

# 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)



## What is Sensory Integration?

**S**ensory Integration is the ability to take in information provided by all the sensations coming from your body and the outside world, and to make sense out of it in order to be able to interact socially, to develop motor control, and to learn. Sensory Integration occurs in the brain.

### What is Sensory Integration Dysfunction?

Difficulty in processing and organizing sensory information is called Sensory Integration Dysfunction (SID); it is also sometimes called a sensory processing disorder. SID interferes with a child's ability to learn and achieve important developmental milestones as well as with social relationships with caregivers and other children. Children with SID have normal intelligence. SID occurs in 5 to 15% of children.

Sensory problems are highly variable in different children and can range from mild to severe. Typically, children with SID have *inconsistent* responses to sensory information; that is, they may be oversensitive to some types of sensory experiences and under-sensitive to others, or even oversensitive to an experience one day and under-sensitive to the same experience another day. For instance, a child may be hypersensitive to the feeling of lotions or other slimy substances on her skin and cry uncontrollably or act out when sunscreen is applied or her hair is shampooed. At the same time, the child can be hyposensitive to hard or abrasive surfaces which she seeks out over and over again, even if it results in physical harm. It is like having a "volume control" for sensory experience that doesn't work properly and the child's threshold for response is either too low or too high; for example, the child who hears a police siren from blocks away and starts to shriek. Children with SID may also have difficulty with screening out sensory information that they don't need. These children are very distractible because they don't know what incoming sensory information is important to pay attention to and what should be "background," and best ignored, in order to attend to the task at hand. For instance, the child who cannot hear the teacher give a direction because he is listening to the sound of the sprinklers outside. All of this can be confusing for parents and caregivers and may look like a

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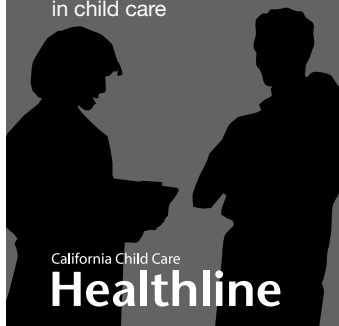
Call **800.333.3212**  
for free consultations  
on health and safety  
in child care

### health + safety tips

## Proper Storage of Asthma Medications

- Always read the package insert of a medication and follow the specific instructions for its storage.
- Store inhalers away from sunlight at room temperature; on field trips, keep medications from getting too hot or cold.
- Liquid medications for the nebulizer should not be refrigerated.
- Keep dry powder inhalers dry.
- Foil-wrapped medications must be used within a certain period of time once the foil pouches are opened; keep a log of when the foil pouch was opened.

Source: California Childcare Health Program, Asthma Information Handbook for Early Care and Education Providers



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## ask the nurse

# Safe and Secure Child Care Centers



**Because of the recent violent events occurring in schools I'm reviewing the security measures for our large child care center. Are there any recommendations I should consider?**



Yes, there are some excellent resources related to improving the security at child care programs including suggestions that apply to family child care. *How to Make Your Child Care Center a Safer Place for Children* is a self-assessment guide available from California Community Care

Licensing [cald.ca.gov/Res/pdf/HowtoMakeChildCareCenterSafe.pdf](http://cald.ca.gov/Res/pdf/HowtoMakeChildCareCenterSafe.pdf). There is also a new resource, *Is Child Care Ready?* published by the National Association of Child Care Resource and Referral Agencies. It can be downloaded or purchased at [www.naccrra.org](http://www.naccrra.org). Head Start has a workbook on preparing for disasters available for download from The UCLA Center for Public Health and Disasters, [www.cphd.ucla.edu/headstart.aspx](http://www.cphd.ucla.edu/headstart.aspx).



#### **Among the many suggestions are:**

- Appoint a committee to work on developing emergency preparation plans and practice exercises. The plans should address natural disasters likely to occur in your region; technological disasters such as fire or power failure; and disasters like random attacks or violence. The committee might want to think of different emergency scenarios to develop and then communicate important responses to staff and families.
- Review your physical layout for security. Think both about dangerous hiding places, and sites for emergency vehicles to park. Consider placing buzzers on doors and outside gates to alert when someone enters. Also, consider security doors with coded buttons or a PIN known only to staff and parents. Outdoor motion lights or mirrors on the corners of buildings will improve visibility. Contact your local law enforcement agency to request a safety inspection of your center.
- Think about how danger warnings can be communicated to classrooms; for example: classroom intercoms, cell phones, or alarms. Identify and practice using code words to warn others of dangers. Gather information such as cell, home, and work phone numbers and e-mail addresses for each staff member and family in the program plus emergency numbers. Program the numbers into a cell phone dedicated for emergency use only. Set up a system for knowing who is in the program at all times.

