H1N1 Influenza (Swine Flu):
Guidance for Child Care Programs

Since schools and child care programs provide opportunities to spread influenza, it is important for early care and education (ECE) professionals to take steps to protect the health and safety of the children, staff and families in their programs. The following is a summary of guidance from the Centers for Disease Control and Prevention (CDC) to help ECE programs respond to H1N1 influenza.

1) Conduct daily health checks. Observe all children and staff for signs of illness. Make this part of your daily routine. Talk with each child’s parent or guardian and look for changes in the child’s behavior. See the CCHP Morning Health Check poster (available in English and Spanish.) www.ucsfchildcarehealth.org/pdfs/posters/stop_disease/Morning_EN.pdf

2) Keep children and staff with flu-like illness home and away from others. They should stay home and away from others until at least 24 hours after they are fever free (over 100 degrees, under arm), without the use of a fever-reducing medication. Symptoms of the H1N1 virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue and sometimes diarrhea and vomiting. Most people with H1N1 influenza have a fever that lasts 2-4 days, which means staying home about 3-5 days. Parents and ECE programs may elect a longer time at home if a child is not feeling well enough to participate.

3) Watch for children and staff members who develop flu-like symptoms. Separate ill children from others until they can go home. A child who is ill must be supervised while waiting for a parent or guardian. Limit the number of staff members who take care of sick children. Staff members who become sick while at work should wear a surgical mask when near other people, until they can go home.

4) Wash your hands often and encourage children to do the same. Use soap and running water. Help children learn the skills of hand washing and to cough and sneeze into a sleeve or a tissue. Keep your hands away from your nose, mouth and eyes and encourage children to do the same. Remind children not to share cups or eating utensils. See the CCHP Preventing the Flu poster www.ucsfchildcarehealth.org/pdfs/posters/stop_disease/PreventingFlu_en0609.pdf

Steps to Prevent Flu in Your Early Care and Education Program

- Review and revise existing pandemic flu and emergency preparedness plans.
- Update parent contact information if they need to quickly pick up their sick child.
- Identify and establish points of contact with the local public health agency.
- Develop a plan to cover key staff positions when they are sick or must care for family members.
- Encourage parents to develop alternate child care plans if the program must close temporarily.
- Help families and communities understand their important roles in reducing the spread of flu.
- Set up a separate, but supervised, space for care of sick children or staff until they can be sent home.
- Display and distribute educational materials to encourage hand hygiene and respiratory etiquette.

Source: CDC’s Action Steps for Child Care and Early Childhood Program Providers to Prevent the Spread of Flu. For more information visit CCHP Web site at www.ucsfchildcarehealth.org
Immunizations for Flu Season

Q

I want to get my staff vaccinated for the flu. Who should get it? I also have a staff member who is afraid of needles—how can I convince her to get vaccinated?

A

There are 2 types of flu vaccination—the H1N1 (Swine) flu and the seasonal flu vaccines. Vaccinations are the best protection to prevent the flu for ourselves and others. Babies and young children benefit when adults who care for them are vaccinated. Also, people with chronic health conditions and pregnant women are at high risk for complications from the seasonal and H1N1 flu and are protected when they and close contacts receive their vaccinations. Give this list to your staff and have them check off those recommendations that apply.

Seasonal Flu Vaccination

Annual seasonal flu is recommended for:

- **almost everyone** wanting to reduce the risk of becoming ill or transmitting it to others
- children 6 months of age up to their 19th birthday
- caregivers (child care providers) and household contacts of children under 5 years of age and especially under 6 months of age
- women who will be pregnant during flu season
- children and adults with: chronic lung disease including asthma; heart, kidney, liver, and neurological disease; diabetes; those who have immunosuppression (prevention of immune response) or are on aspirin therapy; and the caregivers of these children and adults;
- health care workers
- people 50 years of age and older
- residents of long-term care facilities.

