Little Sun

As the summer months approach, protecting your children from the harmful effects of the sun becomes increasingly important. Encouraging outdoor activity during the summer is a great way to ensure children get the exercise they need on a daily basis. Using sun sense is a great tool when it comes to protecting your child when they are outside.

Without practising sun sense, the possibility of your child experiencing damage from the sun is possible. Not only can the sun burn the child causing skin damage, it can also cause cataracts, and create long-term effects that may develop skin cancer in later years.

Teaching your children sun sense for all seasons is an important part of their growth and development. If children learn to protect themselves from the sun, they are more likely to continue to be aware of sun sense and protect themselves as adolescents and adults.

During the summer children may be enrolled in daycare or a summer program. Parents should be aware of the type of sun sense policy the program has in place; this will ensure that your child will be properly protected from the sun while out of your care.

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

Helpful HINTS to help YOU practise SUN SENSE

1. Sunscreen with an SPF of 15 or higher should be worn every time the child goes outside. The sunscreen should cover all exposed skin areas and don’t forget the neck, face, and ears. Sun screen should be applied 15-30 minutes before your child goes outside and reapplied every two hours. Reapplying every two hours is even more crucial while swimming, or heavy sweating. Sunscreen needs to be reapplied every time you towel off. A towel will remove the sunscreen from the skin resulting in sunburn.

2. A wide brimmed hat will protect the top of your child’s head and will create shade for the face.

3. Sunglasses with UV protection will help protect the eyes from damaging effects of the sun that can cause cataracts.

4. Children should wear long sleeved, light coloured shirts and long pants. The less skin that is exposed to the sun the better.

5. Lip balm with an SPF will prevent lips from being burned.

6. Peak times between the hours of 11 a.m. and 4 p.m. should be avoided for outdoor time. This is when the sun is the strongest, so outdoor activity should be planned before 11 a.m. or after 4 p.m.
Poison Ivy

Poison ivy, poison oak and poison sumac are plants that cause the same type of rash and are found in most provinces in Canada. Many people are sensitive to the oil/sap of these plants.

**Symptoms**
- Redness and blisters in streaks or patches.
- Often starts on the hands, lower legs or other areas not covered by clothing.
- Extreme itchiness.
- Rash, usually begins 24 to 48 hours after exposure to the plant’s oil, peaks after five days and begins to fade after a week.

**Treatment**
After contact with the plant, immediately wash the skin with soap and cold water.
- Apply calamine lotion.
- Apply over the counter creams and ointments containing zinc oxide.
- Apply cold compresses for 15 to 30 minutes, several times a day.
- Apply a paste made of baking soda and water.
- Oatmeal bath.
- Cut and clean fingernails to reduce spread and risk of infection.

**Facts**
- The rash spreads by exposure to the poison ivy oil and not from the blisters themselves. Touching fluid from the blisters cannot spread to other areas of the body or to other persons.
- Anything that has the poison ivy oil on it will be contagious for one week (this includes hats, clothing, shoes and any pets). These items must be washed immediately. Also, do not burn poison ivy to dispose of it because the plant’s oil is carried in the smoke.

**Call your doctor if:**
- A fever develops.
- The rash covers large areas of the body.
- The rash is in the eyes, mouth or on the genital area.
- There is pus coming from the blisters.
- The rash is not getting better with self treatment.

**References:**

Submitted by: Lynda Linn, Public Health Nurse, Communicable Disease Team.

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**Immunization: Your best protection**

Immunization, also called shots or needles, help save lives and prevent serious illnesses. Immunizations help the body build its own protection (or antibodies) against certain diseases. If your child is not protected and come in contact with one of these infections, they may get very sick and experience complications of these diseases.

To enter day care or nursery school the Day Nurseries Act requires that you provide your local health unit with your child’s up-to-date immunization record against: diphtheria, pertussis, tetanus, polio, measles, mumps, rubella (German measles) and Haemophilus influenzae type b(Hib). Immunizations that are recommended, but not required for attendance at day care or nursery school include: varicella (chickenpox), pneumococcal (Prevnar) meningococcal (Menjugate) and influenza vaccine.

