



Child Care Health Connections

A health and safety newsletter for California child care professionals

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a program of the University of California, San Francisco School of Nursing (UCSF)

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Health and Safety Tip

Do not use raw or uncooked kidney beans in play tables and art projects. Eating raw or inadequately cooked beans can lead to symptoms that indicate food poisoning. According to the U.S. Food and Drug Administration, eating as few as four or five uncooked kidney beans can cause severe nausea, followed by vomiting and diarrhea within two to three hours.

Several varieties of raw kidney beans, including red kidney beans, contain large amount of a poison called phytohaemagglutinin that may also cause reduced growth, diarrhea and interference with nutrient absorption.

While the toxic chemical is destroyed when the beans are properly cooked by boiling, *undercooked beans may be more toxic than raw beans*. The following procedure has been recommended to make kidney beans safe for consumption:

- Soak in water for at least five hours.
- Pour away the water.
- Boil well in fresh water, stirring occasionally, for at least 10 minutes.

In addition to their toxicity, raw beans are small objects that may put young children at risk. If put into an ear canal or nostril, the bean may get stuck, swell and become very difficult to remove. ♦

What Caregivers Can Do to Help Children Understand Death

by Judy Calder, RN, MS

While many people hesitate to discuss death with young children, learning about death is an important part of growing up. Caregivers can teach concepts of death to even very small children. This will help prepare them for their inevitable encounters with death, whether it is seeing a dead bird in the wild, or a more personal experience such as the death of a family member.

The capacity of children under 5 years old to understand death is variable and depends on many factors, such as a child's direct experience with death or life-threatening illness, cultural background and cognitive maturity. Current research into the topic concludes that children's understanding of death involves four general components:

- **Finality:** an understanding that death cannot be reversed.
- **Inevitability:** an understanding that all living things will eventually die.
- **Cessation of body functions:** a recognition that death ends all movement, feelings and thoughts.
- **Cause:** involves an understanding of why death occurs.

Children will acquire these understandings at different ages and over time. Caregivers of young children need to support this understanding by feeling comfortable introducing the topic of death.

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Child Care Health Connections®

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ASK THE NURSE...

Encouraging Car Seat Use



by Susan Jensen, RN, MSN, PNP

Q: I recently enrolled a 2-year-old child in my family child care program whose parents do not have a car seat. When I approach them about this they give me a variety of excuses for why they haven't obtained a car seat yet. I am very concerned for this child's safety and I am also wondering about my own liability if the parents should get into an accident and the child is hurt because she is not in a car seat.

A: This is an excellent question. When a parent or guardian signs a child out of your child care program they are resuming full responsibility for the child, so you cannot be held liable for negligence regarding lack of a car seat in the family's personal car. Yet this is also a difficult moral issue because there is a clearly stated law regarding the use of car seats for children and this family is putting their young child at risk for serious injury or even death. What is a child care provider to do?

Post the Car Seat Law in Your Facility

What you can do is make sure you have the car seat law posted in a prominent place where everyone can see it upon entering or leaving your child care setting. Remind parents of the law and the fines imposed for breaking it. Provide them with information about the *reason* for the law, which is to protect children from serious injury and death. For free posters (including one which states the California law about car seat use) or brochures about car seat safety, visit www.safelyonthemove.sdsu.edu or call toll-free (866) 700-7686.

Help Families Obtain Car Seats

If families cannot afford a car seat, refer them to local resources for free or low-cost car seats. Car seats for rent, borrow or sale may be available through the local Resource and Referral Agency, WIC, teen prenatal programs (if eligible), or the county (call your Child Passenger Safety Coordinator for local availability). Your local hospital, police or fire department may have resources as well. Healthline also has basic information on car seats.

Help Families Use Their Car Seats Correctly

You can also help families find safety technicians to teach about how to safely install and use car seats. If the car seat is used in more than one vehicle, the seat installation should be checked in both vehicles. ♦

Resources

Parent information: www.boostamerica.org.

California Child Passenger Safety Coordinators (by county): www.dhs.ca.gov/epic/documents/cpsc.pdf.

Information on car seat programs: www.dhs.ca.gov/epic/documents/wgcs.pdf.

Healthline at (800) 333-3212.

We're Moving! California Childcare Health Program will be moving our offices by September 1. See the sidebar at left for our new address. Our phone numbers, email and Web site will not change.

