



**Managing Asthma at your
Child Care or Head Start Center**

A Resource Guide



This guide is intended to provide you with information on how to create and maintain an Asthma Friendly Child Care and Head Start Center.

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Thank you to our partners



Thank you to all the Child Care and Head Start centers that are committed to creating an Asthma Friendly environment.

For more information on how to get involved with the Asthma Friendly Child Care project contact the:

Respiratory Health Association of Metropolitan Chicago, 312-243-2000
www.lungchicago.org



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What you need to know about Asthma

What is Asthma?

Asthma is a chronic lifelong illness that causes swelling, inflammation, and an over production of mucus in the airways. It can be a life threatening illness if not treated and controlled appropriately.



Normal Airway



Airway affected by Asthma

Common symptoms of asthma are:

- Wheezing
- Coughing
- Shortness of breath
- Breathing changes
- Chest tightness
- Dark circles under eyes
- Throat and/or chin itches
- Trouble sleeping
- Headache
- Feeling tired or weak

Children may say:

- “My chest is tight”
- “My stomach hurts”
- “I can’t catch my breath”
- “My neck feels funny”

Symptoms let us know when asthma is acting up and on its way to a potentially dangerous episode. It is important to recognize that not everyone has all the same symptoms and knowing the symptoms of children can be difficult because they can not always let you know verbally what they are feeling. It is important to look for non-verbal signs such as those listed above. A serious asthma episode can be prevented with proper education and care.





Don't wait until symptoms get worse; be informed about child's asthma, talk to the parent/guardian, pay attention to the child, treat early and prevent an emergency.

Signs of an Asthma Emergency:

- Difficulty talking (not able to finish a sentence)
- Difficulty walking
- Very fast or very slow breathing
- Nasal flaring (nostril size gets bigger with breathing)
- Skin in neck area or rib area sucks in (retractions)
- Pale, gray or blue around lips or nail beds

Any ONE of these symptoms means that the child's asthma is serious and can be life threatening. It is important to have child use their reliever medication right away and seek medical attention.

Call 911 first, then parent/guardians – There is no time to waste.

Make sure you have the following information for all children with asthma along with an Asthma Action Plan:

Emergency Contact Information Card

Name of Child: _____ Illness: _____

Parent/Guardian name: _____

Daytime telephone: _____ other telephone: _____

Emergency contact (if different from parent/guardian): _____

Emergency contact telephone: _____

Primary healthcare provider: _____ telephone: _____

Allergies (things to avoid): _____

Asthma is the most common chronic disease in children and it is important that as a staff member at a Child Care or Head Start Center you be fully aware of what asthma is, what it can do and what you can do for the children at your center.





Asthma Statistics

Chicago Asthma Statistics:

- In Chicago, 115 people, 17 of them children, died from asthma (2000).¹
- In Cook County, 317,906 adults and 121,610 children have been diagnosed with asthma.²
- As many as 59% of children (0-12) diagnosed with asthma in certain Chicago neighborhoods live with a smoker despite second hand smoke being a major asthma trigger.³
- Puerto Rican children have the highest asthma prevalence rate of 34% compared to the national average of 10%.³
- Asthma is the #1 cause of school absenteeism due to a chronic illness among children.⁴

Who Is At Risk for Asthma?

- In the United States, about 20 million people have been diagnosed with asthma; nearly 9 million of them are children.
- Asthma is closely linked to allergies. Most, but not all, people with asthma have allergies. Children with a family history of allergy and asthma are more likely to have asthma.
- Although asthma affects people of all ages, it most often starts in childhood. More boys have asthma than girls, but in adulthood, more women have asthma than men.
- Although asthma affects people of all races, African Americans are more likely than Caucasians to be hospitalized for asthma attacks and to die from asthma.

http://www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma_WhoIsAtRisk.html

¹ Chicago Tribune: Asthma's ground zero, by Jeanne Galatzer-Levy. Jeanne Galatzer-Levy is a Chicago-based science journalist, April 27, 2003.

