

# HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

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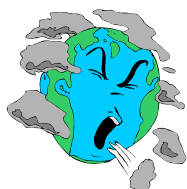
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## Use Updated Vaccine Schedules

Every January the nation's experts release an updated schedule of the vaccines that children should have. Look for this schedule on the website of the Centers for Disease Control and Prevention (CDC) at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines). Check that the dates on child health records show they are up-to-date. State regulations require that records show children are always up-to-date, not just at the time they enrolled. You can also use this CDC website to check for vaccines recommended for adults.

To make child record checks easy, sign up for WellCareTracker™ at [www.wellcaretracker.org](http://www.wellcaretracker.org). ECELS updates WellCareTracker™ whenever the national health care recommendations change. The system always checks the dates of service that you have entered from the children's health records with the newest guidelines.



## Why We Should Use a Sleeve to Catch a Cough or Sneeze

Many people spread germs when they sneeze and cough. If you can't use a tissue and then wash your hands each time, the Centers for Disease Control and Prevention says use your sleeve. To laugh and learn, encourage staff and parents to view this five minute video in which actors show what to do and not do. At the end of the video, three judges assign scores to finalists in a sneeze and cough contest. View the video at <http://www.coughsafe.com/index.html>.

## What is a Sty?

A sty is a swelling of the eyelid that occurs because of a blocked eyelid gland. It occurs when something irritates the eyelid edge, and blocks the opening of the eyelid gland. Treatment of a sty includes care for the cause of the irritation and warm soaks to unblock the opening of the gland.

## Clean Floors the Easy Way

Cleaning linoleum and other types of non-porous floors with a mop and bucket often spreads the dirt around. Maintenance workers can save time and leave floors much cleaner with a different method. You need two buckets or one bucket and a jug of diluted no-rinse cleaning solution, a long blade floor squeegee on a broom handle, and a squeezable mop.



Working in one 4-6 foot square area at a time:

1. Pour some properly diluted no-rinse cleaning solution onto the first area of the floor. Spread it with a long squeegee blade if it doesn't flood the floor in a thin film by itself. Let it sit on the floor to loosen the dirt on this area.
2. Pour more of the diluted cleaning solution and spread it on the second area of the floor.
3. Return to the first area of the floor and use the squeegee to pull the cleaning solution from the edges to the beginning of the second area. Use the mop to pick up the dirty cleaning solution, wringing the solution into the empty bucket.
4. Pour and spread the diluted cleaning solution on a third area. Let it soak. Return to the second area to pick up the dirty solution as for the first area.
5. Continue to clean the entire floor area.

In this way, each section of the floor is washed with fresh cleaning solution. The dirt is not spread around. The solution and the squeegee do the work of washing the floor. The dirt is pulled out of the corners and edges instead of being pushed into them by the mop. Very little scrubbing is needed. At the end, the floor is very clean!



## Influenza Season is Here

### Use Updated Resources

To cope with the influenza season, educators will find guidance, fact sheets, posters (cover-your-cough and hand washing) as well as other materials on the website of the Centers for Disease Control and Prevention. Go to <http://www.cdc.gov/flu>. Look for the heading "Info for Specific Groups." Under that heading, click on "Schools & Childcare Providers".

Many materials are available in different languages.

## Developmental-Behavioral Screening

### New Recommendations for What Health Professionals Should Do

Health professionals have a new standard to meet for developmental screening of young children. Educators and health professionals can do more for children when they understand relevant changes in each other's professional standards.

This article describes changes in the standards for what health professionals should do about developmental screening. The Spring 2008 issue of *Health Link Online* will include an article about how educators and health professionals can work together when families, educators or health professionals have concerns about a child's development or behavior.

At least 10 percent of children have problems with development. A delay may be the first sign of autism, intellectual disability, hearing or vision impairment, cerebral palsy, speech and language disorders, or learning disability. Early detection makes intervention more likely to be successful.

Until recently, few health professionals or educators used reliable tools to assess development and behavior. In young children, developmental delays can be subtle. Using a formal screening process with reliable tools detects problems as soon as possible.

In a 2006 policy statement, the American Academy of Pediatrics (AAP) specified when and how health professionals should do developmental screening as part of well child care. The AAP emphasized that screening should be periodic and ongoing. Pediatric health professionals should use accurate tools and observations. In addition to the developmental measurements, clinicians should collect information about other factors that affect children's and parents' lives so they can identify risks and protective factors. Child health professionals should record and track the findings, actions and outcomes as part of the child's health record.

In December 2007, the AAP issued a policy statement called *Bright Futures* which includes a new schedule for routine check-up visits. The AAP recommended that health professionals perform developmental measurements at 9, 18, and 24 or 30 months. Thereafter, well child visits should include looking for signals of risk for developmental delay and need for more developmental and behavioral screening. The clinician should do an autism-specific screen at 18 months and again at 24 months. The AAP added a 30 month visit to the schedule of well child visits to provide more time over the course of early childhood checkups to focus on developmental issues in addition to all the other services health providers offer to families.

Financial, educational, and other barriers must be overcome before these recommendations become reality. Residents and practitioners in pediatrics and family medicine must learn how to use the tools. They must be able to bill for the service. Health insurers must be persuaded to pay for the care in their well child package. Parents must understand that when their insurance doesn't cover developmental and behavioral health care their children need, they should pay for it. While implementing these changes will take time, we are heading in the right direction.

#### References:

American Academy of Pediatrics, Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006; 118:405-20. Access at [www.aap.org](http://www.aap.org)

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