



## Asthma Management Recommendations For Child Care Centers

These recommendations are intended to help provide a safe child care environment for children with asthma. Management of worsening asthma or an asthma emergency should be in accordance with each child’s specific Asthma Emergency Care Plan.

Each child with asthma should have an **ASTHMA INFORMATION PACKET**, which contains the following:

- 1) **ASTHMA EMERGENCY CARE PLAN and MEDICATION FORM**  
These forms contains information about the child’s asthma, triggers, symptoms, asthma medications, and emergency contact numbers. The child’s healthcare provider should sign these forms. There should be 2 copies at the child care center: one copy should be stored in the child’s medical file and the other copy should be stored with the child’s medications so that it can be easily referenced during an exacerbation. These should be updated as needed but no less than annually.
- 2) **NEBULIZER CONSENT FORMS (LIC 9166)**  
This form should be provided to the parents by the child care center after the parent has demonstrated how to administer medication to his/her child to all staff members who may be responsible for administering medication to the child. The parent should sign 1 copy of this form for every staff member who has received instruction. This form should be stored at the center in the child’s medical file.

You can obtain the **ASTHMA INFORMATION PACKET** from your child care health consultant.

### Section A – Responsibilities of **PARENTS/GUARDIANS** of each child with asthma:

- Return the **ASTHMA INFORMATION PACKET** to the child care center manager at the beginning of the year.
- Ensure that all information in the child’s medical file is kept up-to-date.
- Communicate regularly with childcare providers about the child’s asthma (e.g., quick-relief medication usage, symptoms, and current coughs, colds or other illnesses).
- Ensure that asthma medication is:
  - Always available.
  - Clearly labeled with the name of the medication, name of the child, dosage, and special instructions.
  - Removed promptly and replaced when expired.
  - Administered with a spacer and mask stored at the center.

A healthcare provider can prescribe an extra set of medications, spacer and mask to be stored at the center.

### Section B – Responsibilities of **CHILD CARE PERSONNEL**:

- Provide the **ASTHMA INFORMATION PACKET** to parents/guardians of children with asthma at the beginning of the year.
- Understand:
  - Which children at the center have asthma.
  - How to recognize and respond to worsening asthma and asthma emergencies.

- How to administer quick-relief asthma medications.
- Meet with the child’s parents/guardians upon enrollment to discuss the child’s particular asthma triggers and tips for administering asthma medications.
- Ensure that quick-relief (albuterol) medication:
  - Is available in the classroom or with the provider if the child is outside of classroom.
  - Use is recorded in the Medication Administration Log.
  - Is disposed of appropriately when expired or when the child is no longer present.
- Communicate with their supervisors and parents/guardians about observed asthma symptoms and administered medications.
- Undergo annual asthma training in-person or online.
- Allow children with asthma to participate in physical activities unless medically contraindicated.

The San Francisco Department of Public Health can provide annual in-person trainings. For online training, we recommend the California Department of Public Health (California Breathing) child care training video:  
<http://californiabreathing.org/resources/childcare-training-video>

**Section C – Additional considerations**

- **CLEANING THE INHALER:** Inhalers should be cleaned at least once a week, depending on frequency of use. Talk to the child's parent/guardian about cleaning.
- **ENROLLMENT:** A child with a known diagnosis of asthma should not be present at a child care center without the appropriate forms, medications, and equipment. A new enrollee’s start date may be delayed until the requested information is made available to the child care center manager, at the manager’s discretion.
- **ENVIRONMENTAL TRIGGERS:** Steps should be taken to minimize asthma triggers at the center. Child care personnel should be aware of the asthma triggers for children with asthma and take special steps to minimize exposure for these children. Please see the attached checklist for information about common asthma triggers in child care settings. Your child care health consultant can help connect you with an environmental health expert at the San Francisco Department of Public Health if you have specific concerns.
- **EXERCISE:** Some children with asthma need asthma medication prior to physical activity. This information should be provided by the child’s healthcare provider on the Asthma Emergency Care Plan and discussed with the parent/guardian. Alternate or indoor activities should be made available to children with asthma, if necessary.
- **FIELD TRIPS:** Children with asthma should be able to participate in field trips as long as asthma triggers are anticipated and minimized and medications are available.
- **FLU SHOTS:** Annual flu shots are recommended for children who are 6 months and older because viral infections are the primary cause of flare-ups in young children.
- **SMOKE:** The center should be smoke-free at all times. Smoking is prohibited within 20 feet of a child care center entrance, exit or operable window. Centers experiencing repeated incidents of smoke should post “No Smoking” signs outside the center. If the incidents continue, notify your child care health consultant.
- **QUESTIONS:** Please talk to your child care health consultant if you have any questions or concerns about general asthma management or care for specific children.

