

Nexus



with the Health Care Community

Language Express Preschool Speech And Language: Key Messages For Parents

The early years of a child's life are important for the development of language and communication. Long before a child starts to talk, he/she is learning about communication. Early detection of difficulties is crucial for later success in school and in life. The Health Unit's Language Express program has created Speech-Language Resources available free of charge for use with families.

The "8 Key Messages" are suggestions for parents and include printable colour posters and handouts on a CD that can be used in your practice. If you would like to access this resource for your parents/families in your practice please contact: Language Express at 1-888-503-8885. Visit us at www.language-express.ca for more information.



1 Key Message: Join In

Encourage parents to join in their child's play and talk about what their child is interested in.

2 Key Message:

Get Face-To-Face and Imitate

Encourage parents to get down on the floor and imitate their child's sounds and actions.

3 Key Message: Keep It Simple

Encourage parents to talk about what they are doing while they are doing it.

4 Key Message: Don't Force It

Encourage parents to not try to make their child talk. They are asked to WAIT, then say what their child would say if he/she could, then to WAIT some more.

5 Key Message: Repeat

Encourage parents to say the same words again and again in different situations.

6 Key Message:

It's Never Too Early to Read

Young children develop from the knowledge of spoken language, the sounds that form words, letters, writing and books.

7 Key Message: Don't Wait and See

The sooner a Speech Pathologist sees a child with delayed speech and language, the more they can help the child. A child should be referred to Language Express by the parent or by you as the physician:

- If you are concerned about the child's speech/language/hearing development
- If the child's speech and language skills have not improved over the past 6 months
- If the child often repeats sounds and/or words (stuttering)
- If the child's voice sounds different to you
- If the child's play or social interactions seems inappropriate
- If the child has a diagnosis such as cleft lip/palate, hearing loss, PDD/Autism or developmental delay
- If the child is not meeting one or more of the milestones for his/her age

8 Key Message: Limit TV and Computer

Pediatricians recommend no TV or computer for children under the age of two, and no more than one to two hours of supervised daily screen time for older children.

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nexus ('nek-sus) noun, Latin: bond, tie; from nectere - to bind : a connection or link between things, persons, or events esp. that is or is part of a chain of causation

Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.





18 Month Child Assessment

The McMaster University 18-month webportal, www.18monthvisit.ca, provides information on all you need to know about the 18-month enhanced well baby visit. It now has two learning modules which can be done for CME credits. The first module is an overview of the 18 month visit, and the second is more detailed with case examples and videos of expert tips.

You can also sign up for the 18-month Network, a members-only network, where you can share resources, ask questions, begin discussions, and post events. To register, follow the simple steps below:

1. Go to www.machealth.ca and register by clicking on the Register link in the upper right of the screen. Users will receive details of how to complete their registration in their inbox.
2. Verify your email and select a machealth user name and password that you will use to log into machealth.
3. Click the 18-month Network link on the Ontario's Enhanced 18-month Well-Baby Visit program page to join the Network.

Oral Health: Putting the Mouth Back in the Child

Let's work together "to put the mouth back in the child". Often dental care is left to the purview of dental hygienists and dentists. We can all help. It is important to lift the lip and look into the mouth during every check up to see if there is any evidence of Early Childhood Tooth Decay (ECTD). ECTD can occur when teeth are frequently exposed to sugary liquids or foods, causing frequent acid attacks which can begin to break down tooth enamel. Parents should be encouraged to:

- Practice daily oral care - after eating, clean the child's teeth with a soft cloth or toothbrush
- Choose healthy foods and set specific meal and snack times so children do not have unlimited access to foods and drinks which could potentially lead to frequent acid attacks on the enamel
- Avoid allowing their children to fall asleep with formula, milk, breast milk, juice, or pop in their mouths
- Transition children from bottle/sippy cup to open-faced cup by 12-15 months

The Canadian Dental Association and the Canadian Dental Hygienists' Association recommend a child has their first dental check up by their first birthday. Visual assessments, oral hygiene instruction, nutritional counseling, and topical fluoride varnish applications can be provided by a dental team member at one of the six Health Unit dental clinics. The 2, 4, 6, 12, and 18 month well-child visit are ideal times to have this discussion with parents.

Baby Friendly Initiative

The Baby Friendly Initiative focusses on the value of a baby friendly community that extends to the hospital, home and workplace. It benefits women, children, families and communities. Women learn that their body can provide safe and secure food that gives their baby the best start in life and that the environment they live and work supports breastfeeding.

