POLICIES AND PRACTICES FOR ASTHMA FRIENDLY CHILD CARE

Presented by
The Pediatric/Adult Asthma Coalition of New Jersey
THANK YOU!

To the United States Environmental Protection Agency for providing funding for this project

Although this project has been funded wholly or in part by the United States Environmental Protection Agency under Agreement XA97250908-4 to the American Lung Association of New Jersey, it has not gone through the Agency’s publications review process and therefore, may not necessarily reflect the views of the Agency and no official endorsement should be inferred.

PACNJ is supported by a grant from the New Jersey Department of Health and Senior Services, with funds provided by the U.S. Centers for Disease Control and Prevention under Cooperative Agreement FHS-2011-Asthma-Full-0003. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the New Jersey Department of Health and Senior Services or the U.S. Centers for Disease Control and Prevention.
This program is designed to present guidelines for child care providers. The Pediatric/Adult Asthma Coalition of New Jersey, The American Lung Association of New Jersey, and all parties associated with this production will not be held responsible for any action taken by viewers as a result of their interpretations of the information provided.
OBJECTIVES
BY THE END OF THIS PROGRAM PARTICIPANTS WILL BE ABLE TO:

- Define asthma
- List 5 steps for controlling asthma in a child care setting
- Identify asthma triggers in your child care setting
- Outline a plan for reducing asthma triggers in your child care setting
- List 5 actions to create an asthma friendly child care setting
Asthma has a widespread impact on children, especially for those under 5 years of age. The highest hospitalization rate and emergency room visits for asthma by age is for children under 5 years old.
In 2009, the highest asthma hospitalization rate by age was for children under five years. In this year alone, pre-school aged residents experienced 2,603 hospitalizations for asthma.
In 2009, the highest asthma emergency department discharge rate by age was for children under five years. In this year alone, pre-school aged residents experienced 8,469 emergency department visits for asthma.
SEASONAL HOSPITAL ADMISSIONS FOR CHILDREN WITH ASTHMA 2005-2006

Source: New Jersey Department of Health and Senior Services, 2005-2006 New Jersey Hospital Discharge Files
Asthma can’t be cured, but it can be controlled

Controlling asthma triggers is an important step to reducing asthma emergencies and hospitalizations

You are making a difference by attending this program
New Jersey Child Care Program Administrators must take the “Policies and Practices for Asthma Friendly Child Care” training in person either on site or by webinar.

Administrators from Child Care Programs in other states may participate in a scheduled webinar.
WHAT IS ASTHMA?
Asthma

- A long term lung disease
- Episodes make breathing hard:
  - Airways become inflamed/swollen
  - Muscles tighten
  - Mucus increases
- Episodes are **triggered** by indoor & outdoor allergens & irritants

---

**Normal Airway**

**Airway in Person with Asthma**
FIVE STEPS FOR CONTROLLING ASTHMA IN A CHILD CARE SETTING

1. Encourage open communication with the family & the child’s health care provider
2. Follow the child’s asthma treatment plan
3. Recognize the signs of an asthma episode
4. Administer medications as directed in the child’s asthma treatment plan
5. Reduce asthma triggers
1. COMMUNICATION TOOLS

- Your facility’s policies
- Asthma Treatment Plan
- Medication Permission Form
- Medication Administration Record
- Emergency Contact Information
- Universal Child Health Record (physical exam)
- Daily communication form - between the family & the child care provider
A 24-hour treatment plan for asthma completed by the health care provider

- Identifies the child’s triggers
- Identifies what medicines to give and when to give them
- Identifies what to do in an emergency
3. RECOGNIZE THE SIGNS OF AN ASTHMA EPISODE
EARLY WARNING SIGNS OF AN ASTHMA EPISODE

- Cough
- Chest tightens ("hurts")
- Stomach hurts
- Throat hurts
- Wheezing
- “Noisy” breathing

- Change in behavior
  - Unusually tired
  - Doesn’t want to play
  - Restless
  - Trouble sleeping
  - Loss of appetite

Each episode may appear differently
VERBAL COMPLAINTS

“My chest feels tight”
“My chest hurts”
“My neck feels funny”
“My mouth is dry”
“My throat tickles”
“I don’t feel good”
“I can’t breathe”
“My stomach hurts”
SIGNS OF A SEVERE ASTHMA EPISODE