***Asthma cannot be cured, but it can be controlled!***



City and County of San Francisco



Dear Parent/Guardian,

It has come to our attention that your child has a diagnosis of asthma or uses asthma medications, but certain important items are missing or expired. Please provide the following to the child care center as soon as possible so that we can be sure your child is receiving the best possible care:

- Current Physical Exam
- Asthma Emergency Care Plan and Medication Form
- Nebulizer Consent Form (LIC-9166)
- Quick-Relief or Rescue (Albuterol) Medication
- Spacer
- Mask
- Other: \_\_\_\_\_

You can expect the child care center to do the following to help your child:

- Minimize exposures to asthma triggers at the center
- Keep a log of asthma medications administered at the center
- Communicate with you about asthma symptoms observed at the center
- Undergo regular training to be prepared to prevent and manage asthma flare-ups
- Talk to me – a certified nurse – if there are any questions or concerns

Let's work together to make sure your child can thrive!

Sincerely,

\_\_\_\_\_  
Your Child Care Health Consultant



# How to Use an Inhaler with Spacer and Mask

## PRIMING A METERED DOSE INHALER

Priming a metered dose inhaler is important before using it for the first time to be sure it provides the right amount of medicine. It may need to be primed again if it has not been used in a while.

To prime most inhalers, take the cap off the mouthpiece, shake the inhaler well and spray it into the air.

Check the instructions to see how many times you need to spray the inhaler to prime it, and when you need to prime it again. The inhaler is now ready to use.



## USING A SPACER WITH A MASK

If your health care provider has prescribed a holding chamber with a mask for your child, follow these steps:

1. Insert the mouthpiece of the plastic holder into the holding chamber.
2. Shake the inhaler well. Keep the inhaler upright.
3. Place the mask on the child's face covering both the nose and mouth firmly.
4. Press the canister only once.
5. Have the child breathe in and out slowly for at least five breaths. Then remove the mask from the face.

If your health care provider has prescribed more than one spray, wait at least one minute and repeat these steps again.

*This is general information. Read the instructions that come with the inhaler prescribed by your health care provider and follow them carefully. Also ask your health care provider to show you how to use the inhaler and to watch you use it.*



This handout was adapted and modified from the original developed by the Pediatric Asthma Coalition of New Jersey.



Information in this handout is not intended to diagnose health problems or take the place of medical advice. For asthma or any medical condition, seek medical advice from your child's or your health care professional.



# ALBUTEROL

Quick Relief Medication  
Medicamentos de Efecto Inmediato

Should always be available at child care center  
Siempre tenga disponible en la guardería



ProAIR® HFA



Proven.I® HFA



Ventolin® HFA



Xopenex® HFA

# STEROID

Controller Medication  
Medicamentos de Efecto Prolongado

For use by the family each day at home  
Para uso de la familia todos los días en casa

Advair® HFA



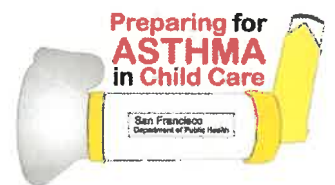
Flovent® HFA



Pulmicort® Flexhaler®



QVAR®



# ASTHMA – FRIENDLY CHILD CARE

## A Checklist for Parents and Providers

Asthma is the most common chronic childhood disease. Children with asthma have sensitive airways. They are bothered by many things that start (or “trigger”) their symptoms and make their asthma worse. The most common asthma triggers are allergies to dust mites, cockroaches, animal dander, mold, and pollens, and exposure to irritating smoke, smells, or very cold air. Children's asthma can also be triggered by excessive exercise or an upper respiratory infection. The airways of people who have asthma are “chronically” (almost always) inflamed or irritated, especially if they are exposed to their triggers every day. This makes it hard for them to breathe.

Asthma can be controlled by being aware of its warning signs and symptoms, using medicines properly to treat and prevent asthma episodes, and avoiding the things that trigger asthma problems. *Each child's asthma is different*, so it is important to know the asthma triggers and treatment plan of each individual.

Use this checklist to learn how to make your child care setting a safe and healthy environment for children with asthma and allergies, or to help you choose a health child care placement for your child.