The Baby-Friendly Initiative (BFI) was developed by the World Health Organization (WHO) and UNICEF in 1991. They launched BFI to promote, protect, and support breastfeeding because fewer mothers were breastfeeding. Guidelines have been developed to assist hospitals and communities to become Baby-Friendly. Here are a few examples:

- Have a breastfeeding policy that all health care staff and volunteers know about.

- Train all health care providers working with women and babies on breastfeeding.
- Educate all pregnant women and their families why breastfeeding is healthy for babies and important for families.
- If a mother has decided to breastfeed, give newborns only breast milk and no other food or drink, unless there are medical problems.
- Don't schedule baby's feedings and feed only breast milk for the first 6 months.
- Make sure mothers know how to find breastfeeding support groups when leaving the hospital. (Listed on the Health Unit website)
- Provide a welcoming setting for breastfeeding families.

For more information related to Health Care Professionals, Hospitals & Community Agencies, Workplace and Home please go to the following link www.healthunit.org/children/feeding/bfi.html



Pediatric Nutrition Guidelines for Primary Healthcare Providers

Pediatric Nutrition Guidelines for Primary Care Providers (PNGPCP) provides updated evidence based developmental and nutrition indicators for children aged birth - 6 years. This document was developed by registered dietitians as an appendix for *Improving the Odds: Healthy Child Development*, a document produced by the Ontario College of Family Physicians (OCFP). It is available at: www.beststart.org/resources/hlthy_chld_dev/pdf/Improving_odds_first_sections.pdf

The Health Unit makes slightly different recommendations related to vitamin D supplementation for infants and formula preparation based on more recent national guidelines. Both recommendations can be found at this link: www.healthunit.org/children/feeding/formula/formula_feeding.htm

The nutrition guideline document has age-specific, evidence-based feeding recommendations divided into two sections:

1. The chart is comprised of three segments:
 - Developmental milestones related to feeding with expected feeding skills for age
 - Guidelines with key feeding and nutrition messages to promote optimal nutrition and lower nutrition risk
 - Red flags that describe feeding practices or signs that suggest increased nutrition risk and possible call for intervention
2. Additional information topics include:
 - Growth monitoring
 - Selecting and preparing infant formula
 - Bisphenol A and bottle feeding
 - Choking prevention
 - Fish consumption and methylmercury
 - Parenting and the feeding relationship
 - NutriSTEP®



Health Canada reviewing safety of Yaz/Yasmin Birth Control Pills

On June 7, 2011, Health Canada announced that it was conducting an ongoing safety review of drospirenone-containing oral contraceptives to evaluate the potential for an increased risk of venous thromboembolism (VTE) relative to other birth control pills. Currently, the only two drospirenone-containing birth control pills marketed in Canada are Yaz and Yasmin.

Two recently published studies in the *British Medical Journal* suggest that the risk of VTE (including DVTs and PEs) with drospirenone-containing birth control pills may be two to three times greater than with birth control pills containing levonorgestrel. Health Canada is currently evaluating the recently published studies along with other available studies with drospirenone to fully assess the risk of VTE.

Health professionals are reminded that birth control pills are contraindicated in patients with a history that puts them at risk for blood clots; including women over the age of 35 who smoke. To report suspected adverse reaction to these products, please contact Health Canada's *Canada Vigilance Program* toll-free at 1-866-234-2345.

Regional Infection Control Networks

The Regional Infection Control Networks have produced two separate resources that are appropriate for family physician offices.

1. An Infection Prevention and Control information binder -- topics include Routine Practices and Additional Precautions, Hand Hygiene, Personal Protective Equipment and Environmental and Equipment Cleaning.
2. A CD with 6 independent learning modules with experts such as Dr. Anne Matlow, Dr. Mary Vearncombe, Dr. Kevin Katz and others discussing current issues impacting primary care. This includes Clostridium difficile infections, hospital and community associated MRSA, Occupational Health and Safety in the physician's office and use of Personal Protective Equipment.

If you are interested in receiving a copy of either of these resources, please call the Champlain Infection Control Network @ 613 761-4833 or the South Eastern Ontario Infection Control Network @ 613 548-3921.

Substance Use Harm Reduction Forum for Health Care Providers

Come and learn about the harm reduction approach, the needle exchange program, and how methadone maintenance works from the Health Unit, the Centre for Addictions and Mental Health, Tri County Addiction Services, and Change Health Care.