Encourage Exploration and Creativity

by Mardi Lucich, MEd



We can promote children's creativity when we expose them to environments and relationships that nurture and respect their explorations, language and ideas. Research shows that a child's creativity develops through the influences and interactions of both human and physical environments. As teachers and caregivers, it is our responsibility to foster children's creative spirits and provide them with plenty of opportunities for discovery and imaginative growth that are both meaningful and age-appropriate.

Here are a few ideas for encouraging creativity and exploration in young children:

Infants (0 to 18 months)

To babies, the world is just waiting to be discovered. From the moment they can focus their eyes, infants actively explore their environment. When they are able to reach and grasp, infants begin to choose objects to examine and direct their own investigations. Take cues from the infant and provide many different kinds of experiences. Place pictures, art and mirrors at their eye level along with objects and mobiles with a variety of colors, patterns, shapes and sizes. Offer toys and items to jingle, rattle, squeak and squeeze. Provide things to tap, beat, bang and crash (cardboard boxes, pots, pans, wooden spoons, recycled containers, etc.). Share various fabrics and papers that offer different textures and the chance to crumble, crush and tear. Remember, no matter how safe of an environment, babies need your constant supervision and your calm presence to provide the security they need.

Toddlers (18 months to 3 years)

Generally, toddlers are bursting with energy, curiosity and excitement for investigating the world around them. Whether involved in dramatic play, art, writing, construction, cooking or climbing on the play structure, they enjoy actively exploring and experimenting. Provide them with long periods of uninterrupted, unhurried, unpressured time for self-directed play activities. Materials that enable creative exploration and imagination are ones that naturally draw toddlers. Offer sensory materials such as water, snow, sand, soil, grass and mud, making sure that all organic materials presented to children are free of toxic pesticides. Share with them malleable materials such as homemade clay and play dough, which can be shaped and reshaped endlessly. Provide manipulative materials such as blocks and legos; collections of objects such as vehicles, people and animals; or science and nature materials such as large magnets, butterfly nets, watering cans or plastic magnifying glasses, as they all invite imaginative play.

When we support young children to be creative we are encouraging them to be expressive, adventurous and sensitive people. We are enhancing their natural sense of curiosity while helping them to be thoughtful and self-aware. What a wonderful way for every child to approach life! ♦

Resources

Edwards, Carolyn P. and Springate, Kay W. (1995). Encouraging Creativity in Early Childhood Classrooms. Urbana, Ill. ERIC Clearinghouse on Elementary and Early Childhood Education.

Althouse, Rosemary, Johnson, Margaret H. and Mitchell, Sharon T. (2003). The Colors of Learning—Integrating the Visual Arts into the Early Childhood Curriculum. Teachers College Press, New York, NY and the National Association for the Education of Young Children, Washington, D.C.

Food-Borne Disease

by Judith Kunitz, MA

Contaminated food products are linked to a large number of illnesses and deaths in people of all ages. However, young children and especially those with weak immune systems are particularly at risk of illness from food-borne germs. The following preventative measures are recommended to reduce the spread of food-borne diseases in the child care setting.

Eggs: Children should not eat raw or undercooked eggs, unpasteurized powdered eggs or products containing raw eggs. Ingestion of raw or improperly cooked eggs can cause severe Salmonella disease.

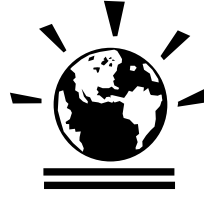
Milk and cheese: Children should not drink unpasteurized milk or eat unpasteurized cheese. Pasteurization is a method of preserving food by heating it to a certain point, which will kill harmful organisms but will not harm the quality of the food. The American Academy of Pediatrics strongly endorses the use of pasteurized milk.

Meat: Children should not eat raw or undercooked meat or meat products, as they have been associated with diseases including Salmonella and E.coli 0157:H7. Knives, cutting boards, utensils and plates used for raw meats should not be used for preparation of any food until the utensils have been cleaned properly.

Unpasteurized juices: Children should only drink pasteurized juice products unless the fruit is washed and freshly squeezed (such as orange juice) immediately before consumption. Consumption of packaged fruit and vegetable juices that have not undergone pasteurization has been associated with the

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Protect Children from Pertussis (Whooping Cough)



by Judith Calder, RN, MS

In California, and in the United States as a whole, there is an increase in cases of pertussis. Commonly known as whooping cough because of the sound of the cough children have with this disease, pertussis causes coughing spells so intense that it is hard for infants to eat, drink or breathe. These coughing spells can last for weeks. Pertussis can lead to pneumonia, seizures, brain damage and, in rare cases, death. Outbreaks were reported in several counties in 2002, including El Dorado, Fresno, Placer, Sacramento, San Diego, Santa Clara and Yolo. Cases in young infants are increasing; in 2002, one-third of the reported cases were in children under 3 months of age and in 82 percent of these cases the child was ill enough to be hospitalized. These cases represent children who may be too young to be immunized or who are underimmunized.

