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)

CALIFORNIA CHILDCARE HEALTH PROGRAM

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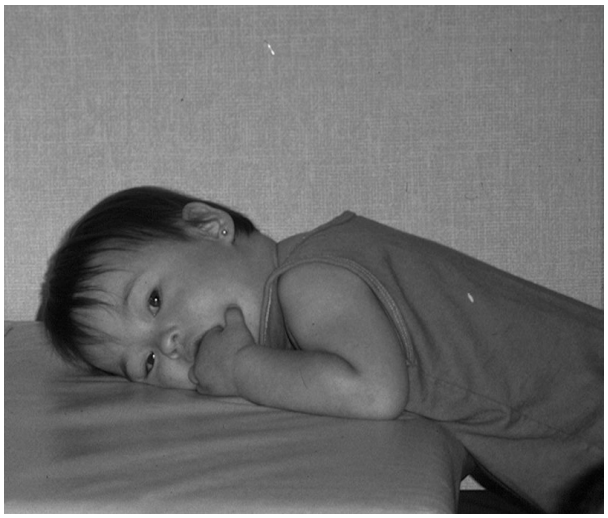
How to Manage Nosebleeds in Child Care

Nosebleeds are a common childhood occurrence. Colds, allergies and dry air can cause the lining of the nose to dry, crack and itch. Children then stick their fingers into their noses and break little blood vessels. Trauma to the nose and face can also be a cause of nosebleeds.



To treat a nosebleed, stay calm, have the child sit up and lean forward (blood that goes down a child's throat and into her stomach can cause her to feel nauseous and/or vomit). Pinch all of the soft parts of the nose between your thumb and the side of your index finger for 10 minutes. Do not stop the pressure to look—you will have to start over! Apply an ice pack to the nose and cheeks. Tell the child not to blow his nose following a nosebleed, as this may dislodge the clot and restart the bleeding.

Most nosebleeds are just a nuisance, but handle blood using standard precautions for child care. You must:

- Wear gloves and wash your hands after treating a child with a nosebleed.
- Sanitize the surfaces that came in contact with the child's blood.
- Dispose of blood-contaminated waste in double plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them in hot water separately from other items.

Manage Nosebleeds, continued on page 9

inside

health + safety tips

Handling Breast Milk in the ECE Setting

- Have mothers express milk in small amounts to avoid wasting milk
- Have mothers label each container with child's name, contents, date, and time milk was expressed
- Refrigerate or freeze milk promptly (milk retains its anti-infective properties when fresh but not frozen)
- Use frozen milk within three months
- Thaw milk by holding it under running tepid water (never use a microwave)
- Shake the bottle before feeding (this helps avoid the loss of nutrients in the milk)
- Discard thawed milk after 24 hours, do not refreeze
- Use never-frozen, refrigerated milk within two days
- Discard any milk after it has been at room temperature for four hours

Source: AAP (2006)

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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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ask the nurse

Working With Parents That Use Corporal Punishment

Q A parent in my program was spanking her child in the parking lot. She was very angry at him so I felt very uncomfortable stopping her although I know I should have. I don't want to have to report her for abuse. Do I have to?

A Spanking could be a risk factor indicating child abuse but you need to know more about the parents in order to have a reasonable suspicion for child abuse. You should have a follow-up conversation with the parent, and it may be easier now that she is no longer angry. In a supportive manner tell her what you observed and try to get her to talk about what provoked the harsh disciplinary reaction. You might try to determine if this was a one time only reaction or if the parent believes in corporal punishment. There may be other stresses that the family is experiencing or the child may be going through a challenging developmental phase such as the negativism of the toddler years. The child may also have challenging behaviors such as temper tantrums that the parent is unable to cope with. This can be an opportunity to form a relationship with the parent to prevent future abuse and to help a parent promote healthy social and emotional development in her child. If you a have a reasonable suspicion that there is a pattern of abuse or neglect you are obligated to report.

Most early care and education professionals like yourself would rather support parents to prevent abuse and neglect rather than just reporting it. How to support and strengthen families should be a frequent topic of staff meetings and training. There are many resources available to make it more comfortable to work with parents (see page 11.)

