

HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

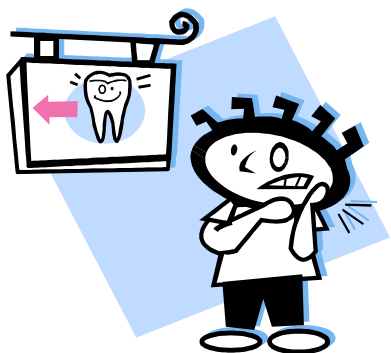
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EARLY CHILDHOOD DENTAL CARIES



Early Childhood Caries can be a severe, rapidly spreading type of dental decay. It is a disease which affects infants and very young children. Dental caries is the most wide-spread chronic

infection of children. The body can heal itself from many other diseases. However, Early Childhood Caries just keeps getting worse if not treated. People who care for young children are in a unique position to prevent, identify and foster early treatment of this major problem of childhood.

Early Childhood Caries first affects the upper front primary “baby” teeth. The problem then spreads to the molar teeth. The result is dental pain and infection. Children with established Early Childhood Caries may need extensive and expensive treatments. Sometimes they need tooth extractions. The infection and pain can interfere with the child’s sleep, performance in school and other aspects of development. Early extraction of baby teeth can lead to problems with permanent teeth and development of the jaws with unsightly orthodontic complications. These may become apparent by the middle school and high school years. Having unattractive teeth is a big issue for the child’s self-esteem. All of this is preventable!

All dental caries occur from the interplay of the bacteria in oral plaque that the bacteria build up on the teeth, the sugars in the diet and the resistance of the teeth.

ORAL HYGIENE: After feeding, caregivers should wipe infant’s teeth and gums with a moist cloth to remove any remaining milk that coats the teeth and gums. Bacteria turn the sugar in milk to

plaque, producing acid and tooth decay. All children with teeth should have their teeth brushed at least once during the hours the child is in care to learn the habit and remove plaque. Use a small nylon bristle toothbrush, without toothpaste.

MANAGE SUGAR INTAKE: Encourage breastfeeding to meet nutritional needs, but discourage using the breast as a pacifier. Nursing bottles and Sippy-cups are OK to feed water or milk, but not juice or other sweet liquids. Provide milk or formula only for the duration of the feeding. A child should never be allowed to go to bed with a bottle or Sippy-cup or to carry these devices around. These feeding devices should not be propped up and left with the child. If the child uses a pacifier, do not dip it into sweet liquids or syrups.

WATCH FOR TOOTH TROUBLE: An early education and childcare provider can be extraordinarily helpful by identifying the initial stages of Early Childhood Caries. By “lifting the lip” and looking for chalky white spots or dark spots on any teeth, you can suspect signs of trouble while it is still relatively treatable. Quick referral to a dentist to see if there is a problem that needs treatment can avoid a lot of pain and expensive treatment.

To learn more about Oral Health, go to www.ecels-healthychildcarepa.org; select Child Care Provider Training Opportunities, and then the SLM Online – Oral Health. This online self-learning module helps early education and child care providers learn the basics of oral health. The self-learning module includes curriculum ideas and guidelines for implementing tooth brushing during the child care day as well as reproducible fact sheets for families. The module provides numerous website resources and additional documents for further information. Call ECELS at 800-243-2357 to order the print version of this module or to ask about how to improve oral health practices in your program. You can also find information on the website of the American Academy of Pediatric Dentistry website. Go to www.aapd.org.

Contributed by Howard M. Rosenberg, DDS, Med
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Choose Your Pediatric First Aid Course Wisely

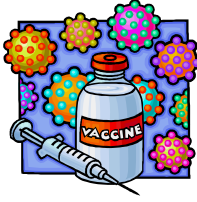
Many instructors are teaching first aid courses in the community. Not all of them teach early learning and school age practitioners what they need to know. First aid is taking care of children who are injured or ill until a medical professional can take responsibility for caring for the child.

