

Public Health for Kids



An Information Newsletter for Childcare Providers

Collated & Distributed by:
INFECTIOUS DISEASES TEAM

Director: Jim Paton

Program Manager: Susan Shular

Public Health Inspectors: Susan Anderson
Bev Middleton
Christina Milani
James Reason

Public Health Nurses: Carrie Lynn Haines
Jane Dobisz
Debby Minielly

Social Marketer: Elly Van Grootel

Program Assistants: Karen Gventer
Mary Halliday

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Playground Safety Program



Children are at risk for playground injuries for several reasons including improper supervision, unsafe equipment and unsafe landing surfaces. In 2005, 35 day care playgrounds across Grey and Bruce were inspected by health unit staff. **The top 3 infractions noted from these inspections are as follows:**

Identification and information: all play structures should have a permanently attached manufacturer's label that indicates the age group for which the equipment has been designed. This is to ensure children are using play structures that are age appropriate. According to the CHIRPP Database 1996 (Canadian Hospitals Injury Reporting and Prevention Program), most playground injuries in the 2-9 year old group occurred as children do not understand the level of risk associated with play equipment.

Appropriate protective surfacing material and depth: all play structures above the finished grade should be located on a protective surface. The Canadian Standards Association "Standard for Children's Play spaces and Equipment" lists acceptable surfacing materials. The required depth of the surfacing material is dependent on the type of material used. For loose fill surfacing materials such as sand or pea gravel a minimum depth of 300 mm (12 inches) is required. According to the CHIRPP Database 1996, 65-70 % of playground injuries were due to falling off play equipment. The number and severity of these injuries may be reduced by providing an adequate protective surface.

Adequate distances around play equipment: there shall be an obstacle-free area around each play structure. The size of this area depends upon the type of play equipment. This is to ensure the safety of the user on the equipment as well as others on the playground.

For more information, contact Public Health at 376-9420 or 1-800-263-3456.

Dioxins and Plastic Water Bottles



There has been some recent media coverage and internet warnings to avoid freezing water in plastic bottles so as not to get exposed to carcinogenic dioxins. Our follow up has provided us with the answer.

What are dioxins?

"Dioxins" refers to a group of chemical compounds that share certain chemical structures and biological characteristics. Several hundred of these compounds exist and are members of three closely related families: the chlorinated dibenzo-*p*-dioxins (CDDs), chlorinated dibenzofurans (CDFs) and certain polychlorinated biphenyls (PCBs). Dioxins are formed as a result of combustion processes, such as commercial or municipal waste incineration and from burning fuels (like wood, coal or oil). When dioxins are released into water, they tend to settle into sediments where they can be further transported or ingested by fish and other aquatic organisms. Dioxins decompose slowly in the environment and can be deposited on plants and taken up by animals and aquatic organisms. Dioxins may be concentrated in the food chain so that animals have higher concentrations than plants, water, soil, or sediments. Within animals, dioxins tend to accumulate in fat.

An Urban Legend

According to Johns Hopkins Bloomberg School of Public Health this is a myth. There are no dioxins in plastics. In addition, freezing actually works against the release of chemicals. Chemicals do not diffuse as readily in cold temperatures, which would limit chemical release if there were dioxins in plastic. However, what is of greater concern is heating or cooking with plastics. There is another group of chemicals, called phthalates that are sometimes added to plastics to make them flexible and less brittle. If these plastics are heated it could increase the leaching of phthalates from the containers into water and food. When you heat something you

increase the likelihood of chemical leaching. Chemicals can be released from plastic packaging materials like the kinds used in some microwavable meals. Use only food grade plastic containers and utensils that are designed specifically for freezing, cooking or heating food. Avoid re-using items like margarine containers to store leftovers to be reheated in the microwave. Remember, the container was not designed for that purpose.

*Source: Johns Hopkins Bloomberg School of Public Health
www.jhsph.edu/publichealthnews
United States Food and Drug Administration*

Food Safety Certification Courses (12 hours)

Evening Course:

4 weeks 6:30 – 9:30
When: April 25, May 2, 9, & 16
Where: Sauble Beach

Day Courses

2 days 9:00 am—4:00 pm
When: June 6, 13
Where: Owen Sound

Cost: \$75.00 (includes resource binder thermometer/chlorine test strips and a certificate and wallet card.

Interest is currently being solicited for a course in the Durham area.

Call: Grey Bruce Health Unit (519) 376-9420 Cathie Moyse, Ext 365 to register or inquire about future dates.



Is A Slow Cooker Safe?

Yes, it cooks foods slowly at a low temperature, generally between 170°-280° F. The low heat helps less expensive, leaner cuts of meat become tender and shrink less.



The direct heat, lengthy cooking time and the steam created within the tightly covered container combine to destroy bacteria and make the slow cooker a safe process for cooking foods.

