

child care health connections

A HEALTH AND SAFETY NEWSLETTER FOR CALIFORNIA CHILD CARE PROFESSIONALS

Published by the California Childcare Health Program (CCHP), a program of the University of California, San Francisco School of Nursing (UCSF)



Novel Influenza A (H1N1) or Swine Flu

Influenza, also known as flu, is a contagious respiratory illness caused by different strains of viruses. A new flu virus, Novel Influenza A (H1N1) of swine origin, was detected for the first time in April of this year.

Initial cases of (H1N1) swine flu in the United States included school-aged students and were associated with travel to Mexico and school-based outbreaks. Early information from Mexico indicated that many previously healthy young adults were hospitalized with rapidly progressive pneumonia. An increasing number of cases are being reported internationally as well. As of June 1, 2009, 62 countries have officially reported 17,410 cases of influenza A (H1N1) infection, including 115 deaths. Although the H1N1 swine flu virus continues to spread, most cases are mild.

How do you catch swine flu?

The virus infects people and spreads from person-to-person by coughing or sneezing--just like regular seasonal flu. People may also get the flu by touching contaminated surfaces, and then touching their eyes, mouth, or nose without washing their hands.

WHO rethinks swine flu pandemic criteria

The World Health Organization (WHO) provides an influenza pandemic alert system, with a scale ranging from Phase 1 (a low risk of a flu pandemic) to Phase 6 (a full-blown pandemic). However, the WHO said it may reconsider its standards for declaring a pandemic flu. It will look carefully at the signals of virus threat to people, not just the spread of the virus. Signs might include greater severity of illness or changes in how the virus is behaving. At the present time, WHO is deciding if the H1N1 will be declared a pandemic flu or not.

What is the difference between epidemics, pandemics and outbreaks?

Outbreak happens when a disease occurs in greater numbers than expected.

Epidemic occurs when an infectious disease rapidly spreads to many people.

Pandemic is a global disease outbreak.

Opportunity to re-think our preparedness for a real pandemic

Since child care programs, schools and large public gatherings provide opportunities to spread viruses that cause flu, it is important to protect the health and safety of children, staff and families in your program.

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California Child Care

Healthline



Call **800.333.3212**
for free consultations on
health and safety in child care

health + safety tips

Preventing Heat Illnesses

Physical activity is important for children and adults, but an often unrecognized health issue associated with outdoor play in hot weather is the potential for developing heat illnesses. To prevent heat illnesses:

- Fluid replacement is very important. Encourage children to drink plenty of fluids before and during any activity in hot and sunny weather – even if they are not thirsty.
- Make sure that children wear light-colored loose clothing.
- Schedule vigorous outdoor activities for cooler times of the day – before 10 a.m. and after 6 p.m.
- During an outdoor activity, take frequent breaks and drink fluids.
- Teach children to come indoors immediately whenever they feel overheated.



Child Care Health Connections is a bimonthly newsletter published by the California Childcare Health Program (CCHP), a community-based program of the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing. The goals of the newsletter are to promote and support a healthy and safe environment for all children in child care reflecting the state's diversity; to recreate linkages and promote collaboration among health and safety and child care professionals; and to be guided by the most up-to-date knowledge of the best practices and concepts of health, wellness and safety. Information provided in *Child Care Health Connections* is intended to supplement, not replace, medical advice.

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Food Safety Facts



There are so many food recalls, alerts and food scares. Where can I get more information for my child care program and parents, and how can I make sure that I am doing everything possible to avoid food poisoning in my program?



There are governmental sources to get accurate information on recalls of food and other products. The clearinghouse for the various recalls such as food, consumer products, motor vehicles, etc is www.Recalls.gov. This website will direct you to information sources appropriate to the product you are concerned about. Many of the agencies such as the U.S. Food and Drug Administration (FDA), Consumer Product Safety Commission (CPSC), U.S. Department of Agriculture (USDA) or the Environmental Protection Agency (EPA) have subscriptions that will deliver e-mail alerts to you on a routine basis if you subscribe. Each agency also has great handouts on food and product safety and educational games and activities for children and parents, many of them in other languages. Many of the educational handouts would be good for staff training or parent meetings or bulletin boards.