Pandemic H1N1 2009 (Swine) Flu Vaccination

A vaccine for the new Pandemic H1N1 (swine) flu is strongly recommended for these priority groups:

- pregnant women (because they are at higher risk for complications and to protect their babies)
- household contacts and caregivers for children younger than 6 months of age (to protect babies too young to be vaccinated)
- health care workers
- all children and young adults from 6 months to 24 years of age
- people aged 25 through 64 years with chronic lung disease including asthma; heart, kidney, liver, and neurological disease; diabetes; those who have immunosuppression or are on aspirin therapy; and the caregivers of these individuals.

And there is good news for your staff member who’s afraid of needles: both seasonal and H1N1 flu vaccinations will be available in Flu Mist form which gets squirted into the nose. A single shot of H1N1 2009 (swine flu) vaccine appears to protect most children, teenagers, and adults. Children 6 months to nine years who have never had the flu or a flu shot, however, need two doses. Therefore, to fully protect them against both swine and seasonal flu this year, those children will need four shots. Health Care Providers can give both the H1N1 and seasonal flu shots in a single visit. However, in the nasal spray form, H1N1 and the annual flu vaccinations may not be given together. People should talk to their health care provider about availability, updates and to share concerns.

by Judy Calder, RN
Helping Toddlers Learn Self Control

Self control is a complex skill for very young children to learn and an important skill for ECE providers to teach. To teach young children self control, it is important to understand what we mean by self control.

What is self control?
Self control is children’s ability to keep themselves from acting on impulses that hurt themselves or others. It involves thinking ahead and deliberately controlling/inhibiting their own behavior. Self control and the capacity to feel guilty after doing something wrong are both important developmental tasks that allow children to follow rules and develop a conscience. Children who lack feelings of guilt or self control often go on to have trouble with their behavior.

Children start to have feelings of guilt during their second year. Behaviors typically displayed by a young child after they have done something wrong include squirming, covering their face with their hands, hugging themselves, hanging their head down, or hunching their shoulders. These behaviors are provoked by the strong negative feelings that children have when they think about violating, or have violated, adult caregivers’ standards of behavior. These feelings are remembered, and re-experienced, when the child encounters the same situation again.

Guilt is different from shame. Shame is a feeling that children have about themselves. Guilt is a child’s feeling about her behavior. Some children are temperamentally more likely to feel guilty than others. Adults, too, can cause children to have excessive guilt by their caregiving practices. For these children, self-control is more spontaneous because they have such powerful negative emotions around violating behavior rules. For children who are less likely to experience guilt when they do something wrong, learning to control their impulses is especially important. For these children, learning self control can help prevent them from travelling down a path of increasing antisocial behavior.

How can you help a child develop self control?
See misbehaviors as a chance to teach self control; they are an opportunity to help a child learn to identify and manage his feelings of anger, sadness, and disappointment, and to teach him behavior that is, and is not, acceptable. They are a chance to teach the child about your expectations and values. Try these strategies:
• Set and enforce clear, consistent limits.
• Stop misbehavior using words and actions; i.e., take the child’s hand when she is hitting a friend, firmly hold it and say in a low, authoritative voice, “No hitting! It hurts.”
• When a child misbehaves, acknowledge his feelings, but let him know that his behavior, what he did with his feelings, was unacceptable, i.e. “I know you are really angry, but you cannot throw the toy.”
• Use logical consequences: when a child throws the blocks, put them away until the child is feeling more in control.
• Model appropriate ways to express feelings, for example, tell a child that you are upset that you spilled the juice, and you are going to take a deep breath to calm down.

Think of helping a child to develop self control as one step in that child’s path to developing a conscience, an essential characteristic for being a full member of her family and community.