You and the staff of your program can become the best resource for child abuse prevention, by supporting parents, providing resources, and opportunities to observe and learn about developmentally appropriate child development practices.

You may also make a "no spanking" policy as part of the discipline policy for your child care setting.

by Judy Calder, RN, MS

Managing Aggressive Behavior in the Child Care Setting

Aggressive behavior is behavior that results in physical or mental injuries to persons or animals, and/or damage to property. Children's aggressive behavior often causes challenging situations in child care settings. It is important to address children's aggressive behavior in the early care setting because children who exhibit these behaviors frequently go on to experience difficult relationships with their peers, family members as well as school failure. Focused interventions to improve the social skills of these children will bring long-term benefits for the child, family and society.

When a young child cries, hits or bites it is usually an indication that she is feeling anxious, insecure, or threatened and is trying to communicate those feelings. Aggressive behavior is normal for two- and three-year-olds. Adults who prematurely or inappropriately label a child as having a behavior problem, create unnecessary problems for the child and he will have difficulty outgrowing.

What causes children to behave aggressively?

Aggressive behavior may be caused by poor health or nutrition or by developmental problems. If you have ruled these out, the next step is to evaluate the child's family and home situation. Stressful events at home, e.g., punitive parenting techniques, marital problems, loss of a job, illness, mother's pregnancy, death in the family, and substance abuse are all factors that often occur with a child's aggressive behavior. Try to find out if the child's parents need services or interventions so they can help their child develop better social skills.

In the ECE setting, caregivers need to focus on promoting social skills and preventing challenging behaviors. Children who cannot find the words to deal with aggressive feelings or do not have the social skills or self-control to manage their behavior need help to develop those skills. In assessing the ECE setting, it is important to ask:

- Does the daily routine provide enough time for a child to play?
- Is the caregiver permitting the child to express her feelings?
- Is the caregiver experienced enough to deal with the situation?
- Are the disciplinary policies developmentally appropriate and non-punitive?
- Are you communicating with parents about your program's discipline policies and sharing your observations with them about their child's behavior?

Techniques to prevent aggressive behaviors:

- Although behavior will be challenging at times, stay calm and patient.
- Teach children that it is OK to be angry but there are OK and "not OK" ways to express it.
- Teach the child how to calm herself—for example, by counting to ten or taking big breaths.
- Be clear and consistent about your expectations, and about the consequences for aggressive behavior.
- Tell the child "hitting hurts." Encourage him to use words, instead of saying, "do not hit."
- Use open communication, such as "Tell me what is happening here?" Discuss the situation with the children during circle time and explain appropriate ways of dealing with the problem (e.g., Jessica wants to have this toy but Carlos had it first. What can they do so both can play with the toy and have fun?).
- Use a timer as a problem-solving instrument for sharing toys.
- Help the staff to develop a behavior support plan to help the child learn new skills in a way that is consistent across caregivers.

Resources:

North Carolina State University at www.ces.ncsu.edu/depts/fcs/human/pubs/aggression.html

National Dissemination Center for Children with Disabilities (NICHCY) at www.nichcy.org

American Academy of Child and Adolescent Psychiatry

Child, Adolescent and Family Branch Center for Mental Health Services at www.mentalhealth.samhsa.gov/child/

by Tahereh Garakani, MA Ed and Vickie Leonard, RN, FNP, PhD

Growing Healthy Bones: Nutrition and Activity

Young children grow at a rapid rate. A healthy diet and plenty of activity will help children grow to be strong and vigorous. The growth of healthy bones is important to a young child's overall health. Strong bones are the framework for growing muscles; they protect the heart, lungs, brain and other organs from injury and they store vital minerals needed for the body's healthy functioning.

Why is childhood an important time for bone development?

Developing good habits during childhood can lead to a lifetime of healthy bones. Bones are always being renewed and a good supply of nutrients is needed for this process. Patterns of regular exercise established in childhood are also important for bone health.

Can diet improve bone health?