Ask these questions before signing up for a first aid course:

- Is the course content current and prepared by a nationally recognized organization with pediatric (child health) expertise? As an advisor to the state's professional development activities, ECELS has reviewed first aid courses that people want to offer in Pennsylvania that include incorrect information.
 - Is the whole course being taught, not just parts of it? Check the date of the materials, what portions and with what methods the instructor will cover the curriculum content.
 - Is the course appropriate for early learning and school age practitioners instead of a generic first aid course? Generic first aid instruction may not address the specific needs of children in group care settings.
 - Does the course cover all the items listed in the national child care standard for pediatric first aid, *Caring for Our Children*, Standard 1.027, available at <http://nrc.uchsc.edu>.
 - Does the course provide hands-on practice on an infant and on a child manikin for rescue breathing and the management of a blocked airway? Does it require satisfactory performance to pass the course?
 - Who supervises and evaluates the instructor? Is the instructor known to be an effective facilitator of adult learning?
 - Will the instructor supply enough materials, have the right equipment and space to complete the course for the size of the group?
 - Will the instructor provide nationally recognized course completion documentation?
- Does the course meet the requirements of your facility's regulatory agency, quality improvement program such as Keystone STARS and any accrediting organization such as NAEYC or NAFCC?

If in doubt, help is an e-mail or phone call away. ECELS can help arrange or advise about options that early learning and school age child care providers/programs are considering for pediatric first aid courses. Contact ECELS by e-mail at ecels@paaap.org or call 800-395-3948 or 800-243-2357.

2008 Influenza Prevention



GET FLU VACCINE!!!

In August 2008, the Centers for Disease Control and Prevention updated guidelines for this year's influenza vaccine. The 2008 vaccine will cover the viruses that scientists think are likely to circulate this season. Do not be discouraged from getting your influenza vaccine by news you heard that the 2007 influenza vaccine covered fewer viruses than health officials had hoped. The vaccine still prevented many deaths and illnesses.

The best time for influenza immunization is October and November. It takes some time for the vaccine to build immunity. The influenza season starts in late fall and usually peaks in February with cases occurring into March. Aim influenza vaccine campaigns for the fall, but those who lag behind can still benefit from flu vaccine in December, January or even early February.

The Pennsylvania Department of Health plans to offer free flu vaccine at the 2008 Early Childhood Education Summit, October 19-22, 2008 at the Penn Stater Conference Center, State College, PA. If you are an early childhood educator who will be at the conference, you can get your vaccine there on October 20 or 21.

Promote influenza vaccination for all children, for adults who work in child care settings, for family members of infants under 6 months of age, and for people of any age who have medical conditions that are associated with increased risk of complications from influenza.

A new recommendation is for annual vaccination for all children aged 6 months to 18 years of age. Children between 6 months to 5 years of age are the higher risk group for influenza complications compared with older children. Children younger than 6 months of age are not eligible for the flu vaccine, but are at high risk of influenza complications. The best way to protect infants is to vaccinate everyone around them.

Another new recommendation is that either the shot (the inactivated vaccine) or the nasal spray (the live, attenuated vaccine) can be used for healthy people from two through 49 years of age. Children between 6 months and two years of age and adults over 49 years of age should receive the shot only. The number of doses of vaccine a child requires depends on the child's age, and the

number and timing of previous doses of vaccine the child received. Many will need two doses.

SNEEZE AND COUGH ETIQUETTE

Send those coughs and sneezes where they will do the least harm. Having a disposable tissue handy at the right moment is best, but hard to manage. Teach everyone how to give those coughs and sneezes a "cold shoulder" – covering the nose and mouth with a part of the sleeve that is unlikely to be in contact with someone else's hands, nose or mouth. Cough or sneeze away from the group, not into it. For proper technique, view the video at <http://www.coughsafe.com/index.html>.



WASH HANDS

Washing hands with soap and water is always best. Using an alcohol-based hand rub is OK when hands are not visibly soiled and soap and water are not available. You must apply enough of the alcohol-based hand rub to keep the hands wet with the chemical the time recommended by the manufacturer, usually 15 seconds. Remember that alcohol-based hand rubs are toxic and flammable chemicals. Wash hands upon arrival at the program, when moving from one group to another, before contact with food and after feeding, after wiping noses or mouths, and after touching objects that are likely to be soiled with body fluids. Make sure everyone uses good hand washing technique: Wet the hands, then use liquid soap to lather the fronts and backs of the hands for at least 10 seconds (Bubble 1, Bubble 2, etc.). Then rinse the hands with the fingertips pointed down to send the germs down the drain.