While it's discouraging that child care programs need to prepare themselves for outside threats that may occur, it's in everyone's interest to be prepared using the resources both in the community and those listed above.

by Judy Calder, RN, MS

## Heat Rash

**H**eat rash (also called prickly heat, sweat rash, or miliaria) is a common skin condition caused when a child, usually an infant, gets overheated. It occurs most often in summer when the weather is hot and humid, but can also occur at other times of the year when children are overdressed. Heat rash looks like tiny bumps with red or pink edges that may have clear fluid in them and they usually occur on areas of the body that are covered by clothes, such as the head, back, neck, upper chest, or in overlapping folds of skin such as the arm pits or in skin areas covered by diapers. The skin itches intensely and may sting or feel prickly.

### What causes Heat Rash?

Heat rash begins with intense sweating, when clothing or two skin surfaces pressed together block the sweat from escaping from sweat ducts in the skin. The sweat damages skin cells and builds up in the skin, causing the bumps on the skin that are typical of heat rash. The bumps may burst, releasing the sweat. This causes the “prickly” feeling that is associated with heat rash.

### How is Heat Rash treated?

Heat rash goes away on its own in a few days without treatment. You can relieve symptoms of heat rash by removing

or loosening clothing and applying cold, wet wash cloths to the skin or by giving the child a cool bath. Let the skin air dry instead of toweling the child off; this will help the skin

cool off. Use light cotton clothing. Avoid using powders and creams as these products will further block the sweat glands and make the problem worse. If the rash doesn't go away in three or four days, or it appears to be getting worse or the child develops a fever, contact the child's parent to get medical help.

### Preschool & Child Care Directors

### Protect Young Children from Too Much Sun!



Order a **FREE** skin cancer prevention education module.

Obtain order form at:  
[www.AvoidSkinCancer.com](http://www.AvoidSkinCancer.com)

- **Module includes activities, video, poster, and policy.**
- **Designed for use with children ages 3 – 5.**



**Wear a hat!**



**Cover up!**



**Wear UV-protective sunglasses!**



**Seek shade!**



**Put on sunscreen!**

**Questions? Contact [amanthe@dhs.ca.gov](mailto:amanthe@dhs.ca.gov)**

(Module offered by the California Dept. of Health Services.)  
Paid for by funding from the Centers for Disease Control and Prevention through a program of the Public Health Institute

### How can Heat Rash be prevented?

Dress infants the same way you would dress yourself at the same temperature. Babies' hands and feet are often cool because most of their blood stays near the stomach to help with digestion. So don't dress them too warmly because their hands and feet feel cool to the touch. Keep the skin cool and dry.

### Resources

MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US); Babies and heat rashes. Available from [www.nlm.nih.gov/medlineplus/ency/article/001966.htm](http://www.nlm.nih.gov/medlineplus/ency/article/001966.htm).

by Vickie Leonard, RN, FNP, PHD

## Fats: What is Healthy for Young Children?

**W**ith childhood obesity rates at an all-time high, parents and caregivers may wonder about fat in the diets of young children. Since fats are high in calories they are often seen as unhealthy; however, the benefits of fats are often overlooked or misunderstood.

### The benefits of fats for young children

Children need fat in their diets for healthy growth and development. Fats help the brain and nervous system develop correctly. Some vitamins will not be absorbed without fat in the diet. Fats are the building blocks of hormones and coat the nervous system tissues in the body. Fats make people feel full, so they are less likely to overeat. In addition, the right kinds of fats can protect against heart disease.

### Does the source of the fat matter?

Yes, depending upon the source, fat can either be healthy or contribute to obesity and heart disease. Since there are many sources of fat, it is important for caregivers to understand healthy choices for children. Children who eat fat from healthy sources early in life are more likely to carry these habits into adulthood.

### What sources of fat are healthy?

*Polyunsaturated and monounsaturated fats* are the best choices, and are found in olive, corn, soy and other vegetable oils, olives, fish, nuts and avocados.

### What sources of fat should be limited or avoided?

*Limit saturated fats*, found in whole milk, butter, ice cream and fatty meats.

*Avoid trans fats*, found in most margarines, partially hydrogenated vegetable oil, deep-fried foods like donuts and french fries,

many fast foods and most crackers and commercial baked goods. Trans fats are used to prolong shelf-life and make products crispy and tasty, but are known to contribute to heart disease.

### Recommendations for fat intake for young children

Do not restrict fats for children under age 2. Breast milk is around 5% fat and is known to protect against obesity and to be the optimal first food for babies. Promote breastfeeding whenever possible. Toddlers can begin drinking whole milk at 12 months of age, at age 2 they can switch to low-fat or non-fat milk.

