and Dr. Sullivan, Chair of the American Academy of Pediatrics Section on Clinical Pharmacology and Therapeutics Executive Committee).

Be Active in All Seasons

Two recent observation studies in early childhood facilities found that 94% of indoor activity and 56% of outdoor activity is sedentary. Professor Deborah Rohm Young, (University of Maryland) suggests these evidence-based approaches to get children moving:

- Spend more time outside
- Provide more open space per child inside and outdoors
- Schedule shorter, more frequent times outside instead of one longer time
- Use portable equipment such as balls and wheel toys
- Prompt less active children to be more active when outdoors
- Integrate physical activity into the curriculum both indoors and outdoors

Asthma

Children tend to get more frequent respiratory infections in the winter. These infections may trigger wheezing or asthma. Those who have wheezing problems or asthma should have Special Care Plans to guide program staff in how to prevent and manage their symptoms. The objective is to keep children healthy and able to benefit from learning opportunities. Check that your program has up to date Special Care Plans for all children who have wheezing or asthma.

To find professional development opportunities and special care plan forms for managing asthma in child care, go to [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org). Put “asthma” into the search box. Schedule an ECELS Asthma Workshop or use the Asthma Self-Learning Module offered by ECELS.

Consent for Emergency or Urgent Medical Care

Early educators and families need to know what emergency personnel can do if a parent or legal guardian is not available when a child needs care. In August 2011, the American Academy of Pediatrics (AAP) issued a revised policy statement about consent for emergency care for children. Consent must be specific to the situation. This is called “informed consent.” You don’t know the specifics until an emergency occurs. So parents cannot give informed consent for the possibility of an emergency in the future.

In some situations, you must call Emergency Medical Services (usually 911). In other circumstances, you should make sure the child gets to a source of urgent health care within an hour. See *Caring for Our Children, Appendix P* for details. If the parent or legal guardian is not available to accompany the child who needs care, someone whom the child trusts should stay with the child. This person should have the child’s health record in hand and be able to tell emergency personnel about the child and the emergency.

Legally, emergency personnel may provide transport for evaluation and necessary treatment if the child has a condition that is a threat to life or health. They may provide care to stabilize an emergency medical condition until the parent or legal guardian is available. This is called the “emergency exception rule” or “doctrine of implied consent.” However, this type of consent permits only limited treatment.

Think about situations that might require emergency medical or dental care. The situation might involve a child, an adult staff member, visitors or someone accompanying a field trip. Be sure your program has a written plan for all these needs for urgent or emergency medical care. All staff should know what to do. *Standard 9.2.4.1 in Caring for Our Children* requires written procedures for:

- Accompanying a child who needs urgent care
- Giving consent forms for seeking emergency medical care
- Sharing medical information with emergency personnel
- Providing back-up to maintain staff: child ratios
- Notifying parents/legal guardians
- Identifying sources of urgent medical and dental care in advance of needing them
- Completing incident reports
- Ensuring that first aid kits remain well-stocked
- Scheduling reviews to ensure staff competence in pediatric first aid
- Supervising staff more closely following an incident where a child is lost, missing or seriously injured

See *Caring for Our Children* for forms and additional guidance about writing and implementing these procedures.
Sanitizers and Disinfectants

Look closely at the new routine requirements for cleaning, sanitizing and disinfecting specified in the third edition of *Caring for Our Children, Health and Safety Performance Standards*. See *Standard 3.3.0.1: Routine Cleaning, Sanitizing, and Disinfecting*, Appendix J: Selecting an Appropriate Sanitizer or Disinfectant and Appendix K: Routine Schedule for Cleaning, Sanitizing, and Disinfecting.

Household bleach is the most commonly used and least expensive chemical to sanitize and disinfect surfaces. To reduce exposure to more concentrated dilutions of bleach, the 2011 standards require one of two different dilutions of bleach to reduce germs on surfaces. Use a solution made with 1 teaspoon of bleach to a quart of water for sanitizing most surfaces. Diaper changing and toilet areas, door and cabinet handles need a more concentrated dilution of 1-3 tablespoons of bleach to a quart of water. (Multiply the amount of bleach by 4 to make up a gallon of either solution.) These new dilutions are minimum amounts of bleach to do the job. Evaporation of the chemical in bleach makes the solution weaker. So be sure to make up fresh solutions daily. Buy new bottles of concentrate often.

When mixing bleach and water, add bleach to the measured amount of water. To make the dilution, use non-metal utensils and a funnel. Wear glasses or goggles to be sure concentrated bleach cannot splash into your eyes while you make bleach dilutions. Provide ventilation of any area where you are using cleaning, sanitizing or disinfecting products. Be sure there are no children in the immediate area while you do anything with bleach or any other product with an odor. Use a moderately wide, but gentle spray with a sweeping motion to wet the surface to glistening or pour the solution onto the surface. Dipping anything in the solution will contaminate it. To be effective, these dilution of bleach usually need at least 2 minutes of contact time. Then you can wipe the surface dry or let it air dry.