ENVIRONMENTAL HYGIENE

Follow the guidelines in Standard 3.028 in *Caring for Our Children*, found at <http://nrc.uchsc.edu>. These guidelines describe the routine frequency of cleaning and sanitation in child care facilities. Increase the frequency of cleaning and sanitation for surfaces touched most often and whenever the risk of infection increases.

For information from the CDC on Influenza for early education and child care providers go to www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm

FALL ALLERGY

Fall is a season when many children and adults have trouble with allergies and asthma. Allergy symptoms include a wide range of body responses that recur after the child has exposure to a particular substance. The response may be rash, cold-like symptoms that last more than a week or two, itchy nose/eyes/ears, coughing/wheezing/difficulty breathing, belly pain after a specific food.

Mold allergy is a big problem in the fall, especially where there is wet, decaying vegetation. Children with mold allergies should avoid playing in piles of leaves. They should stay away from places where the ground has been wet for a long time.

The best approach to allergy is to avoid the offending substance. The treatment of allergy depends on the type of allergy, and the part of the body that is responding. Medications may be taken by mouth, applied to the skin or sprayed into the airway. The child's health provider will work with information about what seems to trigger the response to determine the source of the allergy. The treatment plan will include avoiding the trigger and reducing the allergic response of the child.

For more information on allergies and asthma, visit the AAP Section on Allergy and Immunology web site at www.aap.org/sections/allergy.

Source: The American Academy of Pediatrics Guide to Your Child's Allergies and Asthma.

Newly REVISED!!!!!!

Managing Infectious Diseases in Child Care and Schools, 2nd Edition ***A Quick Reference Guide***

Scheduled for Release Fall 2008

The American Academy of Pediatrics has completely revised and updated this essential tool for early learning and school age child care practitioners. Susan Aronson, MD and Timothy Shope, MD are the editors. Early educators contributed. Pediatric experts from the American Academy of Pediatrics and the Centers for Disease Control and Prevention reviewed the entire book to be sure the recommendations are up-to-date.

If you have a copy of the first edition of *Managing Infectious Diseases in Child Care and Schools*, you do not need to throw it away until you can obtain the second edition. Most of your book is still useful. Two new recommendations that changed from those in the first edition are:

- Exclusion for bacterial pinkeye (conjunctivitis with pus) is no longer absolute
- Exclusion of infants who have diarrhea has some conditions when such children may remain in care.

The 2nd edition also contains new features:

- New information on influenza
- Expanded section on outbreaks, epidemics and other infectious disease emergencies
- New sample consent form for the Health Insurance Portability and Accountability Act (HIPAA) compliance to exchange information between health and education professionals
- New infectious disease-specific Quick Reference Sheets have been added to the set of reproducible handouts in response to suggestions from users of the first edition. Some of the titles of these newly written Quick Reference Sheets are Hand Hygiene; Diaper Changing; What Families Can Do to Reduce Illness; Boils; Dental Caries; Fever; Mouth Sores; MRSA (Methicillin-resistant Staphylococcus aureus); Sty; Thrush; Vomiting; and Yeast Diaper Rash.

The soft cover book costs AAP members \$40 and non-AAP members \$45 plus shipping and handling. Perhaps you can partner with a member pediatrician to buy one for you. It is available for purchase from the American Academy of Pediatrics, www.aap.org/bookstore; 888-227-1770.

ECELS will continue to give individual Pennsylvania early learning practitioners individual Quick Reference Sheets from this book when appropriate to the state-funded technical assistance services that ECELS offers. To ask for technical assistance from ECELS, send an e-mail request to ecels@paaap.org. To call for advice, phone 800-243-2357.



Consumer Product Safety Alert

FROM THE U.S. CONSUMER PRODUCT SAFETY COMMISSION, WASHINGTON, D.C. 20207

“Never Put Children’s Climbing Gyms On Hard Surfaces, Indoors Or Outdoors”

“The U.S. Consumer Product Safety Commission (CPSC) is warning parents and daycare providers that children’s plastic climbing equipment should not be used indoors on wood or cement floors, even if covered with carpet, such as indoor/outdoor, shag or other types of carpet. Carpet does not provide adequate protection to prevent injuries.

