

HEALTH LINK ONLINE

Uniting Children, Parents, Caregivers and Health Professionals

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page 1

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Outbreaks of Illness

Everyone dreads outbreaks of disease. Stopping the spread of illness to children, staff and families needs prompt action. The first step is to recognize an outbreak. Next, you need to know what to do about it.

An outbreak is the occurrence of an unusual disease or symptom, or an illness occurring in a number of people which may be of public concern. Individual cases of certain diseases, such as measles, constitute an outbreak. A food-borne outbreak occurs when two or more persons experience gastrointestinal tract disease after ingesting a common food or water.

Educators must report some types of outbreaks to public health authorities. Half of young children in child care typically have common colds at the same time during mid-winter. This usual pattern would not need to be reported to public health authorities. However, three children in the same group who have diarrhea justifies a call to local public health authorities. Public health authorities will gather information about the diagnosis. They may suggest some infection control measures. For example, everyone may need to do better hand and surface hygiene. Children who had contact with ill children may need to separate from other children. New admissions may need to stop during the outbreak.



The public health professionals will collaborate with the health providers of the ill children. They may suggest whether treatment is needed for those who were exposed to ill children. They may say when ill children must be excluded from care. Also, their job is to educate everyone involved with the outbreak. Finally, they will continue to monitor the situation until the problem is resolved.

Two handy references should be within easy reach of every director of an early childhood or school age program. These have evidence-based information about how to handle outbreaks and the types of infections that must be reported to public health authorities. See *Caring for Our Children, National Health and Safety Performance Standards, 2nd edition*, American Academy of Pediatrics and the American Public Health Association, 2002: Standard 3.067 (also available at <http://nrc.uchsc.edu>) and the spiral-bound text called *Managing Infections in Child Care and Schools*, American Academy of Pediatrics, 2005, pages 29 and 30.

Understanding MRSA

Many people are worried when they hear that someone has an infection caused by "MRSA." Understanding MRSA is the first step in knowing how to handle this infection.

Staphylococcus aureus are bacteria found in the nose and on the skin of nearly all healthy people. When the antibiotic called methicillin does not stop the growth of this type of bacteria, it is called methicillin-resistant *Staphylococcus aureus* or "MRSA."

Although MRSA was first identified among sick people, these bacteria are present on the skin and in the noses of healthy people in many communities now. These bacteria spread by contact with hands, wounds and body fluids.

Hand washing is the most effective method to control the spread of MRSA. Routine hygiene measures to control body fluids work for this germ too. When a child has open skin lesions, they should be covered. Health professionals are concerned about MRSA and other bacteria that are not MRSA, but that make certain types of chemicals that damage the body's germ-fighting cells. These bacteria can cause more frequent and more severe illness.

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MRSA are more likely than non-MRSA bacteria to make these damaging chemicals. The California Childcare Health Program has a very good fact sheet about MRSA as well as other free fact sheets and posters, many in English and Spanish. Go to: <http://www.ucsfchildcarehealth.org>.

For the MRSA fact sheet, click on the tab "Publications and Resources," then choose "Health and Safety Notes," and then select "Methicillin Resistant Staphylococcus Aureus (MRSA)."

Risk Management - Reducing Illnesses and Injuries

Editor's Note: This article is a revision, consolidation and update of two articles previously published in *Health Link Online* in February and March 2007. See these original articles at www.ecels-healthychildcarepa.org for more detailed explanation of the four steps listed below.

Using tools available from ECELS will help keep children and staff safe and healthy. For programs in Keystone STARS, these tools will help meet the Continuous Quality Improvement requirements under Leadership and Management. To prevent illness and injury, follow these four steps:

1. **Write and use policies** that define how the program avoids risky practices and hazards.
2. **Establish routine checks** for conditions and practices that are known to cause harm.
3. **Use records of illness and injury** to see what needs attention.
4. **Make and implement Action Plans** for risk control. Include in the Action Plans when to review routine site checks and records. Keep the program improving by modifying policies as needed.

