

HALDIMAND-NORFOLK HEALTH UNIT

HEALTHY SCHOOLS

Elementary School Vaccinations Are Essential

The Vaccine Preventable Disease Program of the Haldimand Norfolk Health Unit has various roles in the public school system, the most important being the monitoring of immunizations in school-aged children.

Your child should be up to date with vaccinations prior to starting school. These shots are generally given by the family doctor. Many parents may think their doctor's office notifies the Health Unit when they give vaccines to children. This is not the case. It is the Health Unit and not the school that requires childhood vaccination records. The only place the Health Unit can get this information is directly from the parent. The Health Unit sends packages to parents through the schools outlining what immunizations your child should have when he or she enters the school system. At this time, you are asked to send a copy of your child's immunization record to us.

Working with the schools ensures that all children within the system are protected against many childhood illnesses. Vaccination is also the law in Ontario. The Immunization of School Pupils Act requires school-aged children to be up to date with polio, tetanus, diphtheria, measles, mumps and rubella immunization.

In addition to these required needles, other recommended immunizations include hepatitis B, varicella (chicken pox), pneumococcal (prevnar) and meningococcal (menjugate).

Our Public Health Nurses (PHNs) offer hepatitis B (hep-B) vaccinations to all children when they enter Grade 7. Two nee-



dles, given several months apart, provide protection against hep-B. Hep-B is a virus that can permanently damage the liver and is the largest cause of liver cancer worldwide. Hep-B is spread through blood and other body fluids from an infected person. It can also be spread through sexual contact, sharing of used needles, body/ear piercing or tattooing with dirty equipment. Although there is no cure for hepatitis B, it can be prevented by being vaccinated.

As well as hepatitis B, meningococcal C (men-C) is given to students in Grade 7. Meningococcal disease is caused by bacteria that can lead to serious infections of the blood and/or the covering of the brain (meningitis). Children born in or after 1992 who did not receive men-C in infancy are eligible for one needle that provides long lasting protection.

In 2007, a vaccine to protect against Human Papillomavirus (HPV) was approved and publicly funded for Grade 8 girls in Ontario. HPV is a common virus that causes genital warts and cervical cancer. This program is

(Continued on page 3)

INSIDE THIS ISSUE

Rethinking Your Drink for Good Health	2
Buckle Up in a Booster Seat	3
Preschool Speech and Language Services Available	4
Help Your Child Understand Safe Use of Medication	5
Using Your Sun Sense at School	6
School Facing New Trans Fat Regulations	6
Helping Children Who Harm Themselves	7
Bullying Is a Major Occurrence in Schools	8
Living with a Teen	9
Smoke-Free Ontario Act Covers Schools	9
Stress Management Tips for Parents Dealing with Children's Homework	10



Rethinking Your Drink for Good Health

Choose water, milk or 100% juice

Water, milk and 100% juice are healthy choices.

Water is the best choice during and after exercise for most children. Sports drinks are not needed for a one- to two-hour minor sport.

Milk and fortified soy beverages are excellent sources of calcium and vitamin D. Drink 500 ml (2 cups) of skim, 1%, or 2%, milk each day.

Children aged one to six years should not drink more than 125 to 175 ml (4 to 6 oz.) per day of 100% fruit juice. Children age seven to 18 years should not drink more than 250 to 375 ml (8 to 12 oz.) per day.

Liquid candy

Sports drinks, pop and other sugar-sweetened drinks can cause cavities and provide little nutrition. Some things to consider:

- Too often children are offered sports drinks, slushies, fruit beverages or pop. These drinks provide too much sugar and have very little nutrition for healthy growth.
- Energy drinks are not recommended for children. They contain caffeine, herbs and sometimes supplements. Their long-term effect on children is unknown.
- Any drink labelled as 100% fruit juice is real unsweetened fruit juice. A product called fruit “drink, punch, ade, beverage or cocktail” has little or no real fruit

juice in it. This means it is mostly sugar, flavour and water, and low in nutrients.

- To prevent cavities, rinse your mouth with water or brush with fluoridated toothpaste immediately after drinking a sweet drink.

Many people are not aware that high-sugar beverages are usually low in nutrients and add a significant number of empty calories to the diet. With children, these drinks often replace nutritious choices such as milk, and can lead to a lower intake of nutrients, such as calcium and vitamin D. When people regularly choose beverages with added sugar, such as pop instead of water, milk and 100% juice, they are putting themselves at risk for cavities, osteoporosis and obesity. As well, energy drinks contain caffeine and herbs and, therefore, are not recommended for children.