² Adult and Pediatric Asthma numbers are taken from a variety of sources; The Behavioral Risk Factor Surveillance System (BRFSS), United States Census 2000 and National Health Interview Survey, 2001 (NHIS)

³ Sinai Health System, Sinai Urban Health Institute, Improving Community Health Survey Report 1, January 2004.

⁴ Condition of Education," NCES, U.S. Department of Education 2001





Asthma and Environment

Environment has an impact on everyone especially those with asthma. Home, parks, child care centers, and schools all have different environments with many potential asthma triggers. In order to have an asthma friendly environment you must be aware of what can trigger asthma symptoms and what you and your center can do about it.

What you should do:

1. Learn more about the environmental requirements of your center required by your licensing agency and funding agency.
2. Conduct an Indoor Air Quality Assessment at least once a year.
3. Address all pest problems using an Integrated Pest Management approach.
4. Identify and remove asthma triggers such as clutter, dirty air filters, mold, animals with fur or feathers, and smoke, etc.
5. Have all staff and parents attend an Asthma Management presentation to become better informed.
6. Never clean when children are in the center.
7. Avoid using cleaning products, air fresheners, and perfumes with strong odors. Always dilute cleaning solutions properly (10 to 1 solution)
8. Eliminate bus and vehicle idling outside of the center especially near windows, doors, and air intake vents.
9. Check daily for Air Pollution Action Days to avoid sending children out on days that can make breathing difficult.
10. Keep humidity indoors within 30%-50%.



Asthma Triggers

Asthma episodes often start when you come into contact with a “trigger”. There are two types of triggers: irritants and allergens. Irritants are things that bother your airways. Allergens are things that cause an allergic reaction in people. Everyone has different triggers so it is important to know what the children with asthma at your center are and how to deal with them. Here is a list of common triggers which affect people with asthma and tips on what to do:

Allergens (things that you are allergic to)

Dust Mites

- Cover mattresses and pillows in mite proof covers
- Wash all bedding weekly in hot water
- Remove stuffed animals from the sleeping area
- Remove carpeting where possible
- Vacuum frequently (when children are not present)

Animal Dander (Animals with fur or feathers)

- Keep the center free of animals with fur or feathers
- Make sure to keep coats of children with allergies separate from other children’s clothing
- Keep all pets out of sleeping areas
- Keep pets outdoors
- Keep pets off all carpets and furniture

Mold

- Keep all areas clean and dry especially the basement, kitchen and bathroom
- Fix any water leaks
- Keep center at appropriate humidity level
- Do not use humidifiers
- Remove carpeting if possible

Pollen

- Hard to avoid, look for pollen reports in weather reports and on-line
- Keep all air filters clean and changed often
- Keep windows closed on high pollen days



Asthma Triggers

Cockroaches

- Keep all food in sealed containers
- Never leave food out and clean all spills right away
- Seal cracks and holes, if needed use non-aerosol or any other airborne pesticides
- Remove all trash each day and have all trash cans covered tightly

Irritants (things that irritate your lungs)

Tobacco Smoke

- No one should smoke in the child care center
- Smokers should stand at least 15 feet from center doors and windows, **Never** stand near air intake vents
- Encourage staff to not smoke on center property
- Encourage parents to take the EPA smoke free home pledge
- Encourage parents and staff to enter a cessation program

Pollution

- Be aware of Air Pollution Action Days, keep children inside on these days
- Use air conditioning if possible (make sure filter is kept clean)
- Keep doors and windows closed on days with high wind and pollen

Strong Odors

- Dilute all cleaners to the appropriate strength, bleach should be a 10 to 1 mixture
- Make sure to use low odor cleaning products
- Limit use of colognes and perfumes
- Avoid using air fresheners



Asthma Triggers

Other Triggers

Weather

- Activities should be restricted on days with extreme hot or cold temperatures
- Cover the child's mouth and nose on cold days

Exercise

- Anyone with asthma should take these precautions when exercising
- Keep reliever medication close
- Warm up using proper activities/exercises
- Drink plenty of water
- Be sure it is a good air quality day if exercising outside

Infections

- Get a flu shot each year
- Wash hands frequently
- Encourage parents to keep children home when they are sick

Emotions

- It is important to understand that emotions DO NOT cause asthma
- Physical changes in our breathing patterns during emotions like laughing and crying

Trigger Tips

1. When leaving the center with the children, never leave center without child's quick relief/ reliever inhaler.
2. Know child's triggers and help them avoid contact with them as much as possible.
3. Take child's triggers seriously; asthma gets worse with every trigger they come into contact with.