Child care providers play a critical role in assuring that the young children in their programs are protected from this serious disease.

- If you care for infants and toddlers, make sure that they are current in their immunization requirements at each of the following ages: 2 months, 4 months, 6 months, 15 to 18 months, and 4 to 6 years. Mark your calendar for each child's due date and request an updated record from the parent. Contact the Healthline at (800) 333-3212 for all the materials you need to put your system in place.
- Help parents locate immunization clinics, doctors or health insurance. Healthline can help you find these resources as well.
- Report diagnosed cases in children or adults in your program to your local Health Department Communicable Disease Unit. This is a requirement in the child care licensing regulations. The health department will also have materials on pertussis. Call the Healthline at (800) 333-3212, Monday through Thursday, if you need helping finding your local number.

References

Immunization Update. Immunization Branch, California Department of Health Services. (April 2003). ♦

CCHP Update: Funding

California Childcare Health Program was awarded the Transitioning Healthy Child Care America (THCCA) grant funded by the federal Maternal Child Health Bureau for two years, from February 1, 2003–January 31, 2005. This funding will support our Healthy Child Care America–California (HCCA-CA) work to continue linking pediatric health and child care providers and increasing the awareness of child care issues for pediatric primary care providers in California. ♦

Medical Homes

by Sharon Ware, RN, BSN, MA

A medical home is a place where a child and his or her family can go to receive comprehensive medical care from someone they trust. It is not a building, house or hospital, but rather an *approach* to providing high-quality, coordinated health care services, in which pediatricians, health care providers and parents act as partners to identify and access all of the medical and non-medical services needed to help children and their families achieve their maximum potential.

The American Academy of Pediatrics (AAP) guidelines for a medical home are where care is: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent. The pediatrician shares the responsibility with the parents and other members of the health team for assuring the child has the services needed to be healthy. The AAP recommends that a medical home be in the child's community with available care 24 hours a day, seven days per week. Payment requirements should be flexible and insurances accepted, including Medicaid. Since the family is the principle caregiver and the center of strength and support for the child, the AAP recommends acknowledgment of the parents as a source of expertise on their own child's needs. A family's values and beliefs are respected in a medical home.

All children should have access to a medical home. Child care providers can refer families to their local Health Department's Child Health & Disability Prevention unit to find pediatricians or clinics. Families should not be referred to hospital emergency rooms for regular medical care, as it is costly and not a source of preventive health care. ♦

Reference

Stone Soup Company, 2002.

Microwave Ovens and Your Health

by A. Rahman Zamani, MD, MPH

Use of microwave energy, especially in the form of microwave ovens, has increased in the past decade. While we all enjoy the convenience of using the microwave for quickly reheating and cooking food, special care is needed to protect our health and safety.

What is microwave radiation?

Microwaves are a form of electromagnetic radiation or waves of electrical and magnetic energy moving together through space. Electromagnetic radiation is generated during creation, transmission and use of electric power and electric devices.

Electromagnetic radiation ranges from powerful x-rays to less energetic radio frequency waves used in broadcasting. Microwaves fall into the radio frequency band of electromagnetic radiation and should not be confused with x-rays.

What are the health effects of microwave ovens?

Exposure to high levels of microwaves can cause cataracts and alter or kill sperm, causing temporary sterility. However, correct use of a microwave oven in good repair will not cause these harmful effects. Microwave ovens made after October 1971 are covered by a radiation safety standard enforced by the Food and Drug Administration which limits the amount of microwaves that can leak from an oven during its lifetime.

Of more concern are issues of uneven heating, which can cause:

- painful burn injuries either from hot food, splattering grease or steam;
- scalding if babies are given milk heated in a microwave oven;

- uneven cooking, leaving "cold spots," where harmful bacteria can survive to cause food-borne illnesses.

Using plastic containers that are not microwave safe can also cause harmful additives and chemical components to leach from plastics into food.

What happens when microwaves cook foods?

Microwaves have three characteristics that allow them to be used in cooking: they are reflected by metal; they pass through glass, paper, plastic and similar materials; and they are absorbed by foods.