Water with fluoride prevents cavities and is the best choice for quenching thirst. Milk has calcium and vitamin D to build strong bones and teeth, and 100% fruit juice contains vitamins.

The Health Unit has posted a quiz on its website that helps parents increase their knowledge of healthy drinks. Parents completing the six-question quiz can also order a free activity calendar for recording their children’s activities for the month. To access the quiz, go to www.hnhu.org, scroll down the page and click on the image.

Submitted by Kathy Page, Public Health Dietitian, and Kim Casier, Dental Hygienist.



Buckle Up in a Booster Seat

A booster seat is a positioning device that works with the existing seat belt system. A booster seat raises a child so that the seat belt fits correctly across the shoulder, chest and hip bones. Using a booster seat is simple; it is placed on the vehicle seat and is held in place by the seat belt over the child's body.

The Ontario government introduced legislation to make booster seats mandatory for young children who have outgrown child car seats. The new law also eliminated a loophole that previously allowed grandparents or other caregivers to transport young children in their cars without using a child restraint.

The legislation

- Booster seats are mandatory for children weighing between 18 kg and 36 kg (40 lbs. to 80 lbs.) with a standing height of less than 145 cm (4 ft., 9 in.) or a maximum age of eight years.
- The requirement went into effect Sept. 1, 2005.
- The use of child car seats is mandatory for caregivers such as grandparents and babysitters. There are limited exemptions to the law.
- Demerit points will be assigned for failing to use child car seats or for using them incorrectly.

Despite the introduction of booster seat legislation, use among children aged



four to eight is still alarmingly low, new research suggests. Research conducted by AUTO21, a national research initiative supported by the government of Canada, observed that only a third of kids were correctly seated in the age-appropriate seats. AUTO21 also notes that four-to-eight-year-olds experience about 10 times more deaths and injuries during car crashes than babies and toddlers who are more likely to be properly strapped into child car seats.

Children are dying and being injured at an alarming rate. About 100 children in Canada under the age of 10 die in vehicle collisions every year and in 80%

of cases the seatbelts caused harm because children from ages four to eight weren't fitted in them properly without a belt-positioning booster seat.

Legislation in combination with education and awareness will support families to ensure their school-aged children are adequately protected in a booster seat while travelling in vehicles.

For more information about booster seats, please contact the Haldimand-Norfolk Health Unit.

Submitted by Karin Marks, Health Promoter, Injury Prevention.

Elementary School Vaccinations Are Essential

(Continued from page 1)

offered in schools to Grade 8 girls on a voluntary basis and requires three shots to provide complete protection. The second needle is given two months after the first dose and the third needle is given six months after the first dose. If a girl is absent from school and does not receive all three doses of HPV vaccine, parents can call the Health Unit and book her

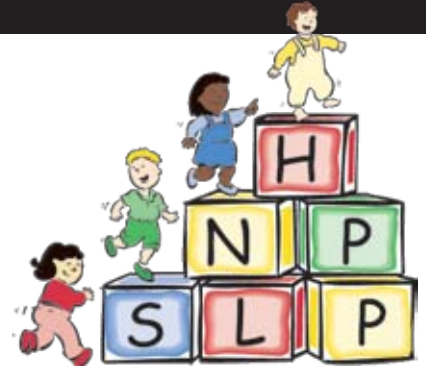
into one of the monthly clinics offered at the Health Unit.

The Vaccine Preventable Disease Program is also a resource for inquiries regarding immunization and vaccines. If you have any questions, do not hesitate to call and speak with any member of the program.

Submitted by Rose Huyge, Public Health Nurse.

Preschool Speech and Language Services Available

The Haldimand-Norfolk Health Unit's Preschool Speech and Language Program provides a number of services for families.



Facts about late talkers

Did you know?

- By 12 months, a child consistently uses three to five words.
- By 18 months, a child should be using at least 20 specific words.
- By 24 months, a child uses more than 100 to 150 words, and combines these into two-to-four-word phrases (e.g., daddy hat, truck go down).
- A child who uses fewer words/phrases than expected could be experiencing language delay.
- About half of children who are language delayed at 18 months catch up by 30 months. These kids are considered "late-talkers." The other half do not catch up.