Many surfaces should be cleaned on a routine schedule. However, you do not need to pre-clean a surface that has been cleaned according to the routine schedule and is not visibly soiled before sanitizing or disinfecting it. Children can help by wiping surfaces with a disposable towel wet with water. They should not use chemicals.

Avoid inhaling fumes from any chemical. When someone in the facility has asthma, select chemicals especially carefully. If bleach is a problem for someone, choose another product that will do the job. Look on the U.S. Environmental Protection Agency (EPA) website [http://epa.gov/childcare/](http://epa.gov/childcare/). Select ‘Environmental Health Issues,’ ‘Green Cleaning,’ then ‘Design for the Environment (DfE) products’ to choose one of the EPA’s recommended least toxic, most cost-effective products that will do what you need done.

The March 2011 report of the San Francisco Asthma Task Force, “Bleach Exposure in Child Care Settings: Strategies for Elimination or Reduction” discusses bleach and alternative disinfectants and sanitizers. Do not use those that the authors of the report note are not EPA registered or necessarily effective. For example, accelerated hydrogen peroxide, citric acid, and vinegar are “green” alternatives, but they are not EPA-approved as sanitizers or disinfectants. The report includes printable labels to put on bottles of diluted bleach. Each label has English, Spanish and Chinese on it. The pictures on the printable labels show how to make up bleach solutions and some of the surfaces for which the solution is appropriate. Note that while you may wipe off bleach after the required contact time, it is OK to let the surface air dry instead.

Remember:
- Select one EPA registered sanitizer and disinfectant product to use in the facility. Follow the instructions on the product label. Consider using a product with a DfE label.
- Get rid of extra products. (Don’t buy more than necessary. Safely dispose of the old ones you don’t need.)
- Do routine cleaning. Extra pre-cleaning before sanitizing or disinfecting is unnecessary if there is no visible soil.
- Be sure children are out of the area when using any potentially toxic chemical.
- Minimize the amount of chemical you put into the air. Avoid aerosols.

**Free Updated Hand Washing Posters in English and Spanish**

Put up posters over every sink to remind everyone about how and when to perform hand washing. For free downloadable posters go to [www.healthychildcarenc.org/training_materials.htm](http://www.healthychildcarenc.org/training_materials.htm)
A Medical Home Benefits All Children

Every child should have a “medical home.” The American Academy of Pediatrics (AAP) defines the medical home as a source of health care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. Many studies confirm the value of a medical home for children with special health needs.

A new study published in *Pediatrics* in December 2011 found that only 58% of children who do not have special health needs have a medical home. This 58% of “healthy” children with a medical home have fewer emergency department visits and more health-promoting behaviors than “healthy” children who do not have a medical home. Many families seek care in emergency departments and urgent care centers because they do not have a source of pediatric care that provides the services of a medical home. Early educators should do what they can to help families establish such relationships.

*Caring for Our Children Standard 9.2.3.6* requires that early educators identify a child’s medical home at enrollment. Obtain consent from parents/guardians for program staff to communicate with the child’s medical home and any specialists involved in the child’s care. Sharing information helps coordinate efforts to promote the child’s physical and social-emotional well-being.

For consent forms to authorize exchange of information between health and education professionals, go to the website of the California Childcare Health Program at [http://ucsfchildcarehealth.org/pdfs/forms/CForm_ExchangeofInfo.pdf](http://ucsfchildcarehealth.org/pdfs/forms/CForm_ExchangeofInfo.pdf). For more information on the medical home concept, go to [http://www.medicalhomeinfo.org](http://www.medicalhomeinfo.org).

Kids and Fiber – a video

Eating enough fiber is essential to good health. View a short video (less than 2 minutes) from the Food and Drug Administration (FDA) website. In the video, FDA dietitian, nutritionist, and mom Shirley Blakely—and a group of hungry kids—show some good-tasting high fiber foods. Shirley explains how much fiber is enough and how to look for the right amount of fiber on food nutrition labels.

Go to [http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm270899.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm270899.htm).

Videos: The Value of Quality Early Childhood Experiences

Could you use some excellent materials for staff and parent meetings? View the two to seven minute videos from the website for the Center on the Developing Child at Harvard University. The videos and accompanying print materials tell why investing in quality early childhood services gives lifetime benefits. Three videos explain the core scientific concepts in early development. One, called “Brain Hero,” uses the type of images found in interactive games. Four videos are talks by national experts. For these materials, go to [http://developingchildharvard.edu](http://developingchildharvard.edu).

Kids and Fiber – a video
Promoting Oral Health

Teachers/caregivers have daily opportunities to help children and parents learn about good oral health habits. The American Academy of Pediatric Dentistry (AAPD) has an excellent 28-minute DVD “The Dental Home and Children’s Oral Health.” The DVD is easy to understand, culturally sensitive, and provides accurate information. The 10 chapters include why oral health is important, how tooth decay happens, and making sure each child has a Dental Home. Learn about the value of fluoride, tooth brushing, and how to make a child’s first dental visit a success. To view a sample chapter and order the DVD, visit the website: http://www.aapd.org/hottopics/news.asp?NEWS_ID=1371. The DVD is well-worth the $20 purchase price.