Resources
Zero to Three, Self-Control: 12-24 Months at www.zerotothree.org/site/PageServer?pagename=ter_par_1224_selfcontrol

by Vickie Leonard, RN, FNP, PhD

H1N1 Influenza continued from page 1

5) Keep your environment clean. All areas and surfaces should be cleaned regularly and sanitized as needed. Items that are soiled with body fluids of young children, like toys that have been mouthing, should be removed until they can be cleaned and sanitized. See CCHP’s Health and Safety Note, Sanitize Safely and Effectively www.ucsfchildcarehealth.org/pdfs/healthandsafety/SanitizeSafely_En0709.pdf

6) Watch for updates from your local Public Health Department. Public Health officials will manage flu outbreaks on a local level and may require more stringent policies. Be aware that if flu transmission is high, your local Public Health Department may call for temporary closure of child care programs. Call the Healthline for the contact information for your local Health Department (800) 333-3212.

7) Encourage vaccination for staff and children. For information about flu vaccination, see Ask the Nurse on page 2.

Reference
CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009-2010 Influenza Season, 9/4/2009 www.cdc.gov/h1n1flu/chilcare/guidance.htm

by Bobbie Rose, RN
Immunization and healthy practices can prevent many cases of influenza, but there are times when people become ill or must care for an ill family member at home. Foods and fluids that promote healing can lead to a speedy recovery.

**Fluids**

Higher body temperatures from fevers cause a greater fluid loss than normal temperatures, and vomiting and diarrhea can greatly contribute to loss of fluids from the body. Replacing lost fluids is essential to getting well. Warm fluids are known to soothe a sore throat and loosen mucous in the airways. Decaffeinated and herbal teas, lemon water with honey and clear broth are good choices. Avoid alcohol and stay away from coffee, tea and soft drinks with caffeine since they make you lose fluid and can make it harder to rest.

Drinking can be a challenge when a person has no appetite, is nauseated or is suffering from vomiting or diarrhea. In this case, stick with sips of water and 100% fruit juice or try ice chips or fruit juice ice pops. Your health care provider may recommend fluids that replace minerals and electrolytes. These oral re-hydration solutions can be purchased without prescription. People with chronic health concerns such as diabetes or asthma may need to take special steps to ensure adequate fluid intake.

Dehydration can be serious. Signs of dehydration include decreased urination, sunken eyes, extreme thirst and dry mouth and eyes. Contact your health care provider for these symptoms.

**Food**

Generally, people who are ill should eat food as tolerated and gradually return to their normal diet. Scientific studies have shown that chicken soup is helpful for people who have stuffy noses and increased mucous from colds and flu. It turns out that this age-old remedy may act like a medicine. At the very least, chicken soup contains healthy nutrients and fluids. It also tastes good and is comforting! Foods that have vitamins, minerals and protein will help your body heal. Avoid foods with little nutritional value like cookies, cake, crackers and chips.

**Plan ahead**

Being prepared for illness before it strikes is the first step on the road to recovery. Stock up on canned or frozen soup, juice, decaffeinated and herbal teas. People who are ill with influenza should avoid contact with other people and stay home. If you need supplies, ask a friend or family member to make a trip to the store for you.

**Resources and References**


by Bobbie Rose RN

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**Partner sit-ups**

This active, indoor exercise is good for a rainy day. It will teach children to work together, take turns, develop a sense of motion, and help strengthen back and abdominal muscles.

Assign a partner to each child. Ask partners to sit on the floor facing each other either with their legs crossed or out to the side with feet touching. Next, ask the children to hold each other’s wrists. Slowly, one child leans forward while the other leans backward. The children can rock back and forth while counting to 10, then increasing to 20 times.

Adapted from Physical Activities for Improving Children’s Learning and Behavior by Billye Ann Cheatum and Allison A. Hammond, 2000.
What is H1N1 (Swine Flu) and How to Prevent It?

Health officials expect the H1N1 (swine flu) virus to be stronger this fall and winter compared to last spring. As a parent you may be concerned about protecting your child and family from influenza (flu). The following information can help you reduce the spread of flu in your family and your child's early care and education program.