Microwaves are produced inside the oven by an electron tube. The microwaves bounce back and forth within the metal interior until they are absorbed by food. Microwaves cause the water molecules in food to vibrate, producing heat that cooks the food. The microwave energy is changed to heat as soon as it is absorbed by food, so it cannot make food radioactive or "contaminated."

There are no indications that microwave cooking reduces the nutritional value of foods any more than conventional cooking. In fact, foods cooked in a microwave oven may keep more of their vitamins and minerals, because microwave ovens can cook more quickly and without adding water.

What containers and wraps should be used?

Use only cookware that is labelled for use in the microwave oven. Microwave plastic wraps, wax paper, cooking bags, parchment paper, and white microwave-safe paper towels should be safe to use. Plastic storage containers and

one-time-use containers should not be used in microwave ovens, as they can warp or melt, possibly causing harmful chemicals to migrate into the food. As a rule, it is *not good* to use metal pans made for conventional ovens or aluminum foil because reflected microwaves cause uneven cooking and can damage the oven.

Tips for cooking or reheating food in the microwave

- Follow the manufacturer's instructions for operating procedures and safety precautions.
- Do not use an oven if the door does not close firmly or is bent, warped or damaged.
- Do not allow anyone to stand directly against an oven while it is operating.
- Use only containers labeled "microwave safe" in the microwave oven. Do not reuse trays and containers that came with microwave convenience foods, as they may be designed for one-time use only.
- If plastic wrap is used, do not place it in direct contact with the food.
- Do not warm bottles and infant food in a microwave oven. Use running warm tap water instead.
- Do not allow preschool children to use microwave ovens. Closely supervise school-age children if they use a microwave oven. ♦

Reference

Adapted from consumer information on microwave oven radiation prepared by the Food and Drug Administration, Center for Devices and Radiological Health.



Head Lice: Strategies for Success

Head lice are an extremely common problem, and the solution lies in cooperation. Child care providers and parents can form an effective team to prevent the spread of lice by establishing sensible policies and respecting those policies. Don't panic! Learn more about lice and act.

What are head lice?

Head lice are insects that live on the human scalp and feed on blood by biting the scalp. This biting causes intense itching. Head lice do not jump or fly, and they do not live on pets or animals other than humans. They lay eggs (nits) which attach to the hair shaft and hatch in about six to 10 days.

Who gets head lice?

Anyone can get head lice. Young children are particularly at risk because the school or child care environment provides many opportunities to pass lice from one person to another, no matter how clean the environment is.

How are head lice spread?

Since they don't jump or fly, head lice must crawl from one person or object to another. This happens when heads touch (sleeping together, hugging, playing), or personal items are shared (combs, brushes, hats, carseats, bedding).

How are head lice diagnosed?

Diagnosis is usually made by finding nits attached to the hair near the scalp. Scratching or scratch marks on the scalp, behind the ears, or on the nape of the neck may be a good clue.

How are head lice treated?

Treatment involves getting rid of the lice and nits from the infected people, environment and personal items. Nits must be killed to prevent them from

hatching. Individuals must be reinspected to prevent reinfestation from missed nits.

How can you help prevent the spread of head lice?

Teach children not to share personal items such as hats, combs, brushes, hair ribbons, scarves, towels or bedding. Place items in children's cubbies so that coats and clothing do not touch. Inspect children's heads regularly for lice or nits.

When can a child return to child care?

Some programs allow children to return as soon as they have been treated with pesticide shampoo. Others require that not even a single nit be present before a child is readmitted. Your program will need to establish its own policy on when children can return to care. It is important that you make your policy clear to parents and staff, and that you stick to it consistently. The Healthline can provide you with information on head lice and help you develop your policy. Call us at (800) 333-3212.

If you have head lice in your program

Get a handle on the real problem

Detection and treatment, while important, are not the only aspects of effective head lice control. In fact, a lot of the frustration of dealing with head lice comes from policies that don't get to the heart of the problem, or poor communication between all of the parties involved. Education and cooperation must be an ongoing and routine part of your child care program if you truly want to minimize head lice.

Develop a clear written policy

Consider a "nit-free" policy. This means that there must be no nits present in the hair, dead or alive. This

way you don't have to determine whether or not the nits are actually dead. At the very least, children should be excluded from care until after treatment has been initiated or there are no nits present.

Communicate your policy to families and staff

Make sure everyone understands what the policy means and how it will be enforced. Make this a part of enrollment procedures. Head lice are a special condition and require special attention, so address it separately from other illness exclusion policies.