Share a segment from the DVD at monthly staff meetings or parent meetings. Plan to include the information to educate staff, children and families. Using this DVD is a good way for early care and education program staff to partner with parents. Children feel better, eat better and speak better with healthy teeth.

Article contributed by Nancy Alleman, RN, BSN, CRNP, CSN, ECELS Lead T/TA Coordinator

ECELS – 23 Years of Service

ECELS is the Early Childhood Education Linkage System, also known as ECELS-Healthy Child Care Pennsylvania. In 1988, Susan Aronson, MD, FAAP started ECELS as a program of the PA Chapter of the American Academy of Pediatrics (PA AAP). The goal then and today is to improve outcomes for children who are enrolled in early education and child care programs. ECELS focuses on preventing harm and promoting well-being. The interventions target needed improvements in safety, physical, social-emotional, nutritional, and oral health. Initially, ECELS advisors drew its objectives from the Head Start model. Then, they used findings from the evaluation of demonstration projects to adjust these objectives.

The federal Maternal and Child Health Bureau and Robert Wood Johnson Foundation funded ECELS’ demonstration projects in the 1970s and 1980s. Since then, state government and other private contributors have continued to support the work. For many years, ECELS held annual statewide advisory meetings. These meetings linked the knowledge and resources of experts, agency and early education program leaders, teaching staff and parents.

Over the past 23 years, ECELS has contributed professional development, technical assistance and consultation at all levels of the early education and child care system. Pennsylvania is the primary beneficiary. In addition, ECELS staff exchange ideas and materials with other state and national organizations engaged in similar work. ECELS collaborates with policy makers, regulators, higher education faculty, early education and child care program personnel in all types of out-of-home part-day/night care. Today, ECELS has a small, but committed team of health professionals who link and leverage scarce resources. ECELS uses data that identifies needs to design targeted interventions. Then ECELS seeks evidence of improvement.

ECELS provides updated information and resources to many community-based child care facilities and related service providers to sustain quality improvement activities. ECELS fosters these roles:

A Child Care Health Advocate (CCHA) is someone who works in the group care setting as a director, supervisor or lead teacher who is responsible and recognized in that role by co-workers for integrating health and safety into day-to-day operations.

A Child Care Health Consultant (CCHC) is a pediatric or other health professional who has an ongoing relationship with a child care program. Working in partnership with a CCHA if there is one, the CCHC provides technical advice, coaching, mentoring, education and consultation during regularly scheduled and as needed site visits.

ECELS provides:
- A help line staffed by pediatric health professionals

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Support materials. These include handouts, fact sheets, web links, DVDs and videos, online and hard copy professional development activities, forms to make requests online, a quarterly newsletter, Health Link Online, brief articles called Health Capsules and E-Mail Alerts. A simple link on the ECELS website home page allows website visitors to sign-up for E-Mail Alerts. Visit the richly populated ECELS website at www.ecels-healthychildcarepa.org

Self-learning activities in online, electronic and hard copy print that ECELS instructors review and then award state-authorized training credit for satisfactory completion

Workshops for which ECELS provides, recruits, arranges, and/or mentors instructors. ECELS links all these instructors with the Pennsylvania Quality Assurance System (PQAS). Each is qualified as a Specialty Discipline Instructor

Support for data entry into the PQAS system to document when participants successfully complete professional development from ECELS to meet state requirements

WellCareTracker™ software to reduce the burden of checking that every enrolled child has received routinely recommended health services and remains up to date

Systems-building to incorporate Child Care Health Consultants and Child Care Health Advocates into quality improvement by recruiting, mentoring, providing education and advocating for performance of these roles.

Pediatric health expertise for policy groups and state agency personnel creating and implementing activities for quality improvement of early education and child care programs

Integration of current national health and safety performance standards at all levels, from policy to performance: e.g. “Core Body of Knowledge,” “Early Learning Guidelines,” and standards used by institutions of higher education to prepare and provide continuing education to the early education and child care workforce

Winners!!!
ECELS offered a one-time opportunity to try out the online Self-Learning Modules and enter a drawing for Caring for Our Children (3rd ed.) and Managing Infectious Diseases in Child Care and Schools (2nd ed.). Over 200 early learning practitioners took advantage of the offer. Many used “Head Bumps Matter, Protecting Young Brains.” The winner, Jelly Bean Junction, Director, Danielle Mace, chose “Fitness and Nutrition: Moving and Munching – Supporting Physical Activity and Nutrition in Early Learning Programs.” To view the entire list of options for online self-learning modules, go to the ECELS website at www.ecels-healthychildcarepa.org Select the heading ‘Child Care Provider Training’ then the subheading ‘Self-Learning Modules’. Be sure to click on ‘view all’ to see the entire list.

At the Early Childhood Summit, ECELS held a drawing for valuable resources. The winner was Logan Cook from Growing in Faith Child Care in Central Pennsylvania. The prize she selected was the book Food Fights. The book has reality-based tactics to get children to eat healthy foods. Logan said, “It can be a challenge to get our toddlers to try new foods. I hope the book will give me new ideas to use and share with parents.”

Looking back over the past 23 years, much has been accomplished. Looking forward - much must still be done.