

Managing Asthma in Connecticut Child Care Facilities

A Resource Guide Revised 2011





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1. Acknowledgements & Purpose



The intent of this manual is to provide resources and guidance for programs that care for children in their pre-school years. The regulations cited throughout the manual are applicable to facilities licensed by the Connecticut Department of Public Health (DPH).

Programs in school settings not licensed by DPH are covered by federal regulations that may or may not be the same as the regulations contained in this document. Programs in these settings must be aware of and comply with the applicable regulations for the agency that provides their oversight and compliance.

The State of Connecticut DPH, Asthma Program would like to acknowledge and give credit to the many individuals and agencies who gave their time and shared resources to update and revise this guide in order to provide a comprehensive manual to childcare providers.

Disclaimer:

This guide is **NOT A POLICY MANDATE**.

Instead, it is designed to serve as a resource for day cares in managing asthma and does not supersede any of the provisions of the Regulations of Connecticut State Agencies Sections 19a-79-1a through 19a-79-13 that govern child day care centers and group day care homes. Furthermore, this guide is not intended to endorse any particular brand of product discussed or shown in its pages. Pictures and descriptions of such products are for illustrative purposes only. Finally, this guide is for educational purposes only. It is not intended to replace the medical advice or services of a licensed healthcare provider.

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American Academy of Allergy, Asthma and Immunology

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2. Caring for a Child with Asthma



CHECKLIST

Learn the basics about asthma

- ✓ What is asthma?
- ✓ What causes asthma?
- ✓ Signs and symptoms
- ✓ How is it diagnosed?
- ✓ Asthma control

Know your responsibilities as a child care provider

- ✓ Which children have asthma
- ✓ How you help them avoid the things that make their asthma worse
- ✓ How you give them asthma medicine
- ✓ How you use their asthma plans
- ✓ What do you do in an asthma emergency

Know the Connecticut state laws and regulations

- ✓ Medication authorizations and administration
- ✓ Cleaning and disinfectants
- ✓ Environmental requirements
- ✓ Illness procedures
- ✓ Health consultants

Know where else to find more information about asthma and environmental health



3. Asthma Facts

What is Asthma?

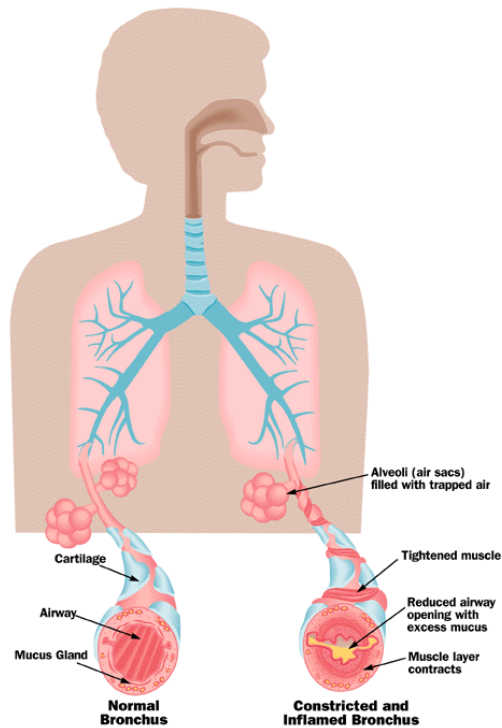
Asthma is a very common chronic lung disease that affects people of all ages. Asthma causes the airway passages in the lungs to become narrow, making it harder to get air in and out of the lungs. When asthma is not well controlled it causes episodes of day or nighttime coughing, breathlessness, chest tightness, and wheezing.

The problem that makes asthma a chronic disease is:

- Inflammation (swelling) of the lining of the airways (bronchus or bronchioles).

When the airways are inflamed it makes them more sensitive and likely to have serious symptoms when exposed to asthma triggers causing:

- Tightening (constricting) of the muscles that are wrapped around the airways
- Increasing mucus that clogs the airways



What Causes Asthma?

Asthma is not contagious. There is not one specific thing that causes someone to develop asthma. What we do know is that there are certain risk factors that make it more likely for children to develop asthma, including:

- If an immediate family member has asthma (heredity)
- If the child has had eczema (dry, itchy skin condition)
- If the child has food or environmental allergies

Some children first develop asthma symptoms after a respiratory cold virus. Although cold viruses don't cause asthma, they are an important trigger for most young children that can result in someone's first or recurring asthma episodes. Any child who might be at risk for developing asthma can have their asthma made worse by exposure to tobacco smoke, any other form of air pollution, or environmental allergens.