Facts about language delay

Did you know?

- Children with language delay, who do not catch up by 30 months, are at risk of academic failure once they reach Kindergarten. They have more social problems and a harder time learning to read. No parent wants this for a child.
- We can help. We have sites in Dunnville, Caledonia, Simcoe and Langton. We have speech-language pathologists and support personnel on our team. Our assessment and intervention services are available at no direct cost to you.

Parents can call us if concerned about their child. A doctor's referral is not needed. Call the Parent Info Line: 1-866 463-2759.

Facts about services

Did you know?

- Once your child reaches school, services are really hard to access.
- We can provide services until your child enters Senior Kindergarten. But your child needs to be referred before the end of December 2008 of their Junior Kindergarten year.

Don't wait and see! Call us today!

Submitted by Lori Holstein, Preschool Speech and Language Program.



Help Your Child Understand Safe Use of Medication

It is important for young children to begin to understand and recognize basic information about prescription and over-the-counter medicine. Medication is responsible for 67% of all unintentional poisonings of children in Canada.

Sometimes we forget the potential dangers of medicines such as cough syrup, aspirin or vitamins. Practice safe storage of all potentially harmful products within the home and assist your children in understanding safe use of medication, vitamins and other products. Helpful approaches for you to consider:

- Never refer to medicines as candy. Some medications may taste good, such as chewable vitamins, and children learn by touching, tasting and imitating others.
- It is best to use medication that comes in small doses and with child-resistant caps.
- Never use someone else's medicine. When others in the home or visitors come, make sure they keep their purses, bags, etc. out of children's reach.
- We use medicine only when we really need it. Keep your medication in its original container to help you remember the dosage and when to take the medication.

Young children need to learn that it is not okay for them to take any kind of medicine on their own or without adult supervision.

Medicine Clean Out

What's in your medicine cabinet? Often we keep medications, both prescription and over-the-counter remedies, long after they have

expired or are no longer being used. Our medicine cabinets can become overcrowded and potentially dangerous. Keeping expired medication greatly increases the risk of unintentional poisoning, especially among younger children.

When we use medication properly it can help us feel better, but if taken incorrectly, it can cause serious harm. According to Safe Kids Canada (2006) nearly two-thirds of all poisonings in children aged 0-14 years are caused by medications.

Take the time to clean out your medicine cabinet. Remember, do not throw medications in the garbage or flush them down the toilet. When medications are discarded in this manner, chemicals end up in the water supply and soil, potentially contaminating the environment and harming human health.

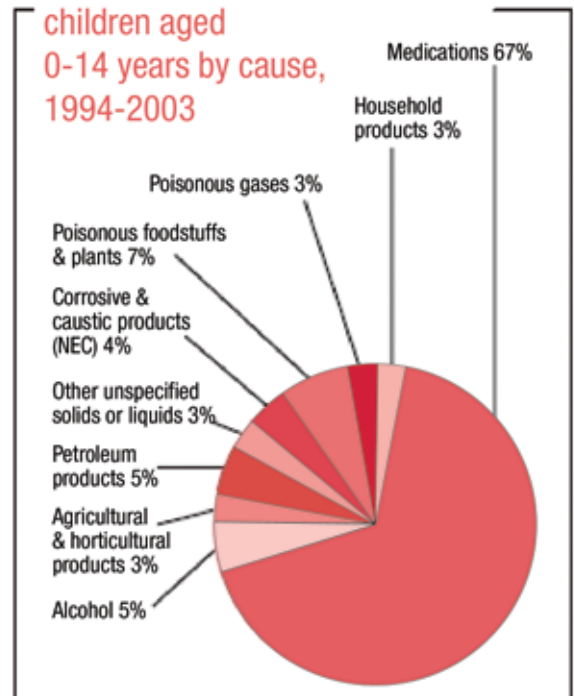
How to safely clean out your medicine cabinet

- At least once a year, remove any expired and unlabelled medicines, as well as medications you no longer use.
- Take all medications for disposal to a pharmacy for safe and free disposal.
- Lock up remaining medications in a cool, dark place away from children. Be sure the original labels are intact.
- Never store medicine with food or household products.

Submitted by Michelle Pasichnyk, Health Promoter, Substance Abuse Prevention.



