

# HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

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## Exercise for Health Go Outdoors, Weather Permitting

Regular physical activity has important health benefits. Children and adults in early learning environments need to have regular physical activity to promote their physical and mental health. The 2008 Physical Activity Guidelines for Americans are the recommendations of the Centers for Disease Control and Prevention (CDC). Over the course of a week, adults need between 2 ½ and 5



hours of moderate to vigorous-intensity physical activity and also at least two days a week of muscle strengthening activity that works most of the large muscles of the body. Children need at least 60 minutes of physical activity, preferably daily. This activity should be either moderate-intensity aerobic activity, such as brisk walking or climbing stairs, or vigorous-intensity activity, such as running. At least three days a week, vigorous-intensity aerobic activity and muscle strengthening activities such as pushing or pulling and bone strengthening activities such as jumping should be part of the routine. For more details use the CDC link to <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

Going outside offers an environment that encourages exercise and a different setting. Looking at the larger world changes everyone's perspective. The outdoors has opportunities to observe nature and find out what is happening around you. Getting ready to go outside and being outside can provide many teachable moments:

- Dress for the weather
- Practice sun safety, look for shadows and shade, choose the right time of day to



reduce sun exposure, use sun screen and wear the right sun-protective clothing

- Drink water to reduce heat-related illness

- Learn self-help skills
- Talk about the seasons, the time of day, the schedule for the day
- Be safe climbing or using particular pieces of play equipment
- Be safe around insects, plants and water
- Plan safe picnics and practice food safety outdoors
- Have safe and enriching field trips in the neighborhood and beyond

For infants and toddlers, getting dressed to go outside is valuable one-on-one time for teachers and children. Being outside reduces the spread of infectious disease. Germs are less concentrated outdoors than indoors. Indoors, the air is shared by people in a confined space. While the children are outside, air out the rooms. Maybe someone can do some spot clean-up of indoor space too.

To determine when it is appropriate to be outside, follow **Playing Outdoors** (Standard) **2.009** from *Caring For Our Children, the National Health and Safety Performance Standards, 2<sup>nd</sup> edition*, part of which is quoted here:

"Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for *infants* may include riding in a carriage or stroller; however, *infants* shall be offered opportunities for gross motor play outdoors, as well. Weather that poses a significant health risk shall include wind chill at or below 15 degrees F and heat index at or above 90 degrees F, as identified by the National Weather Service. Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities or through ozone (smog) alerts...."

(continued on page 2)

(continued from page 1, Exercise for Health)

Here are some guidelines to include in your program's policies about going outdoors. Be sure to share them with parents when they enroll their children, and at the change of each season.

For healthy development, **children, including infants should go outside when:**

- **The weather seems comfortable and when it is somewhat uncomfortable.** People respond to weather based on their experience with different climates. After a period of warm weather, a sudden cooling down feels cold. The same conditions feel balmy at the end of winter. Usually even in extreme weather, children can spend at least 15 minutes outside, and more time if they are dressed appropriately and the play area is protected. In summer, the children should wear light colored, lightweight sun protective clothing and use a play area with shade and a supply of drinking water. In winter, children should dress in warm, dry layers and play in an area with wind barriers.
- **It is snowing and raining, or when snow is on the ground and the children are wearing water-resistant clothing** so they do not become soaked or chilled. Snow and rain are important materials for learning.
- **Children have a runny nose, a cold or ear infection unless they have a condition identified by their primary health provider (doctor or nurse practitioner) that the health provider documents can be worsened by cold, wind or being outdoors.** Health professionals try to manage these conditions so they do not interfere with a child's normal activities. Only a few children with significant special health needs need restrictions. For these children, special accommodations need to be made.

When a child must stay inside because of a documented special health need the program will plan what type of accommodation can be made that is most suitable when the rest of the group is going outside. Placing the child who cannot go outside in another group for the outdoor play period exposes the visiting child and the visited group to shared germs across the two groups. Careful hand washing upon entering and leaving the different groups will help reduce the risk. If the child is placed with a group of children who are younger or older, the placement will need to be organized to be developmentally suitable.

Remember to ensure safety in both indoor and outdoor active play environments. Apply the standards in *Caring for Our Children (CFOC)*. Active play is associated with the most frequent and most severe injuries that occur in early learning programs. *CFOC* provides the rationale and references for each standard. Some other specific standards to review in *CFOC* are: **Design of Play Equipment 5.181, Prohibited Surfaces for Placing Climbing Equipment 5.183, Enclosure of Moving Parts on Play Equipment 5.184, Material Defects and Edges on Play Equipment 5.185, Entrapment Hazards of Play Equipment 5.186, Removal of Hazards from Outdoor Areas 5.194.** Follow the published recommendations of the Consumer Product Safety Commission for Playground Safety. Since some of the play equipment and layout issues are technical, have an audit of the outdoor play space by a Certified Playground Safety Inspector. Also, implement a maintenance policy for all active play areas. Raise staff awareness by using the newly revised ECELS online self-learning module, Safe Active Play.