*By age 2*, children should be offered a variety of foods with about 30–35% of their calories coming from fats.

*At age 4*, fat intake can be decreased to 25–35% of a child's diet. Be sure to offer healthy fats rather than restricting fat intake.

### More tips for a healthy diet:

- Avoid fast foods.
- Offer vegetables, fruits, whole grains and lean meats.
- Read labels to check for fat content.
- Most crackers and store-bought cookies have a long shelf life, are convenient and children like them! However, they are generally low in nutritional content, high in trans fats, and not a healthy choice.

### Resources and References

Fats and Cholesterol: The Good, The Bad, and the Healthy Diet, Harvard School of Public Health, [www.hsph.harvard.edu/nutritionsource/fats.html](http://www.hsph.harvard.edu/nutritionsource/fats.html).

Fats and Your Child, KidsHealth, [www.kidshealth.org/parent/food/general/fat.html](http://www.kidshealth.org/parent/food/general/fat.html).

by Bobbie Rose, RN

## BOX OF FUN

### A Field Trip to the Local Farmer's Market

Summer marks the time of year when fresh, local produce is plentiful. Teach children where food comes from with a trip to the Farmer's Market. Ask them to name the different fruits and vegetables. Discuss colors, shapes, smells and flavors. Talk about the different parts of the plants that can be eaten such

as: roots (carrots, beets, radishes), stems (celery, asparagus), leaves (lettuce, spinach, cabbage), fruit (cucumbers, squash, peppers, tomatoes), flowers (broccoli, cauliflower, artichoke) and seeds (corn, peas, green beans). Encourage the children to talk to the farmers. Allow each child to choose a fruit or vegetable that they like. Take the produce back to your program for a cooking project the next day.



# Treating Head Lice: New Recommendations

**H**ead lice are very common among children 3 to 12 years of age. Children in group settings like child care and schools are at increased risk, because of their habits of frequent head-to-head contact and sharing personal items. Although head lice are a nuisance, they do not transmit infections.

## Exercise caution

In the past two decades, head lice have become resistant to nearly all first-line treatments. As a result, these treatments will not kill the lice, are a waste of money, and expose children to unnecessary side effects and toxicity.

## Know the biology of head lice

Understanding the life cycle is an important factor in the management of head lice. Head lice live and breed on the child's hair and scalp and feed on blood. They cannot survive for more than one to two days off of a live host.

1. The female lives up to three to four weeks and lays approximately six eggs (nits) a day. These tiny eggs (appearing as tiny white or dark ovals) are firmly attached to the hair, with a glue-like material, close to the scalp.
2. Young nymphs hatch in about seven days, resembling a small adult.
3. Nymphs molt or shed skin three times to reach the adult stage in about 10 days.

## What are the signs and symptoms?

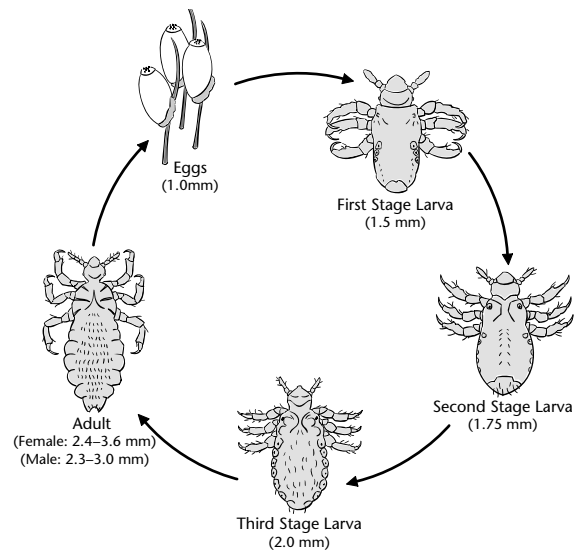
The major symptoms are itching and scratching caused by the bugs and their bites. Continued scratching may lead to open sores and secondary infection.

## What methods can be used to treat the infestation?

There are several treatment options available, but before treating, make sure the child has an active case. In fact, the greatest harm associated with head lice is not from the lice, but from well-intentioned yet misguided use of toxic chemicals to eliminate the lice.

### Non-chemical methods.

- **Mechanical removal** of lice and nits can be an effective method. This is time-consuming, but safest for young children. Use a nit comb, a good light and magnification, since nits are small and hard to see.



- **Haircuts** make the search for lice and eggs easier.
- **Heat** from the ordinary hand-held air dryers may be sufficient to kill the lice and their eggs.
- **Alternative treatments** involving the use of herbal shampoos, mayonnaise, food grade oils, kerosene and hair gels are not proven to be effective.