Calcium is a mineral that is stored in bones. The body may use the calcium stored in bones for other activities such as heart, lung and nerve function. A diet that provides calcium is needed for a healthy body and for the development of healthy bones. vitamin D is also important for growing bones. Most children will get enough vitamin D from sunlight and milk in their diet. Children who do not get regular sunlight exposure or drink milk may need vitamin D fortified foods or supplements. Exclusively breastfed infants should get vitamin D supplements starting in the first two months of life (AAP 2003).

What foods are good sources of calcium?

In the United States, the most common source of dietary calcium is milk and other dairy products. This includes yogurt, cheese and ice cream. However, a variety other foods are also good sources of calcium such as leafy greens, collards, turnip greens, bok choy, broccoli, almonds, soybeans, tofu, fish and shellfish. Many juices, cereals and breads are also fortified with calcium and vitamin D.

How does physical activity improve bone health?

Participating in weight bearing activities is the most important way to make bones denser and stronger. These are activities such as running, jumping, climbing and dancing. Swimming and riding bikes and trikes are fun and great exercise but won't lead to stronger bones. All exercise, however, will improve coordination, balance and muscle strength, making falls less likely and preventing breaks. Wearing helmets when biking or scootering can also protect growing bones from injury.

Encourage habits for bone health by being a good role model

- Be physically active every day.
- Maintain a healthy body weight throughout your life.
- Show children that you eat a healthy diet that is rich in a variety of foods.

Resources and References

Kids and Their Bones: A Guide for Parents, 2002, National Institute of Arthritis, Musculoskeletal and Skin Diseases at www.niams.nih.gov/hi/topics/osteoporosis/kidbones.htm

Tips to Improve Your Bone Health, 2004, U.S. Department of Health and Human Services, Office of the Surgeon General at www.surgeongeneral.gov/library/bonehealth/factsheet3.htm

Centers for Disease Control, DHHS, 2005, Powerful bones. Powerful girls. www.cdc.gov/powerfulbones/index_content.html

AAP Policy at http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/908

by Bobbie Rose, RN

Should You Worry About Your Child's Cholesterol?

Cholesterol is known to be a major factor contributing to heart disease and strokes. Research shows that the process of cholesterol buildup in arteries begins in childhood and is related to nutrition habits. In recent years, with a dramatic increase in childhood obesity, pediatricians report a significant increase in the number of children with high cholesterol levels. Some experts think this is a major underreported public health problem. As a parent you need to know if your child is at risk and requires a cholesterol level test.

What is cholesterol?

Cholesterol is a wax-like substance that plays a necessary role in the body such as building of tissue's cell walls, some production of hormones and vitamin D. It is made by the body and is found naturally in animal foods such as meat, fish, poultry, eggs and dairy products. Foods high in cholesterol include liver and organ meats, egg yolks and dairy fats.

Too much cholesterol in the blood can lead to problems. Fat deposits on the walls of the blood vessels can cause hardening of the arteries, heart attacks and high blood pressure.

Which factors contribute to the increased cholesterol level?

Three factors related to family issues are linked to high cholesterol levels:

1. Heredity—having a parent with high cholesterol
2. Diet—having a diet high in fat, particularly saturated and trans fats
3. Obesity—being seriously overweight due to a poor diet and lack of exercise

When do children need cholesterol screening?

Screening children for high cholesterol is not part of routine blood testing during well-baby checks. However, starting at age 2, a child is at high risk and needs to have cholesterol test if:

- A parent or grandparent had a history of heart disease at age 55 or before.
- A parent has a blood cholesterol level of 240 mg/dl or above.
- The child is overweight.

The acceptable range of total cholesterol for children 2- to 19-years-old is less than 170 mg/dl. A cholesterol level of 200 or greater is considered high and 170-199 mg/dl is regarded as borderline.