Make "head checks" a daily or weekly activity

Create a special game or activity that allows staff to examine each and every child's head for lice. Friday afternoon is a good time so that families can treat and nit-pick over the weekend. Monday mornings are good so that staff can send infested children home before the lice spread to others. Making this part of your routine helps avoid singling out children who may feel self-conscious about head lice.

Include head lice as a topic for parent/staff meetings and newsletters

Regularly engage parents and staff in discussions about identifying and treating head lice. Do this routinely, not just when there is a case in child care. This allows everyone to express their fears, concerns, successes and failures in a safe environment. Assure that families and staff understand the importance of identifying cases early and carefully treating the entire family, house or facility.

Do everything within your power to make head lice nonthreatening

You'll get much more cooperation from people if staff, children and parents feel like they are all part of the solution rather than the source of the problem. Keep the issue a priority and celebrate your successes. Encourage sharing of ideas and information. Keep in contact with your county health department to find out about new treatment products or educational materials.

Support one another

Staff can offer moral support to families having a particularly difficult time treating a case. Treatment can be expensive and time-consuming. Families

may need extra assistance in meeting your policy requirements. Help one another problem-solve. Call the Healthline at (800) 333-3212 if you need additional information or materials.

Teach and practice healthy habits for children

Teach children not to share personal items such as hats, combs, brushes, hair ribbons, scarves, towels or bedding. Space children's cubbies so that coats and clothing do not touch.

Treatment issues

- Do not use shampoos which contain conditioners before treatment because they can coat the hair and protect the nit. Do not use a vinegar rinse after using medications because it can deactivate the chemicals and reduce the effectiveness of the treatment.
- Treat children at the sink, not in the shower or bathtub, to minimize body contact with the pesticides in the medications.
- Remember that none of the chemical treatments are 100 percent effective in killing lice and nits. Removal by hand and comb is essential. Retreatment may be needed on the eleventh day after the first treatment. Parents should check with their pediatrician before treating more than twice.
- Always follow medication instructions. Consult your pediatrician or pharmacist if you are pregnant or nursing. We do not recommend using products which contain lindane.
- Wash all personal items and bedding in hot water and dry in a hot dryer. Vacuum non-washable items, furniture and car upholstery.
- Contact the National Pediculosis Association (NPA) at (800) 446-4NPA, or the California Childcare Healthline at (800) 333-3212.

By Lyn Dailey, PHN (rev. 02/03)

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Seizures in Child Care

by Susan Jensen, RN, MSN, PNP

Watching a child in your care have a seizure is scary, and it is normal to be afraid of it happening again. Knowing what causes seizures and what to do if a child has a seizure will help you feel more confident.

Types of Seizures

The most common type of seizure is a febrile, or “fever” seizure. About one in 25 children will have at least one febrile seizure between the age of 6 months and 5 years of age. These are common during the toddler years, and about a third of these children may have more than one. Febrile seizures are generally harmless, and most young children grow out of them. A very small percentage of children who experience febrile seizures go on to develop epilepsy.

There are a variety of seizures which are related to an imbalance of the chemical and electric channels between the neuron cells of the brain. The term “epilepsy” may be used when someone has had more than one non-febrile seizure. Epilepsy has nothing to do with intelligence, and is not contagious.

What to Do When a Seizure Happens

Your response to any seizure is the same:

- Remain calm. You cannot stop a seizure once it has started, and the children need to see you acting calmly and confidently.
- Ease the child to the floor, loosen clothing around neck, and turn child on his or her left side with something soft and flat under the head to keep the airway open. You may use your hand or a soft, folded towel.
- Move toys and furniture away.
- Never try to restrain the child’s movements and *never put anything in the child’s mouth*. It is physically impossible for a child to “swallow their tongue.”
- Time the seizure and reassure the other children that the child will be all right. Most seizures will stop on their own after a few minutes.
- Most of the time seizures do not require any further action except to allow the child to rest afterwards. The child may be sleepy and not remember what happened.
- If this is the child’s *very first seizure* or the seizure *lasts more than 5 minutes*, call 9-1-1 for emergency medical attention. Call the parents and let them know what has happened.
- In most cases the child does not need to be excluded after a seizure but the incident does need to be documented. ♦

References

Child Care Health Connections. November-December 1999 (Vol. 12, No. 6).

Resources

M. Kutscher, MD. *Scary but Usually OK*. www.pediatricneurology.com/seizure_ok.htm.

www.epilepsyfoundation.org/marketplace for videos/children’s info in English and Spanish.