- Chest sucking in/neck muscles bulging
- Struggling to breathe
- Trouble walking and/or talking
- Breathing does not improve or is worse after treatment
- Lips or fingernails are gray or blue
- Grunting

This is an Emergency Call 911
4. ASTHMA MEDICATIONS TO CONTROL ASTHMA SYMPTOMS

Two Types:
1. Bronchodilators – (Quick relief)
2. Anti-Inflammatory (Control)

Both are delivered through:
- Nebulizers
- Metered Dose Inhalers
- Autohalers
- Dry Powder Inhalers
- Spacers
**PACNJ WEBSITE TOOLS**

- In English and Spanish Video Demonstrations
- Reproducible in Color or Black and White Versions

---

**How to Use a Nebulizer**

Nebulizers are a good way to give asthma medication to young children or anyone who has trouble using an inhaler. To give your child a nebulizer treatment, follow these steps:

1. Put on the compressor as shown and turn it on by moving the head to the left or the right.
2. Attach the other end of the tubing to the beak of the nebulizer cup.
3. Attach the inhaler cup onto the nebulizer and fill the nebulizer cup with medication and water.
4. Turn on the compressor and make sure there is enough air in the nebulizer cup.
5. Have your child sit or stand. Put the mask over the child's nose and mouth.
6. Encourage the child to breathe in and out through the mask.

**How to Use a Metered Dose Inhaler**

**PRIMING YOUR METERED DOSE INHALER**

Place your middle finger on the inhaler, squeeze it to the left, then release it to the right. This will prime the inhaler. You may also place your middle finger on the inhaler to prime it.

**USING YOUR METERED DOSE INHALER**

To use the Metered Dose Inhaler follow these steps:
1. Hold the inhaler in a vertical position in the right hand.
2. Press the mouthpiece lightly against the child's mouth.
3. Inhale, make sure the mouthpiece is on and the inhaler is not touching the mouth.
4. Hold the Inhaler firmly.
5. Hold the Inhaler with one finger above and breathe in through the mouthpiece.
6. Put the mouthpiece into your mouth and close your lips around it.
7. Remove the mask from your mouth and breathe out over the mask.
8. Take a deep breath.
9. Remove the mask from your mouth, breathe in, and breathe out.

---

**WHEN Do I Rinse My Mouth After Taking Asthma Medication?**

Some medications used to treat asthma may cause soreness in your mouth or throat. If this occurs, rinse your mouth with water.

If you have a mouthwash prescribed by your doctor, follow these steps:
1. Fill a cup with water and rinse it in your mouth.
2. Rinse your mouth with a mouthwash prescribed by your doctor.
3. Rinse your mouth with a mouthwash prescribed by your doctor.
4. Rinse your mouth with a mouthwash prescribed by your doctor.

---

The Pediatric Asthma Coalition of New Jersey (PAACNJ) is a non-profit organization established to educate and empower parents, caregivers, and health care providers to help them become more knowledgeable about the care needed for children with asthma. PAACNJ provides valuable resources and support to families and healthcare professionals to ensure that children with asthma receive the best care possible.
A child’s asthma is well controlled when the child...

- Participates in all activities
- Sleeps comfortably at naptime and at night without coughing
- Has very few side effects from medications
- Uses a quick reliever medication no more than 2 times per week
- Has no hospitalizations or emergency room visits due to asthma
ADDIONAL TRAINING ON ASTHMA AND MEDICATION ADMINISTRATION ARE AVAILABLE

- Contact your local Child Care Resource & Referral (CCR&R) Agency for more information
- www.njaccrra.org – Listing of local CCR&Rs
5. REDUCE ASTHMA TRIGGERS

Creating an asthma friendly child care environment
“TRIGGERS”

- Things that can make asthma worse
- Can cause an asthma episode
- Each child has different triggers

There are common triggers that child care programs can avoid to make their program healthier for all.
WHAT ARE SOME COMMON ASTHMA TRIGGERS?
COMMON ASTHMA TRIGGERS

- Dust
- Furry and Feathered Pets
- Pests
- Mold and Mildew
- Hot and Cold Weather
- Air Pollution
- Strong Odors
- Tobacco Smoke
- Colds & Respiratory Infections
- Strong Emotions
- Exercise
- Pollen and Dust Mites
### WHAT STEPS WOULD YOU TAKE TO REDUCE ASTHMA TRIGGERS?