How to reduce cholesterol levels

- *Controlling cholesterol begins in childhood.* Childhood is the time to intervene with lifestyle changes to include a healthy diet and plenty of physical activity.
- *Children have different needs.* Those younger than 2 years should not be restricted from foods containing fat or cholesterol. Their rapid growth and development require high-energy intakes from food. After 2 years of age, children and adolescents should gradually adopt a diet that by age 5 contains between 20 and 30 percent of calories from fat.
- *A balanced diet is best.* As children eat fewer fat calories, they should replace those calories by eating more whole-grain products, fruits, vegetables, low-fat milk and other calcium-rich foods, beans, lean meat, poultry, fish, or other protein-rich foods.

Sources and references

National Cholesterol Education Program at www.nhlbi.nih.gov

American Heart Association at www.americanheart.org

American Academy of Pediatrics (AAP) at www.aap.org

by A. Rahman Zamani, MD, MPH

BOX OF FUN

Traffic safety games and rhymes

All children need to learn about traffic safety. Start with simple lessons about how cars move fast, that drivers cannot always see small children, and that the street is off limits, unless children are with an adult. For young children, games and rhymes will teach important traffic safety lessons.

Play a follow the leader game:

When the leader calls "green light" the children go, and when the leader calls "red light" they stop. Let children take turns being the leader.

Teach children these rhymes:

Stop, look and listen
Before you cross the street
First use your eyes,
Then use your ears,
Before you use your feet

The red is on top
The green is below
The red means stop
The green means go
The yellow is in between
And it means no crossing

Adapted from Bananas Handout, Red light, Green Light, 1996, Oakland CA

CALIFORNIA CHILDCARE HEALTH PROGRAM

Health & Safety Notes

Keeping Children Safe from Pests and Pesticides

CHILDCARE HEALTHLINE

California State Licensing regulations for child care state that child care settings should take measures to be free from rats and insects. The national standards in *Caring for our Children* tell us that the potential health hazards to children caused by the presence of pests should be reduced. What does this mean to the child care provider? Since pesticides can also pose a health threat to young children, finding ways to reduce or eliminate exposure to pests while reducing or eliminating exposure to pesticides is an environmental concern that every early care and education professional needs to address.

Why control pests in child care?

Diseases that are spread by insects and rodents can be passed to young children. Normal behaviors in young children such as crawling, mouthing toys and other objects along with natural curiosity and exploration make toddlers particularly vulnerable to diseases carried by pests. Common pest-related hazards in child care settings include:

- Flies and cockroaches may spread disease.
- Mosquitoes may carry disease.
- Cockroaches can cause allergies and asthma attacks.
- Yellow jacket stings are painful and can be life threatening to those with allergies.
- Spiders may inflict painful bites and some may pose a health risk.
- Mice and rats may contaminate food, trigger asthma attacks, carry disease and cause structural damage to buildings, pipes and electrical wiring.
- Termites cause structural damage to buildings and wood furniture.

Why are children vulnerable to pesticide exposure?

The behaviors that make young children vulnerable to diseases carried by pests (crawling, mouthing toys, etc.) can also expose children to the pesticides that have been applied to control pests. Pound for pound, children eat, drink and breathe more than adults. Thus, if pesticides are in their environment, they can have higher exposures than adults. Combined with the fact that their brains, immune systems and organs are immature and still developing, children can suffer both short-term and long-term health problems from pesticide exposure.

What health risks are associated with pesticide use?

With the exception of poison baits, as little as 1 percent of pesticides applied indoors reach the targeted pest (AAP, 2003). As a result, pesticide residues are left on surfaces and in the air of the treated building. Outdoor application of pesticides may fall on non-targeted organisms, outdoor furniture and play areas and be tracked indoors. Acute symptoms such as nausea, headache, dizziness and respiratory irritation may occur from exposure to pesticides. Studies have shown that children who are exposed to pesticides also have a higher incidence of chronic health problems such as neurological disorders, leukemia and other cancers and have a greater risk of developing asthma (IPM Institute, 2004).