If you have any questions or need advice about how to implement these steps, contact ECELS by email: ecels@paaap.org, or call 800/243-2357 or 484/446-3003.

1. Write and Use Policies

Every program needs written health policies. These policies are tools for staff and parent orientation, and a reference for operation of the program. Sitting down to write policies from scratch is hard. You can use a set of model policies to get started. However, you must adapt model policies to make them appropriate for your site.

To help educators write health and safety policies, ECELS published *Model Child Care Health Policies (MCCHP)*. These are policies with blanks for staff to fill in to adapt the policies for a particular site. The appendix of *MCCHP* has many sample forms. Pennsylvania center-based programs may order a free hard copy of *MCCHP* from ECELS using the instructions on page 4. You may also download the file from the ECELS website, www.ecels-healthychildcarepa.org.

The Indiana Child Care Health Consultant Program has templates for some health and safety policies on their website in MSWord. Indiana adapted many of these policies from ECELS *Model Child Care Health Policies*. For the Indiana materials, go to www.indiana.edu/~cchealth.

Consult a Child Care Health Consultant to be sure your site-specific health and safety policies are current with what experts recommend. If your program does not already have a local health professional who routinely visits to offer health and safety advice, ECELS can help you find one. A Child Care Health Consultant can help review policies to improve practices. Minimizing the risk of the spread of illness among the children keeps staff healthier. Minimizing the risk of injury keeps children and staff safe too!

2. Establish Routine Checks

Use the *Health and Safety Checklist* in *Model Child Care Health Policies, Appendix Q*. This checklist raises awareness as well as finds hazards and risky practices that people might overlook. For an excellent checklist focused on reducing risk in active play areas (playgrounds and indoor gross motor play areas), go to the ECELS website, www.ecels-healthychildcarepa.org. Select the section Publications and Media, then the subsection, Print Publications. Click on Active Play Areas Safety Checklist (Brief).

Monthly checks of the whole facility are a good idea. You will find more hazards if different people do different parts of the checklist and if you change who does the checks from one month to another. Review your findings with your Child Care Health Consultant, then fix what you can.

Certified Playground Safety Inspectors (CPSI) are health consultants who have specialized training to identify known hazards and recommend changes that reduce the risk of injury during active play. Contact ECELS for instructions about how to find a CPSI.

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3. Use Records to See What Needs Attention

For Illnesses

Symptom Records:

On a daily basis, facilities need to document enrollment, attendance and symptoms for the children in care. See *Model Child Care Health Policies, Appendix H: Enrollment/ Attendance/ Symptom Record*.

Tracking Procedure: Every day, someone should look at the records of symptoms to detect patterns of illness promptly — in each group of children and in the facility overall. You may be able to stop an epidemic if you improve sanitation and hygiene at the first sign of a sudden increase in frequency of a particular type of illness or symptom. Also, someone on the staff should review the daily illness/symptom records about once a month, noting differences in patterns between groups of children in the facility. Such differences might indicate that a particular group needs to pay more attention to sanitation and hygiene to prevent disease.

For Injuries

Injury Report Form: Use a form that records the necessary details. Make three copies. Use the copies for: 1) communication with parents, 2) documentation in the injured person's file for liability protection and reference, and 3) a separate file that you can review to identify patterns of injury within each classroom, on the playground, or within your entire facility.

ECELS recommends the Injury Report Form in *Model Child Care Health Policies, Appendix O*. If you use a different form, be sure the form records the essential details.

Injury Report Details:

- a) name and contact information for the facility
- b) child's name and birth date
- c) date and time of the incident
- d) witnesses
- e) location of the incident
- f) action that caused the injury
- g) part of the body injured
- h) first aid given at the facility
- i) who was contacted and when
- j) treatment by a health professional (if any)
- k) follow-up plan to care for the child
- l) corrective action needed to prevent recurrence
- m) any official or agency notified
- n) dated signature of the staff
- o) dated signature of the parent.