Environmental Assessment of your center

Indoor Air Quality Assessments are an important part of maintaining an Asthma Friendly Child Care Center. An assessment will allow you to thoroughly go through your center and identify any potential environmental triggers that can trigger asthma in the children and the staff at your center. Assessments also help to identify the source of triggers such as mold and pest which is best treated by knowing the source.

Very often, poor indoor air quality is due to a failure to follow practices that help create and maintain a healthy indoor air environment. People often do not realize how simple small changes can impact your environment and once we learn we are able to make changes easily.

Some common examples of these indoor air quality failures are:

- Controlling pollution sources such as art supplies, cleaning solutions, and aerosol sprays
- Controlling temperature and humidity, indoor humidity should be within 30%-50% any higher will encourage mold growth.
- Control moisture and clean up spills (food and liquid)
- Ventilate each classroom adequately
- Adequately perform housekeeping and maintenance
- Use integrated pest management to minimize the use of pesticides

Schools, child care, and head start facilities should work to minimize and control sources of pollution, mold, as well as all other asthma triggers stated in this resource guide. Pollution and mold can be addressed by:

- Providing adequate exhaust and outdoor air ventilation with natural and mechanical means
- Maintaining proper temperature and humidity conditions
- By being responsive to children and staff who have allergies or asthma you will be able to achieve an asthma friendly environment





Asthma Action Plan

All children who are diagnosed with asthma at your center should have an Asthma Action Plan on file. This is an important document that will give you direct instructions on what to do for that child when they begin to have asthma symptoms. It can be a life saving tool and should be easily accessed by anyone at the center providing care to that child.

It is important to have a conversation with the parents/guardians of child to get a comprehensive understanding of the child's asthma, symptoms, and triggers. It is also important that an updated Asthma Action Plan be on file for that child each year. Symptoms, triggers, and treatment can change each year and it is important that the center be up to date on this information. An Asthma Action Plan should be developed and completed in partnership with the child's primary caregiver and health care provider. The Asthma Action Plan includes a color-coded management section which provides caregiver's insight on symptom based responses.

Green Zone – You're Doing Great!

- Breathing is good
- No cough or wheeze
- Can walk and play

If these symptoms are present the child can continue playing and going about their activities.

Yellow Zone – Slow Down!

- Shortness of breath
- Coughing and mild wheezing
- Chest tightening

If these symptoms are present the child needs to SLOW DOWN. Refer to Asthma Action Plan and give medications as directed. Avoid activities and triggers that make symptoms worse.

Red Zone – Get Help!

- Medicine is not helping
- Breathing is hard and fast
- Can't walk or talk

If these symptoms are present the child needs immediate **HELP**. Follow the Asthma Action Plan and get help. **Call 911 and do not fear causing a fuss you can save a child's life. Call parent/guardian second, there is no time to waste.**



Asthma Action Plan (0-5 years) – Document Instructions

Please read through the Asthma Action Plan form and fill out each section with the appropriate information that is needed to provide care for your child. This should be done in partnership with your healthcare provider. These instructions will help you fill out the Asthma Action Plan, please read carefully.

Important information about the child:

1. **Name**
2. **Date of Birth**
3. **Effective Date** – Date in which the form is being filled out
4. **Doctor** – Healthcare provider for the child
5. **Parent/Guardian** – The parent or the caregiver designated as the legal guardian of the child
6. **Doctor’s office phone number** – number where to reach healthcare provider of the child during the day
7. **Parent/Guardian’s phone** – telephone number of parent/guardian where they can be reached during the day
8. **Emergency contact after parent** – an individual who can be called in case of an emergency if parent/guardian can not be reached
9. **Contact phone** – telephone number of emergency contact during the day
10. **Student is able to self medicate** – Check yes or no depending on the Student/Child’s ability to self administer their own medication without the help of an adult.