Healthline at (800) 333-3212 for information on documentation and training videos.

Immunization Updates

by Susan Jensen, RN, MSN, PNP

Provider immunizations card.

There is now a vaccine card for providers to keep track of the immunizations that they receive as an adult. Print one from www.nfid.org/ncai/schedules/card or call the Healthline and we will send you one. (See May/June 2003 *Child Care Health Connections* for a review of adult vaccine requirements.)

Revised Yellow Card. The California Immunization Record, or “yellow card,” has been revised so that there is more space to record child immunizations. This card may look longer or narrower, with extra spaces at the bottom, but will still fit into the plastic holder. Current supplies of the previous yellow card will be used up before the new ones are put into use. If you have questions about the information on a child’s yellow card, ask for clarification. If children have a vaccine card from another country, their health care provider is responsible for clarifying the child’s immunization needs.

New vaccine combinations. In December of 2002, the U.S. Food and Drug Administration licensed a new pediatric combination vaccine for general use called “Pediatrix” by Glaxo SmithKline. This vaccine combines DtaP (diphtheria, pertussis and tetanus), hepatitis B and IPV (polio) vaccines in one shot. It will be used as a 3-dose primary series in infants beginning as early as 6 weeks of age. With time, we will see other new vaccine “super” combinations on the immunization cards.

For information call the Healthline at (800) 333-3212 or visit www.dhs.ca.gov/ps/dcdc/izgroup. ♦

Protect Young Children from Harmful UV Rays

by Andrew Manthe, MPH, CHES
Chief, Skin Cancer Prevention Program, California Department of Health Services

Skin cancer is epidemic in California and throughout the United States, and is by far the most common cancer in California, where it is eventually experienced by one in five residents in their lifetime. The chief cause of skin cancer is ultraviolet (UV) radiation found in sunlight. Sunburns and tanning increase a child's risk of eventually developing skin cancer.

Because children's skin is especially susceptible to UV rays, caregivers should take extra precautions to protect children from the sun. Fortunately, there are various means to safeguard children from UV rays. Child care programs can encourage the use of and/or provide:

- hats with wide brims and/or flaps on the sides and back;
- light-weight full-length clothing;
- shade (from trees and structures, or from special sun screen traps available in catalogs for early childhood providers);
- broad-spectrum sunscreen and lip balm SPF-rated 15; and
- UV-protective sunglasses.

Child care programs can also adopt sun-safety policies such as reducing outdoor play between 10 a.m. and 4 p.m., integrating sun-protection education into their curriculum and daily routines, and modeling sun-safe attire and behaviors.

Because sunscreen can cause skin reactions in some children, parental consent to apply sunscreen should be obtained. ♦

Resources

The California Department of Health Services' Skin Cancer Prevention Program (SCPP) has a limited supply of a sun-safety education module designed for working with preschool-age children. To order these free resources, contact SCPP at (916) 449-5393 or by e-mail at amanthe@dhs.ca.gov, or visit the "resources" section of SCPP's Web site at www.dhs.ca.gov/cpns/skin/index.html.

A "Sun Safety" fact sheet may be obtained from the Healthline at (800) 333-3212. Healthline also has a consent form for the application of sunscreen for parents to sign.

–Food-Borne Disease, continued from page 3

food borne illnesses of E.coli and salmonella.

Fresh fruits and vegetables: Many fresh fruits and vegetables have been associated with disease because of contamination. All fruits and vegetables should be washed thoroughly with water before eating, even if they look clean.

Raw shellfish and fish: Many experts recommend that children should not eat raw shellfish. Raw shellfish, including mussels, clams, oysters and scallops, have been associated with germs and toxins.

Honey: Children younger than 1 year of age should *not* be given honey. Honey is a known source of bacterial spores that produce the bacterium *Clostridium botulinum*. This bacterium produces a toxin, which can cause infant botulism. ♦

–Helping Children Understand Death, continued from page 1

Practical suggestions for teachers as offered by Essa and Murray include:

- Use concrete words when explaining death such as "The bird will never fly or breathe again."
- Listen to what the children say, especially for misconceptions or if children say they believe they had something to do with the death.
- Frequently stress that death is final: "We will never see that bird again, but we will remember how it sang."
- Discuss the cause of death: "Maybe the bird had a serious accident."
- Provide or support activities, such as sand or dramatic play, in which children can play out difficult topics.
- Use books to introduce the concept of death, such as *Lifetimes*, which is about the change of seasons, or more specific books such as *The Dead Bird*.
- Address everyday little losses that children experience, such as a teacher who leaves a program or a child that must change a classroom, and how that loss feels.