Tracking Procedure: Every three to six months, organize a staff meeting to review the injury reports from the previous period. Group brainstorming is best. Include those who are affected by the issues and those who have the authority to make changes. Be sure to get input from someone with expertise in safety, such as a Child Care Health Consultant or a Certified Playground Safety Inspector. Look for patterns of injury. Then consider what preventive action might help.

4. Make and Implement an Action Plan.

Figure out what you want to change, the resources you will need, who will be responsible for needed changes, how changes will be implemented, and a time frame to get the job done. Assign the tasks, including checkpoints when a responsible person will monitor progress on the plan.

These approaches and tools will benefit you every day. Children and staff will be safer and healthier. You will have fewer absences. The burden of caring for illness and injuries will be less for everyone.



Environmental Health Self-Learning Module Available from ECELS

To learn more about environmental health hazards and what you can do about them in the early learning environment, use the new ECELS Environmental Health Self-Learning Module. You can access this self-learning module on-line or request hard copy from ECELS. Go to www.ecels-healthychildcarepa.org. Click on the photo and header "Child Care Provider Training," select "Self-Learning Modules" from the drop-down menu that appears when you roll your cursor over the header on the new page. Scroll down the page on the list of self-learning modules and find the Environmental Health Self-Learning Module. Read more about it and then click on it to open it there. If you need help, email ECELS ecels@paaap.org or call 800/243-2357 or 484/446-3003.

Watch for a Survey about Oral Health Practices in Early Learning Programs

Public health authorities are concerned about high rates of early childhood dental disease. To help early learning practitioners foster oral health, ECELS offers an Oral Health Self-Learning Module. The ECELS web site and the ECELS Professional Development Brochure lists this and other opportunities to learn about health and safety. (See the brochure insert.)

What are early learning practitioners doing about oral health in their programs? In 2007, ECELS established an Oral Health Advisory Work Group. This group developed a survey to ask early learning practitioners about what they know and do in this important area of child health.

A sample of centers will receive the survey with this issue of the ECELS newsletter to return by mail. The ECELS Oral Health Advisory-Work Group will review the responses and suggest ways to include oral health activities in early learning programs. **Later in 2008, the membership organizations of Pennsylvania early learning practitioners will send an email invitation to complete a revised version of the survey online.** The revised survey will ask about the feasibility of the proposed oral health activities.

What is:

— a Sanitizer?

— a Disinfectant?

The U. S. Environmental Protection Agency (EPA) regulates products labeled as sanitizers or disinfectants. They are mixtures of substances to keep bacteria, viruses or fungi from growing on inanimate objects and surfaces. The products may be sprays, liquids, powders or gases. The EPA registers thousands of such products.

Germicides and antiseptics are different from sanitizers and disinfectants. They are considered drugs because they are used in or on living humans or animals. The Federal Food and Drug Administration regulates drugs.

Disinfectants differ from sanitizers. Disinfectants destroy or irreversibly inactivate fungi and bacteria, but not necessarily their spores. Sanitizers reduce, but not necessarily eliminate microorganisms to levels considered safe by public health codes or regulations.

According to the *Caring for Our Children* Standards, solutions to use for sanitizing include a correctly-made mixture of bleach and water, other industrial products that meet the federal standards for sanitizers, or federally-approved "hospital grade" germicides. Check the label carefully. Be sure the product is non-toxic and that the instructions on the label provided by the manufacturer are easy for staff to follow.

The EPA has more information about these products. Go to <http://www.epa.gov/pesticides/factsheets/antimic.htm>, call the EPA at 703-308-0127, or e-mail info_antimicrobial@epa.gov.



For a spray solution of bleach sanitizer, mix 1 tablespoon of bleach with 1 quart of water. Make the solution fresh daily. Needs 2 minutes of contact.