### Chemical methods

- **Shampoos** containing permethrin or pyrethrins are popular over the counter treatments, but because of resistance are no longer effective. They do not kill the eggs and a second treatment is often needed about 10 days later to kill the newly-hatched lice.
- **Lindan** is approved by the Food and Drugs Administration, but not recommended because of widespread resistance and side effects including neurotoxicity.
- **Malathion** is currently recommended as a top chemical choice for the treatment of head lice in children.

Selection and use of treatment products are very important. The remedy for head lice should be based on life cycle, resistance and safety considerations. (AAP)

### Resources and References

Pediatrics, May 2007. Therapy for head lice based on life cycle, resistance and safety consideration.

CDC. Treating Head Lice, Fact Sheet for the General Public.

CCHP resources and publications. Online at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

by A. Rahman Zamani, MD, MPH

# Oral Health for Children with Disabilities and Special Needs

Children with disabilities and special needs are at greater risk for health problems, require extra help and rely on others to achieve and maintain good health. Oral health is no exception. A clean mouth is one of their most important health needs for life and will be influenced by your ability to provide necessary support.

## Who are children with special needs?

Children with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

## Why are they at higher risk?

Common oral problems, such as tooth decay or gum disease, affect all children. But children with disabilities and other special needs have more oral health problems than the general population. For example, children with disabilities may have impaired cognitive abilities, behavioral problems, impaired mobility, neuromuscular problems (drooling, gagging and swallowing problems), uncontrolled body movements, gastroesophageal reflux, or seizures. These complications can be barriers to adequate oral care and put them at higher risk for developing oral health problems.

## What causes oral health problems in children with disabilities?

Some contributing factors to poor oral health in children with disabilities and other special needs are:

- **Oral Conditions.** Some genetic disorders in young children can cause defects in tooth enamel, missing teeth and teeth that do not align

properly. Children with Down syndrome often suffer from gum disease.

- **Physical limitations.** Children who cannot chew or move their tongues properly do not benefit from the natural cleaning action of the tongue, cheek, and lip muscles.
- **Difficulty brushing and flossing.** Children with poor motor coordination such as spinal cord injuries, muscular dystrophy, or cerebral palsy may not be able to clean their own teeth or use the usual brushing and flossing methods.
- **Reduced saliva flow.** Children who need help drinking may drink less fluid than other children, and may not have enough saliva in their mouth to help wash away food particles.
- **Medications.** Children using sweetened medications for a long time can get tooth decay. Some anti-seizure medications may cause swelling or bleeding in the gums.
- **Restricted diets.** Children who have difficulty chewing and swallowing may often eat pureed food which may stick to their teeth.

## Which children may require special oral health care?

Children may need special oral health care if they have any of the following conditions: Down syndrome, epileptic or seizure disorders, cleft lip or cleft palate, other structural anomalies of the head, face, and/or mouth, cerebral palsy, learning or developmental disabilities, vision or hearing impairments, or HIV infection.

## When should oral health problems be suspected?

A child with special needs may exhibit any of the following signs when there is an oral health problem: grinding teeth, food refusal or a preference

for softer foods, changes in behavior such as touching in or around the mouth, teeth, jaws and cheeks, foul smelling breath, or discolored teeth.

## Which oral health problems are common?

- Tooth eruption depends on genetic factors, growth of the jaw, muscular action and medications. It may be delayed, accelerated or inconsistent. Some children may not get their first primary tooth until they are 2 years old.
- Dental caries is common in children with developmental disabilities. In addition to problems with diet and oral hygiene, prolonged bottle feeding and the adverse side effects of certain medications contribute to dental caries.
- Periodontal disease occurs more often and at a younger age in children with developmental disabilities. Overgrowth of gums caused by medications used to treat seizures, high blood pressure and weak immune systems also increase the risk for periodontal disease.
- Malocclusion (a poor fit between the upper and lower teeth and crowding of teeth) occurs in many children with developmental disabilities. It may be associated with muscular abnormalities, delayed tooth eruption, or underdevelopment of the jaw. Teeth that do not align properly can make chewing and speaking difficult and increase the risk of periodontal disease, dental caries, and oral trauma.
- Damaging oral habits can be a problem for children with disabilities and special needs. Some of the most common of these habits are grinding or clenching, food pouching, mouth breathing, tongue thrusting, picking at the gums or biting the lips.
- Tooth anomalies affect many children with disabilities. They may present with variations in the number, size and shape of teeth.
- Trauma and injury to the face and mouth from falls or accidents occur more frequently in children who have mental retardation, seizures, cerebral palsy, abnormal protective reflexes or lack of muscular coordination.