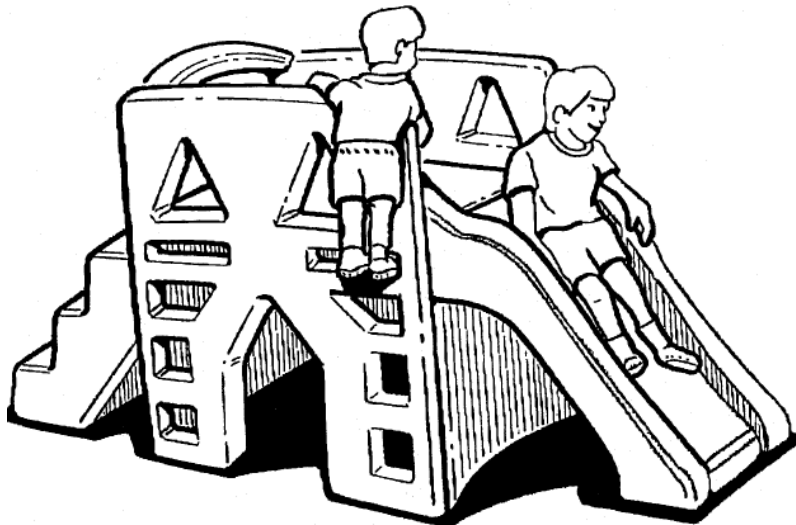
CPSC has reports of two children killed and hundreds injured at home and at daycare centers when they fell from climbing equipment placed indoors on cement, wood or carpeted floors. Parents and child caregivers should put all climbing equipment outdoors on surfaces such as sand or mulch to prevent children’s head injuries. Manufacturers of plastic climbing equipment are labeling their products with warnings to NEVER put the equipment on concrete, asphalt, wood, or other hard surfaces and that carpet may NOT prevent injury.

For more information on child safety, call the Consumer Product Safety Commission at (800) 638-2772.”

ECELS Note: The CPSC warning applies to climbing equipment whether it is embedded or surface mounted, even though Pennsylvania’s new regulations only address surfacing under embedded equipment.

Use fall-rated, impact-absorbing surfacing materials under and around climbers indoors or outdoors, whether they are portable or embedded. What matters is the height of the fall and the impact-absorbing properties of the material onto which the child falls.

For more information about surfacing materials and where to buy them, contact ECELS by e-mail: ecels@paaap.org or call 800-243-2357.



Vaccines for Adults Who Work in Early Education & Child Care Settings

Adults need vaccines throughout life. Recommendations for adults include not only annual influenza vaccine, but also other vaccines. One of these prevents infection by the whooping cough bacteria. This vaccine protects the adult who receives the vaccine from an infection that can cause bronchitis. It also keeps the adult from giving potentially lethal whooping cough germs to infants. The vaccine that prevents whooping cough bacteria from infecting adults is called Tdap. It was licensed in 2005.

Adults and adolescents should receive Tdap instead of the previously recommended Td (tetanus-diphtheria) shot usually given as a 10 year booster. For more information about this vaccine, go to:

www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm

The types of vaccines that adults should receive vary by age and whether the person has already had certain diseases. Every adult needs some vaccines. Check the CDC schedule to see which currently recommended vaccines you and other adults you care about need. Go to:

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>



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Disposable Play Dough

Making home-made play dough in early education and child care has several advantages. The children can help prepare it, and play with it. Then you can throw the dough away or send it home to avoid reuse and transfer of germs from one child to another.

Do not add anything that has flavor. Although the mixture in small quantities is non-toxic, you do not want to encourage children to eat play dough. Try this recipe:

- 1 ½ C. flour
- ¼ C. salt
- 2 T. oil
- ½ C. warm water with enough drops of food coloring to make desired hue

Mix all dry ingredients together. Add oil, warm water with food coloring in it. Mix until blended. If mixture is too sticky add a bit more flour. If too dry, add a bit more oil.

Store the mixture in an air tight container.

REMEMBER: A portion of this mixture is like served food. After you have given a portion to one child, do not give that same portion to another child for play or reuse it at a later date.

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