Unintentional poisoning hospitalizations among Canadian children aged 0-14 years by cause, 1994-2003



Source: Safe Kids Canada, 2006.

Using Your Sun Sense at School

Using sun sense is important throughout the entire school year. Even though the majority of the months your child spends in school may be cold, it is important to realize that the sun can still cause harmful health effects. Even on cloudy days, 80% of the sun's rays shine through and your child is exposed to harmful UV.

Overexposure to the sun can cause mild to harmful health effects from a sunburn to cataracts and even skin cancer. Protecting your child from these harmful effects is easy; just follow these simple sun sense tips:

1. Send your child to school with a wide-brimmed hat, sunglasses and long-sleeved clothing that will protect exposed skin.
2. Your child should apply sunscreen

with an SPF of 15 or higher before going outside.

3. Wear lip balm with an SPF of 15 or higher.
4. Be sure your child stays hydrated while out in the sun.
5. Avoid the sun between the hours of 11 a.m. and 4 p.m. If your child is outside during recess or lunch hour, encourage him or her to play in the shade.

Teaching children sun sense at an early age is a great way to ensure they will continue to protect themselves from the sun throughout their lives. The Health



Unit recommends having fun in the sun, while remembering that using sun sense is your best defence from the harmful effects of the sun and its UV rays.

For more information on sun sense, call Krysta Clark, Healthy Environment Team Health Promoter, at the Health Unit, or visit our website.

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

School Facing New Trans Fat Regulations



Building on an overall plan to help develop healthier lifestyle habits in our children and youth, the Healthy Food for Healthy Schools Act was introduced into the Ontario Legislature in April 2008.

(www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=1925)

Within the Healthy Food for Healthy Schools Act, the Trans Fat Standards require that any food, beverage or ingredients used in food preparation that are sold in a school must meet prescribed amounts of trans fat. The trans fat content must be as follows:

- Vegetable oils and soft margarines: < 2% of the total fat content.
- Any other food, beverage or ingredient: < 5% of total fat content.
- Schools are allowed to designate up to 10 special events days where the trans fat standards do not apply. The trans fat regulations do not apply in cases where schools are used by communities for activities or events that occur after school hours. Foods that may include trans fat include donuts, muffins, cookies, crackers, granola bars and pizza. These standards come into effect Sept. 1, 2008.

For more information, talk to your school principal or contact a Public Health Dietitian.

Submitted by Kathy Page, Public Health Dietitian.

Helping Children Who Harm Themselves

Self harm or self abuse refers to a number of self injurious behaviours such as cutting, burning, bruising, biting, scratching and hair pulling.

Kids who self harm do it as a way of coping with their feelings and as a way of expressing their emotions. Their intent is to feel better.

These behaviours are not suicidal but mistakes can lead to suicide. About 1% of all kids are self harmers. Most are female. The behaviours tend to start in adolescence during periods of stress, or as a result of low self esteem, emotional trauma or an emerging psychological condition.

What starts self harm?

Ninety percent of all self harmers report being discouraged from expressing emotion or distress in their home. Fifty percent report physical or sexual abuse or a family history of alcoholism.

Many have an underlying mental illness such as a personality or anxiety disorder, psychosis, substance abuse, autism or an eating disorder. Others use self harm to deal with a death of a family member or end of a relationship.

What else do we know about self harm?

Self harmers report feeling lonely, depressed, tense, angry and misunderstood. Many say they feel too little, too much or nothing at all.

Self harm is seen as a means of coping with these emotions. It acts as a release, a distraction or a way in which to attract attention or seek help.

How do I recognize self harm in my child?

Be aware of changes in your child's appearance and behaviour, such as:

- Frequent or unusual injuries, most often on the arms and legs.
- Inappropriate clothing, such as long sleeves or pants in warm weather.
- Making excuses for injuries.
- Wanting to do own laundry.
- Blood stains on inside of clothing.
- Overly defensive when approached about the possibility of self-abusive behaviour.
- Changes in behaviour: angry, impulsive, anxious, withdrawn or aggressive behaviour.

you feel when you are harming yourself? What do you want to happen?

Does my child need medical attention?

If you know your child's injuries are superficial, consult with your family physician. The doctor can provide an initial assessment to determine the cause.

The physician can establish the child's willingness to change and provide the family with coping strategies and refer your child to a specialist or community agency for



How do I talk to my child about self harm?