## Are special skills needed to provide appropriate oral care?

Child care providers who care for children with

special needs are also responsible to take care of their mouth. Providers need to develop a special care plan and may need to seek professional guidance or obtain appropriate training in order to care for children with disabilities and special needs. The skills needed to promote oral health are just slightly different from those required to meet the oral care needs of other young children in child care.

## Tips to remember

- Adults can spread the germs that cause cavities. Do not put anything in a child's mouth if it has been in your mouth.
- Remember that children, particularly those with disabilities and special needs, require adult help to brush their teeth thoroughly.
- If the child has a problem grasping the toothbrush, make the toothbrush easier to hold by building up the handle with tape. There are also specially shaped brushes.
- Good nutrition, which is good for the body, is also good for the mouth. Soda, sweet drinks, candy and other sweets or foods containing sugar can cause cavities.
- Using fluoride reduces cavities, so brush teeth using a pea-sized dab of fluoridated toothpaste.
- Regular dental visits are important.
- Prevent baby bottle tooth decay—don't leave a child sleeping with a bottle that contains anything but water.

For additional tips and resources on the oral health needs of young children, call the Healthline at (800) 333-3212.

## References and Resources

National Institute for Dental and Craniofacial Research at [www.nidcr.nih.gov](http://www.nidcr.nih.gov).

American Academy of Pediatrics (AAP) [www.aap.org](http://www.aap.org).

About Smiles at [www.aboutsmiles.org](http://www.aboutsmiles.org).

First 5 California at [www.first5oralhealth.org](http://www.first5oralhealth.org).

By A. Rahman Zamani, MD, MPH (rev. 10/06)

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# Enrolling a Child with a Disability into Kindergarten

**E**ntering kindergarten can be a challenging time for children with disabilities and their families. A collaborative effort between parents, service providers, child care providers and kindergarten teachers can smooth the path.

## Requirements for kindergarten registration

All children admitted to a kindergarten at the beginning of a school year, or at any later time in the same year, should have his or her 5th birthday on or before December 2 of that school year. It is recommended that the enrollment process begin in April.

### The following documents are required at the time of enrollment:

- Birth certificate or other birth record;
- Child's social security card;
- Copy of the child's Individualized Education Program (IEP);
- Proof of residence, which includes a PG&E bill, or escrow instructions, or renter's agreement or a mortgage statement;
- Up to date California Immunization Record;
- A new 2007 law requires that parents must also provide proof of a dental check-up by May 31 of the kindergarten year or within 12 months before the start of the school year.

Parents or guardians are the only individuals who can enroll their children in kindergarten. If required, they must have a proof of custody of the child by the California courts.

### A child with a disability is legally entitled to:

- *Least Restrictive Environment.* Children with disabilities must be educated in an inclusive setting to the extent appropriate. Other arrangements such as special classes, separate schooling, or removal of children with disabilities from the general education environment is to occur only when education in general education classes, with the use of supplementary aids

and services, cannot be achieved satisfactorily.

- *Continuum of Alternative Placements.* School districts are also required to ensure that "continuums of alternative placements" are available to meet the needs of children with disabilities, This required continuum includes instruction in general education classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.
- *Placements.* Under the Individuals with Disabilities Education Act (IDEA), and Under Section 504 each district is responsible for the educational placement of each child with a disability. The placement must be determined at least annually, based on the child's IEP and the location should be as close as possible to their home.
- *Individualized Education Program.* The IEP for each student must include a statement of the specific special education and related services to be provided and the extent that the student will be able to participate in the general education programs.

### What is a child care provider's role?

- Prepare the child and family for kindergarten by scheduling visits to the kindergarten class.
- Visit the elementary school with the family and child.
- Communicate with the kindergarten teacher about the child's strengths and needs.
- Encourage the family to attend kindergarten orientations.
- Providing support and resources.

### Resources and References

California Department of Education Subchapter 2. State Special Schools Admission Process, [www.cde.ca.gov/re/lr/rr/documents/admissionregs.doc](http://www.cde.ca.gov/re/lr/rr/documents/admissionregs.doc).

Information Regarding Pupils with Disabilities, [www.cde.ca.gov/ls/cs/k3/consider.asp](http://www.cde.ca.gov/ls/cs/k3/consider.asp).

by Tahereh Garakani, MA, ED

## Kindergarten Readiness: Social and Emotional Skills

From dental screening and immunization reports to knowing numbers, letters and colors, children need many things to be ready for kindergarten. Kindergarten children also need basic social and emotional skills. Primary school teachers find that it is easier to teach children who can:

- Talk and play with others
- Follow directions
- Listen, ask questions, and finish tasks
- Describe and talk about feelings
- Handle a problem with others
- Ask for help

Help the children in your program develop these skills and encourage parents to work on them at home.