In September 2007, the Haldimand-Norfolk Health Unit started a pilot project with local day care providers to improve the collection of immunization data of children entering or attending day care or nursery schools. Each child will require a completed Statement of Immunization for Entry into Child Care. Your day care provider will give you this form to complete and return to the day care. Doctor’s offices do not supply the health unit with immunization information; therefore, we rely on the parents or guardians to share this information with us. When the forms return to the health unit from the day care/nursery schools, they will be reviewed for complete information. The parent or guardian will be informed by the day care or nursery school to contact the health unit if there are any outstanding immunization issues. We ask that the completed information is provided to the day care/nursery school in a timely fashion. Every three months the day care/nursery school will provide the health unit with any new admissions or discharges of the children attending the facility.

Children starting day care or nursery school are a high risk group due to close contact with many children. Immunization protects them against serious illnesses. Immunization data collection provides the health unit with a current enrolment list and up-to-date immunization records of this group of children.

If you have any questions, please contact a member of the Vaccine Preventable Disease program at the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-5367.

Submitted by: Rose Huige, Public Health Nurse, Clinical Services Team.
Adjusting to new environments, teachers, routines and peers can be overwhelming for children that are making the move from preschool to kindergarten. But there are things parents can do to help reduce the impact of their child’s transition to school.

Get your child excited during the weeks leading up to kindergarten:

- Talk to them about the positive changes that will occur when they go to kindergarten. Tell them about all the new experiences and activities that “big kids” get to participate in while they are in school.
- Let your child assist when purchasing school clothes and supplies.
- If there are older siblings, ask them to share some of their positive experiences during kindergarten.
- Make arrangements for the child to meet the teacher, tour the classroom, playground and other areas.
- Find out if there are other children that your child may know in their class.

The big day has arrived and you’re probably more nervous than your child. It’s okay, take a deep breath and relax. It’s time to figure out how to ease your child’s first day jitters.

Helping your child survive the first day of kindergarten:

- Let your child decide what they want to wear.
- Let your excitement show and repeat how proud everyone is.
- Make sure your child has a hearty breakfast.
- After entering the classroom, help your child put their belongings away and reassure them that you will see them after school.
- Find the teacher that the child met, take them over to become reacquainted and give them a hug and leave the school.
- Avoid lingering around the classroom, as you will only fuel the anxiety of your child by hovering.

Teachers welcome classrooms full of nervous little children every school year. Trust that they are trained and prepared to help your child’s transition to kindergarten as smooth as possible.

References:
Child Care Aware. The Kindergarten Connection, Vol. 6.
Submitted by Jennifer Moore, Speech-Language Pathologist, Preschool Speech & Language Program.
Top 10 reasons to check out Canada’s Food Guide

1. www.canadasfoodguide.info has lots of information for you to view.
2. Vegetables and Fruit now form the largest arc of the rainbow highlighting the importance of these foods to our health.
3. The number of servings recommended for each food group is now outlined by age and gender.
4. The new Food Guide is for ages two and up.
5. Advice is given for beverages. When thirsty, drink water. Limit beverages high in sugar and calories like fruit flavoured drinks, soft drinks, sports and energy drinks.
6. Drinking 500 ml (2 cups) of lower fat milk a day is recommended to meet vitamin D requirements.
7. Recommendations are specified for people in certain life stages:
   8. Young children should be served small nutritious meals and snacks. Nutritious foods should not be restricted because of their fat content and parents need to be a good role model.
   9. Women of childbearing age need a multivitamin supplement containing folic acid.
10. Adults 50 and over should take a daily vitamin D supplement of 400 IU everyday.
11. Guidance is provided on including a small amount (30-45 ml / 2 to 3 Tbsp) of unsaturated fat each day.
12. The Nutrition Facts Table is highlighted to encourage us to read food labels and make healthy choices with packaged food.
13. Regular physical activity is encouraged, along with eating well, for a healthy lifestyle.

Copies of Canada’s Food Guide are available from the Haldimand-Norfolk Health Unit or can be downloaded at www.canadasfoodguide.info.

Watermelon-Blueberry Banana Split

Serves 4

2. large bananas
8. “scoops” watermelon
1 pint fresh blueberries
1/2 cup vanilla yogurt
1/4 cup crunchy cereal nuggets

1. Peel bananas and cut in half crosswise; cut each piece in half lengthwise. For each serving, lay two pieces of banana against side of shallow dish.
2. Place watermelon “scoops” at each end of dish.
3. Fill center space with blueberries.
4. Stir yogurt until smooth and spoon over watermelon “scoops.”
5. Sprinkle with cereal nuggets.

Submitted by Kathy Page, Public Health Dietitian, Population Health Team.

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