Medication information:

1. **Controller Medicines** – list all controller medications that child is on vertically
2. **How much to take** – after each medicine listed write down how much and the strength of the medications the child must take each day according to your healthcare provider
3. **How often** – in the same row as the medicine listed write down in the space provided how often the child is to take their medicine “___ times per day, EVERYDAY!”
4. **Other Instructions** – please list any other special instructions such as tools that are used with medicine, if the child has a reaction, or any other relevant information
5. **Quick-Relief Medicines** – this medication is already listed as most Albuterol





prescriptions are similar. If this does not apply to you please talk to your healthcare provider to find out what is the appropriate dosage for your child

Zones - RED, YELLOW, GREEN:

1. **Green Zone: Child is well and has no asthma symptoms, even during active play** – list any triggers that may cause asthma symptoms in your child. This information will help prevent an asthma episode.
2. **Yellow Zone: Child is no well and has asthma symptoms...** – list any other symptoms that your child may have that are not already listed under the common symptoms listed on the left hand column.
3. **Yellow Zone Medications** – on the right hand column list all medications unless already listed and check off on which ones must be given during asthma symptoms. Below the medications list the telephone number of the person who should be notified if child begins to have asthma symptoms.
4. **Red Zone: Child feels awful! Warning signs may include...** - on the right hand column list medications that should be given to child during this time. If medication does not have an effect within several minutes 911 will be called and parent/guardian will be notified.

Doctor's Signature – please make sure that your healthcare provider signs off on your asthma action plan. It is important that this paperwork be filled out by you and your child's healthcare provider so that there is accurate information provided to your childcare facility.





Steps to Asthma Management

Working Together – Six Strategies to Asthma Management at your facility/center

1. Identify a staff person(s) who can coordinate asthma management programs.
2. Have a confidential list of children receiving services who have asthma.
3. Developing policies and procedures for administering medication, including protocols for emergency response to a severe asthma episode.
4. Create specific roles for staff members to perform in the asthma management program.
5. Providing education for all staff members and parents on asthma management and emergency response.
6. Have a written Asthma Action Plan on file for each child with asthma and have these form accessible to staff. This Asthma Action Plan should include:
 - a. A list of medications that are take by child
 - b. Action steps for staff on what to do for that specific child
 - c. Identification of child's asthma triggers
 - d. Emergency procedures and emergency contacts
7. Have a strong partnership between family–healthcare provider-child care partnership

A strong family-healthcare provider-child care partnership should include:

- Outreach and education to families to encourage participation in managing child's asthma at the center
- Good communication between families and health care provider with the center on issues such as exchange of information, agreement on goals and strategies, and sharing of responsibilities
- Proving opportunities for families to share in decision making regarding center policies and procedures affecting their children
- Developing relationships with special and social service agencies to address family and community issues when appropriate.

Adapted from "Managing Asthma: A Guide for Schools". US Dept. of Health and Human Services.





Family Information

Tips for families who have children with asthma:

- Let the child care provider know that your child has asthma.
- Determine whether or not your child care provider administers medication.
- Let the child care provider know:
 - What triggers your child's asthma?
 - If your child is taking any medications.
 - The symptoms of your child usually exhibit before an attack.
- Provide a copy of your child's Asthma Action Plan for the provider. If your child does not have an Asthma Action Plan (AAP), talk to your health care provider about getting one. The AAP describes steps to take if a child with asthma is experiencing any asthma symptoms.
- Make sure both you and the provider understand the AAP and agree on the steps to follow. If your child does not have an AAP, be sure to discuss steps to take in the event of the asthma attack.
- If your child requires asthma medication, be sure to give the child care provider medication in separate bottles with pharmacy labels clearly stating the name of the child, name of the health care provider, name of the medication, dosage, instructions, and expiration date. The medication must always be accompanied by a Medication Authorization Form completed by the child's health care provider.
- Talk to your child's child care provider regularly about your child's asthma. It is a good idea for parents and providers to communicate about the child's asthma signs or symptoms every day. (see the Daily Asthma/Allergy Communication form)
- Make sure the contact information you give your child care provider is **current and up-to-date**. This is very important, so that you can be reached in the case of an emergency.