How is Asthma Diagnosed in Children?

Asthma can be difficult to diagnose in young children. Health care providers use national guidelines to identify health history information, questionnaires, and physical exam findings to assist in the diagnosis of asthma. Recurring asthma symptoms such as wheezing, difficulty breathing, and excessive coughing are used along with the child's family and medical history to help make the diagnosis.

Some children under the age of 5 years old have a history of asthma that they do seem to outgrow. Other children develop asthma at a young age and have it the rest of their lives. Children over 5 years old may be able to perform a spirometry test that measures how the air flows in and out of their lungs. These tests and assessments are done at the child's Primary Care Provider (PCP) or a pulmonary or allergy specialist.

Asthma Signs and Symptoms

Early Warning Signs and Symptoms

Visible Signs

- Breathing harder and faster than usual
- Excessive or uncontrollable coughing
 - When sleeping
 - When awake
 - When active
 - Exercising
 - Laughing
 - Crying
 - Any hard blowing
- Unusually tired / not wanting to play
- Appears worried, fearful, or irritable

Verbal Statements

Children have different ways of describing what their asthma feels like. Some common phrases are:

- "it's hard to breathe"
- "it hurts to breathe"
- "my chest feels tight"
- "my throat hurts when I breathe"





Emergency signs and symptoms: “Asthma Attack”

When asthma gets so bad that urgent or emergency medical care is needed it is often referred to as an “asthma attack”. However, the term “asthma attack” can actually be misleading. Most “asthma attacks” can be prevented by following a child’s written asthma plan, staying on daily control medications, avoiding asthma triggers and allergens, recognizing the early signs and symptoms, and properly administering medication.

Signs that a child may be having an emergency asthma (or breathing) problem include:

- The child is struggling to breath (hard and fast), even when resting
- You can hear the child wheezing without a stethoscope
- The child is having difficulty talking, concentrating, or walking
- The child can’t seem to catch his or her breath
- The child’s lips or fingernails appear blue or gray
- Pale or sweaty skin
- The child appears extremely exhausted or lethargic
- The child’s chest or neck muscles seem to be “sucked in” with each breath



What to do for a child having an emergency asthma problem (“asthma attack”)

1. Stay calm, don’t leave the child alone and help the child to relax as much as possible
2. Follow the IPC or asthma action plan (AAP) **RED ZONE**
3. Give quick-relief (rescue) medicine immediately
4. Call 911, notify parent

* When to call 911*

- *Child is unresponsive*
- *Breathing is so difficult the child can’t walk or talk*
- *Lips or fingertips look gray or blue*
- *The rescue medicine is not working after 10 or 15 minutes*