Order Free Materials

Vaccine Wallet Records For Parents

The Pennsylvania Immunization Card is an English/Spanish wallet-sized personal immunization record for children and adults. They are available in packs of 50 cards at no cost for distribution to Pennsylvania families. Check the website of the Centers for Disease Control and Prevention (www.cdc.gov/vaccines) in January for annual updates to the national vaccine schedule. In 2007, new recommendations include a second dose of varicella vaccine and that all 11-18 year old children should get meningitis vaccine.

Vaccine Video To Show to Parents and Staff

"Vaccines and Your Baby" is a 28-minute video that explains the basics of vaccines. You can show this video to parents and staff. Pennsylvania early learning practitioners may order a free VHS copy of this video from ECELS.

To order these and other materials from ECELS, go to www.ecels-healthychildcarepa.org, click any section heading, then in the left frame, click "Request Materials" and complete the form. To order by phone, call ECELS at 800-243-2357.

National Health Organization Websites — National Health Calendar for Activity Ideas and Free Materials

The U.S. Department of Health and Human Services has a website that links users to sources of reliable health information at www.healthfinder.gov. One link on the site is to a list of National Health Observances that you can use to plan activities for your program. Health observances are days, weeks or months focused on special health concerns. See below for some examples of upcoming activities for October 2007 that are appropriate for early learning and school age practitioners.

October

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National Dental Hygiene Month

American Dental Hygienists' Association
444 North Michigan Avenue, Suite 3400
Chicago, IL 60611-3980
(800) 243-ADHA (2342), (312) 440-8900
(312) 467-1806 Fax
media@adha.net, www.adha.org
For materials, contact: Communications Division

1 - 31

Sudden Infant Death Syndrome Awareness Month

First Candle/SIDS Alliance
1314 Bedford Avenue, Suite 210
Baltimore, MD 21208
(800) 221-7437, (410) 653-8226,
(410) 653-8709 Fax
info@firstcandle.org, www.firstcandle.org
Materials available, Contact: Laura Reno

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Fire Prevention Week

National Fire Protection Association
1 Batterymarch Park
Quincy, MA 02169-7471
(800) 344-3555 orders only, (617) 984-7285
(617) 770-0200 Fax
bdunn@nfpa.org, www.firepreventionweek.org
Materials available, Contact: Barbara Dunn

Concussions, Mild Head Injury and Traumatic Brain Injury:

What's important to know...?

Yearly, 25,975 Pennsylvania children have brain injuries (www.biapa.org). Mild traumatic brain injury is often missed, with symptoms not always immediately apparent. Loss of consciousness does not have to occur. A child may simply appear dazed or confused. Concussion is a mild traumatic brain injury. See the insert in this newsletter for what to look for when a child has a head injury.

Mild head injuries can lead to academic and/or behavioral changes. The American Academy of Pediatrics has a publication for parents about head injuries. *Head Injury – Determining the Degree of Injury and Minor Head Injuries in Children*. It can be ordered at www.aap.org.

In Pennsylvania, you or families can contact the following for assistance once a child is diagnosed with a head injury:

- Brain Injury Helpline: toll free 1-866-412-4755
TTY: 877-232-7640,
www.helpinpa.state.pa.us
- Brain Injury Association of Pennsylvania: toll free 1-866-635-7097, www.biapa.org
- Disability Rights Network of Pennsylvania: 800-692-7443, TDD 877-375-7139, drnpa-hbg@drnpa.org
- PA Department of Health – Head Injury Program, www.health.state.pa.us

Be a Champion for Flu Vaccine!



Influenza vaccine is the single best way to protect children and their caregivers in group care from a severe winter illness. All healthy children

aged 6 to 59 months, and the household contacts and out-of-home caregivers of children from birth to 5 years of age should be vaccinated against influenza annually. Individuals of any age with increased risk of complications from influenza should get vaccine too.