## Bug Bites and Stings in Child Care

**C**hildren who enjoy playing outside may get an occasional bug bite or sting. Common California biting and stinging insects include honeybees, wasps, hornets, ticks, mosquitoes, fleas and bed bugs. Children may also get spider bites. Most bites and stings are not serious, yet insects can spread disease and there are times when medical help is needed.

### Prepare your program:

- Know how to identify and avoid stinging and biting insects in your area. Teach children not to disturb insects or their nests.
- Check children's health records for allergies to bites or stings.
- Write a Special Health Care Plan for any child with an allergy.
- If necessary, train staff to use an epi-pen.
- Train staff to provide first aid for bites and stings.

### First aid for bites and stings:

1. Stay calm. Remove the child from the area to prevent further stings.
2. Check for a stinger in the skin. If you see a stinger, do not remove it with tweezers (this can release more venom.) Instead, gently scrape the skin with a fingernail or credit card to remove the stinger.
3. Follow the Special Health Care Plan for a child with a known allergy.
4. Wash the area with soap and water to prevent infection.
5. Apply an ice pack.
6. Comfort the child. Bug bites can be

itchy or painful and may surprise a young child.

### When to get medical help:

**Allergic Reactions.** Allergic reactions can range from mild to severe. The first time a child with an allergy is stung she may



have a mild reaction but repeated stings may lead to more serious reactions. Observe any child who has been stung for the following:

- **Signs of a serious allergic reaction.** Call 9-1-1 for any of the following:
  - Wheezing or difficulty breathing
  - Tightness in throat or chest
  - Swelling of the lips
  - Fainting
  - Nausea, cramps, vomiting
- **Signs of a mild allergic reaction** include hives, itching or watery eyes. Notify the parent and seek medical advice

(a health care provider may order over-the-counter remedies.) Observe the child closely for worsening symptoms.

If you suspect a young child has been bitten by a black widow or brown recluse spider, apply ice to the bite site and call 9-1-1. In addition, get medical help if a child has a bite in the mouth or throat, has more than 10 bites, or there is red streaking from the site.

### More tips:

- Dress in loose fitting protective clothing (tuck pants into socks when children are playing in grassy areas where ticks are found).
- Check children for ticks.
- Use insect repellent if your program is located in an area with lots of bugs.
- Control infestations by practicing Integrated Pest Management (IPM).

### Resources and References

CCHP, Permission to Apply Insect Repellent, [www.ucsfchildcarehealth.org/pdfs/forms/insectrepen.pdf](http://www.ucsfchildcarehealth.org/pdfs/forms/insectrepen.pdf).

CCHP, Special Health Care Plan, [www.ucsfchildcarehealth.org/pdfs/forms/SpecialHealthCare.pdf](http://www.ucsfchildcarehealth.org/pdfs/forms/SpecialHealthCare.pdf).

School Integrated Pest Management, [www.schoolipm.info/](http://www.schoolipm.info/).

Insect Bites and Stings: First Aid, Jan 13, 2006, MayoClinic.com, [www.mayoclinic.com/health/first-aid-insect-bites/FA00046](http://www.mayoclinic.com/health/first-aid-insect-bites/FA00046).

Insect Stings and Bites, July 2004, Kidshealth, [www.kidshealth.org/parent/firstaid\\_safe/emergencies/insect\\_bite.html](http://www.kidshealth.org/parent/firstaid_safe/emergencies/insect_bite.html).

by Bobbie Rose, RN

# Conjunctivitis (Pink Eye)

## What Is It?

Conjunctivitis or pink eye is a common, mild eye infection or irritation. It can be caused by germs (infectious conjunctivitis) and often occurs with a cold or ear infection. Allergies, chemicals or irritants (e.g., smoke, dust, etc.) can also cause it.

## What Are the Symptoms?

It involves one or both eyes and usually lasts three to five days. The white parts of the eyes become pink and produce lots of tears and discharge. Eyes can be itchy and painful, sensitive to light, and the morning discharge may make the eyelids stick together. Viral conjunctivitis will go away by itself, but may last a week or more. Bacteria usually cause thick yellow or green pus.