### Avoiding or Controlling Allergens

#### Dust mites

	Needs Improvement	O.K.
Surfaces are wiped with a damp cloth daily. (No aerosol "dusting" sprays are used.)	<input type="checkbox"/>	<input type="checkbox"/>
Floors are cleaned with a damp mop daily.	<input type="checkbox"/>	<input type="checkbox"/>
Small area rugs are used, rather than wall-to-wall carpeting. Woven rugs that can be washed in hot water are best. (Water temperature of at least 130° F/54° C kills dust mites.)	<input type="checkbox"/>	<input type="checkbox"/>
If wall-to-wall carpeting can't be avoided, children are prevented from putting their faces, nap mats, blankets or fabric toys directly on the floor.	<input type="checkbox"/>	<input type="checkbox"/>
Children's bed linens, personal blankets and toys, are washed weekly in <u>hot</u> water.	<input type="checkbox"/>	<input type="checkbox"/>
Fabric items (stuffed toys or "dress up" clothes) are washed weekly in <u>hot</u> water, to kill dust mites.	<input type="checkbox"/>	<input type="checkbox"/>
Furniture surfaces are wiped with a damp cloth.	<input type="checkbox"/>	<input type="checkbox"/>
Soft mattresses and upholstered furniture are avoided.	<input type="checkbox"/>	<input type="checkbox"/>
Beds and pillows that children sleep or rest on are encased in allergy-proof covers.	<input type="checkbox"/>	<input type="checkbox"/>
Curtains, drapes, fabric wall hanging and other "dust catchers" are not hung in child care areas.	<input type="checkbox"/>	<input type="checkbox"/>
If light curtains are used they are washed regularly in hot water.	<input type="checkbox"/>	<input type="checkbox"/>
If window shades are used, they are wiped often with a damp cloth.	<input type="checkbox"/>	<input type="checkbox"/>
Books, magazines and toys are stored in enclosed bookcases, closed boxes, or plastic bags.	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided.	<input type="checkbox"/>	<input type="checkbox"/>

**Animal substances:**

*(both pets and pests shed dander, droppings and other proteins which cause allergic responses and trigger asthma symptoms)*

	Needs Improvement	O.K.
Furry or feathered pets are not allowed anywhere on the premises (cats, dogs, gerbils, hamsters, birds, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods.	<input type="checkbox"/>	<input type="checkbox"/>
Feather-stuffed furnishings, pillows or toys are not used.	<input type="checkbox"/>	<input type="checkbox"/>

**Mold and mildew:**

	Needs Improvement	O.K.
Exhaust fans are used in bathrooms, kitchens and basement areas to help remove humidity.	<input type="checkbox"/>	<input type="checkbox"/>
Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.	<input type="checkbox"/>	<input type="checkbox"/>
Mats that are placed on carpeted floors (especially in basement areas) are vinyl-covered, and wiped regularly with diluted chlorine bleach and water (1/4 cup bleach in 1 gallon water).	<input type="checkbox"/>	<input type="checkbox"/>
Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.	<input type="checkbox"/>	<input type="checkbox"/>
Indoor houseplants and foam pillows, which can develop mold growth, are not used.	<input type="checkbox"/>	<input type="checkbox"/>

**Outdoor pollen and mold spores:**

	Needs Improvement	O.K.
If ventilation is adequate, windows are kept closed during periods of high pollen count	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioners with clean filters are used during warm seasons, if possible.	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor yard and play areas are kept clean of fallen leaves, compost piles, and cut grass.	<input type="checkbox"/>	<input type="checkbox"/>

**Latex: (products made with natural rubber)**

	Needs Improvement	O.K.
Avoid latex gloves. If gloves are used, only non-powdered, non-latex gloves.	<input type="checkbox"/>	<input type="checkbox"/>
Avoid latex balloons, pacifiers, koosh balls and other latex products (if child or staff member has latex sensitivity).	<input type="checkbox"/>	<input type="checkbox"/>

**Avoiding or Controlling Irritants**

**Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication)**

	Needs Improvement	O.K.
Smoking is not allowed anywhere on the premises. This rule is strictly enforced.	<input type="checkbox"/>	<input type="checkbox"/>
Staff and parents are encouraged to participate in smoking cessation programs, and given referrals and assistance.	<input type="checkbox"/>	<input type="checkbox"/>



### Chemical Fumes, Fragrances, and Other Strong Odors:

	Needs Improvement	O.K.
Arts and crafts materials with fragrances or fumes are avoided (e.g., markers, paints, adhesives). If they are used, extra ventilation is provided.	<input type="checkbox"/>	<input type="checkbox"/>
Staff does not wear perfume or other scented personal products. (Use products labeled "fragrance-free" whenever possible.)	<input type="checkbox"/>	<input type="checkbox"/>
Personal care products (such as hair spray, nail polish, powders) are not used around the children.	<input type="checkbox"/>	<input type="checkbox"/>
Air fragrance sprays, incense, and "air fresheners" are not used. (Open the windows and/or use exhaust fans instead.)	<input type="checkbox"/>	<input type="checkbox"/>
New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes, and aired out before installation.	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning supplies and home repair products with strong smells are not used when children are present; indoor spaces are carefully ventilated during and after their use.	<input type="checkbox"/>	<input type="checkbox"/>
Office equipment that emits fumes (e.g., photocopy) are in vented areas away from children.	<input type="checkbox"/>	<input type="checkbox"/>