- Follow the Asthma Friendly Child Care Checklist
- Walk through your building to check for problems

---

<table>
<thead>
<tr>
<th>Avoiding or Controlling Allergens</th>
<th>Must Improvement</th>
<th>OK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surfaces are wiped with a damp cloth daily (includes ‘dusting’ spaces as well).</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Floors are cleaned with a damp mop daily.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Small area rugs are used, rather than wall-to-wall carpeting. Woven area rug can be washed in hot water and air dried. (Water temperature of at least 130°F/55°C is used).</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Hard-to-well carpeting is avoided. Carpets are not stacked directly on the floor.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Children's beds, personal items, and toys are washed weekly in hot water.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Fabric items (stuffed toys or ‘throw’ clothes) are washed weekly in hot water to kill dust mites.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Furniture surfaces are wiped with a damp cloth.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Soft mattresses and upholstered furniture are avoided.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Beds and pillows that children sleep or rest on are encased in allergy-proof covers.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Curtains, drapes, fabric wall hangings and other &quot;dust catchers&quot; are not hung in child areas.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Night stands as used, they are washed regularly in hot water.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Floor mats are used, they are wiped after a damp cloth.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Doorknobs and doorknobs are wiped after a damp cloth.</td>
<td>□ □</td>
<td></td>
</tr>
<tr>
<td>Supplies and materials are stored in enclosed cabinets; piles of paper and other items are avoided.</td>
<td>□ □</td>
<td></td>
</tr>
</tbody>
</table>

---

Asthma is a chronic illness that affect childhood disease. Children with asthma have sensitive airways. They are bothered by many things that don’t bother other children. The most common asthma triggers are allergies to dust mites, cockroaches, animal dander, mold, and pollen, and exposure to tobacco smoke; smoky, or over-polluted air. Children’s asthma can also be triggered by exercise or 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 medications 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 take an action plan for 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.

---

### ASTHMA – FRIENDLY CHILD CARE

A Checklist for Parents and Providers
REDUCE DUST & DUST MITES

- Dust often with clean, damp cloth
- Wash blankets, pillows, & stuffed toys
  - Once a week
  - Hot water
  - Hot dryer
- Clean floors daily with clean, damp mop
- Clean all vents and filters
- Minimize chalk dust
- Store toys/books in closed containers
- Use furniture that can be wiped with damp cloth
- Use tile, linoleum, or hard-wood floors with washable rugs instead of wall to wall carpeting
- Vacuum carpets & cloth furniture at least weekly

Clean when children are not present!
FURRY & FEATHERED ANIMALS

- Ideal - No pets
- Keep outside
- Keep away from ventilation systems
- Wash hands after contact with pets
- Notify parents about any pets at the program prior to enrollment

Goldfish – Do not trigger asthma
Change water often in a utility sink
Integrated Pest Management (IPM)

*Your Child Care Center is using IPM if you...*

1. Identify problem or pest before taking action
2. Keep shrubs and mulch one foot from building
3. Fill cracks in walls and floors
4. Collect and throw away litter properly
5. Reduce the need for strong pesticides
KEY TO PEST CONTROL

- Keep food in covered containers
- Keep garbage cans closed tightly and lined
- Place dumpsters away from the building
- Clean all food crumbs and spills quickly
- Clean eating areas daily or more often if needed
- Seal cracks in walls, windows, baseboards, and doors
- Fix leaky pipes so pests will not have a place to drink
- Fix screens
- Clean clutter where pests hide
- Only use poison baits or traps if you can place them out of children's reach
- **Avoid sprays which are very toxic to children and can trigger an asthma episode**
Indoors:
- Wipe spills up immediately
- Use exhaust fans/open windows in kitchens & bathrooms
- Fix leaky pipes
- Eliminate standing water
- Thoroughly dry wet areas within 24-48 hours
- Replace wet/damp carpet and ceiling tiles if not dry within 48 hours
- Keep drip pans clean and dry
- Service heating, air conditioning, and ventilating systems regularly
Outdoors:

- Consider alternatives to mulch for playgrounds as this breeds mold
- Keep outdoor play areas clear of:
  - Fallen leaves
  - Compost piles
  - Cut grass
TO SOLVE SMALL AREAS OF MOLD (MILDEW)

- Scrub with detergent/soap and hot water
- Rinse with water and dry
- Disinfect with a bleach solution of 1 ½ cups bleach mixed with 1 gallon of water
- Replace moldy carpets, ceiling tiles, and other absorbent materials
- Wear a mask or have someone else clean if you have asthma