## Who Gets It and How?

Preschoolers and school-aged children have conjunctivitis most often. If caused by germs (infectious conjunctivitis), they can spread it to a provider or to other children when some discharge or pus gets into an uninfected person's eyes. It can also be caused by mucus from the nose and throat during a respiratory infection. Children often pass the infection by rubbing their eyes, getting discharge on their hands, and touching:

- Another child's eyes
- The hands of another child who then touches his eyes
- An object which another child touches before putting her hands to her eyes

Conjunctivitis can spread when providers wash, dry or wipe a child's face and then use the same washcloth/towel/paper towel/tissue on another child's face, or they could get eye discharge on

their hands when wiping a child's eyes and then pass it along.

## When Should People with this Illness Be Excluded?

Children with purulent discharge should be excluded until examined by the child's physician and cleared for re-admission to the program with or without treatment as determined by the health provider. Children with conjunctivitis observed in child care do not need to be sent home in the middle of the day. Let parents know that the symptoms were noticed. The parents should notify the facility if the health care provider decides not to prescribe a medicine. Children with conjunctivitis caused by allergies need not be excluded.

## Where Should I Report It?

Notify parents and staff.

## How to Limit the Spread?

- Make sure that all children and staff use good hand washing practices.
- Encourage the child not to rub his or her eyes.
- Keep children's eyes wiped free of discharge and always wash your hands after wiping a child's eyes.
- Use disposable tissues and towels.
- Teach children to wash their hands after wiping their eyes.
- Be sure that articles which may touch children's eyes (binoculars, toy cameras, etc.) are washed well with soap and water at least once daily.
- Use the same precautions practiced to stop the spread of respiratory diseases.

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behavioral problem or just a child's "quirky" personality rather than a problem with how a child's sensory system is "wired."

## How is SID treated?

Occupational Therapy (OT) can help a child manage his responses to sensory information. Children with SID can make huge improvements with early intervention. The goals of OT are to improve the child's social relationships, self-esteem, and sensorimotor abilities. In addition, the Occupational Therapist works with the child's parents and teachers to make changes in the child's environment, to adapt daily routines, and to make changes in how people interact with the child that can allow the child to succeed.

Since SID can co-occur with, and look like, other disorders, it is often misdiagnosed and misunderstood. Think about SID when you observe children who are easily overwhelmed by, or withdrawn from, the sensory world and refer them for evaluation.

## Resources

The Sensory Processing Disorder Network, [www.sinetwork.org](http://www.sinetwork.org).

Biel, L and Peske, N. (2005) *Raising a Sensory Smart Child*. New York: Penguin Books.

Sensorimotor History Questionnaire For Parents of Preschool Children, <http://www.spdnetwork.org/aboutspd/questionnaire.html>.

The Sensory Integration Observation Guide, Level I: 0-12 month old scale, [www.sinetwork.org/aboutspd/prof-siobsguide.pdf](http://www.sinetwork.org/aboutspd/prof-siobsguide.pdf).

by Vickie Leonard, RN, FNP, PHD

## **FDA ADVISORY**

### **Avoid Toothpaste From China Containing Harmful Chemical**

The U.S. Food and Drug Administration (FDA) has warned consumers to avoid using tubes of toothpaste labeled as made in China, and issued an import alert to prevent toothpaste containing the poisonous chemical diethylene glycol (DEG) from entering the United States. DEG is used in antifreeze and as a solvent.

FDA suggests that consumers throw away toothpaste with labeling that says the product is made in China. FDA is concerned that these products may contain “diethylene glycol,” also known as “diglycol” or “diglycol stearate.”

FDA has identified the following brands of toothpaste from China that contain DEG and are included in the import alert: Cooldent Fluoride; Cooldent Spearmint; Cooldent ICE; Dr. Cool, Everfresh Toothpaste; Superdent Toothpaste; Clean Rite Toothpaste; Oralmax Extreme; Oral Bright Fresh Spearmint Flavor; Bright Max Peppermint Flavor; ShiR Fresh Mint Fluoride Paste; DentaPro; DentaKleen; and DentaKleen Junior.

Consumers can report adverse reactions or quality problems experienced with the use of these products to FDA’s MedWatch Adverse Event Reporting program: [www.fda.gov/medwatch/report.htm](http://www.fda.gov/medwatch/report.htm); (800) 332-1088.

## **Small Magnets Are Injuring Children**

As the number of toys with magnets has increased, so has the number of serious injuries to children. Small magnets, like those found in magnetic building sets and other toys, can be swallowed or aspirated. If more than one magnet is swallowed, the magnets can attract to each other through intestinal walls causing intestinal perforations or blockages, which can be fatal.

The U.S. Consumer Product Safety Commission (CPSC) is aware of at least 33 cases of children being injured from ingesting magnets. A 20-month-old child died, and at least 19 other children from 10 months to 11 years old required surgery to remove ingested magnets. In many cases, magnets had fallen out of larger components of toys. Some children swallowed intact toy components containing magnets.