Integrated Pest Management

Integrated Pest Management (IPM) is a pest control program that minimizes pesticide exposure. Despite the convenience and availability of pesticides, there are many ways to control pests without the use of chemicals. IPM controls pests by combining biological, mechanical, cultural, physical and chemical methods in a way that minimizes health and environmental risks. IPM provides the least toxic alternative. It is based on inspection and knowledge of the pests' biology and habits to determine the methods that would best control the pests with the lowest possible exposure to pesticides. Chemicals

are only used as a last resort. IPM is endorsed and promoted by the Environmental Protection Agency.

Why are education and communication important?

The common sense strategies of IPM require the combined efforts of teachers, kitchen staff, parents, custodians and groundskeepers. Education and communication are essential to promote the necessary changes in habits and attitudes. A licensed IPM professional can suggest the best strategies for controlling pests in your child care setting.

Cultural controls and sanitation. Modify the activities in the child care facility to make the environment less hospitable to pests.

- Restrict food consumption to certain areas.
- Empty trash cans at the end of the day rather than letting them sit over night.
- Store food in containers with tightly fitting lids.
- Clean dishes, utensils, and surfaces soiled with food as soon as possible after use and at the end of each day.
- Clean garbage cans and dumpsters regularly.
- Collect and dispose of litter daily.

Physical controls. Use barriers or other materials to exclude pests from an area.

- Caulk cracks and openings.
- Fill in access holes in walls.
- Seal around electrical outlets.
- Use trash cans with tightly fitting lids.
- Empty and thoroughly clean cubbies and storage areas at least twice a year.
- Reduce clutter in which pests can hide.
- Keep vegetation, shrubs and wood mulch at least one foot away from structures.
- Keep window and door screens in good repair.
- Use physical traps. Be aware that in the child care setting, traps can be a hazard and must be placed out of reach of children. This includes sticky traps, snap traps and fly traps.

Biological controls. Identify the problem or pest before taking action.

- Look for the root of the problem, not just the symptoms of a pest problem.
- Inspect and monitor pest populations.
- It is very important to reduce pests' access to food, water and shelter.

Chemical controls. As a last resort, the careful use of pesticides may be necessary.

- Always use a licensed professional with experience in IPM when applying chemicals.
- Use bait, traps or gels in cracks, wall voids, and in spots that are out of reach of children. Avoid sprays, powders and "bomb" applicators.
- Schedule pesticide application for times when the building and grounds are not occupied.
- Use spot treatments as needed, rather than area-wide applications or regularly scheduled applications.
- Store all chemicals in a locked cabinet.

Attitude Adjustment

Increase your tolerance for pests that are just a nuisance and don't spread disease. To control these pests, always make use of non-chemical strategies first. Pests that do not pose immediate health threats but are a nuisance include:

- **Weeds** may invade playing fields or playgrounds or be aesthetically unpleasing. Pull by hand.
- **Ants** may gather in eating and play areas. Keep areas clean. Use non-toxic alternatives.
- **Fruit flies** may appear in kitchens. Keep food and garbage covered.
- **Meal moths** may infest food storage. Dispose of infested food. Store food in containers with tightly fitting lids.
- **Head lice** may appear on children. Have parents consult their health care provider for treatment.

References and Resources

IPM Institute. 2004. *IPM Standards for Schools: A Program for Reducing Pests and Pesticide Risks in Schools and Other Sensitive Environments*. www.ipminstitute.org/school.htm.

American Academy of Pediatrics, Committee on Environmental Health. 2003. *Pediatric Environmental Health.*

U. S. Environmental Protection Agency. 2005. *Integrated Pest Management in Schools.* www.epa.gov/pesticides/ipm.

Pest Control Operators of California. 2005. *Integrated Pest Management*. www.pcoc.org.

Safer Pest Control Project. 2005. *Safer Pest Control for Child Care Centers: How to Implement and Integrated Pest Management (IPM) Program at Your Facility*. www.spcpweb.org.

Statewide IPM Program University of California, Davis. 2005. www.ipm.ucdavis.edu.

by Bobbie Rose, RN (02/06)

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Including Children With Vision Problems in the Child Care Setting

Many vision problems begin in infancy; therefore, it is very important that young children get appropriate eye care early. Untreated eye problems can lead to permanent vision loss, affecting learning ability, personality, and adaptation in school and life. InfantSEE™ is a public health program in which optometrists provide infant eye assessments in the first year of life at no cost. For more information, visit www.infantsee.org.

