

Healthy Kids West Virginia

West Virginia Child Care Nurse Health Consultants Newsletter

Volume 4, Issue 2



Happy-Spitter or Sick Baby? By: Heidi Zbosnik, RN

Caring for infants can be both rewarding and challenging. Even feeding a baby can have its ups and downs; especially if everything that went down is coming back up! So, is infant spit up normal? According to the American Academy of Pediatrics, two-thirds of otherwise healthy infants spit up because of their physiology. This process is known as gastroesophageal reflux, or GER, which is the regular passage of gastric contents into the esophagus. GER can be identified by the constant spitting up or regurgitation of stomach contents. It occasionally occurs with other symptoms such as hiccups, coughing, irritability, and vomiting. While GER is often a concern for parents and caregivers alike, it is important to recognize that GER is painless and does not affect infant growth. In fact, the majority of babies outgrow these symptoms by their first birthday.

Sometimes, problematic symptoms or complications related to GER cause what is commonly known as GERD, or gastroesophageal reflux disease. This is much less common than GER and involves symptoms such as irritability, vomiting, poor weight gain, refusal to eat, stomach pain, and trouble sleeping. GERD is more serious and requires a physician evaluation and diagnostic testing. GERD is often treated with medications.

One of the most important actions for both GER and GERD is lifestyle changes, such as feeding and or position changes. Avoid propping a bottle and instead hold the child while bottle feeding. Also, delaying putting a child down for a nap immediately after feeding will help prevent some of these symptoms from occurring. When it is time to place an infant to sleep, they should always be placed on their backs. This position does not increase the risk of choking and aspiration, and helps decrease the risk of Sudden Infant Death Syndrome (SIDS). Props and elevation of the head of bed should not be utilized in childcare unless there are documented medical waivers from a licensed health care provider.

All children with reflux should be evaluated by their health care provider. Best practice dictates that it is important to identify children at risk for complications of GERD and easing the minds of parents for children with physiologic GER. The health care provider can provide reassurance to the worried parent and determine if the baby is sick or just a happy-spitter.

Source: American Academy of Pediatrics



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Any topics you would like to see or ideas you would like to share in the Healthy Kids West Virginia newsletter? Let us know by emailing or calling

Sarah, Glenna or Heidi. Our contact information can be found on the back page.

Any topics that you feel would make a great training? Feel

free to let us know. We are always looking for new ideas!

Feel free to make copies of this newsletter to distribute to other child care providers and parents.

Check out our website www.wvearlychildhood.org

If you use a diluted bleach solution in your center for sanitizing and disinfecting, please be aware that the concentration of bleaches sold in stores has changed in many areas. Bleach up to this point has always been a 5.25% to 6% sodium hypochlorite solution but some bleach products are now concentrated at 8.25%. Make sure you read the labels of the bleach you use. Because of the differences in bleach formulations, the National Resource for Health and Safety in Child Care and Early Education recommends the following:



- Use EPA-registered products for sanitizing and disinfecting.

Follow the manufacturer's instructions for diluting the EPA-registered product for sanitizing or disinfecting, as well as for the contact time. ([Instructions on how to determine this for the EPA-registered product you are using can be found here](#)) These instructions are also part of the [Appendix J](#) of Caring For Our Children 3rd Ed. which has been revised to reflect these changes.

Additional information can be found at the following web site:

<http://cfoc.nrckids.org/Bleach/Bleach.cfm>



Did You Know.... Watermelon is actually a vegetable, not a fruit! It is most closely related to cucumbers, pumpkins and squash. The watermelon is composed of 92% water and early explorers often used hollowed out watermelons as canteens!

Beware of Summer Danger: Look Before you Lock By: Glenna Bailey, RN

Even on a mild day, a child trapped in a hot car can die of a heat stroke or hyperthermia in just minutes. On average, 38 children die in the U.S. each year from heat-related deaths after being trapped inside motor vehicles. What is most tragic is that all of these deaths are completely preventable!

There are three simple things you can do to ensure that all children safely exit the vehicle after every trip:

- Never leave a child alone in a vehicle.
- Make it a habit to look in every seat every time before you exit the vehicle.

Always lock the vehicle and put the keys out of reach of children.

The U.S. Department of Transportation has launched a “Look Before You Lock” campaign to educate the public about the dangers of children in hot vehicles. Free educational materials can be found at their website:

<http://www.safercar.gov/parents/heat-involved.htm>

There are posters and a tip sheet that can be shared with parents. Please take a few minutes to print and share these materials. They could save a child's life.



Standard 1.6.0.1 Child Care Health Consultants

A facility should identify and engage/partner with a child care health consultant (CCHC) who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation.

CCHCs have knowledge of resources and regulations and are comfortable linking health resources with child care facilities.

The role of the CCHC is to promote the health and development of children, families, and staff and to ensure a healthy and safe child care environment.

The CCHC is not acting as a primary care provider at the facility but offers critical services to the program and families by sharing health and developmental expertise, assessments of child, staff, and family health needs and community resources. The CCHC assists families in care coordination with the medical home and other health and developmental specialists. In addition, the CCHC should collaborate with an interdisciplinary team of early childhood consultants, such as, early childhood education, mental health, and nutrition consultants.



