



HALDIMAND-NORFOLK HEALTH UNIT

HEALTH MATTERS FOR LITTLE PEOPLE

Safety in the Playground



Playgrounds are a great place for kids to play, make friends, get outside, exercise and test their abilities. Although we would hope that most playgrounds are safe and well maintained, as parents we need to be cautious and take the extra time to inspect the areas where our children play. Statistics from Safe Kids Canada states that 2,500 children aged 14 and under must stay in the hospital because they are badly hurt from falls on playgrounds. Although death occurrences from playgrounds are rare, there is still the possibility of severe head injury and broken bones.

Some things to remember to keep your children safe on playgrounds are:

- Supervise outdoor play closely.
- Make sure all drawstrings, cords and scarves are tucked away.
- Look for proper surfaces: sand, wood-chips, and synthetic soft material such as shredded rubber. This fill should be six to 12 inches deep and loose.

- Make sure the area is clean of garbage, glass and animal feces.
- Equipment should be firm and anchored to the ground.
- Teach your child to watch for other children and to take turns, slide down feet first and hold onto railings.
- Make sure the equipment is age appropriate for your child. The lower the equipment is to the ground the less likely your child will fall and be injured.
- Be sure your child removes his or her bicycle helmet and does not bring skipping ropes onto the playground.
- Check for spaces that your child's head could fit through. Spaces should be

- smaller than 3.5 inches and larger than nine inches.
- Check for appropriate barriers to prevent falls.
- Keep children away from swings and the bottom area of slides.
- Check the temperature of the equipment, surface and pavement in the area.

Resources are available at:

- www.safekidscanada.com
- www.caringforkids.cps.ca

Submitted by Jennifer Moore B.A., M.S., Reg. CASLPO.

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Playground Tip

Actively supervise children while they are on the playground. Teach children about playground rules and proper use of equipment.

Look to see what is under or around playground equipment. Check for broken equipment, broken glass, garbage, sharp corners and rusted or protruding bolts.

A Guide for Parents:

Publicly Funded Immunization Schedule for Ontario (for children two months to six years)

Age at Vaccination	Vaccine Name
2 Months	DTaP-IPV with Hib (Pediactel) + PneuC 7
4 Months	DTaP-IPV with Hib (Pediactel) + PneuC 7
6 Months	DTaP-IPV with Hib (Pediactel) + PneuC 7 + may start receiving the flu vaccine
12 Months	MMR + MenC
15 Months	PneuC 7 + VZ
18 Months	DTaP-IPV with Hib (Pediactel) + MMR
4-6 Years	DTaP-IPV (Quadracel)

DTaP: *diphtheria, *tetanus (lockjaw) and acellular pertussis (whooping cough).

IPV: inactivated poliovirus; *polio (can cause paralysis).

Hib: Haemophilus influenza type b (can cause serious brain, throat and blood infection).

PneuC 7: pneumococcal 7-valent conjugate vaccine. (Pneumococcal disease can infect the lungs, bloodstream or covering of the brain and spinal cord.)

MMR: *measles, *mumps and *rubella.

MenC: meningococcal C conjugate vaccine provides protection against invasive meningococcal disease serogroup C. (Can cause serious infections of the blood and/or covering of the brain and spinal cord.)

VZ: varicella zoster (chickenpox).

Flu: Influenza.

*Diseases for which vaccines are required for attendance at school per "Immunization of School Pupils Act."

(To avoid several injections, some vaccines are available in formulations that include multiple vaccines in one; for example: Pediactel=DTaP,IPV,Hib; Quadracel=DTaP,IPV; MMR-measles, mumps, rubella.)

References: Publicly Funded Vaccines for Ontario-January 2009.

Submitted by Vaccine Preventable Disease Team.

Water Safety



Remember

Stay within reach of your child at all times regardless of his or her level of swimming ability. Get active and be in the water with your child!

Whether you are taking a swim in a backyard pool, running through the lawn sprinklers or heading out to the local pool, remember to play it safe around water.