While parents and physicians may think that materials swallowed by a child will simply pass through in a bowel movement, with magnets this is often not the case. The magnets become trapped in the body and can twist or pinch the intestine, causing holes, blockage and infection in the intestine, or blood poisoning. All of which can lead to death.



## **health + safety calendar**

### **September 5–6**

#### **Children’s Network 21st Annual Conference**

Sponsored by First 5 San Bernardino  
Ontario, California  
[jreyes@cfc.sbcounty.gov](mailto:jreyes@cfc.sbcounty.gov)  
[www.co.san-bernardino.ca.us/childnet](http://www.co.san-bernardino.ca.us/childnet)  
909-387-8966

### **September 30–October 2**

#### **California Department of Education and California Comprehensive Center at WestEd On The Right Track 5 Symposium**

Hyatt Regency Orange County, Garden Grove  
Linda Slayton, [Lslayton@cde.ca.gov](mailto:Lslayton@cde.ca.gov)  
916-319-0248

### **October 4–6**

#### **30th Annual R&R Network Conference**

Asilomar Conference Grounds, Pacific Grove  
[www.rnetwork.org](http://www.rnetwork.org)

### **October 14–17**

#### **EduAlliance Network Ready to Learn Conference**

Hyatt Regency Orange County, Garden Grove  
Janet McShane, [admin@edualliance.org](mailto:admin@edualliance.org)  
831-425-0299  
[www.edualliance.org](http://www.edualliance.org)



**Play in the Early Years.** A great eight page brief with pictures explaining how play is the key for early learning. Excellent resource for providers and families. Online at [www.4children.org/pdf/play07.pdf](http://www.4children.org/pdf/play07.pdf).

**The redesigned Spanish-language version of the *Kit for New Parents*.** With 50 percent of babies born to Latino parents in California each year, the free *Kit* will help Latino parents and caregivers best prepare for their newborns.

The *Kit* has been completely revised and updated to include a DVD, user-friendly improvements, the latest early childhood development information, and a fresh look. A central element is the educational DVD with parenting advice from prominent child development experts and celebrities. Parents and caregivers can also receive a free *Kit* by calling 1-800-50-NIÑOS. For more information and photos of the *Kit*, please visit [www.cfc.ca.gov/kit](http://www.cfc.ca.gov/kit).

**Glossary of Policy & Advocacy Terms: The ABCs and Acronyms of Infant-Toddler Policy.** To be an effective communicator and an effective advocate for infants and toddlers, it's important to learn the language of the public policy process. ZERO TO THREE developed a glossary of policy and advocacy terms specifically for the infant-toddler field. This tool helps in understanding the terms and acronyms commonly used in the public policy and advocacy arena. Online at [www.zerotothree.org/site/DocServer/BM\\_FeatureArticle\\_5\\_14\\_07.pdf?docID=3281](http://www.zerotothree.org/site/DocServer/BM_FeatureArticle_5_14_07.pdf?docID=3281).

**State Early Childhood Policies: Improving the Odds.** This new report from the National Center for Children in Poverty offers detailed information on state policies in the areas of child devel-

opment and school readiness, quality child care, and parenting supports and finds that most low-income children don't get the support they need. State profiles let you see how your state is doing. Online at [http://nccp.org/publications/pub\\_725.html](http://nccp.org/publications/pub_725.html).

**Weekend Schoolyard Accessibility, Physical Activity, and Obesity: The Trial of Activity in Adolescent Girls (TAAG) Study.** Does your community have a place for kids to let loose? A recent study found that school playgrounds and athletic facilities can be important tools in the fight against childhood obesity, but many are locked and inaccessible to children on weekends and holidays—especially in poor and minority neighborhoods. The study appeared in the May issue of *Preventive Medicine*. The summary and conclusions are on the RAND site. [www.rand.org/health/feature/2007/070418\\_cohen.html](http://www.rand.org/health/feature/2007/070418_cohen.html)

**Family Child Care in the United States.** Research Connections' latest publication, *Family Child Care in the United States* is now available. Download this publication for a synthesis of current research on family child care providers, as well as parental use and quality of this type of care. [www.researchconnections.org/SendPdf?resourceId=11683](http://www.researchconnections.org/SendPdf?resourceId=11683)

**The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do.** The National Scientific Council on the Developing Child has recently released a 16-page framework. The document includes a discussion of the 7 Core Concepts of Development and their implications for policy and practice. [www.developingchild.net/pubs/persp/pdf/Science\\_Early\\_Childhood\\_Development.pdf](http://www.developingchild.net/pubs/persp/pdf/Science_Early_Childhood_Development.pdf)

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