For more information, see Healthy Kids, Healthy Care for Injury Prevention and Playground Safety at [www.healthykids.us/chapters/injury\\_main.htm](http://www.healthykids.us/chapters/injury_main.htm) and [www.healthykids.us/chapters/playground\\_main.htm](http://www.healthykids.us/chapters/playground_main.htm). Plan and use active play outdoors as a richly rewarding part of the curriculum. Experience the many physical health, developmental and socio-emotional benefits.

Sources:

*Caring For Our Children* <http://nrckids.org/CFOC/HTMLVersion/TOC.html>

California Childcare Health Program Fact Sheets [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

National Program for Playground Safety <http://www.playgroundsafety.org/safety/sunexposure.htm>

National Resource Center, Early Learning Guidelines [http://nrc.uchsc.edu/ELG/elg\\_playground.htm](http://nrc.uchsc.edu/ELG/elg_playground.htm)



## Is Hand Soap Toxic?

Children will drink anything. In March 2009, the Associated Press reported that 10 children 2 to 7 years of age in an Arkansas child care program each drank about an ounce of windshield washer fluid. A staff person mistakenly placed a container of the washer fluid in the refrigerator, and then served it as a drink to the children. It looked like a colored sweet beverage, but contained toxic methanol that can cause serious neurologic damage. Children do not need to be served; they will take a taste themselves.

Alcohol-based hand sanitizers are known to be toxic. Hand washing with soap and water is the first-line choice for children and adults in child care settings. The Centers for Disease Control and Prevention (CDC) recommends that health professionals use these products. This is because of the unique functions in the health care setting. Recently, the CDC recommended that alcohol-based hand rubs may be used by child care staff, but only if access to soap and water is not available. If they are used, children should not have access to hand sanitizers without close adult supervision.

Recently, Pennsylvania child care environmental rating assessors and child care practitioners asked ECELS staff about wording on the labels of some ordinary liquid hand soaps found in grocery and drug stores. Some say "Keep out of reach of children." According to the soap and detergent industry website, Federal Regulations govern precautionary statements related to human safety on household cleaning product labels. There is first a "signal word," followed by a short description of the potential hazard. The signal words are – CAUTION or WARNING meaning a mild hazard, while DANGER means take greater precaution. <http://www.cleaning101.com/cleaning/safety/>

Dr. Susan Aronson visited her local grocery store to do label research. She found that the labeling of these soaps is inconsistent from one brand to another. Some have no caution at all. Some call for use with adult supervision. Others say keep out of the reach of children. She called the consumer information lines for two of the several companies that manufacture these liquid hand soaps. Neither explained the inconsistent labels.

Dr. Fred Henretig, senior toxicologist at the Philadelphia Regional Poison Control Center confirmed that the toxicity of liquid hand soap is not considered significant, even though it may cause some stomach ache and vomiting when swallowed and a burning sensation after direct contact with the eye. Dr. Henretig wrote "a quick review of the Philadelphia Poison Control Center reports from 2004-2008 finds 2,014 calls re soap exposures (both bar and liquid) in children less than 6 yrs old. A very small % developed 'minor effect' (stomach ache and vomiting) and not one required hospital care." Dr. Henretig agreed that removing child access to liquid soap is undesirable in light of the need for hand hygiene.

So, the experts agree. The risk/benefit balance related to using liquid hand soap makes it highly desirable to provide ordinary liquid hand soap of



the household type at the sink for children and adults to wash their hands. Adults should always supervise young children in hand washing areas. For adequate supervision, hand washing areas should be viewable at a glance by adults when these areas are accessible to young children.

For sanitation reasons, choose liquid soap dispensers that minimize the need for handling of the container. The user should not need to touch the actual opening where the soap comes out to dispense the soap. Some liquid soap dispensers are disposable. Foam soap dispensers and newer more reliable automatic dispensers limit the amount of soap a child can get at one time, but require expensive disposable refill packets. Manual refillable soap dispensers use bulk liquid soap. Before refilling liquid soap dispensers, be sure to clean all surfaces, including any tube and opening that discharges the soap. Germs grow in these places.



## CDC Advisory– Hib Disease Risk

On March 18, 2009, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory about the reappearance of invasive *Haemophilus influenzae* Type B (Hib). During 2008, Minnesota reported five children aged 5 months through 3 years with invasive Hib disease; one died. All but one of these children lacked the recommended doses of Hib vaccine for age. This was the largest number of cases of Hib in that state since 1992. In Philadelphia, the Department of Public Health announced that five cases of *Haemophilus influenzae* type b (Hib) invasive disease had occurred in children since October 2008, resulting in two deaths.