In the case of the peanut products and peanut butter recalls the FDA posts specific information including the brand names and photos of the labels of the product including the lot numbers. This is very useful in identifying the products you may have on your shelf or see in a store. The website contains a lot of information so you have to be patient or seek advice from someone who is computer savvy. The FDA recalls food products that may present some harm to consumers such as those contaminated by bacteria such as salmonella, or foods containing substances that could cause allergic reactions that are not listed on the food label. The focus of the USDA is on the safety of meat, poultry and egg products.

An excellent resource on food safety for child care programs is located on the Community Care Licensing website, www.cclid.ca.gov/PG49.htm. The guides "Safe Food Handling and Preparation" are available for download in English or Spanish. Similar guides are also available from the USDA child care food programs.

Should you wish to speak to an actual person about food safety you can contact the following organizations: the California Childcare Health Program, (800) 333-3212, your local health department or the Poison Control Center, (800) 222-1222.

by Judy Calder, RN, MS

Swine Influenza continued from page 1

Now that the threat of the H1N1 (Swine flu) pandemic is less serious than initially thought, we have an opportunity to re-think our preparedness for a true pandemic or other emergency situation. In other words, the H1N1 threat was a chance to see how well the systems and materials we have in place will work when the next pandemic or emergency occurs.

Resources

California Childcare Health Program's Health and Safety Note, Preparing for Pandemic Flu in Child Care Programs at http://ucsfchildcarehealth.org/pdfs/healthandsafety/PandemicFlu_EN_090607.pdf

California Childcare Health Program's Health and Safety Note, Emergency/Disaster Preparedness for the Child Care Setting at http://ucsfchildcarehealth.org/pdfs/healthandsafety/EmergencyEN061406_adr.pdf (PDF)

The CDC website for new information regarding H1N1 (Swine) influenza at www.cdc.gov/h1n1flu/

California Childcare Health Program's Flu Prevention Poster <http://ucsfchildcarehealth.org>



Safe Handling and Preparation of Infant Formula

All major medical groups worldwide agree that breast feeding is best for mother and infant. Infant formula is a safe alternative for infants up to 6 months old who are not breast-fed. A new research study tells us that many new mothers and caregivers have not received information on the safe preparation and handling of infant formula. It is important to follow the recommendations for the safe preparation of infant formula because powdered formulas are not sterile and may contain bacteria and unsanitary preparation can allow bacteria to enter the bottle. Bacteria in formula can be a source of food-borne illness. Infants are particularly vulnerable to food-borne bacterial infections because their immune systems that fight these infections are not yet fully developed.

Tips for reducing the risk of food-borne infections from infant formula

- **Wash your hands properly!** This is one of the most important actions you can take to prevent food-borne infections (as well as other infections).
- **Heat cold tap water to at least 158°F**, then mix with powdered formula. Cool to lukewarm before feeding an infant.
- **Follow the instructions on the label** if using liquid concentrates or ready-to-feed formula products.
- **Don't make more formula than you will need** and prepare it right before using it. If formula is contaminated during preparation, bacteria will multiply rapidly.
- **Discard formula that has been left at room temperature for more than 2 hours.**
- **Don't put a bottle back in the refrigerator if the baby doesn't finish it.** Disease causing bacteria from a baby's mouth can enter the bottle during feeding; they can grow and multiply even after refrigeration (some bacteria can grow at refrigerator temperatures) and reheating. Repeated reheating also destroys important nutrients in the formula.
- **Wash bottles and bottle nipples thoroughly between uses.**

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.