- **Nov. 17** in Brockville at the Health Unit office at 458 Laurier Blvd from 1:30 to 4:00
- **Nov. 24** in Smiths Falls at the Health Unit office at 25 Johnston St. from 1:30 to 4:00

Smoking Cessation for Individuals on the Ontario Drug Benefit Plan

Health care providers are reminded that as of August 4, 2011 Champix and Zyban are now covered by the Ontario Drug Benefit Plan.

In addition, effective September 1, 2011 community pharmacists will be funded by the Ontario Government to provide a smoking cessation program to community members who receive the Ontario Drug Benefit (ODB).

Using the 5As algorithm (**Ask, Advise, Assess, Assist, Arrange**) the pharmacist will guide the individual through a smoking cessation program. The program includes nine contacts between the pharmacist and the individual including a readiness assessment, the first consultation meeting, and the follow-up counseling sessions over a one year period. There are a total of seven follow-up counselling sessions that are billable by the pharmacist through the ministry's Health Network System.

For more information visit the Ministry of Health and Long-Term Care site at <http://health.gov.on.ca/en/pro/programs/drugs/smoking/>

High smoking prevalence in Leeds, Grenville, Lanark (LGL)

- 21% of people in LGL aged 12+ report smoking daily compared to 14% in Ontario
 - 24% of boys/men compared to 17% in Ontario
 - 18% of girls/women compared to 12% in Ontario

(Source: Canadian Community Health Survey, 2009)

- 8% of elementary students report using tobacco in the previous year
- 32% of high school students report using tobacco in the previous 12 months

(Source: Ontario Drug Use Survey, 2009)

Infectious Disease Update

■ Testing, Treatment and Referral for Chronic Hepatitis C

Patients with initial or acute infection of Hepatitis C (HCV) often do not have symptoms. For 20% of those exposed, the virus disappears on its own and the person is no longer infected. If the virus does not disappear after six months, the infection is considered chronic.

Two serology tests can screen for chronic Hepatitis C infection for patients with risk behaviours or potential past exposures to HCV:

- ▶ Anti-HCV testing to assess whether the client has been exposed to the Hepatitis C virus in the past and now has antibodies. If positive, the client will have antibodies for life.
- ▶ HCV-RNA testing to check for active virus. If active virus is present, HCV viral load and HCV genotype testing will also be completed in preparation for possible treatment.
 - For this test, 2.5 ml of frozen serum, separated within 4 hours of collection must be submitted to an Ontario Public Health Laboratory accompanied by a completed Test Requisition Form and a Hepatitis PCR Information Form. The Pre-Treatment box must be checked off for the test to be completed.
 - This additional form is located at [http://www.oahpp.ca/resources/documents/requisitions/F-C-HE-036%20Hepatitis%20PCR%20\(Nonfillable\)%20.pdf](http://www.oahpp.ca/resources/documents/requisitions/F-C-HE-036%20Hepatitis%20PCR%20(Nonfillable)%20.pdf)

If both anti-HCV and HCV-RNA tests are positive, further testing, education and referral to an experienced colleague in HCV management is recommended, as outlined in the Primary Care Management of Chronic Hepatitis C Professional Desk Reference 2009 (available on the Health Unit website at www.healthunit.org/professionals/hepc/hepc.html).

Street Health Centre in Kingston, Ontario is offering training on

diagnosis, treatment and follow-up of clients diagnosed with Hepatitis C, for physicians and staff to be held at your own location.

If you have any questions or are interested in learning more about Street Health Clinic please call Christinah Kutuma, Community Network Facilitator at 613-549-1440 or e-mail: info@streethealth.kchc.ca

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■ Mumps Testing

We have had a few cases of parotitis which have been initially diagnosed as mumps. After laboratory testing however, the results came back negative. To 'rule out' or to diagnose mumps, it is recommended to collect three specimens: a buccal swab, urine and serology. A blood test alone has low sensitivity for the diagnosis of acute mumps. If the initial IgM comes back negative (takes one to two days) then a decision will be made with the care provider when he/she can return to work or school. The recommended testing is:

- Buccal swab - *provides the best viral sample, up to 9 days* following symptom onset. Non-respiratory Virus Culture - use the same virus kits used for herpes and Chlamydia cultures.
- Urine specimen - collect *up to 14 days* following symptom onset. Collect clean catch urine and store in a screw top sterile container. Mumps is stable at 4 degrees Celsius for several days.
- Acute serum - *IgM and IgG for mumps within 5 days* of symptom onset. Blood-serum (BL-S) vial.
- Convalescent serum - If IgM is indeterminate or negative and still suspect mumps, may repeat approximately 2 weeks after onset of symptoms. Blood-serum (BL-S) vial.