All of these cases were in unvaccinated or under-vaccinated children. One of the children was an unvaccinated 4-year-old child whose family belongs to a religious community that does not accept medical care. Their child died of bacterial meningitis due to Hib in March 2009.

Hib is a serious, life-threatening disease in young children. The CDC notice emphasized that all young children should receive a 3 dose primary series of available Hib-containing vaccine. A nationwide shortage of Hib vaccine began in December 2007 and is ongoing. Only one manufacturer of Hib vaccine remains in the United States (sanofi pasteur) since Merck & Co, Inc stopped making Hib vaccine. Because of the vaccine shortage, the CDC recommended deferring the Hib booster that is routinely recommended at 12 through 15 months for children who are NOT at high risk of Hib infection until supplies are restored. This postponing of the booster dose may have led to an increased amount of Hib germs being carried by healthy children. This can increase the number of children who get Hib disease.



Enough Hib-containing vaccine is available for all U.S. children to receive the primary series. All children should complete the primary series by 7 months of age. High risk children should continue to receive the full primary series and the booster dose. Completion of the primary series with currently available vaccine requires a total of 3 doses of Hib-containing vaccine. Infants usually receive these doses at 2, 4, and 6 months of age. Healthy children who are 5 years of age or older do not need to receive Hib vaccine because they are not at significant risk. There may be times when individual practitioners do not have an adequate supply of vaccine to meet local demand. If Hib vaccine is not available at the time of a health care visit, children need to receive their dose as soon as vaccine becomes available.

The challenges of tracking and ensuring each child has received needed vaccine are not being met. Immunization information systems (registries) in select states

indicate up to 10% lower coverage with the third Hib dose in the primary series compared to other vaccines (DTaP, PCV7) commonly administered at the same visit. Children in group care are at increased risk of Hib disease compared with others in the community. It is especially important that staff in group care programs work with families and health professionals to ensure enrolled children's vaccines are up-to-date. To have an effective safety net, both health professionals and early educators should use some type of vaccine tracking system. However, only early educators have special opportunities to interact with families on a daily basis.

Remember that ECELS offers WellCareTracker™ at [www.wellcaretracker.org](http://www.wellcaretracker.org) to simplify the health record checking and tracking task for child care programs. The program staff person logs onto the secure internet site and uses the child's health report to enter the dates of services the child has received. Then the software on the internet site applies the current version of the complex schedules for vaccines and other preventive health services to the dates entered. WellCareTracker™ generates reports showing gaps in needed services and when the next services will be due for individual children and for all the children in the program whose data were entered. Any practitioner with computer access to the Internet can use WellCareTracker™ to track preventive health services for groups of 25 or more enrolled children.

For more information about Hib disease and vaccination contact your state or local public health official or CDC at 1-800-232-4636/1-800-CDC-INFO or e-mail from [www.cdc.gov/vaccines/about/contact/nipinfo\\_contact\\_form.htm](http://www.cdc.gov/vaccines/about/contact/nipinfo_contact_form.htm).



### Rodents as Pests in Child Care Settings

Mice and rats are common pests in child care facilities. The easily available food and shelter attracts them. These pests carry disease. Their gnawing destroys surfaces and electrical wires. Their droppings soil areas they inhabit. For an excellent fact sheet on the safest approach to managing rodents in child care settings see the February 2009 Health & Safety Notes from the California Childcare Health Program on this topic. The Internet link to the worksheet is:

[http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/rodents\\_0209.pdf](http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/rodents_0209.pdf)

## Participate in the Oral Health Survey of Pennsylvania Early Learning Programs

ECELS-Healthy Child Care Pennsylvania is working with the membership organizations of early learning and child care practitioners in Pennsylvania to improve the oral health of young children. With funding from the PA Department of Health, ECELS conducted a pilot survey about oral health in early education centers in 2008. Now, we are asking for broader input from early educators across the state. If you are an early educator, please take our brief survey to tell us about what you are doing and thinking related to oral health practices for young children. Use the link below to our online survey about oral health practices in early education and child care programs. The survey should take no more than 10 minutes to complete. Just click on the link to begin.

CLICK HERE: <http://www.zoomerang.com/Survey/?p=WEB228V422GWPZ>

We will summarize your answers with those of other respondents, but will not share your identity when we report the findings of this survey. We'll put some of the findings in an issue of the ECELS online newsletter, Health Link ONLINE, which appears on the ECELS website. Also, we will present some of the findings at the upcoming annual meeting of the national organization of pediatricians, the American Academy of Pediatrics, scheduled for fall 2009 in Washington DC. Child care practitioners who want their answers included in the summary should **complete the survey by June 15, 2009**.