What is H1N1 (swine flu)?
H1N1 flu (originally called “swine flu”) is an illness in people caused by a new flu virus. It is spread from person-to-person, probably like regular seasonal flu viruses—mainly through coughing or sneezing. Sometimes people may become infected by touching contaminated surfaces or objects and then touching their mouth, eyes or nose.

What are the signs and symptoms?
Symptoms of 2009 H1N1 flu virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and weakness. Some people may also have diarrhea and vomiting, or respiratory symptoms without a fever. Infants and children under 5 years of age, pregnant women, and people with certain chronic illnesses are at high risk of complications from flu.

When to seek immediate medical help?
Emergency warning signs that need urgent medical attention may include fast breathing or trouble breathing, severe or persistent vomiting, pain or pressure in the chest or stomach, sudden dizziness and confusion.

Steps to prepare for the current flu season
• Protect your child who is at higher risk. If your child has certain chronic medical conditions such as asthma and diabetes that increase the risk of complications from flu, talk to her healthcare provider about a plan to protect her during the flu season.
• Teach your child healthy habits. Educate and encourage your child to wash his hands frequently with soap and water, especially after coughing or sneezing; cover her cough and sneeze into her elbow; avoid touching eyes, nose and mouth; and stay at least six feet away from people who are sick.
• Get your child vaccinated. It is especially important to get both regular seasonal flu and H1N1 vaccines. The annual seasonal flu vaccines are recommended for everyone, especially children ages 6 months to 18 years. It is also recommended for parents, household contacts and caregivers of children younger than 5 years of age, especially those who care for infants under 6 months of age, people ages 25 to 64 with chronic medical conditions, and pregnant women.

Pandemic H1N1 (swine) flu vaccine is strongly recommended for pregnant women, people caring for infants under 6 months of age, all people from 6 months to 24 years, and people ages 25 to 64 with chronic medical conditions like asthma, heart disease, kidney disease, etc.

To protect children six months to nine years of age who have never had the flu or a flu shot, they will need to receive two doses of both vaccinations to protect them this year.
• Clean and sanitize surfaces and objects that you child frequently touches. Clean the surface of visible dirt first, then wipe with a household disinfectant, following the directions on the product label. A simple disinfectant is 1 tablespoon of bleach in a quart of cool water. Microfiber cloths are very effective at cleaning and removing microorganisms from surfaces.

References and Resources
CDC’s H1N1 flu page at http://cdc.gov/h1n1flu/.
CCHP H1N1 (Swine Flu) Updates at www.ucsfchildcarehealth.org/html/pandr/swine_flu.htm

by A. Rahman Zamani, MD, MPH
Sibling jealousy arises when there is a new baby in the house. This situation is more intense when the new baby is born with chronic health issues or disabilities which require special attention. The older child in this situation may feel left out, neglected and, in some cases, not loved. According to Dr. Kochanska, a child psychologist and researcher at the University of Iowa, “children respond with acute and intense tension and negative emotions when they are tempted to misbehave, or even anticipate violating norms and rules. They remember, often subconsciously, how awful they have felt in the past”. Consequently, children will not be able to separate their negative emotions and worries from home to the child care setting; therefore they will show distress and other signs of sibling rivalry in the child care setting too.

Strategies for parents on sibling preparation:
It is important for parents to prepare older children for the upcoming arrival of a new baby starting with pregnancy, continuing to birth of the baby, bringing baby home and then living with the baby. Many child experts suggest the following:

- Keep household routines uninterrupted as much as possible.
- Address any new issues (i.e. sleeping/feeding/school). Involve the child in preparing the nursery.
- Encourage the child to talk to you about his negative emotions without denying or dismissing that emotion. Help the child channel his hostile feelings into symbolic or creative outlets: ask him to draw and write down what he feels, or use a doll to show how he feels.