Do not use ammonia! And, seek professional help for moldy areas larger than 10 square feet.
Avoid using:
- Art supplies with strong fumes
- Scented body care products
  - Perfume
  - Hairspray
  - Creams and lotions
  - Powders
Cleaning Products:
- Clean when children are not present
- Read the label – follow directions
- Avoid cleaning products and air fresheners with strong odors
- Open windows while cleaning

Exhaust fumes:
- Keep copiers and other equipment that emits fumes ventilated & away from children
- Use exhaust fans or open windows
- Keep windows closed when air outside is full of exhaust fumes
Avoid Tobacco Smoke

- Provide a smoke-free environment inside the facility and on the playground
- Prohibit smoking in vehicles used to transport children
- Encourage parents to reduce children’s exposure to secondhand smoke
- (NJ Quitline 1-866-NJSTOPS)
Wash staff and children’s hands often
Encourage annual flu shots
Ensure immunizations and physical exams are up to date
Wash and disinfect toys, tables, etc.
Enforce your sick child policies
Exercise & outdoor play are strongly encouraged

All children, especially those with asthma, need to limit time outdoors on:

- High ozone or poor air quality days
- High pollen count days
- Hot and humid days
- Cold, windy days

Some children may need to take asthma medication prior to exercise/active play - check the child’s Asthma Treatment Plan
Crying and laughing can lead to an asthma episode

- Calm the child
- Have the child sit down
- Follow the child’s asthma treatment plan
Check the air quality:

- Get an air quality alert e-mailed to you daily: sign up at [www.enviroflash.info/](http://www.enviroflash.info/)
- Check your local news for the day’s air quality forecast
- Limit idling of school buses and cars
### Air Quality Guidance for Child Care on Poor Air Quality Days

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 to 50 GOOD (GOOD)</th>
<th>51 to 100 MODERATE</th>
<th>101 to 150 UNHEALTHY FOR SENSITIVE GROUPS</th>
<th>151 to 200 UNHEALTHY</th>
<th>201 to 300 VERY UNHEALTHY</th>
</tr>
</thead>
</table>
| Outdoor Activities        | No Limitations     | No Limitations     | Children with respiratory problems like asthma or heart disease should limit their time outside and be encouraged to take extra rest. If you see signs of trouble breathing:  
  - bring the child indoors  
  - follow the child’s asthma treatment plan | Children with respiratory problems like asthma or heart disease should remain indoors. Everyone else should:  
  - limit their time outside  
  - be encouraged to take extra rest | Children with respiratory problems like asthma or heart disease should remain indoors. Everyone else should:  
  - limit their time outside  
  - be encouraged to take extra rest  
  - limit activities to light exercise and play |

---

This Air Quality Guidance was adapted for New Jersey by the Pediatric/Adult Asthma Coalition of New Jersey from the Minnesota Department of Health.  
http://www.health.state.mn.us/asthma/outdoorair.html#aguidanceforschoolchildcarefacilities

- To receive a daily email on local air quality go to www.enviroflash.info/ and sign up  
- Check your local news for the daily air quality forecast

---

**Weather**  
- When there is very hot or very cold weather, it is extremely important that you follow the child’s asthma treatment plan
WEATHER

- For cold weather, cover the child’s mouth and nose when outside
- For warm weather, stay indoors and use air conditioning if available
- If you see a child is having trouble breathing, follow his or her asthma treatment plan
Avoid Pollen

- Check the news for the daily pollen count

- On high pollen count days:
  - Plan indoor activities
  - Keep windows closed
  - Use air conditioning when available
Find out what food products may trigger an asthma episode
Avoid giving these foods at all times
Read food labels carefully
Ensure that child has a food allergy action plan and epi-pen
Receive epi-pen training
For a quick guide to reduce asthma triggers, refer to the poster:

**Steps to Follow to Reduce Asthma Triggers in the Child Care Setting**

- **Dust**: At the end of the day when the children are gone: wipe surfaces clean & remove clutter, clean floors with a damp mop & vacuum carpets daily.
- **Fumes & Strong Odors**: Avoid using products with strong odors like: cleaning supplies, air fresheners, art supplies, scented body care products.
- **Furry & Feathered Animals**: Keep furry & feathered pets such as dogs, cats, and birds out of your child care center.
- **Pests**: Keep garbage in tightly closed containers, food in air-tight containers, and repair cracks in walls, floors, & ceilings.
- **Mold & Mildew**: Wipe up all spills and fix leaks so the wet areas are dry within 24 hours.
- **Colds & Respiratory Infections**: Wash your hands & the children’s hands often; ensure all children receive a flu shot.
- **Strong Emotion**: Calm the child down, have the child sit down & follow the child’s asthma treatment plan.
- **Very Hot/Cold Weather**: Follow the child’s asthma treatment plan to know when the child needs to stay inside.
- **Exercise**: Some children may need to take asthma medication before active play; check their asthma treatment plan.
- **Ozone Alert Days**: Plan play activities for indoors.
- **Pollen & Dust Mites**: Stuffed toys, dress up clothes, bed linens & blankets should be washed in hot water weekly or as needed.

**A trigger is something that can make asthma worse. Here are common triggers and what you can do in your child care program.**

To learn more: Visit www.pacnj.org or call 866-PACNJ-88 (866-722-6588)
You have the power to set policy and create procedures to establish an asthma friendly child care setting and help the children in your care breathe easier.

Implement the following five policies at your child care setting....
FIVE POLICIES TO CREATE AN ASTHMA FRIENDLY CHILD CARE SETTING
1. THE ASTHMA TREATMENT PLAN

Require an asthma treatment plan for each child diagnosed with asthma, prepared by the child’s health care provider.

The plan must have written instructions that include:

► Conditions that trigger the child’s asthma symptoms
► Indications for treatment of the child’s asthma while in the child care facility
► Names, doses and method of administration of any medication
► When the next update of the asthma treatment plan is due
2. COMMUNICATION

With Staff:

► Schedule staff meetings regularly to review procedures for asthma management including:
  - Asthma triggers
  - Asthma training for staff
  - Asthma treatment plans for children diagnosed with asthma

With Parents/Guardians:

► Communicate with parents and guardians about their child’s asthma
Establish and follow a regular schedule of basic cleaning and maintenance to maintain a healthy child care setting.
Institute a process for a quick response when staff report conditions that could trigger asthma.
Periodically tour your building to check for problems with:

- plumbing
- heating
- ventilation
- mold and mildew
- pests
To reduce triggering a child’s asthma episodes:

Find

Report

Control

environmental asthma triggers!
VOLUNTARY PLEDGE

I pledge to take the following action or implement the following policy at my child care setting to reduce asthma triggers......

Record one action and see it through
For a listing of New Jersey Association of Child Care Resource and Referral Agencies:
www.njaccra.org

Other website resources:
www.state.nj.us/dep/airmon
www.epa.gov
Ozone: www.airnow.gov
Pollen: www.aaaai.org/nab/
Mold: www.epa.gov/mold
www.stopthesoot.org
Food Allergy: www.foodallergy.org
www.pacnj.org
www.alanewjersey.org
THANK YOU TO:

- The members of the PACNJ Child Care Task Force who developed and reviewed this program

  Diane Burdette, RN, BSN
  Clatie Campbell, RRT
  Brenda Conover, RN, MSN, CPNP
  Paula Doty, RN
  Ritamarie Giosa, RN
  Eric Hicken, MICP
  Patti Lucarelli, MSN, CPNP
  Linda Mazella
  Patricia Nelson-Johnson, MS, RRT
  Jane Sharp
  Maris Chavenson
  Joslyn Bjorseth
  Tracey Owate, RN
  Nancy Romano

  Danuta Buzdygan, MD, FAAP
  Jane Cerruti Dellert, PhD, APRN-BC, CPNP
  June Cuddihy, RN, CS, MSN
  Sandra Fusco-Walker
  Judith Hall, MS, RN, CS
  Shonda Laurel
  Dee Mallam, RN, AE-C
  Lea McReynolds, RN
  Joseph Ponessa, PhD
  Cindy Sickora, RN
  Teresa Lampmann
  Ellen Whitford, RN, CPHQ
  Larainne Koehler

March 2011
THIS UPDATED VERSION WAS REVISED BY THE CURRENT CHILD CARE TASK FORCE WHICH INCLUDES THE FOLLOWING MEMBERS:

PattiJo Shaffer
Kathleen Smith
Nancy Thomson
Uta Steinhauser
Maggie Vasil, LPN
Mariluz Gonzales
Sharyn Titus, RN
Melissa Sherman, BSN, RN