- **To heat formula** in bottles with disposable inserts or hard plastic and glass bottles, place under hot, running tap water until warm (1-2 minutes) or heat a pan of hot water on the stove, remove the pan from the heat and set the bottle in the pan until warm. Never heat formula bottles in a microwave oven.
- **To test the temperature of formula**, first shake the liquid to even out the temperature and test on top of your hand, not your wrist (this is one of the areas least sensitive to heat) before feeding. Milk that's "baby-ready" should feel luke-warm.

- **Don't use honey as a sweetener to get babies to drink water or milk from a bottle.** Honey isn't safe for infants less than a year old. It can contain the *Clostridium botulinum* organism that could cause serious illness or death.
- **Don't give raw or unpasteurized milk or unpasteurized fruit or vegetable juice to infants or young children.**

Following these simple steps will reduce the risk of food-borne illnesses in the infants you care for.

Resources

USFDA, Center for Food Safety and Applied Nutrition, Food Safety for Moms-to-be: Once Baby Arrives
www.cfsan.fda.gov/~pregnant/once.html

Labiner-Wolfe, J., Fein, S. B., & Shealy, K. R. (2008). Infant Formula-Handling Education and Safety. *Pediatrics*, 122(Supplement_2), S85-90.

by Vickie Leonard, RN, FNP, PhD

Picky Eaters

Some children learn to be fussy about food while others are naturally more sensitive to taste, smell and texture. Creating a healthy eating environment and providing a variety of foods will help you cope with picky eaters in your program.

How to create a healthy eating environment

Set a Meal and Snack Schedule

Set a schedule for breakfast, mid-morning snack, lunch and afternoon snack. This will help children understand that there is a meal coming every two to three hours and that they will not go hungry. If a picky eater chooses to skip a meal or a snack, he or she can wait until the next scheduled time in a couple of hours. A child who chooses not to eat can still join the group for conversation.

Family Style Meals

Children like to eat with other people. Sit down and eat with the children in a relaxed and enjoyable way. Keep the conversation to pleasant topics including how we enjoy the food we eat.

Share Responsibility

You control what, where and when food is provided and let the child decide how much and whether or not to eat the food. Children are born with the ability to regulate their food intake. Sometimes, a child may eat very little or not eat anything at all, but will make up the nutrition later that day or later in the week. Do not offer food to comfort a child as it teaches the child that eating is a way to feel better and may contribute to overweight.

Don't Battle over Food

Children are more likely to try new foods if the mood is happy and free of power struggles. Battles over food can lead to resis-

tance and defiance from the child. Respect individual preferences and don't bribe, play games or force a child to eat. Children need to learn to manage their own eating and preserve their ability to know when they are hungry and when they are full.

Provide a variety of foods

It is easy to get into a rut of serving only foods that you know a child will eat. However, offering a variety of foods, including food with sources of protein, fiber, calcium, iron, and folate, will help ensure that children are getting enough nutrients.

Tips for getting more variety in a child's diet

- Serve familiar foods along with new foods.
- Serve smaller portions of new foods.
- Include children in food preparation.
- Cut foods in interesting and fun shapes.
- Limit milk intake to 16-24 ounces a day. When children drink too much milk they often don't get enough nutrition from other foods.
- Set a good example. Show children that you like nutritious foods.
- Don't give up! A child may need to experience a new food 10 times before he will try it.

Resources and References

Ellyn Satter's Division of Responsibility in Feeding,
<http://www.ellynsatter.com/>
Kidshealth, Nutrition and Fitness
http://kidshealth.org/parent/nutrition_fit/index.html

by Bobbie Rose RN

BOX OF FUN

Musical Hoops

Make a path of hula hoops and have the children travel from hoop to hoop as music plays. When the music stops, each student freezes inside one hoop.

As the game progresses, remove one hoop at a time. Rather than eliminating children, as in Musical Chairs, suggest that children share their "space" with another student. Reduce the hoops until all children are sharing one or two hoops when the music stops.