Two types of vaccines are available, a flu shot and a nasal-spray flu vaccine. The nasal-spray flu vaccine can be used by children 5-17 years of age and adults. Children younger than 5 years of age must receive the flu shot. They need two doses of the shot if it is the first time they are receiving influenza vaccine. For more information about influenza, including links to fact sheets in many languages go to <http://www.cdc.gov/flu/>.

See how many children and adults involved with your early learning program you can get protected with vaccine this year. Plan a campaign. Start in late October. Follow-up in November and December.

Special FALL 2007 Hard-Copy Issue of *Health Link Online*

This is a special issue of *Health Link Online*. The Pennsylvania Department of Health gave ECELS funding to mail this newsletter in hard copy. The November-December 2007 and subsequent issues of *Health Link Online* will be on-line-only publications again. The Pennsylvania Department of Health has funded one more hard-copy issue of the newsletter that will be mailed in 2008.

You will find all back issues of ECELS newsletters on the ECELS website. To receive an e-mail notice when ECELS posts a new *Health Link Online* on the website, be sure to sign up at www.ecels-healthychildcarepa.org for E-Mail Alerts from ECELS. When you sign up, you will receive a confirming e-mail to which you must respond to join the list. This step is a safeguard to be sure that only those who want to receive the E-Mail Alerts from ECELS are on the list.

Reducing the Risk of SIDS

ECELS participated in a project with the (national) American Academy of Pediatrics (AAP) to reduce the risk of SIDS in child care. The AAP conducted the study in four states - CA, MT, LA, and PA. Preliminary analysis of the data from this project show more child care programs need safe sleep policies and need to place infants to sleep safely. Also, the results indicate that some parents are not aware of safe sleep practices. ECELS offers AAP instructional materials in a workshop as well as a self-learning module on Reducing the Risk of SIDS in Child Care. Pennsylvania early learning practitioners can request these learning opportunities from ECELS.

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Editor: Susan S. Aronson, MD, FAAP. Contact ECELS at: 484-446-3003 or 800-24-ECELS; ecels@paaap.org;
PA AAP, Rose Tree Corporate Center, Bldg II, Suite 3007, 1400 N. Providence Road, Media, PA 19063.*



Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

CHIP Now Covers ALL Uninsured Children!

Pennsylvania's Children's Health Insurance Program (CHIP) now covers all uninsured children and teens (up to age 19), regardless of family income. All families need to do is apply! CHIP is comprehensive health insurance that includes doctor visits, dental care, eye care, prescriptions, immunizations, hospital stays and much more.

For many families, CHIP is **free**, with no co-pays or monthly premiums. Families with higher incomes have low monthly premiums and co-pays for some services. To qualify for CHIP, children must be Pennsylvania residents under the age of 19. They must not be eligible for Medical Assistance or other health insurance. Also, they must meet citizenship requirements.

All new applicants whose family annual income falls above the free CHIP income range and into the low-cost and at-cost CHIP ranges must also show that their children have been uninsured for six months. There are three exceptions to this requirement for a six month uninsured period: children under the age of 2, children who have lost health insurance because a parent lost their job and children who are moving from another public insurance program.

Encourage families whose children need health insurance to apply right away. It's easy to do. Go to the CHIP Web site (www.chipcoverspakids.com) or call the CHIP Helpline at 1-800-986-KIDS.

Reach out to uninsured families. If you would like to display CHIP information in your facility, would like more information, or would like someone to come to speak to your organization about CHIP, please go to www.chipcoverspakids.com or call 1-800-986-KIDS. To order brochures and posters on the website, click on "CHIP Resources," then "Promotional Materials."

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2 Hard-Copy Inserts: ECELS Professional Development Brochure and When Your Child's Head Has Been Hurt (1000 centers will receive a 3rd insert of a questionnaire on Oral Health)

Safety Sheet Injury Prevention

When Your Child's Head Has Been Hurt:



Many children who hurt their heads get well and have no long-term problems. Some children have problems that may not be noticed right away. You may see changes in your child over the next several months that concern you. This card lists some common signs that your child may have a mild brain injury. If your child has any of the problems on this list—AND THEY DON'T GO AWAY—see the "What to Do" box on the back of this sheet.

