



Hamilton

Child Care Connection

Connecting the Child Care Community

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Your Child's Immunizations: Facts for Parents

What are immunizations?

Immunizations are also called vaccines, shots, needles or boosters. They help our bodies recognize and fight germs that cause diseases. Immunizations save lives.

Why are immunizations important?

Shots can protect you and your children from serious diseases. Diseases can make people sick or even die. Nearly all diseases are spread through coughing or sneezing.

100 years ago, infectious diseases caused most of the deaths in the world. Thanks to vaccines, they now cause less than 5% of all deaths in Canada.

Are vaccines safe?

Yes, all vaccines are tested to make sure they are safe before use. The most common side effects are a slight fever, or mild pain or swelling where the needle was given. Serious side effects are rare. Vaccines are much safer than the diseases they prevent.

When does my child need to be immunized?

Vaccines work best when they are given at the right time. Children are immunized starting at 2 months of age. Speak with your family doctor or a nurse at Public Health Services to learn more about your child's immunization schedule.

Where can my child be immunized?

Your doctor can provide routine immunizations recommended for your child for free. If you do not have a family doctor or a health card, Public Health Services also offers routine shots for free.

How can I keep track?

It is important to keep an immunization card. Get a yellow immunization card from your doctor or Public Health Services to keep track of your child's needles. Bring the card with you every time. The card is needed for:

- Starting day care or school;
- Moving to a new school;
- Going to camp;
- Starting university, college or a job;
- Visiting emergency or walk-in clinics;
- Traveling to other countries.

For more information about immunizations or to report your child's vaccines to keep track of your child's needles, call Public Health Services at: (905) 540-5250 or visit our website at www.hamilton.ca/immunize.

Submitted by: N. Ritz, RN, BScN
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Community Services – Home Management & LEAP Programs

When finances are stressing you out and the bills are falling behind, who do you call? Home Management!
When meal planning, grocery shopping and cooking skills are lacking, who do you call? Home Management!

When the children are challenging, who do you call? Home Management!



When household routines and housekeeping are getting you down, who do you call?

Home Management!

The Home Management program is a free service that teaches life skills to families and singles in their own home.

You can also check out your local OEYC (Ontario Early Years Centres) to find out what groups we may be facilitating there. Call us if you think the Home Management Program might be for you!
Our number is 905-546-4804.

Please note that the **Learning, Earning, And Parenting Program (LEAP)**, which is part of Home Management, has changed the age requirement to qualify, *from 21 years and under to 25 years and under.*



If you know someone who

- is a parent on Ontario Works or ODSP **and**
- is 25 years of age or under **and**
- wants to return to school to complete their grade 12 or equivalent, please have them call the LEAP Program at 905-546-3088.

Submitted by: Sandy McCallum,
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Asthma in infants and young children

Asthma is a chronic inflammatory disease of the small airways in the lungs. When some children are exposed to certain triggers, these airways narrow, making it hard to breathe. This airway narrowing can lead to **symptoms** such as: shortness of breath or 'tummy' breathing, wheezing, chest tightness and/or a dry, persistent cough (particularly at night or early morning). Coughing is the most common symptom in children.

Triggers are everywhere. Not all children will have the same triggers, nor will they react to every trigger in the same way. There are two types of triggers: allergic and non-allergic. Asthma is often caused by an allergic reaction to foreign substances that affect the respiratory tract. Allergic triggers include things like pet dander, pollen, mould and dust mites. Non-allergic triggers can include exercise, viral infections (cold, flu), smoke, or other irritants such as cleaners, perfumes, markers, crayons, paints. The common cold triggers 90% of asthma attacks in children, compared to 40% in adults. It is important to identify both allergic and non-allergic triggers and develop avoidance/control strategies.

Risk factors for developing asthma

A family history of allergy, eczema and asthma:

Allergies and asthma tend to run in families and we know that if one parent has been diagnosed with allergies or asthma the risk of the child developing asthma is approximately 50%, while if both parents have diagnosed allergies and or asthma the risk of the child developing asthma climbs to 75%. The highest risk is if the mother has asthma.

Smoking in the home: It increases the risk of asthma. Declare your home and car smoke free zones

Early exposure to house dust and dust mites. There is evidence that early exposure to large amounts of house dust and dust mites increases the risk for asthma.

Premature Births: Asthma is more prevalent in premature infants - those born at less than 36 weeks gestation.

Exposure to furry animals: Early exposure to animals should be avoided in families where allergic disease such as hay fever and eczema exist.