From: PE Central, the premier site for health and physical education, www.pecentral.org

Failure to Thrive

The first years of life are crucial for physical and mental development. Children gain weight and grow faster in these years. However, delay in physical growth and weight gain is a common problem among young children. Failure to thrive in the early years, even if the physical growth improves, can lead to mental, emotional and social problems in adulthood.

What is failure to thrive?

Growth failure or 'failure to thrive' is a term used for describing inadequate growth in early childhood. It is applied to children whose current weight or rate of weight gain is significantly below (less than the fifth percentile) other children of similar age and sex.

What are the symptoms?

Many children may not gain weight or even lose a little weight for a brief period of time. However, if your child does not gain weight for three consecutive months during the first year of life, it's a matter of concern.

The most common symptoms of failure to thrive are irritability, excessive sleepiness, lack of interest in their surroundings, lack of age-appropriate social response, thin and wasted appearance, pale skin, swollen stomach, avoiding eye contact, delayed motor development and absence of vocal sounds. Since these symptoms may look like other conditions, you need to consult your child's health care provider to check and see if your child meets the developmental milestones.

Who is affected by failure to thrive?

Infants from families with social, economic, or mental health problems are at higher risk of developing failure to thrive. Other risk factors include depression in a mother or primary care giver, stress, alcohol or drug abuse, and lack of warmth toward the infant.

What causes failure to thrive?

There are many causes for failure to thrive. Most cases involve environmental and social factors that keep the child from getting proper nutrition. Examples include parental neglect or abuse, parental mental health disorders, the amount of money

spent on food and the nutritional value of food they buy. Sometimes failure to thrive is caused by medical disorders such as conditions involving the gastrointestinal system, chronic illness, milk protein intolerance, infections and hormonal or metabolic disorders.

How is failure to thrive diagnosed?

Health care providers, during well-baby exams, use standard growth charts, and weight, length and head circumference measurements to determine if there is any problem with growth. If a child falls below his or her weight range for age, or does not gain weight at the expected rate, the health care provider will do a careful history and exam. The provider will ask parents some specific questions about feeding, bowel habits, and the social, emotional and financial stability of the family that might affect the child's access to food; as well as illnesses that the child or family has had. The provider will do a thorough physical examination and may do selective tests in order to make a proper diagnosis.

Treatment depends on the cause. In case of medical problems, specific treatment is given. In case of environmental factors and poor nutrition, the child can be treated at home with nutritious high-calorie feeding. More severe cases may require tube feeding; and a child with extreme failure to thrive may need to be hospitalized.

When to seek help?

The best way to prevent failure to thrive is by early detection at routine well-baby examinations and periodic follow up with older children. If your child is consistently underweight or does not gain weight for unclear reasons, or you are worried about your child's development, or think there is a problem, please contact your child's health care provider.

References and Resources

The American Academy of Pediatrics at www.aap.org/advocacy/releases/nov05thrive.htm

Medline Plus, A service of the U.S. National Library of Medicine and the National Institutes of Health at www.nlm.nih.gov/MEDLINE-PLUS/ency/article/000991.htm

by A. Rahman Zamani, MD, MPH



Toe-walking in Children

Toe-walking refers to a condition where a child walks on his/her toes without putting much weight on the heel or any other part of the foot. This condition is normal for toddlers when they are learning to walk. However, if a child is still walking on her toes beyond her toddler years, or if it seems as though she cannot tolerate her weight on flat feet, then this could be a sign of other underlying conditions. In general, toe-walking puts abnormal stress on the bones and ligaments in the knees, hips and the lower back. Eventually, this can cause bones to grow incorrectly and/or overstretch ligaments, putting children at risk for injuries and joint pain as they grow older.

What is normal walk?