For infants who have vision problems, it is important for ECE professionals to understand the effects of vision problems on young children's development and take steps to diminish the impact of those problems.

How does visual impairment affect young children?

For sighted children, 75% of early learning is visual. One look tells the sighted child about facial expression, color, texture, gender and location, and this input feeds her cognitive and social development. The infant with vision problems must make up for the lack of visual information. Since he is not able to engage his mother through eye contact and smiling, the early bonding may be disturbed. Parental grieving may lead to decreased touching and cuddling of the blind infant, and delayed social development. Grieving parents may communicate less with their blind infant, leading to delayed language development.

When a Child with Visual Impairments Enters Your Program

It is essential that caregivers receive appropriate training prior to enrollment of the child. Preparing the environment for the child is essential. Parents, service providers, director and caregivers should discuss the goals and objectives from the child's Individual Education Plan (IEP), or Individual Family Services Plan (IFSP), so everyone is informed about their responsibilities.

Language and touch serve as the major sources of information for young children with poor vision. Caregivers should communicate every step of daily activities in words and use words to orient the child to the classroom, outdoor areas, bathroom and cubbies, and to identify materials and toys.

Caregivers should encourage even very young children to make choices that are within their ability. Age appropriate skills of independence must be developed if children are to perceive themselves as competent. Self-esteem suffers if children believe themselves to be less able than their peers.

- Once you've found an arrangement of furniture that works for the room, try not to change it as the child may rely on furniture to navigate.
- Install handrails on the walls.
- Keep rooms free from clutter and obstacles.
- Give specific directions and use descriptive language.
- Be wary of sharp edges on tables, curled up edges of rugs.
- Encourage multi-sensory experiences such as touching, holding, tasting, smelling and manipulating.
- Call children by their names, and address them directly, not through someone else.
- Since children with vision impairment are not able to see your smile and your non-verbal communications, praise them by using words and pat them on their shoulders.

Assistive technology devices can be obtained free of charge for children with visual disabilities under Section 504 of the Rehabilitation Act of 1973.

Resources

American Foundation for the Blind at www.afb.org

National Eye Institute at www.nei.nih.gov/health/resourceAlpha.asp

National Dissemination Center for Children with Disabilities (NICHCY) at www.nichcy.org

Blind Children's Center at www.blindchildrenscenter.org

by Tahereh Garakani, MA Ed

Sandbox Safety

Sandbox play can help young children build many skills. Children learn fine-motor skills, hand-eye coordination, and physical properties of wet, dry, cause and effect. They also learn to problem solve, cooperate, and plan. To provide a healthy and safe sandbox, consider these safety tips:

- *Choose the best location for your sandbox.* Locate the sandbox away from traffic patterns, landing areas, and windy locations. Sand tracked onto walkways and indoors creates a slipping hazard. Keep a broom nearby so sand can easily be cleaned up. Since children can get involved in sand play for long periods of time, make sure they are protected from sun exposure. Place the sandbox in a shady spot, use umbrellas, hats, protective clothing and sunscreen.
- *Cover sandboxes when not in use.* Uncovered sand is an invitation for cats, birds, and rodents. They may urinate or defecate and spread germs to children who play in the sandbox. Insects may also breed in uncovered sandboxes leading to pest control problems. If your sandbox did not come with a cover, use a canvas or plastic tarp. Large sandy areas are difficult to manage. Consider replacing the sand with another shock absorbing material, or carefully monitor the sand for debris and animal waste.
- *Use sand that is clean and nontoxic.* Sandboxes should be filled with sand that is specifically intended for play. This type of sand can be purchased at garden centers, hardware stores or toy stores. It should be free of toxic materials and fine enough to be shaped easily. Sand should be replaced as often as necessary to keep the sand visibly clean and free of debris. Do not use chemicals or pesticides to clean the sand or treat pest problems. Instead, remove the sand and replace with fresh and clean sand. Make sure that your sandbox is constructed to allow for drainage.
- *Decrease the risk of spreading disease.* Sand that is routinely changed and covered when not in use has a low risk of spreading diseases such as ringworm or toxoplasmosis. Good hand-washing after sand play is also important in decreasing the risk of spreading diseases.
- *Provide suitable toys for the sandbox.* Make sure toys are not broken, are free from sharp edges, and are not a choking hazard. Sandbox toys should be routinely cleaned and sanitized.