Diagnosing Asthma

Infants and young children have very small, narrow airways making diagnosing asthma very difficult. Many other conditions involve a cough or wheeze including colds, chest infections (bronchiolitis, pneumonia), cystic fibrosis and heart disease. Other conditions must be ruled out before your doctor can be sure your child has asthma. Only a doctor can diagnose asthma. They will conduct a **thorough assessment** of your child. During the

assessment it is important to talk to your doctor about any concerns and to ask lots of questions. Something that you may not think is important may be useful in pinpointing the problem.

The assessment will include:

- √ **A detailed history:** To understand your child's pattern of symptoms they will want to know:
 - Family allergy/ asthma with emphasis on parents
 - Child's Allergy history- e.g. eczema
 - Child's history of illness to date e.g. frequency of colds
 - Child's symptoms: Severity, frequency and duration of symptoms. What brings an end to the symptoms? For example, if the child has a cold, do the symptoms disappear when the cold is over or do they persist for days, weeks afterwards?
 - Child's triggers: what have parents observed with respect to exposures to allergens or irritants, such as smoke, perfume, infection or emotions?

- √ **A physical exam.**

- √ **Tests** such as a chest x ray, blood tests, allergy skin tests and/or pulmonary function tests (PFTs) may be ordered to rule out other conditions.

Spirometry: If asthma is being considered and your child is old enough, your doctor will likely conduct a test called spirometry. This simple breathing test measures your child's airflow through the large and small airways. A fast-acting medication is administered during the test and your child's airflow is measured with and without this medication. Spirometry can be difficult to administer to children younger than 6 years of age but a diagnosis of asthma can still be made without it based on the findings of your child's health history and physical exam.

My baby/child has asthma, now what?

Children with asthma can lead healthy, active, happy lives and do everything other kids can do if their asthma is kept under good control, which means:

- **Managing your child's triggers:** Identify what they are and avoid and/or control exposure to them.
- **Administering asthma medications as prescribed.** Your child will likely need medication to control and relieve symptoms. All young children should use a valved spacer with a 'puffer' type of inhaler. Spacers come in different sizes and should fit tightly around the infant/child's face.
- **Getting a written asthma Action Plan** from your doctor outlining what medications to give your child & when. These are available from the Asthma Society or the Lung Association.
- **Learn about asthma.** Ask your health care provider and pharmacist lots of questions. Visit an asthma education centre, go on-line or call an expert!

- **Review treatment regularly.** Have your child regularly assessed even when they feel well.

For more information:

- Asthma Society of Canada www.asthma.ca
Call 1-866-787-4050 to talk to an asthma educator.
- The Lung Association www.on.lung.ca
Asthma Action Helpline 1-888-344-LUNG(5864)
- www.sickKids.on.ca
- www.asthmainschools.ca

In Hamilton:

- St. Joseph's Healthcare King Campus 905.573.7777 ext. 38403
- St. Joseph's Healthcare Charlton Campus 905.522.1155 ext. 36000
- McMaster Children's Hospital 905.521.2100 ext. 75012

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Booster Seats



By law, a child who has outgrown his/her forward-facing seat and are a minimum of 18kg (40 lbs) can travel in a booster seat.

However, as long as your child still fits within the weight and height ranges for his/her forward-facing seat, it is safest for them to travel in that seat for as long as possible.

When your child is ready to move to a booster seat, consider the following tips:

- Check the manufacturer's instructions for proper use.
- Place the booster seat in the back seating area of the vehicle as this is the safest place for your child.
- Use with a lap and shoulder belt combination only.
- Keep the booster seat buckled with the seat belt when not in use so it doesn't move around.
- Check that your child's head is supported by the vehicle head rest if using a no back booster seat.

For more information, visit Transport Canada's website at www.tc.gc.ca/roadsafety/kids.

Submitted by: Manuela Trombetta
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Child Safety Team

Toileting and Diaper Change in Child Care Centres

~After the bathroom but before the play table

Help wash wee ones' hands if they aren't able

Keep things clean, including the change table,

Dispose of dirty diapers and keeps things labelled~



An important part of providing care in a child care centre involves the bathroom routine for school age children and diaper changing area for the infants and toddlers. As there is potential contact with bodily fluids and fecal contamination in these areas good infection prevention and control practices are fundamental to prevent the potential spread of disease to children or to staff.

