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Health Risks of Wildfires for Children – Acute Phase

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Children are especially vulnerable to environmental hazards. They eat more food, drink more liquids, and breathe more air than adults on a pound for pound basis. Children are in a critical period of development when toxic exposures can have profound negative effects, and their exploratory behavior often places them in direct contact with materials that adults would avoid.

Wildfires expose children to a number of environmental hazards, e.g., fire, smoke, psychological stimuli, and the byproducts of combustion of wood, plastics, and other chemicals released from burning structures and furnishings. During the acute phase of wildfire activity, the major hazards to children are fire and smoke. Acute stress from fire activity and response to the fires and the emotional responses of those around them can also impact children during this time.

The **acute phase environmental hazards** for children and their family are highlighted below.

- **SMOKE** consists of very small organic particles, liquid droplets, and gases such as CO, CO₂, and other volatile organic compounds, such as formaldehyde and acrolein; actual contents depends upon the fuel source
- **HEALTH EFFECTS OF SMOKE:** Common health effects in children from smoke include eye and respiratory tract irritation, reduced lung function, and worsening of pre-existing lung or cardiovascular disease, e.g., asthma. As a result of inflammation of the lungs and effects on the heart and blood vessels, the consequences of smoke inhalation can include chest tightness, shortness of breath, wheezing, coughing, respiratory tract and eye burning, chest pain, dizziness or lightheadedness, and other symptoms. The development of ill health effects also depend upon the fuel source (what is burning), duration and extent of exposure, and health of the exposed individual. The risk of developing cancer from short-term exposures is vanishingly small.

- **POPULATIONS AT INCREASED RISK:** Includes individuals with pre-existing lung or cardiovascular problems, pregnant women, children, elderly, and smokers.
- **CHILDREN ARE NOT JUST SMALL ADULTS.** Their lungs are still in the process of developing and their airways are narrower than adults. They spend more time outdoors, they inhale more air per pound of body weight, and they engage in more vigorous activity outside. As a result, they are more susceptible to the health effects of smoke.
- **RECOMMENDATIONS**
 - **MINIMIZE PERSONAL SMOKE EXPOSURE**
 - **Stay indoors:** with windows and doors closed and any gaps in the building envelope sealed
 - If available and if needed for comfort, run an air-conditioner on the “re-circulate” setting. Be sure to change the filter at appropriate intervals to keep it working efficiently
 - If there is a period of improved air quality, open up (air out) the house and clean to remove dust particles that have accumulated inside.
 - Avoid indoor activities that may add to indoor air contamination, e.g., cooking with gas or propane stoves, smoking, vacuuming (if you do not have a HEPA filter vacuum or central vacuum system), burning wood stoves or furnaces.
 - Additional room or central air filtration systems may help remove airborne particles, but they need to be selected to adequately filter the area in which they serve and be of the right technology. Some electronic air cleaners and ozone generating “filters” can generate dangerous amounts of ozone indoors. (See “Wildfire smoke” reference”). These filtration systems do not remove harmful contaminants from the air and are not recommended.
 - Humidifiers or breathing through a wet washcloth may be useful in dry climates to keep mucous membranes moist, although this does nothing to reduce airborne contaminant inhalation.
 - Reduce activity, e.g., don’t exercise, to reduce the amount of air contaminants you inhale
 - When riding in a car, keep the windows and vents closed. If comfort requires air circulation, turn the air-conditioning on “re-circulate” to reduce the amount of outside air drawn into the car.

- People in a “high risk” group should find an adequate “clean air” shelter, which may be in their home, in the home of a friend or relative, or in a publicly-provided “clean air” shelter.

- **Masks**

- Paint, dust, and surgical masks are not effective obstacles to inhalation of the fine airborne particles generated by wildfires.
- Masks that filter out 95% of particles measuring 0.3 micrometers diameter or larger can be effective if properly fitted to the wearer’s face. They are available at hardware stores and from mail order catalogues, and are usually termed “N95”. Even more efficient masks, e.g., “N99” or “N100”, are also available. Full-face and half-face respirators with HEPA filter cartridges that efficiently filter out the fine airborne particles in smoke as well as some gases can be purchased, but are significantly less comfortable than the masks.
- No mask is effective unless it is fitted properly. Any of these masks can be uncomfortable to wear and breathe in for any extended period of time. Some brands produce masks for various sized faces.
- Although smaller sized masks may appear to fit a child’s face, none of these manufacturers recommend their use in children. If your child is in air quality severe enough to warrant wearing a mask, you should remove them to an indoor environment with cleaner air.
- You should change your mask when it gets dirty. Usually, this is obvious by a color change in the mask or you can feel an increased resistance to breathing.
- A list of NIOSH (National Institute of Occupational Safety and Health) approved and commonly available N-95 respirators can be found at http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html.