More tips for sand safety

- Always supervise children during sand play.
- Slightly dampen dry sand so that it does not blow into the air.
- Teach children not to throw or eat sand and to keep the sand inside of the sandbox.

How to handle sand in the eyes

Children may occasionally get sand in their eyes. If this happens, take the child to a sink and use a clean cup of water to flush the eye. Repeat until the sand is gone. Tears will also help remove sand particles. For persistent pain and redness, seek medical attention.

Resources and References

Keeping Sand Boxes and Sand Play Area Safe, Prevention of Infectious Disease Curriculum, CCHP at www.ucsfchildcarehealth.org/pdfs/Curricula/idc2book.pdf

Healthy Child Care, 2005, Sand Sanitation and Safety at www.healthychild.net/articles/sh34sand.html

AAP, Caring for Our children, 2002

by Bobbie Rose, RN

Manage Nosebleeds, continued from page 1

Most nosebleeds are not serious, but a child who also has severe or recurrent bleeding, bleeding from both nostrils, the mouth or gums, prolonged bleeding after loss of a tooth, or easy bruising should be evaluated by a health care provider. However, call the parent and seek immediate medical care if the bleeding lasts for more than 20 minutes, is caused by an accident, or a fall or injury to the head.

References and Resources

AAP at www.aap.org/pubed/ZZZH61BPDDC.htm?&sub_cat=107

Medline at www.nlm.nih.gov/medlineplus/ency/article/003106.htm

by Victoria Leonard, RN, FNP, PHD

Emergency Management of Asthma in Child Care

Signs of a severe asthma attack

- Wheeze, cough or shortness of breath worsens
- Neck and chest are "sucked in" with each breath
- Child has trouble walking or talking
- Child is struggling to breathe, hunching over
- Child appears confused
- Lips or fingernails are blue or gray colored
- Child has any of the above symptoms and no rescue medication is available

Follow the Child Asthma Plan

- Give rescue medication(s) according to the Child Asthma Plan
- Have an adult remain with the child
- If child is still having trouble breathing 5–10 minutes after taking rescue medication, re-administer the medications as directed in the the Child Asthma Plan or call 9-1-1
- CALL 9-1-1 if there is no relief after re-administration of medications

What to do

- Stop activity and help child sit upright
- Stay calm and speak reassuringly to the child

Communicate

- Call the child's parent and health care provider for more advice

publications updates

The California Childcare Health Program Health and Safety Policies Checklist **(CCHP H & S Policies Checklist)** was developed to objectively assess written health and safety policies in early care and education (ECE) programs. The **CCHP H & S Policies Checklist** is recommended for use by ECE professionals, child care health advocates, child care health consultants, researchers, and other professionals interested in assessing and/or developing health and safety written policies in ECE programs. Written policies identify guidelines for health and safety practices adhered to by all staff and parents. For example, the exclusion policies explain the guidelines for when a child is too ill to attend the ECE program. They help parents when they decide to keep their child home if they are ill and for staff to know when to call parents to pick up a child who becomes ill at the ECE program.