As you may know, young children are more vulnerable to the serious outcomes of diarrheal illnesses such as dehydration and hospitalization. What you may not know is that young children can be infected but show no signs of illness, yet bring the illness home to family members who may become more seriously ill.

In fact, poor hygienic habits of children and workers with respect to toileting in childcare centres can lead to the transmission of pathogens which are transmitted through the fecal oral route such as Hepatitis A, Giardiasis and E. coli. In a child care centre poor diaper changing procedures contributed to the transmission of *Cryptosporidium*¹. (*Cryptosporidium* is a parasite which causes enteric illness with symptoms of diarrhea, vomiting, stomach ache and fever.)

Having the right equipment available as well as following a few common-sense steps will help to ensure that the bathroom routine is safe and clean. For example, make sure that liquid hand soap and paper towels in a dispenser are available in both the bathroom and at the diaper change area. Staff should wash their hands before and after assisting with toileting or diaper changing. Children should wash their hands or have their hands washed too!

Here are some more common sense tips at the diaper change area:

- In the diaper change area make sure there is a hand-sink within reach which is only used for washing hands and is not blocked by structures or toys.
- Have a foot activated garbage receptacle so that the receptacle itself does not become contaminated.
- Wear gloves when changing soiled diapers- these act as an extra barrier to contamination of hands.
- Dispense creams with an applicator and don't double-dip.
- Label all personal items with the child's name.
- Keep the diaper change area away from the feeding area- this will decrease the chances of contamination of food.
- Never allow a food handler to change diapers.
- Use a diaper change pad which is smooth, non-porous and easy to clean- something like vinyl or a hard plastic.
- Clean and disinfect the diaper pad after every change; diluted bleach, quaternary ammonium and accelerated hydrogen peroxide are commonly used disinfectants.

Here are some common sense tips for the bathroom:

- Clean toilet seats daily and whenever they are visibly dirty
- Sing a song with the children while they are washing their hands- one that lasts for 15 seconds is perfect
- Model correct hand washing technique

Child care centres help children learn how to use the bathroom facilities in a sanitary manner. From diaper changing to toileting, good practices are key to keeping the bathroom routine safe and an opportunity for good infection control practices to develop for life!

¹ [Cryptosporidium hominis diarrhea outbreak and transmission linked to diaper infant use.](#) (Spanish) Teresa Ortega M, Vergara A, Guimbao J, Clavel A, Gavín P, Ruiz A., Med Clin (Barc). 2006 Nov 4;127(17):653-6.

Submitted by: Eva Hatzis, Public Health Inspector
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Your Packaged Snack – Is it a Healthy Choice?

It is easy to make healthy snack choices by following Canada's Food Guide. Just select fresh or less

processed foods from the four food groups. But choosing a prepackaged snack can be confusing. There are so many products on the market. It can be difficult to tell if a snack is a healthy choice or not. Reading the food label can help you make the best choice.

First, take a look at the ingredient list. Food companies must put the list on packaged foods. The ingredient list tells you what ingredients are in a packaged food. The ingredients are listed in order of weight from the heaviest to the lightest.

Next, check the Nutrition Facts table (see sample below). The table shows the amount of 13 core nutrients and the calories found in a specific amount of food. When comparing labels, choose snacks high in fibre, vitamin A and C, calcium and iron. Choose snacks low in fat, saturated fat and trans fat, cholesterol and sodium. Use the % Daily Value to tell you if there is a lot (>15%) or a little (< 5%) of a nutrient in the packaged snack.

Nutrition Facts			
Per 125 mL (87 g)			
Amount	% Daily Value		
Calories 80			
Fat 0.5 g	1 %		
Saturated 0 g	0 %		
+ Trans 0 g			
Cholesterol 0 mg			
Sodium 0 mg	0 %		
Carbohydrate 18 g	6 %		
Fibre 2 g	8 %		
Sugars 2 g			
Protein 3 g			
Vitamin A	2 %	Vitamin C	10 %
Calcium	0 %	Iron	2 %

To compare single serving snacks, Eat Smart[®] has developed an easy-to-use tool. Just insert information from the food label into the tool to find out if the snack is a good choice. Go to [Eat Smart! Choices Calculator](#) or [la calculatrice de choix À votre santé!^{MD}](#) to check if the snack is an Eat Smart![®] choice.

Visit Health Canada's Nutrition Labelling webpage for more information:

<http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/index-eng.php>

Try the Interactive Nutrition Label and Quiz:

<http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/cons/interactive-eng.php>

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