By introducing the topic of death as the opportunity arises, you will be better prepared to cope with the feelings of children, families and staff who experience loss. ♦

Resources for children

Lifetimes: The Beautiful Way to Explain Death to Children. Bryan Mellonie and Robert Ingpen. Bantam Books. 1983 (3 - 6 years).

The Dead Bird. Margaret Wise-Brown. Addison-Wesley. 1958 (3 - 5 years).

Explaining Death to Children. Earl Grollman, Beacon Press, Boston. 1967.

Online Resources

National Network for Child Care: www.nncc.org/Guidance/understand_death.html.

Hospice Net: www.hospicenet.org.

National Center for Children Exposed to Violence: www.ncccev.org.

Reference

E. Essa & C. Murray. *Research in Review: Young Children's Understanding and Experience with Death.* Young Children, May 1994.

EVENTS

July 2003

July 15

**Worry-Free Advocacy Workshop:
Understanding the Rules of
Nonprofit Lobbying and
Election-Related Activity.**

San Francisco. Alliance for Justice;
(202) 822-6070;

[www.allianceforjustice.org/
nonprofit/worryfree.html](http://www.allianceforjustice.org/nonprofit/worryfree.html)

August 2003

August 1 – 7

World Breastfeeding Week

Materials available from
World Alliance for Breastfeeding
Action and La Leche League
International; (847) 519-7730 x286;
www.lalecheleague.org

August 5–8

**Schools of Greatest Need:
Summer Symposium.**

Los Angeles. California Teachers
Association; (650) 552-5390;
www.cta.org

August 11–12

Ready, Set, Go!

**Leading the Way to School
Success.** Sacramento. Northern
California Early Childhood
Education; contact Paula Burchett,
(916) 344-6134 x 141

August 1–31

**National Immunization
Awareness Month (NIAM)**

Materials available from National
Partnership for Immunization;
(703) 836-6110;
www.partnersforimmunization.org

HEALTH CONSULTANTS CORNER

CTI Reunion Conference

by Robert Frank MEd

On May 18–20, 2003, 18 CTI (California Training Institute for Child Care Health Consultants) graduates from all over California reunited for a multi-day conference. Participants represented all three tracks of CTI past trainings. The reunion was held at the Marconi Conference Center in Tomales Bay, Marin County.

The Child Care Health Consultants (CCHCs) learned about the preliminary findings compiled by the Child Care Health Linkages Project Evaluation Study staff. Shasta County CCHC Michelle Larson presented an excellent disaster preparedness kit that she and her team had assembled and disseminated throughout Shasta county. The kit was impressive and her training to support it was very effective. A Child Care Health Advocate from Marin dazzled attendees with a nutrition and gardening presentation that included live worms, plants, herbs and resources to start such programs in other Linkages counties. Linkages staff participated at all levels of the reunion, including presenting attendees with new form templates that could be adapted to meet the needs of their health consultation practices, including special needs care plans, medication administration guidelines and sunscreen application parental consents. Together the Child Care Healthline and Linkages staff presented a variety of relationship-building skills activities, including video excerpts from Los Angeles Unified School District's *Project Relationship* and interpersonal exercises on developing, maintaining and refining community partnerships. Healthline staff also offered up-to-date resources on child behavioral issues. In addition, hot topics in child care such as S.I.D.S, asthma, SARS, and medication administration were all covered. Lastly, participants engaged in discussions about sustainability and the best ways to work with local, state, regional and federal funding sources for the continuation of this important Linkages project. ♦

HEALTH TIP

Hand Washing

Hand washing is the most important infection control measure caregivers can use to prevent illness. Proper handwashing can drastically reduce the amount of illness in child care. Here are some tips for effective hand washing:

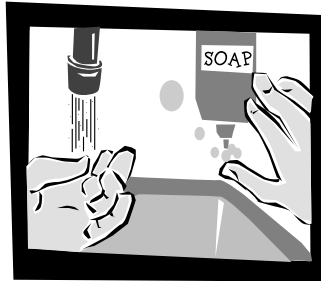
1. Use running water which drains out. Hot water is not necessary, but warm water is more comfortable and can increase the amount of time spent washing hands.
2. Use soap. Liquid soap is preferable; antibacterial soap is not necessary.
3. Rub hands together for at least 10 seconds to remove the germs. Rinse hands well under running water until all the soil and soap are gone.
4. Turn off the faucet with a paper towel.