### Other Irritants:

Fireplaces and wood or coal stoves are not used.	<input type="checkbox"/>	<input type="checkbox"/>
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## Policies and Practices

### Asthma Management and Care:

	Needs Improvement	O.K.
All staff are trained to watch for symptoms of asthma, warning signs that asthma is flaring up, and how to recognize emergency situations. New staff receive this training when hired.	<input type="checkbox"/>	<input type="checkbox"/>
Every child with asthma has a written plan on file, listing allergies and asthma triggers, medication schedule, and emergency instructions.	<input type="checkbox"/>	<input type="checkbox"/>
Staff is trained to administer medication, and in the use and care all of nebulizers, inhalers, spacers and peak flow meters.	<input type="checkbox"/>	<input type="checkbox"/>
Parents and providers communicate regularly about child's asthma status.	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor time is adjusted for cold-sensitive children, and alternative indoor activities are offered (after an asthma episode or viral infection, they are also more sensitive.)	<input type="checkbox"/>	<input type="checkbox"/>
Staff and children wash hands frequently; toys and surfaces are wiped often, to prevent the spread of viral infections that can trigger asthma.	<input type="checkbox"/>	<input type="checkbox"/>



	<p>This checklist was developed by the Asthma &amp; Allergy Foundation of America, New England Chapter, with the support of a grant from the U.S. Environmental Protection Agency, Region. I.</p>	
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## General Physical Site/Space:

	Needs Improvement	O.K.
Ventilation provides good air flow in all rooms and halls in every season. There is no stale or musty smell. Outdoor intake and inside supply vents are checked for blockages.	<input type="checkbox"/>	<input type="checkbox"/>
Heating or cooling system filters are properly installed and changed often; other service guidelines and routine maintenance procedures are followed.	<input type="checkbox"/>	<input type="checkbox"/>
Heating or cooling ducts are professionally cleaned once a year.	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor fumes (such as from car exhaust, idling vans or buses, or nearby businesses) are prevented from entering the building through open windows or doors.	<input type="checkbox"/>	<input type="checkbox"/>
The building is checked periodically for leaks and areas of standing water.	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing leaks are fixed promptly.	<input type="checkbox"/>	<input type="checkbox"/>
Humidity level is monitored, using a humidity gauge, if possible. Humidifiers are not used; dehumidifiers are used if necessary. (Dust mites and mold thrive on humidity.)	<input type="checkbox"/>	<input type="checkbox"/>
Wet boots and clothing are removed and stored where they don't track wetness into activity space.	<input type="checkbox"/>	<input type="checkbox"/>
Doormats are placed outside all entrances, to reduce tracking in of allergens.	<input type="checkbox"/>	<input type="checkbox"/>

## Cleaning and Maintenance:

	Needs Improvement	O.K.
If rugs or carpets must be used, they are vacuumed frequently (every day or two).	<input type="checkbox"/>	<input type="checkbox"/>
High efficiency vacuum cleaner (ideally with the "HEPA" filter) is used. (Others blow tiny particles back into the air.)	<input type="checkbox"/>	<input type="checkbox"/>
Dusting is done often, with a damp cloth, to avoid stirring up the dust.	<input type="checkbox"/>	<input type="checkbox"/>
Vacuuming and other cleaning is done when children are not present.	<input type="checkbox"/>	<input type="checkbox"/>
Integrated pest management techniques are used, to limit amount of pesticide needed (e.g., seal all cracks in walls, floors and ceilings; eliminate clutter; keep food in air tight containers).	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides are applied properly, with adequate ventilation, when children are not present.	<input type="checkbox"/>	<input type="checkbox"/>
Garbage is kept in tightly covered containers, and removed promptly to outdoor enclosed trash area that is not accessible to children.	<input type="checkbox"/>	<input type="checkbox"/>
Painting, repairs or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors and fumes.	<input type="checkbox"/>	<input type="checkbox"/>
Shampooing of rugs and upholstery is done with low emission, fragrance-free products. They are dried thoroughly to prevent growth of mold and dust mites.	<input type="checkbox"/>	<input type="checkbox"/>

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