Rainbow Pudding Pops— Jill Parkin from Sandy Toes and Popsicles Bog

Ingredients:

2 – large boxes (5.1 oz)
instant pudding mix
(light colored)

milk

food coloring

Dixie Cups (5 oz.)

popsicle sticks

- prepare pudding according to the directions. (you may need to add a little more milk to make the pudding pourable.)
- let pudding stand until it has thickened a bit.
- divide into 5 parts and color each part with food coloring.
- layer each color of pudding into small dixie cups.
- cover with tin foil. insert popsicle sticks.
- chill in refrigerator 2 hours, then place in freezer to completely freeze.
- to eat, peel off dixie cup paper and enjoy your pudding pop!
- makes 10 – 12 popsicles



WEST VIRGINIA EARLY CHILDHOOD
Training
CONNECTIONS
AND RESOURCES

WV Early Childhood Training Connections and Resources (WVECTCR) is a statewide program designed to provide professional development opportunities for the early care and education community. Through an extensive network of information, training and technical assistance, resources, and collaboration, WVECTCR strives to improve the quality of early education services for young children and their families.

www.wvearlychildhood.org

Ask the Nurse... What do I need to know about Sunscreen? By: Heidi Zbosnik, RN

Sun exposure from ultraviolet rays (UVA and UVB) causes visible and invisible damage to skin cells. Sunscreens help protect the skin from these harmful rays. Sunscreen is considered a preventative over-the-counter cream and does not require written authorization from a primary care provider. However, parent/guardian permission is always required, and all label instructions must be followed. A center may also apply sunscreen supplied by the center as long as they provide a written list of all ingredients to the parent/guardian (WV Rule 15.4.h.3). Protective clothing must be worn for infants younger than six months. For infants older than six months, apply sunscreen to all exposed areas of the body. Always use a "broad spectrum" sunscreen with an SPF of 15 or higher and apply at least thirty minutes before going outdoors. Sunscreen should be reapplied every two hours and more frequently if engaging in water play. Sun exposure should be limited between the hours of 10am and 2pm when the sun's rays are the strongest.

Source: Caring For Our Children Standard 3.4.5.1



Protect Children from a Load of Temptation By: Neighborhood Safety Network

Unintentional poisoning is one of the leading causes of injury to children. Products commonly found in the home are often involved in these poisonings. One such product is the colorful single-load laundry detergent packet. The U.S. Consumer Product Safety Commission (CPSC) is continuing to urge parents and caregivers to never leave single-load laundry packets in the sight and reach of children. Because they can look like candy or something fun to play with, children find the colorful and squishy packets attractive. But the chemicals in them are toxic.

CPSC is aware of hundreds of incidents involving children gaining access to these laundry packets. The packets are meant to dissolve in the washing machine, but wet hands or saliva can cause the outer shell to dissolve and release the concentrated chemicals inside. Some young children have become ill and have been hospitalized after putting these small packets into their mouths and swallowing some of the detergent. Others have gotten it into their eyes, causing severe irritation.

Download our latest safety poster and use all means at your disposal to share it with members of your community and prevent more injuries from happening. Download it for sharing on the Web at

<http://bit.ly/18vot62>

or download it for printing at

<http://www.cpsc.gov/Global/Safety%20Education/Neighborhood-Safety-Network/Posters/LaundryPackets2013.pdf>.

Remember, preventing poisoning is simple:

- * Keep household chemicals and medicines in child-resistant containers,
- * Store the potentially hazardous substances locked up and out of a child's sight and reach,
- * Keep the national Poison Help hotline number, 800-222-1222, handy in case of a poison emergency.



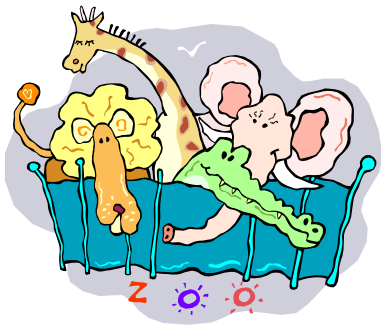
For more lifesaving information on poison prevention that you can share within your community, visit www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Poison-Prevention-Information-Center.

Movement Ideas To Share!

(Please copy and distribute to families and other Child Care providers)

At the Zoo—All Ages

Pretend that you are at a magical zoo. Identify an animal - move and sound like that animal.



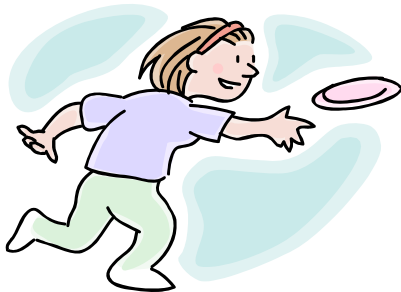
Rock Hop —Toddlers and up

Spread out paper plates on the floor. Pretend they are rocks in a stream. Get from one side to the other without stepping in the stream.



Toss in a Box—Preschoolers and up

Work on your tossing skills. Find some small objects to toss into a box. Keep backing up to see if you can toss further.



Target Practice—School-Age

Set up a bunch of targets and work on throwing or rolling a ball at them to knock them over.



A special thanks to Head Start Body Start for the Activity Ideas. For more ideas, visit their website at <http://www.aahperd.org/headstartbodystart/activityresources/activityCalendar/>

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Meet Your Child Care
Nurse Health Consultants!



How Can a Child Care Nurse Health Consultant (CCHC) Help Me?

- Help providers develop strategies for caring for children with special health needs
- Develop or update health and safety policies for child care providers
- Provide health education and wellness programs
- Provide up-to-date information on the latest guidelines, policies and information regarding child health and safety
- Offer support through telephone consultations or on-site visits
- Conduct child care staff training
- Provide Medication Administration training
- Provide communicable disease information
- Develop health care plans for children with special needs
- Provide health and safety education for parents and children



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