In talking about self harm, be open and approachable. Provide an alternative outlet for your child to express his or her feelings and emotions by talking with your child.

Realize that it is important to find out how frequently and how seriously your child self harms and if he or she is at risk for suicide.

Ask questions such as: What makes you want to harm yourself? When did you start? How often do you do this? How do

further treatment or therapy.

If your child admits to being suicidal or if the injuries are serious – profuse bleeding, cuts requiring stitches – then bring your child to the local emergency department. Children will be hospitalized if they are considered high risk for self injury or if they are suffering from an acute psychiatric illness.

For some guidance on this topic, you can always consult with Public Health Nurses assigned to elementary schools by the Health Unit's Family Health Team.

Submitted by Marilyn Antkiw, Public Health Nurse.

Bullying Is a Major Occurrence in Schools



Research in Canada has shown that up to 30% of children are bullied at school and 10% of children are bullied on an ongoing basis. In addition, 15% of Canadian children in Grades 1 to 8 report they have been bullied and 85% of bullying happens in front of others.

Adults experience forms of bullying as well, yet they have a greater ability to identify and counter act bullying behaviour. It is important that children learn how to build healthy relationships and how to deal with bullying before they become bullies or victims themselves.

Bullying is a deliberate and aggressive action that is done on purpose to harm another person. In most cases of bullying, there are three people involved: the bully, the one being bullied and the individuals who stand by and watch. By bullying, one person has more power or strength over another. It is done more than once and it is not wanted by the child being bullied.

Bullying can include behaviours such as threatening, spreading rumours, name calling, excluding others, rude gestures, punching, kicking and hitting.

Types of bullying

- Physical – hitting or punching.
- Verbal – teasing or name calling.

- Emotional – rumours or using threatening gestures.
- Social – excluding a person on purpose, purposely embarrassing a person.
- Cyber – sending threats or insults by e-mail or text messaging.

Verbal bullying is the most common form of bullying for both boys and girls. Boys are more likely to be involved in physical bullying. Girls are more likely to be involved in emotional and/or social bullying.

Some of the results that bullying can have on children

- Low self-esteem and feeling bad about themselves.
- Sadness or depression.
- Shyness.
- Physical complaints, such as headaches, stomach aches and trouble sleeping.
- Academic problems/difficulties.
- Social isolation.
- Becoming aggressive and unreasonable.
- Threatening or attempting suicide.

The first line of defence against bullying is making everyone aware of the problem. Schools need to take a comprehensive approach to dealing with this problem. The community needs to increase awareness of this issue and help to deal with it. See www.nameit2changeit.ca for a community wide anti-bullying initiative.

From: <http://fightcrime.org>

Submitted by Mona Aaltonen, Public Health Nurse.

10 STEPS for families and schools to stop cyber bullying



1. Teach your kids to tell adults if they're bullied.
2. Every school must have an anti-bullying program.
3. Schools should invite law enforcement to talk with the kids.
4. Watch for signs your child may be a victim.
5. Discuss cyber bullying and Internet safety.
6. Keep computers in common areas of the home.
7. Save cyber bullying messages.
8. Teach kids not to respond or to say stop.
9. Teach kids not to give out any private information.
10. File complaints with Internet and phone service providers.

Living with a Teen

Parents and teens can live together pleasantly as long as parents know what to expect and are willing to make adjustments in how they think and act. During adolescence, friends seem to be the most important people in your teen's life, but teens are also looking for support and guidance from their parents during this transition from childhood to adulthood.

What to expect in teenagers

Like all people, adolescents are trying to understand and cope with the day-to-day living they are experiencing. Sometimes that can make living with them difficult. They can be rebellious, moody, self-centred, selfish, aggressive, argumentative and critical. This may seem unbearable at times, but it is typical teen behaviour.

The teen years are a time for young people to establish which behaviours are acceptable and which are not. Choose your battles. Decide what you really care about and enforce lessons that are most important.

Parents need to accept, but not ignore, "typical" behaviour for the sake of their teen's development. You should be concerned about destructive behaviour that may lead to more serious problems, such as depression. By keeping the lines of communication open, you can help your



teen handle these problems. Don't hesitate to seek more information or professional help if you need to.

What teens expect from parents

Part of a teen's growing up process is testing the limits. Though they may complain about the rules, teens need to know what is acceptable and not acceptable to parents in order to develop their own morals and values.