Preparation

- Begin with a clean cooker, clean utensils and a clean work area and wash hands before and during food preparation
- Keep perishable foods refrigerated until preparation time. Separate and store cut meat and vegetables in the refrigerator.
- Allow lots of time. The slow cooker will take several hours to reach a safe, bacteria-killing temperature.
- Always defrost meat and poultry before putting it into a slow cooker. Choose to make foods with high moisture content, such as chilli, soup, stew, or spaghetti sauce. Cut food into chunks or small pieces to ensure thorough cooking.
- Do not use the slow cooker for large pieces like a roast or a whole chicken because the food will cook so slowly it could remain in the bacterial "Danger Zone" — between 40 °F and 140 °F — too long.

Cooking Tips

- Fill the slow cooker **no less than 1/2 full** and **no more than 2/3 full**.
- Vegetables cook slower than meat and poultry in a slow cooker so, if using them, put vegetables in first at the bottom and around sides of the appliance. Add meat next and cover the food with a liquid, such as broth, water or barbecue sauce. Keep the lid in place.
- Most cookers have two or more settings. Foods take different times to cook depending upon the setting used. Certainly, foods will cook faster on high than on low. However, for all-day cooking or for less-tender cuts, you may want to use the low setting.
- If possible, turn the cooker on the highest setting for the first hour of cooking time and then to low or the setting called for in your recipe.
- While food is cooking and once it's done, food will stay safe as long as the cooker is operating.
- Store leftovers in shallow covered containers and refrigerate within two hours after cooking is complete.
- **DO NOT** reheat leftovers in a slow cooker. Cooked food can be brought to steaming on the stovetop or in a microwave oven and then put into a preheated slow cooker to keep hot for serving.

Source: www.fsis.usda.gov



Is Something Growing In That Backpack?

A child's lunch box and backpack may have more in it than just a drinking box, sandwich and homework. These items can also harbour germs that cause colds and flu.

Bacteria easily collect in backpacks and school lunchboxes. Try these 10 tips to keep them, and your child, germ-free.

1. Wash it inside and outside once a week with warm soapy water. Clean and dry the cracks of lunchbox well.
2. Avoid making lunches while doing laundry as bacteria can be easily transferred from dirty linen and underclothing to the food you are preparing.
3. Prepare lunch on clean, disinfected surfaces. Cracks and crevices in your cutting board provide plenty of space for bacteria to grow.
4. Pack a healthy lunch. Children who eat poorly and do not take in enough calories have weaker immune systems and are more likely to pick up a cold or other illness. **Pack foods from all 4 food groups:** fruit and veggie sticks and a protein item, such as turkey or peanut butter sandwich, and dairy such as pudding or yogurt. Avoid empty calories such as chips, sweets, crackers, or processed lunchmeats loaded with fat.
5. Cut up sandwiches and snacks because sharing is important and often stressed to children, but sharing food is another story. If your child likes to share and trade, cut fruit and sandwiches in pieces to make sharing easier and safer.
6. Teach your child to wash his or her hands before lunch at school. Teach your child not to drink from other children's juice boxes.
7. Wipe down the eating area. At school, children may eat at their desks, places that tend to be grimy. Pack wipes in his her backpack or lunchbox so this can be done as easily as possible. Put a plastic bag for uneaten food if there is a litterless policy.
8. Hang the backpack on a hook and do not leave it on the floor. Bathroom floors have invisible fecal matter on them, so teach your children to hang their backpacks on the hook.
9. Pack facial tissues and napkins. Encourage you child to cover his or her nose or mouth when sneezing or coughing. After using a tissue, throw it away!
10. Use freeze packs if meat and/or dairy products are sent in lunchbox to keep food cold and slow bacteria growth.

Source: WebMD Published Oct. 17, 2005
www.webmd.com



Sleep Wetting in the Childcare Centre

What is it?

Sleep wetting is unintentional urination during sleep, which continues beyond age 4 years for daytime and beyond age 6 years for nighttime. Sleep wetting is a term used to emphasize the fact that the child is wetting while sleeping. This gives the parent and the childcare provider a different view of the situation than the commonly used term “bedwetting.”



Who is most affected?

Both sexes are affected, but it is more common in boys. The occurrence of sleep wetting in all children is 10 percent by age 4 years in the daytime and 25 percent at nighttime. By the time children are 8 years old, only 10 percent experience nighttime sleep wetting and by age 13, only 2 percent. Although sleep wetting is a common problem, it is unfortunately a problem with a stigma attached to it. The negativity you may feel is normal: sleep wetting creates more work for you. You may also have some personal concerns about your own effectiveness as a parent or a childcare provider. Both you and the child may be feeling sensitive and alert to criticism. You may feel the child is lazy, just doesn't care or is too immature to be able to control him or her self. These are normal feelings; however, they also increase the anxiety both you and the child experience. Sleep wetting incidents put everything behind schedule. Neither you nor the child's day is off to a happy start and the stress stays with both of you. In childcare, this usually happens midday, at naptime.