HEALTH PROBLEMS

Headaches

Including:

- headache that keeps coming back
- pain in head muscle
- pain in head bone (skull)
- pain below the ear
- pain in the jaw
- pain in or around the eyes

Balance Problems

- dizziness
- trouble with balance

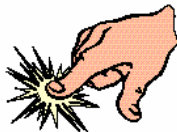
Sensory Changes

- bothered by smells
- changes in taste or smell
- appetite changes



- ringing in the ears
- hearing loss
- bothered by noises
- can't handle normal background noise

- feels too hot
- feels too cold
- doesn't feel temperature at all



- blurry vision
- seeing double
- hard to see clearly (hard to focus)
- bothered by light

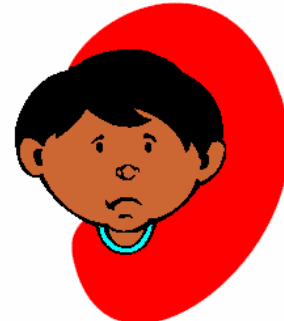


Sleep Problems

- can't sleep through the night
- sleeps too much
- days and nights get mixed up

Pain Problems

- neck and shoulder pain that happens a lot
- other unexplained body pain



**These problems don't happen often.
If your child has any of them,
see your doctor right away.**

- ▲ severe headache that does not go away or get better
- ▲ seizures: eyes fluttering, body going stiff, staring into space
- ▲ child forgets everything, amnesia
- ▲ hands shake, tremors, muscles get weak, loss of muscle tone
- ▲ nausea or vomiting that returns

Continued on Back

BEHAVIOR and FEELINGS

Changes in personality, mood or behavior

- is irritable, anxious, restless
- gets upset or frustrated easily
- overreacts, cries or laughs too easily
- has mood swings
- wants to be alone or away from people
- is afraid of others, blames others
- wants to be taken care of
- does not know how to act with people
- takes risks without thinking first
- is sad, depressed
- doesn't want to do anything, can't "get started"
- is tired, drowsy
- is slow to respond
- trips, falls, drops things, is awkward
- eats too little, eats all the time, or eats things that aren't food
- has different sexual behavior (older children)
- starts using or has a different reaction to alcohol or drugs
- takes off clothes in public

THINKING PROBLEMS

- has trouble remembering things
- has trouble paying attention
- reacts slowly
- thinks slowly
- takes things too literally, doesn't get jokes
- understands words but not their meaning
- thinks about the same thing over and over
- has trouble learning new things
- has trouble putting things in order (desk, room, papers)
- has trouble making decisions
- has trouble planning, starting, doing, and finishing a task
- has trouble remembering to do things on time
- makes poor choices (loss of common sense)

TROUBLE COMMUNICATING

- changes the subject, has trouble staying on topic
- has trouble thinking of the right word
- has trouble listening
- has trouble paying attention, can't have long conversations
- does not say things clearly
- has trouble reading
- talks too much



Brain Injury
Association, Inc.



Supported in part by project #MCJ-04TB20-01 from the Maternal & Child Health Bureau (www.mchb.hrsa.gov)(Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Developed by the Arizona Governor's Council on Spinal & Head Injuries in collaboration with the Arizona Department of Health Services.

WHAT TO DO:

If your child has any of the problems on this list, and they don't go away:

- ▲ Ask your child's doctor to have your child seen by a specialist in head injury who can help your child learn skills (rehabilitation).
- ▲ Ask your child's doctor to have your child seen by a Board-certified Neuropsychologist. This specialist can help you understand and deal with your child's behavior and feeling changes.
- ▲ Call the Brain Injury Association hotline for more information:

1-800-444-6443

We have only listed the problems we see most often when a child's brain is hurt. Not every problem that could happen is on this list.

To obtain this information in an alternative format, contact the TBI Technical Assistance Center at: (202) 884-6802.