Teens need their parents to:

- Express concern, but not criticism.
 - Stay interested, but respect their privacy.
 - Be alert to their sensitivities, without joking or teasing.
 - Look for positive ways to solve a problem, without dwelling on the negative.
 - Catch them doing something right.
 - Be available, without hovering over them.
 - Show them love, even if they don't seem to care.
- Submitted by Terri Hartwick, Public Health Nurse.*



Smoke-Free Ontario Act Covers Schools

As parents and students prepare for the school year, it is important to remember the Smoke-Free Ontario Act and how it relates to school property. The Smoke-Free Ontario Act was implemented to reduce exposure to second-hand smoke and to support efforts to prevent youth from smoking.

The Act prohibits smoking in schools and on school grounds seven days a week, 24 hours a day and applies to staff, students, teachers and visitors. This means smoking is prohibited

during any activity on school property, including driving on school property, or attending sporting events, social gatherings and any other functions on school property.

All it takes is a reliable witness to report smoking on school property to the Tobacco Control Officer and a fine of \$305 may be issued.

For more information, contact the Tobacco Control Officer or visit our website.

Submitted by Cathy Lanni and Amy Jones, Tobacco Control Officers, Healthy Environment Team.

Stress Management Tips for Parents Dealing with Children’s Homework

Kids do have stress just like adults. Children may be overloaded with school and other extra-curricular activities. Homework is another source of stress for children and for parents helping them with it. Parents can help children succeed at homework by:

- Establishing a routine by setting a regular time and sticking to it, helping your child complete homework assignments.
- Ensuring the room your child studies in is quiet, has plenty of light and has school supplies at hand.
- Removing distractions by turning off the TV and accepting no phone calls during homework time.
- Showing an interest in your child's school activities by asking about him or her and talking about what was discussed in school that day.
- Monitoring assignments by being informed and being involved. Find out the school's policy on homework at the start of the school year and ask your child's teachers about the kind of assignments



that will be given and what kind of time frame the child has to complete the work. Ask the teacher how you can help with the homework. Be available to answer your child's questions and look over completed assignments. Have your child share the teacher's comments on completed assignments.

- Providing guidance to homework assignments by learning how your child learns, encouraging good study habits, discussing homework with your child and providing encouragement to support your child's efforts in completing the homework.

Submitted by Mona Aaltonen, Public Health Nurse.

Free Parenting Classes Available

The Haldimand-Norfolk Health Unit offers free parenting programs to parents with children of all ages. These fun, informative sessions help parents exchange tips and learn new strategies.

Nobody’s Perfect Program

This program is for parents with children ages six and under. Learn about your child’s emotional and physical health. Through discussion with other parents, discover new ways to cope with your child’s behaviour including toilet training, temper tantrums and fussy eating.

Ready or Not Program

This program is for parents with children ages seven to 12. Work with other parents to refine your communication skills and learn strategies to help children deal with the consequences of their actions and make smart decisions, especially when it comes to drugs.

Pursuing Independence Program

This program is for parents with children ages 13 to 19. Through discussion with other parents, you’ll learn how to cope with your teenagers’ drive for independence and help them make good decisions about sex, alcohol and drugs.

To sign up for a parenting class, or for more information, call the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623 and speak with Sabine Murphy, PHN. *Submitted by Sabine Murphy, Public Health Nurse,*



SECOND-HAND SMOKE HAS NO LIMITS

PROTECT YOUR CHILDREN. MAKE YOUR HOME AND CAR SMOKE-FREE.

Smoking around children can cause Sudden Infant Death Syndrome, lung problems, low birth weight, ear infections, and more severe asthma attacks.

For information on making your home or vehicle smoke-free please contact the Haldimand-Norfolk Health Unit 519-426-6170 or 905-318-6623 or visit www.hnhu.org



Baby, you're the *best*

This is what
we need to tell
our children
every day!

Experts believe that children actually start to gain self-confidence early in life.

Boost your children's confidence and self-esteem every chance you get. By paying attention to them, maintaining realistic expectations, and loving them unconditionally, you'll be setting the stage for a bright future for your children.



Simcoe:
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 or 905.318.6623

Caledonia:
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

HALDIMAND-NORFOLK
HEALTH UNIT

www.hnhu.org ■ info@hnhu.org