See page 11 for a mini-poster on hand washing. For more health and safety tips posters, visit the CCHP Web site at www.ucsfchildcarehealth.org, or call the Healthline at (800) 333-3212. ♦

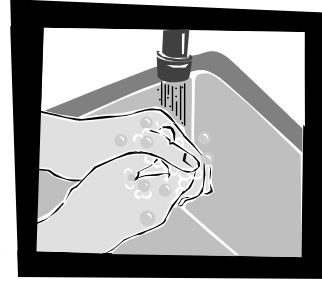
HEALTH AND SAFETY POSTER



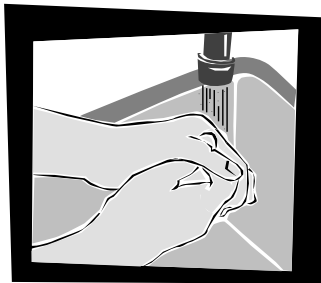
WASH YOUR HANDS PROPERLY



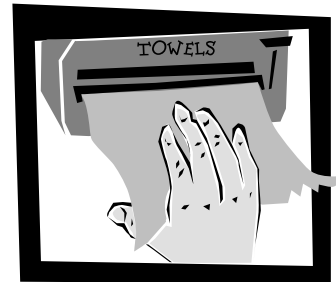
1. Wet hands and apply soap. Use warm running water; liquid soap is best.



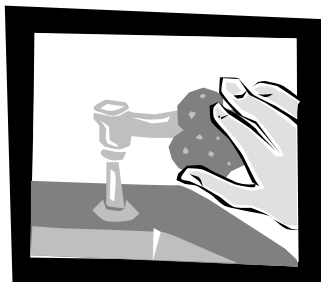
2. Rub hands together vigorously for at least 10 seconds, scrubbing all surfaces.



3. Rinse hands well under running water until all the soil and soap are gone.



4. Dry hands with a fresh paper towel.



5. Turn off water with a paper towel— not with your clean hands.



6. Discard the used paper towels in a lined, foot-pedal canister.

California Childcare Health Program
www.ucsfchildcarehealth.org

Rev. 01/03

Health and Safety Resources

Barriers to Inclusive Child Care: Research Study Findings and Recommendations from the Center for Prevention and Early Intervention. Reviews research, regulation, policy and practice concerning barriers to child care for children with special needs. Includes recommendations for change. Online at www.wested.org/cs/cpei/print/docs/220.

California's Children 2003, from Child Welfare League of America, provides statistics on child abuse, child poverty, child care, health and child welfare in California. Online at www.cwla.org/advocacy/statefactsheets/2003/california.pdf.

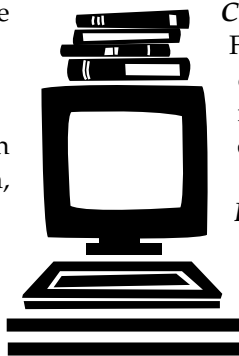
Sun Safe Central, from the Children's Foundation, is a Web site to help parents and child care providers protect children from the sun. Includes songs, activities, and sample sun-safe policies. In English and Spanish. www.sunsafecentral.com.

99 Tips for Family Fitness Fun, from the American Alliance for Health, Physical Education, Recreation, and Dance, recommends a regular family physical activity time each week, fitness-oriented gifts and rewarding children with activities instead of food. In English and Spanish, single copy is available free. National Association for Sport and Physical

Education, 1900 Association Drive, Reston, VA 20191; (800) 213-7193 x 460.

Media Violence and Children Action Guide, from Teachers Resisting Unhealthy Children's Entertainment, helps adults educate children about media, counter negative effects of media violence, and reduce media violence in children's lives. www.truceteachers.org/TRUCE/mediaviolence02.pdf.

Prevention Initiative: Prevent Child Abuse, from the U.S. Department of Health and Human Services, includes information on preventing child abuse for individuals and organizations. www.calib.com/nccanch/prevention.



Children in California, from the Children's Defense Fund, provides statistics on child poverty, hunger, child care, education, health and child welfare in California. Online at www.childrensdefense.org/states/ca.pdf.

Economic Benefits of Early Education, a study from the University of Wisconsin, measures the economic impact of a child care center with family support services. Online at www.waisman.wisc.edu/cls/cbaexecsum4.html.

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School of Nursing
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San Francisco, CA 94143-0606

CHANGE SERVICE REQUESTED

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