Signs of sibling rivalry

Even if you prepare a child for their new sibling, you should not be surprised if an older sibling still has sibling jealousy. Here are some signs:

- Excessive or inconsolable crying, usually brought on when mom is with baby
- Easily frustrated or aggravated
- Rough or dangerous play with baby
- Physically hitting the new baby, his playmates, himself, parents or other family members
- Biting
- Regressive behavior – talking or crying like a baby, wanting to nurse from breast/bottle, regressing to crawling
- Separation anxiety when mom/dad are with the baby

What child care providers can do?

Child care providers also see sibling rivalry in their programs. Children will bring all their negative feelings and memories of stressful situations to the child care program. They may also compete with each other to get the provider’s/teacher’s attention by doing what the teacher likes and seeking reassurance from her. They might fight over toys and spaces or reinforce the rules in the classroom to also earn the caregiver’s attention and earn their validation.

- The same principles should apply to child care providers when it comes to strategies to manage sibling rivalry. Communicate with the parents about how the child is coping at home.
- Promote social and emotional development by encouraging the child to talk to you about his negative emotions without denying or dismissing that emotion.
- Ask the child to draw and write down what she says and let her express her feelings, or use a doll to show how she feels.

References & Resources


Child Care Aware at www.childcareaware.org/en/subscriptions/dailyparent/volume.php?id=40#
PREVENTING THE FLU.

Wash your hands often with soap and running water.

Avoid touching your eyes, nose or mouth.

Avoid close contact with people who are sick.
Open windows for fresh air.

Stay home from work, school and public places when you are sick.

Cover your mouth and nose when coughing or sneezing.
Cough and sneeze into your sleeve or use a tissue.

Practice good health habits. Eat nutritious food, exercise, and get plenty of sleep.

GET YOUR ANNUAL FLU VACCINE.

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<th>Cold</th>
<th>Flu</th>
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Healthy Families Saved
The Managed Risk Medical Insurance Board (MRMIB), which administers the Healthy Families Program, has voted to cancel the Program waitlist which has been in place since July 17. Additionally, MRMIB will no longer need to dis-enroll tens of thousands of kids from the Program in November, as previously planned. The ability to discontinue the waitlist and keep enrolled children on is a direct result of First 5 California’s courageous and generous contribution and the legislature’s passage of AB 1422, which the Governor has signed. For more information visit www.mrmib.ca.gov/MRMIB/HFP_Remain_Opens_website_update_9-3-09.pdf

New Obesity Resource
The Robert Woods Johnson Foundation has officially launched an ambitious campaign to reverse the childhood obesity epidemic. Calling on Congress to include a soda tax and menu labeling in healthcare reform, the Center will be funding multiple research and policy projects that emphasize community prevention, environmental upgrades, and social change. www.reversechildhoodobesity.org/content/resources-tools-0

Resources for Supporting Children Exposed to Domestic Violence
The Family Violence Prevention Fund has recently released Connect: Supporting Children Exposed to Domestic Violence, a trainer’s guide and set of materials designed to help caregivers promote resilience among children who have been exposed to violence. The toolkit includes a curriculum, power points, mini magazines, and optional training videos and Public Service Announcements (PSAs). The materials are available to download at http://endabuse.org/content/features/detail/1314/. Free copies of the CD can be ordered by emailing childrensteam@endabuse.org

First 5 California Website for Parents
A new website from First 5 California is available for parents of young children. The website is a resource that connects parents with health, education and support services information for their children and is translated into several different languages. www.ccfc.ca.gov/parents/

The Truth about Play
Play, not flash cards, is vital for early learning — this Zero to Three “cheat sheet” offers parents a quick explanation of how children learn through play and how to make the most of playtime. Online at www.zerotothree.org/site/DocServer/The_Truth_About_Play.pdf?docID=9381

Children at Risk in the Child Welfare System: Collaborations to Promote School Readiness
A new research report finds that very young children in the child welfare system can be helped to overcome early trauma and acquire skills necessary for success in school, if they get early assessment and appropriate interventions. Read the:

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CHANGE SERVICE REQUESTED