Adapted from the Connecticut Department of Public Health





Is My Child Ready for Child Care/Head Start?

My child may attend child care/head start if:

- Peak flow is in the Green Zone.
- Child has a stuffy nose, but no wheezing.
- Child has wheezing which goes away after taking medication.
- Child is able to perform usual activities (getting dressed, eating) without using extra effort to breathe.

My child should not attend child care/head start if:

- Peak flow measurement is below 75% of personal best.
- Wheezing or coughing continues after treatment.
- Child has trouble breathing or is breathing fast.
- Child has a fever over 100 degrees.
- Child is too weak or tired to take part in normal activities (dressing self, eating)

Adapted from: Illinois Department of Human Services





Child Care and Head Start Resources

National Asthma Education and Prevention Program

Telephone: (301) 592 - 8573

Internet: <http://www.nhlbi.nih.gov>

Materials include:

- Managing Asthma: A Guide for Schools
- Asthma Awareness Curriculum for the Elementary Classroom
- Asthma and Physical Activity in the School
- Making a Difference: Asthma Management in the School (video)

Allergy and Asthma Network/ Mothers of Asthmatics, Inc.

Telephone: (800) 878 - 4403 or (703) 641 - 9595

Internet: <http://www.aanma.org>

Materials include:

- Breathing Easy with Child Care (booklet)
- School Information Package

American Academy of Allergy, Asthma and Immunology

Telephone: (800) 822 - ASMA or (414) 272 - 6071

Internet: <http://www.aaaai.org>

American Academy of Pediatrics

Telephone: (800) 433 - 9016 or (847) 228 - 5005

Internet: <http://www.aap.org>

Materials include:

- Caring for Our Children: Health and Safety Guidelines for Child Care (book)

American Association for Respiratory Care

Telephone: (972) 243 - 2272

Internet: <http://www.aarc.org>

American College of Allergy, Asthma, and Immunology

Telephone: (800) 842 - 7777 or (847) 427 - 1200

Internet: <http://allergy.mcg.edu>

Asthma and Allergy Foundation of America

Telephone: (800) 7 - ASTHMA or (202) 466 - 7643

Internet: <http://www.aafa.org>

Materials include:

- Asthma and Allergy Essentials for Child Care Providers (training program)





Healthy Kids: The Key to Basics

Educational Planning for Students with Asthma and Other Chronic Health Conditions

Telephone: (617) 965 - 9637

E-mail: erg_hk@juno.com

Materials include:

- Including Children with Chronic Health Conditions: Nebulizers in the Classroom

National Institute of Allergy and Infectious Diseases

Office of Communications and Public Liaison

Telephone: (301) 402 - 1663

Internet: <http://www.niaid.nih.gov>

Respiratory Health Association of Metropolitan Chicago

Telephone: (312)243-2000

Internet: www.lungchicago.org

Materials include:

- Asthma Action Plans (English/Spanish) and asthma fact sheets for parents and staff
- Asthma Facilitator training for Asthma Management presentations and Fight Asthma Now youth and teen program

Safer Pest Control Project

Telephone: (773)878-7378

Internet: www.spcpweb.org

Materials include:

- Child Care resources (i.e. pesticides in child care, notification guidelines, IPM and child care law, etc) several materials provided in Spanish

U.S. Department of Education

Office for Civil Rights, Customer Service Team

Telephone: (800) 421 - 3481 or (202) 205 - 5413

Internet: <http://www.ed.gov/offices/OCR>

U.S. Environmental Protection Agency

Indoor Environments Division

Telephone: (202) 233 - 9370

Indoor Air Quality Information Clearinghouse

Telephone: (800) 438 - 4318

Internet: <http://www.epa.gov/iaq>