ECELS has many educational materials about oral health available on the ECELS website at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org). On the website, put "oral health" in the search box to find them. If you know about some good oral health promotion material to share with others, send an e-mail about it to [ecels@paaap.org](mailto:ecels@paaap.org). Working together, we can promote oral health and keep children healthy.

## Conflicting Requirements

Sometimes reputable sources impose requirements on early learning practitioners that conflict with one another. State regulations may not match national standards. National standards may conflict with one another. They may differ from a national organization's accreditation requirements. Why does this happen?

While it is desirable to harmonize all standards, the fact is that different entities issue these requirements at different times. They create them with rationale and input from different sources. The result is differences in published requirements. State regulations define the floor below which operation is illegal. They may describe best practices or fall far short of what a good program should provide. Accreditation is the level of performance that the issuing organization sets to recognize programs as meeting its threshold of expectations. Experts in the field set national standards, often with input from practitioners. National standards are usually the result of compromises made through a consensus process that balances the ideal with what is feasible. A national standard has the weight of the credibility of the standard-setting body.



When conflicts arise, look for the rationale behind the requirement before deciding what to do. Meeting the legal operating requirement is essential although sometimes regulations lag behind updated knowledge. Practitioners are very uncomfortable when they are forced to carry out inappropriate practices until regulations can be changed. The process of changing regulations is very cumbersome in some states, including Pennsylvania. Even when there is consensus that a regulation is inappropriate, it may take a very long time to revise the regulation. Sometimes the final language of regulations is not what experts or practitioners want because compromises occur or suggestions are rejected by those involved. When regulations are adopted that regulators or practitioners find unclear, they may have difficulty enforcing the requirement. This leads to uneven practices.

In any situation, do the best you can. When any authority has a lower expectation than a national standard whose rationale makes sense, try to meet the national standard if possible. Working toward the "best practice" standard is always desirable.

## Understanding PA Early Intervention

Some children come to an early learning or school age child care program with an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP). This means that someone has previously identified that the child has developmental concerns and has made a plan to help the child. At every enrollment meeting with parents, ask whether the child has an IFSP or IEP. This question should be among the routine list of items that include: Does your child need a special diet? Does your child take any medications? Does your child have any medical problems? Asking may give you the opportunity to explain what IFSP and IEP mean. All parents need to understand these terms.

When a child in your care has an IFSP or IEP, you need to understand what the plan says and how to use the guidance that the child's specialist recommends for everyday activities. For example, the plan may call for a child to receive services from a speech therapist. The therapist may recommend ways to work on improving the child's language in the daily activities of the child care program. For a child with cerebral palsy and braces, the child's physical therapist may suggest ways to help the child participate fully in outdoor activities at the child care facility. To receive maximum benefit from specialized services, children with a special need benefit from having all of the adults involved in their care receive guidance from the specialists who provide their therapies.

Caregivers may be first to identify children who need further evaluation for a developmental concern or other special problem. This may happen while writing records of progress for children or performing developmental screening. Concerns may arise while using the Ages and Stages Questionnaire (ASQ) or preparing the Child Service Report that all state regulated programs must complete semi-annually. Knowing how to refer a child for further assessment helps families obtain valuable and necessary services.

The Office of Child Development and Early Learning's Bureau of Early Intervention has two useful publications for families and child care providers: 1) A Family's Introduction to Early Intervention Services and 2) A Child Care Provider's guide to Early Intervention Services in Pennsylvania. These are available at:

[www.pattan.k12.pa.us/files/EI/EarlyInt-guide-OUT.pdf](http://www.pattan.k12.pa.us/files/EI/EarlyInt-guide-OUT.pdf) and [www.pattan.net/files/EI/CC-Guide.pdf](http://www.pattan.net/files/EI/CC-Guide.pdf).

If in doubt about whether a child has a developmental delay, don't wait. Ask for help.

By Beth DelConte, MD, ECELS Pediatric Advisor

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## Celebrating Kim Everett



Kim Everett is a familiar name to many early learning programs in Bucks County. Kim is a dynamic health educator at the Bucks County Department of Health. For many years,

she has provided professional development and technical assistance on health and safety. She has taught hand washing, playground safety, pediatric first aid, and other health and safety topics. "Kim was fantastic! An excellent workshop!" said one director after a recent workshop that Kim presented.

Recently, Kim demonstrated strong advocacy skills by offering free professional development about obesity prevention, nutrition, sun safety and other topics to early learning programs throughout Bucks County. She is leveraging resources to provide this service through the Bucks County Department of Health. Kim is always willing to go the "extra mile." She has health promotion for young children and families at the heart of her work. Kudos to Kim for her outstanding work and professionalism. She is a wonderful resource for early learning practitioners in Bucks County and an inspiration for health professionals throughout Pennsylvania!

By Libby Ungvary, MEd  
ECELS/Healthy Child Care PA Director

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