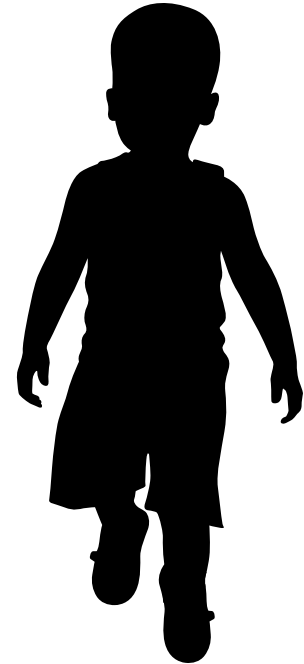
Normal walking is called “**heel-toe walking.**” The stride in the heel-toe walk starts with the heel hitting the ground first, then the toe, then the other leg swings forward with the heel hitting the ground first. Therefore, in normal walking there is never a time for a child to stand on his tippy toes with both feet at the same time.

What causes toe -walking?

Habitual toe-walking could be an inherited condition as 40% of children who habitually toe-walk also have a family member who toe-walks. But, sometimes toe-walking can be a more serious condition and the child should be evaluated by a specialist. Toe-walking can be caused by abnormal bone growth in the child’s legs, muscle weakness in the child’s torso and/or legs, cerebral palsy, muscular dystrophy or another muscular disorder or sensory integration disorder. It is important to find out if the child has any developmental delays in communication or socialization skills because toe-walking may also be associated with certain forms of autism.

How is toe-walking treated?

The child’s health care provider must examine the physical movement of the child’s foot and ankle while observing the child walk barefooted. If a problem is detected, the child’s health care provider refers the child to a pediatric orthopedist. If the child does not have any other health condition but habitual toe-walking, the



orthopedic doctor refers the child to a trained pediatric physical therapist. Depending on the condition of the child’s ankle, stretching and strengthening exercises can be very effective. Another treatment for these children is “serial casting” in which a fiberglass cast is placed on the child’s leg by the pediatric physical therapist. This cast is removable and covers the child’s leg from the toes to under the knee. The physical therapist can temporarily remove this cast to stretch the muscles every week to keep the child’s skin and ankle in motion. The cast is kept on the child’s leg for three to six weeks after which the child usually wears a special brace with normal shoes for about six months. The child also receives physical therapy for about a year. After this treatment, most children walk normally but some still need therapy and to wear the brace for a longer period of time. Overall, therapy is always constructive for children who toe-walk.

References and Resources

Toe Walking and Flat Feet at www.blankchildrens.org/documents/Toe%20Walking%20Brochure.pdf

Evaluation and Management of Tip-Toe Walking in Children at www.mastersofpediatrics.com/cme/cme2005/lecture30_1.asp

Toe Walking at www.autism.com/autism/physical/toewalk.htm

by Tahereh Garakani, MA Ed, Infant, Toddler & Inclusion Specialist

Preventing Injuries in Child Care Settings

Unintentional injuries are the leading threat to children in the United States. Most injuries among children are the result of falls, drowning, burns, poisoning and traffic accidents. Injury prevention is an essential part of a quality child care program. By understanding how injuries happen and taking steps to prevent them, most injuries can be avoided.

Facts about injuries in young children from the Centers for Disease Control and Prevention (CDC):

The leading causes of injuries that result in death

- For children less than 1 year of age, ²/₃s of injury deaths were due to suffocation.
- Drowning was the leading cause of injury death for those 1 to 4 years of age.

The leading causes of nonfatal injuries for young children

- Nonfatal suffocation rates were highest for those less than 1 year of age.
- Rates for fires or burns, and drowning were highest for children 4 years and younger.
- Children 1 to 4 years of age had the highest rates of nonfatal falls and poisoning.

Steps to prevent injuries in your child care program

Conduct regular safety checks to identify hazards. Pay close attention to playground equipment like swings, climbers and fall surfaces. Most injuries involving playground equipment occur on public playgrounds including schools and child care centers.

Pay careful attention to fall hazards. Infants and toddlers are at highest risk for fall-related injuries. Never leave infants alone on beds, changing tables, sofas, chairs or any other high surface. Use

safety devices, such as guards on windows, stair gates, and guard rails. Show toddlers how to climb up and down stairs.