You can find the **CCHP Health and Safety Policies Checklist** at our website: www.ucsfchildcarehealth.org/pdfs/Checklists/UCSF_Policy_Checklist_rev3.pdf

health + safety calendar

April 20–22, 2006

California Association for the Education of Young Children CAEYC Annual Conference
Anaheim Hilton, Anaheim Convention Center, Anaheim, California
Sharon Stone Smith, ssmith@caeyc.org, 916-486-7750
www.caeyc.org

March 1–4, 2006

California Association for Bilingual Education
San Jose, California
www.bilingualeducation.org

March 9–11, 2006

Computer Using Educators CUE Annual Conference
Convention Center, Palm Springs, California
www.cue.org

March 10–12, 2006

CACE (California Association of Compensatory Education) Statewide Conference: Building Communication Between School and Home
Los Angeles, California
www.caceinfo.com

March 17–19

California Association for Family Child Care (CAFCC) 2006 Annual Conference
Santa Clara, CA
www.cafcc.org/

CCHP/CTI calendar

available at http://ucsfchildcarehealth.org/html/training/eceprofmain.htm

health + safety resources

The 2005 California Child Care Portfolio. The California Child Care Resource and Referral Network's fifth statewide, county-by-county report on child care includes both a comprehensive California statewide report as well as 58 separate county level reports. Online at www.rrnetwork.org/rrnet/our_research/2005Portfolio.php.

Resources on child abuse prevention:

- The National Association for the Education of Young Children (NAEYC) has many brochures for parents and resources for teachers on positive discipline, promoting social-emotional development, and working with parents. They also have an excellent brochure, discussion and resource guide on "Building Circles, Breaking Cycles" on the educator's role in preventing child abuse that can be used for in-service training. www.naeyc.org/ece/supporting.asp
- The California Child Care Healthline has many handouts and resources that address social-emotional development such as "The Spirited Child", "Temperament" "Child Abuse Prevention." www.ucsfchildcarehealth.org, 1-888-333-3212.
- Zero to Three, www.zerotothree.org has a series "Healthy Minds-Nurturing Your Child's Development" that includes handouts that describe typical development that emphasize social-emotional development.
- Project No-Spank at www.nospank.net has many resources including a no spanking poster.

New Food Labels Show Trans Fat and Allergens. This year, packaged foods will display new labels that identify whether they contain any of eight different allergens and trans fat—an unsaturated fatty acid that increases the risk of coronary disease and is present in most processed foods. www.nationalacademies.org/headlines/20060109.html

Online Toolkit to Fight Obesity. Connect for Kids offers a comprehensive collection of resources to help Americans understand and take action on this tough issue. www.connectforkids.org/obesity_resource

Childhood Obesity. A publication of Kaiser Permanente, UCSF, and UCLA available online at www.kp.org/childhoodobesity/

Preschool Website From First 5 California. A website launched by First 5 California called "The Power of Preschool" focuses on "what everyone should know" about preschool. It lists the benefits of preschool, available research, and guidelines for finding quality preschool. The website is www.powerofpreschool.com.

Research reports on early education. RAND has recently published the following three reports:

1. Early Childhood Interventions: Proven Results, Future Promise
2. The Economics of Investing in Universal Preschool Education in California
3. Going to Scale with High-Quality Early Education: Choices and Consequences in Universal Pre-Kindergarten Efforts

school readiness

Literature Review Summary for CCHP Newsletter

"Health and School Readiness: A Literature Review of Selected Programs, Components, and Findings in the U.S." has recently been completed by CCHP consultant Bobbi L. Emel and Director Abbey Alkon. The intent of the review is to provide relevant information for county First 5 staff renewing their School Readiness Initiatives and developing health interventions and/or outcomes to address the required 'health and social services' element of their programs.

Children's poor health can lead to difficulties in school, including lack of attendance, difficulty concentrating, behavioral problems, and decreased relationship skills. While health issues are rarely a focus of research, the review discusses national panels, historically relevant experimental projects, and more current state/regional initiatives that may provide a framework for community programs to include essential health components for improving children's abilities to succeed in school.

Broad findings from the literature reviewed indicate that, while School Readiness (SR) programs are effective in a variety of ways and states are showing promise in this area, more outcome data is needed on the effects of health components included in SR programs. Specific recommendations for community SR programs include attending to health issues for children such as medical, oral, vision, behavioral and mental health. The review also includes suggestions for programs to address these health issues. Finally, a table is provided that gives an overview of topics relevant to health and SR along with what works and what doesn't work in addressing each topic.

The literature review will be available on the CCHP Web site at www.ucsfchildcarehealth.org.

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