Drowning is one of the leading causes of death for children one to four years of age, second only to motor vehicle crashes. Children can drown in less than four centimetres (1 ½ inches) of water – enough to cover the mouth and nose. Supervising a swimming child is a full-time job. It is not to be combined with reading, gossiping with friends, chatting on the phone, tending the barbecue or looking after other children who are not swimming.

Supervision must be constant and vigilant. For very young children, who are in or near water, the "within arm's reach" rule should apply. If they are further away than that, they are too far. Children don't even need to be swimming to be at risk. Most infant drowning deaths occur in bathtubs, when the parent briefly walks out of the room. Toddlers can drown in buckets, even toilet bowls.

At the beginning of the summer season, educate yourself, establish a plan of action for emergencies and ensure that every adult knows who is responsible for the children. Get trained, enrol in a first aid and CPR course, which will allow you to help your child or a child in care until emergency services arrive.

Create barriers, Safe Kids Canada recommends that pools have four-sided fencing that is at least 1.2 metres high as well as having self-closing and self-latching gates. Use life jackets. Always have a weak swimmer or non-swimmer wear a life jacket when in or near the water. Air-filled swimming aids such as water wings or inner tubes do not prevent your child from drowning.

Resources are available at:

- www.safekidscanada.ca
- www.canadianredcross.ca
- www.norfolkcounty.ca
- www.haldimandcounty.ca

Submitted by Karin Marks, Health Promoter, Child Injury Prevention.

Lyme disease and West Nile virus

Protecting children from these vector-borne diseases

Lyme disease

Lyme disease is a bacterial infection transmitted to humans by the bite of an infected deer tick (*Ixodes scapularis*). The deer tick is very small and, in the larval stage, is about the size of a period on this page. The adult tick is larger and orange-brown in color with a black spot near its head. Deer ticks are known to be in Long Point and Turkey Point and along the north shore of Lake Erie, but can be found anywhere in the province.

How to prevent Lyme disease:

- Avoid walking barelegged in tall grass, wooded areas or marshlands.
- Wear long sleeves, slacks and fully-closed boots or shoes when walking in grassy or wooded areas.
- Tuck pant legs into socks.
- Wear light-coloured clothing to make the ticks easier to find.
- Insect repellents containing DEET (N, N-diethyl-meta-toluamide) are useful and can be sprayed onto clothing, especially pants and socks. Please read the label when using any repellents, in particular when using them on young children. For safety tips on using DEET personal insect repellents, visit the following website: www.hc-sc.gc.ca and search "insect repellents."
- Conduct a "tick check" on yourself, your family and your pets after exposure to tick habitat.

West Nile virus

West Nile virus is transmitted by the bite of an infected mosquito and first appeared in Ontario in 2001. Mosquitoes become infected when they bite an infected bird. The virus is not spread by person-to-person contact, but there is some evidence that a person can be infected by handling a dead bird.

Although children are not considered to be

at great risk of contracting West Nile virus, it is still important to ensure they are protected while outdoors since they may not always be able to protect themselves.

Three simple steps to protect children from mosquito bites:

1. Use insect repellent when outdoors. It is recommended that you use a federally registered personal insect repellent on exposed skin, such as those containing DEET. The concentration of DEET should be no greater than 10% for children, age six months and older. (Always read the label directions for use.)

NOTE: Health Canada has released some guidelines for people using repellents containing DEET:

- For children under six months of age, insect repellent containing DEET is not recommended.
 - For children between six months and 12 years of age, DEET should never be used on their face and hands.
 - For children between six months and two years, use DEET only when there is a high risk of complications from insect bites and only use the least concentrated product (10% DEET or less) sparingly.
 - For children aged two to 12 years of age, use the least concentrated product and do not apply it more than three times daily. Do not apply to the face or hands.
 - Anyone 12 years of age and older should not use any products with a DEET concentration of greater than 30%.
2. Cover up. Reduce exposed skin by wearing long-sleeved shirts or jackets and long pants. Mosquitoes are attracted to darker colours, so wearing lighter-coloured clothing can also reduce the risk of being bitten.