- **Air Quality Index**

The Air Quality Index (AQI) provides an indicator of how dangerous the air is to breathe based upon the measurement of various ground level pollutants, such as ozone and small particles (PM_{2.5}). The smoke from wildfires contains large amounts of these hazardous small particles (0.4 – 0.7 micrometers in diameter). In areas where the AQI is not determined, measuring PM_{2.5} is a good substitute for determining the air quality. Ranges of the AQI index or PM_{2.5} concentrations reflect how dangerous it is to breathe the air:

Level of Health Concern	AQI Index	PM2.5 Level
Good	0 – 50	0 – 40
Moderate	51 – 100	41 – 80
Unhealthy for Sensitive Groups	101 – 150	81 – 175
Unhealthy	151 – 200	176 – 300
Very Unhealthy	201 – 300	301 – 500
Hazardous	> 300	>500

Recommended actions for healthy and sensitive populations for each level of air quality can be found in the Wildfire Smoke and Air Quality Index references cited below. Your current air quality index can be found at <http://www.airnow.gov>.

- **MINIMIZE OUTDOOR ACTIVITY.** Outdoor activity should be minimized and athletic and physical education halted, until air quality improves sufficiently to a level that does not put children’s health at risk. Children predisposed to greater sensitivity to smoke exposure should be kept indoors until air quality has returned to baseline for the area.
- **CLOSING OF SCHOOLS AND BUSINESSES** may become necessary because of smoke exposure risk (not considering the risk of nearby fires) when air quality is so poor that even traveling between indoor locations places people at risk. However, in some situations the school may be a relatively protected indoor environment with better air quality and where children’s activity can be monitored
- **CONSIDERATION OF EVACUATION** because of smoke exposure should weigh the degrees of smoke exposure likely during an evacuation versus what the exposure would be resting quietly inside one’s home. If evacuation is required because of very poor air quality or nearby fires, community resources should be positioned to assist with an orderly and safe exit from the smoke/fire zone. The smoke can significantly impair visibility. A disorderly evacuation can unnecessarily increase the duration and extent of smoke exposure. Remember to bring with you **at least 5 days of any medications** taken by family members.
- People in an **INCREASED RISK OR “SENSITIVE” GROUP** should monitor themselves or be monitored closely for smoke exposure risk and also for signs or symptoms of the adverse health effects described above. Despite the risks of traveling, someone who is showing evidence of a smoke-related pre-existing or even new illness, and who cannot bring this under control with self-treatment, should seek medical care at a nearby facility with appropriate measures to minimize smoke exposure en route.

- **ASH:** The recent fires have deposited large amounts of ash on indoor and outdoor surfaces in areas near the fire. This ash may be irritating to the skin and may be irritating to the nose and throat and may cause coughing. The following steps are recommended (complete steps are available in the full document, above):
 - Do not allow children or animals to play in ash.
 - Wear gloves, long sleeved shirts, and long pants when handling ash, and avoid skin contact.
 - Wash any home-grown fruits or vegetables before eating.
 - Avoid spreading the ash in the air; wet down the ash before attempting removal; do not use leaf blowers or shop vacuums.
 - Avoid washing ash into storm drains.
 - Collected ash may be deposited in the regular trash in plastic bags.

- **PSYCHOLOGICAL EFFECTS ON CHILDREN:** During the acute phase, parents and caregivers should also be alert to children’s emotional health and psychological wellbeing. It is important to keep in mind the youngest members of our society may easily become saturated with graphic pictorial images and incessant talk of smoke, flames and destruction. Resulting stress and anxiety may be manifested in a variety of ways, depending upon the developmental stage of an individual child:

<ul style="list-style-type: none"> • Clinging • Uncooperative behaviors • Nightmares • Physical complaints • Irritability • Fears 	<ul style="list-style-type: none"> • Changes in eating or sleeping patterns • Regression • Indifference
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Parents and caregivers can support children in a number of ways, beginning with maintaining previously established routines and structures as much as possible.

Provide an open door and a listening ear for children; encourage the expression of feelings through a variety of pathways, e.g., music, art, journaling, talking. Answer questions openly and honestly, remaining mindful the age of the child will determine how information is shared.

Reassure and hug when hugs are wanted; practice patience and adopt a peaceful demeanor, as children take their cues from the clues given by their parents and the environment.

To contact your local Pediatric Environmental Health Specialty Unit with any questions about this fact sheet please visit <http://www.aoec.org/PEHSU.htm>.

RESOURCES

More details on the health effects of wildfires and ash cleanup are available at the following sites, from which some of this material was adopted:

Wildfire Smoke – A Guide for Public Health Officials:

www.oehha.ca.gov/air/risk_assess/wildfirev8.pdf

Safe Clean up of Fire Ash: www.calepa.ca.gov/Disaster/Documents/FireAsh.pdf

Enviro-Health Links – California Wildfires (National Library of Medicine):

sis.nlm.nih.gov/enviro/californiafires.html#a1

AirNow: www.airnow.gov

Air Quality Index – A Guide to Air Quality and Your Health:

airnow.gov/index.cfm?action=aqibroch.aqi#2

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