Carefully store toxic products such as cleaners, chemicals and medicines in locked or out of reach childproof cabinets.

Be on the look-out for water hazards. Supervise young children at all times around tubs, toilets, buckets, swimming pools, and natural bodies of water.

Closely supervise young children whenever they're near cooking surfaces. Check the water heater temperature, licensing regulations state that it should be set no higher than 120 degrees.

Post the Child Passenger Safety Law and always use seat belts, child safety seats, and booster seats that are appropriate for a child's age and weight.

Resources and References

From the Centers for Disease Control and Prevention (CDC)

National Center for Injury Prevention and Control

www.cdc.gov/injury/about/index.html

Childhood Injury Report at

www.cdc.gov/safechild/Child_Injury_Data.htm

Protect the Ones You Love: Child Injuries Are Preventable

www.cdc.gov/safechild/

From California Childcare Health Program

CCHP Prevention of Injuries, A Curriculum for the Training of Child Care Providers

www.ucsfchildcarehealth.org/pdfs/Curricula/Prev_Injuries_052407.pdf

Injury Report Form:

<http://ucsfchildcarehealth.org/pdfs/forms/InjuryReportForm.pdf>

by Bobbie Rose RN

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A Community Guide to Environmental Health

This highly illustrated guide contains activities to stimulate critical thinking and discussion, inspirational stories, and instructions. The 23 chapters cover topics including preventing and reducing harm from toxic pollution; restoring land, planting trees; protecting community water and watersheds; food security and sustainable farming; environmental health at home; and how to reduce harm from mining, oil, and energy production. With dozens of activities to stimulate critical thinking and discussion and hundreds of drawings to make the messages clear, *A Community Guide to Environmental Health* will be useful for people just beginning to think about environmental health and people with many years experience in the field. www.hesperian.org/publications_download.php

Toolkit for Educators on Autism

Talking to Parents About Autism is an educational tool kit designed to promote early intervention and encourage educators to speak to a child's parents if they suspect a developmental delay. This is the first program to provide teachers with tools to prepare for this critical dialogue. The new

kit includes a *Talking to Parents About Autism* training DVD that features information and advice about how educators can best broach the topic of a potential developmental delay. Also included in the tool kit is an *Early Childhood Milestone Map*, which can be printed and distributed to parents so that they can more easily track their child's progress against the typical, age-specific developmental milestones. Available in both English and Spanish at www.autismspeaks.org/whatisit/talking_to_parents_action_kit.php

CSEFEL Infant Toddler Training Modules in Spanish

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) has introduced a new Spanish version of the popular Promoting Social and Emotional Competence: Infant Toddler Training modules. Both English and Spanish versions can be downloaded at www.vanderbilt.edu/csefel/modules.html

CDC-TV Segment on Childhood Immunizations

The Centers for Disease Control and Prevention (CDC) has put together a short video to help answer questions that par-

ents may have about childhood immunizations. "Get the Picture: Childhood Immunizations" is approximately six minutes long and features a group of mothers discussing vaccines with an expert from the CDC. The Web site includes a full transcript, plus instructions for downloading or sharing the video via Facebook, Google and other sites. To access the video, go to www.cdc.gov/CDCTV/GetThePicture/index.html.

Web Video on RSV

St. Louis Children's Hospital (SLCH) has released a new two-minute informational video to share important information about Respiratory Syncytial Virus (RSV) with parents. RSV poses especially significant health risks for babies born prematurely or with other health issues. www.stlouischildrens.org/content/healthinfo/WhatisRSV.htm

Children Now's 2009 Report Card

A new 56-page report presenting a clear case for prioritizing smart investments in children's health and education. Online at: http://publications.childrennow.org/publications/invest/reportcard_2009.cfm

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CHANGE SERVICE REQUESTED