What causes sleep wetting?

In most cases the cause of sleep wetting is unknown, although the most common known causes are:

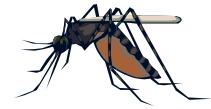
- Underlying illness, such as diabetes
- Infections (including urinary tract)
- Small or weak bladder
- Genetic factors
- Psychological problems caused by stress or separation from parents
- Sleep disorders
- Irritation of the genital area from bubble bath/shampoos, pinworms, trauma, etc.
- Sexual abuse
- The child not being aware of bodily messages

In some cases where one or both of the biological parents have experienced sleep wetting as a child, their offspring often experience the same difficulty.

Adapted from the California Childcare Health Program, 2002

The Buzz About Mosquitoes

Summer is approaching and childcare providers are preparing for the demands of the season. No subject gets more attention than mosquitoes and insect repellents, especially with the concern for West Nile Virus.



Here are some basic facts about mosquitoes:

- Only female mosquitoes bite.
- Mosquitoes bite animals to take a blood meal, allowing them to develop their eggs.
- Mosquitoes need 7-14 days growing in standing water, sometimes in as little as ¼ cup, to go from an egg to a biting adult. Generally, if you have mosquitoes, standing water is nearby and has been there for at least 7-14 days.
- Some mosquitoes will only bite birds while others will bite about any animal, including people. West Nile Virus (WNV) is a natural disease of birds. Sometimes, after biting an infected bird, the mosquito will bite a human, potentially transmitting the illness.
- Only about 1 in 150 people bitten by an WNV-infected mosquito actually become ill with the disease.
- Mosquitoes are experts at finding people to bite. A mosquito has a battery of sensors designed to track their prey, including:
 - **Chemical sensors:** Mosquitoes can sense carbon dioxide and lactic acid up to 100 feet (36 meters) away. Mammals and birds give off these gases as part of their normal breathing. Certain chemicals in sweat also seem to attract mosquitoes (people who don't sweat as much don't get nearly as many mosquito bites).
 - **Visual sensors:** If you are wearing clothing that contrasts with the background, and especially if you move while wearing that clothing, mosquitoes can see you and zero in on you. It's a good bet that anything moving is "alive" and full of blood so this is a good strategy.
 - **Heat sensors:** Mosquitoes can detect heat so they can find warm-blooded mammals and birds very easily once they get close enough.

Childcare centres need to locate, treat or eliminate standing water areas that help mosquitoes breed. Sources may exist on a childcare property or adjacent to it as flying insects and mosquitoes do not respect property lines. Survey all outside areas for any 'container' sources, such as stopped-up gutters, toys, playground equipment, trashcans, or buckets that can hold water after a rain. If a ditch or other storm water feature is nearby, look to see if water is flowing or standing in it.

Vaccinate against Meningitis C

Meningococcal meningitis is a serious infection involving the fluid lining of the brain and/or spinal cord. This contagious disease is often characterized by sudden symptoms of fever, headache, stiff neck and rash leading to severe complications or even death. Complications that may result from meningitis include limb amputations, hearing loss and brain damage.

Invasive meningococcal disease type C occurs primarily in one year olds and teenagers. This infection is present in the saliva of infected individuals, transmitted through kissing, or sharing common items like drinks, eating utensils, water bottles, musical instruments, toothbrushes and lipstick. Air droplets from sneezing or coughing also cause the spread of meningococcal meningitis. The best protection against meningococcal C meningitis is to be vaccinated.

Eligible individuals include: One year old children; Children 12 years of age (grade 7); Youth aged 15 – 19. The free meningococcal C conjugate vaccine at either Owen Sound or Walkerton Public Health clinics, or their doctors' offices.

For more information, please contact Public Health at 376-9420 or 1-800-263-3456, or visit www.publichealthgreybruce.on.ca.

Jody Haase RN, BScN
Public Health Nurse, Vaccine Preventable Diseases

And the winner is.....

Thank you to all who attended the Wheezes and Sneezes workshops held in the fall of 2005. We appreciate your feedback



As a participant at these workshops, your centre was entered into a draw for a GlitterBug unit.



Congratulations to the **Salvation Army Daycare** in Owen Sound who won the unit, valued at \$315.00



Hang Them High!

About 25% of the bottoms of women's purses have fecal bacteria on them because women set their purses down on the bathroom floor. Hang them on the hook if one is provided OR somewhere up high in the cubicle.



Kids Health Manual

The Kids Health Manual promotes good health and wellbeing of children attending childcare centres. The manual provides valuable information such as food safety, environmental hazards and controls, infection control and disease fact sheets, management of illnesses, and outbreak control.

Available for \$35
Contact: Elly VanGrootel, Social Marketer
Grey Bruce Health Unit
376-9420 Ext. 264 for additional information