3. Clean up mosquito friendly areas. The best way to keep mosquitoes away is to clean up areas where they like to breed. Mosquitoes lay their eggs in stagnant water (even small amounts). The life cycle from egg to adult can take less than seven days. Getting rid of standing water once a week will help keep mosquitoes away.

Submitted by Krysta Clark, BA, Health Promoter, Healthy Environment Team.

References:

Government of Ontario. What you need to know and what you can do about West Nile virus. *Fight the Bite*. Government of Ontario. How to protect yourself from West Nile virus. *haldimand-Norfolk Health Unit. Lyme disease*. Retrieved 2009/02/03 from: http://www.hnhu.org/images/environment/lyme_disease_web.pdf

A Little Bit of Humour...

A three-year-old went with his dad to see a litter of kittens. On returning home, he breathlessly informed his mother there were two boy kittens and two girl kittens. "How did you know?" his mother asked. "Daddy picked them up and looked underneath," he replied. "I think it's printed on the bottom."



Another three-year-old put his shoes on by himself. His mother noticed the left was on the right foot. She said, "Son, your shoes are on the wrong feet." He looked up at her with a raised brow and said, "Don't kid me, Mom. I KNOW they're my feet."

Giardia Infection (Giardiasis)

Giardiasis is a parasite (a bug that makes you sick) that causes a bowel infection. Once a person or animal has been infected with Giardia, the parasite lives in the intestine and is passed in the stool. The Giardia parasite is found in soil, food, water or surfaces that have been contaminated with the stool from infected humans or animals (e.g., cats, dogs, cattle, deer and beavers). Because the parasite is protected by an outer shell, it can live outside the body and in the environment for long periods of time. It is not destroyed by chlorine treatment. Giardia is quite common in children in child care centres, especially where children are in diapers.

Giardia affects children differently. Some have no symptoms, while others may have:

- Diarrhea or mushy bowel movements.
- Stomach cramps.
- Pale greasy stools.
- Gas.
- Weight loss.
- Loss of appetite.

These symptoms appear in about seven to 10 days after contact with the organism.

A person is infectious for the entire time of the infection, often months.

Giardia is mainly spread by hand-to-mouth transfer when someone comes into contact with infected stool. When these germs get onto a person's hands or other objects, they can spread into someone's mouth and cause infection. Giardia is spread by accidentally swallowing it when picked up from surfaces (such as bathroom fixtures, changing tables or toys) soiled with stool from an infected person.

The spread of Giardia can be prevented by washing your hands with soap and water after changing a diaper, helping your child go to the toilet, or going to the toilet yourself.

Always wash your hands before preparing and eating food.

What can parents do?

- If your child is ill, contact the doctor. The doctor may ask you to collect stool samples from your child on different days to confirm a diagnosis of Giardia.
- Be sure everyone in your house practices thorough hand washing with soap and water after handling diapers, using the toilet and before handling and eating food.
- If your child has been diagnosed with Giardia and is ill he/she should not return to the day care facility until the diarrhea has stopped.

References:

Haldimand-Norfolk Health Unit. *Giardiasis*. Retrieved 2009/01/2009 from: http://www.hnhu.org/index2.php?option=com_content&task=view&id=292&pop=1&pag

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Heymann, D.L (2004). *Control of Communicable Diseases Manual*. (18th ed.). American Public Health Association. United Press Book, Inc. Baltimore, Md.

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http://dsol-smed.phac-aspc.gc.ca/dsol-smed/ndis/diseases/giar_e.html

Submitted by Lynda Linn RN, BScN, MN, PHN



Breakfast Fruit Mix

Try this easy and delicious recipe using your favourite fruit. Add toast or cereal and you've got a complete breakfast.

- ¼ cup 2% m.f. cottage cheese
- 2 tbsp. flavoured yogurt
- ¼ cup local fresh fruit, chopped
- Pinch of ground cinnamon and brown sugar

Serves 1

Stir together cottage cheese, yogurt and fruit. Sprinkle with cinnamon and brown sugar.

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To be added to the mailing list, call the Simcoe Health Unit, Ext. 3243.