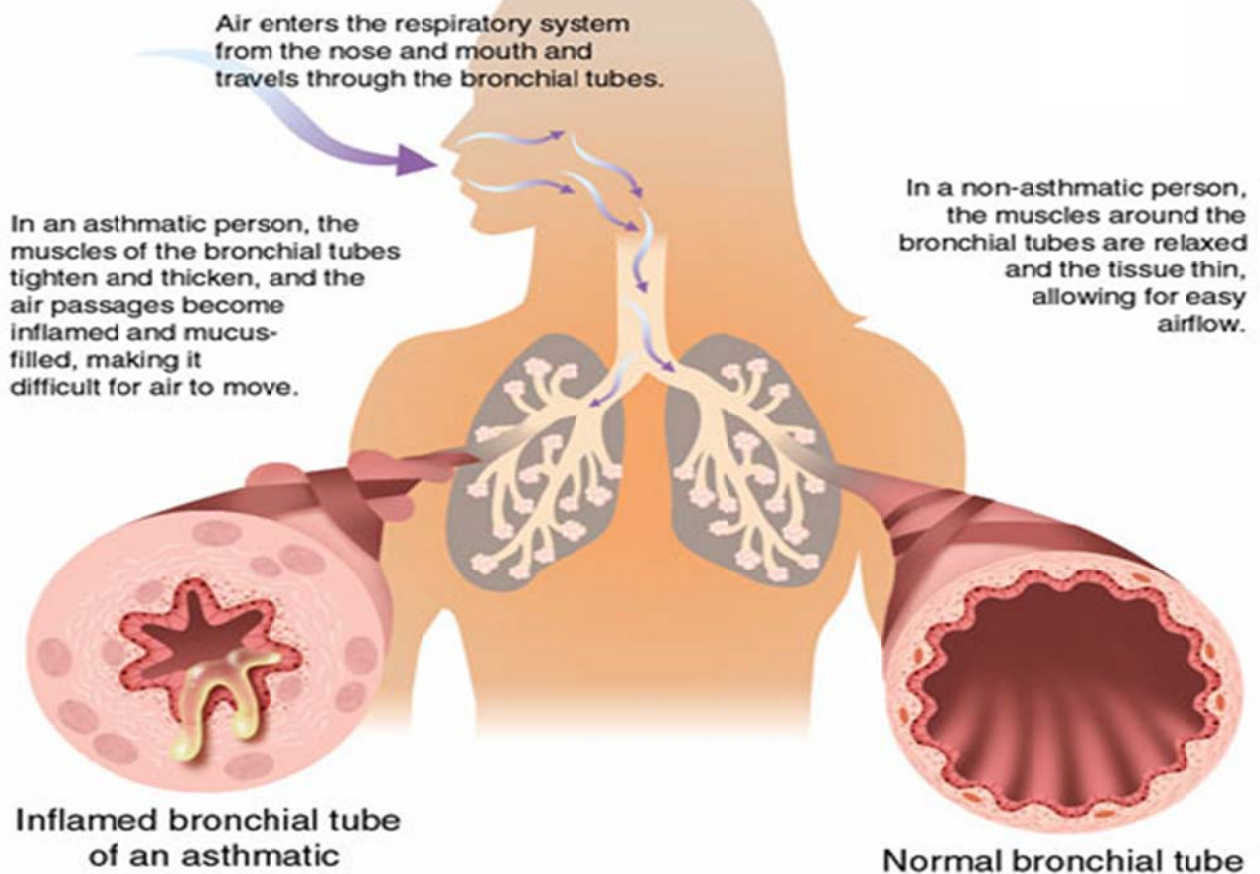
Key Point:

Anytime you are not sure and think it is an emergency, it is better to call 911 than it is to wait too long.

When you call, don’t hang up until the 911 operator tells you to.



Why asthma makes it hard to breathe



Source: American Academy of Allergy, Asthma and Immunology



4. Asthma Control

Once asthma is diagnosed, children need to have a PCP who is accessible to the family, assesses the child’s asthma on a regular basis, and works with the family to develop and revise appropriate written asthma plans. Ongoing assessment of asthma control is one of the keys to maintaining effective asthma management – it is how health care providers determine if the child is on the correct medicine and how well they are able to avoid the things that make their asthma worse.

Good asthma control is:

- When the child can play and exercise just like anyone else their age who does not have asthma
- Most days the child does not cough, wheeze or feel short of breath
- The child can sleep through the night (or naps) without coughing or waking up with uncomfortable breathing
- The child does not need to use quick-relief (rescue) medicine more than twice a week

You and the family can contribute valuable asthma control information to the PCP, including:

- Frequency of day or night coughing
- Ability to play at the same physical level as other children
- Frequency of using quick-relief (rescue) medicine
- Missed school, daycare, or parental work days due to asthma

The following is a chart of the type of questions used to help determine asthma control:

In the past 4 weeks:	Well Controlled	Not Well Controlled	Very Poorly Controlled
1. How many times did your asthma get in the way or stop you from doing an activity at home, school or play?	None	Sometimes	Frequently
2. How many times did you wheeze, cough, feel tight in the chest, or have trouble breathing?	8 or less, but not more than once per day	More than 8, or more than once per day	Every day
3. How many times did your asthma wake you up at night or make it hard to sleep?	1 or less	2-4	More than 4
4. How many times did you have to use your rescue inhaler or nebulizer (albuterol or xopenex)?	8 or less	More than 8	At least every day
	Answers in these boxes should indicate good asthma control	Any answers in these sections could indicate the need for an asthma visit	Any answers in these boxes indicates the need to <u>call for an asthma visit</u>

5. Individual Plan of Care

The Individual Plan of Care (IPC) is required for any child with asthma in the Day Care setting. An “Asthma Action Plan” can be used as an IPC. The plan is made in partnership with the provider/patient/family and daycare staff responsible for care of the child. Considerations that need to be made within this partnership include:

- The provider’s expertise in determining medication options and medication administration authorization
- The individual patient/family’s health care beliefs and values, including cultural considerations
- Developmental considerations
- Financial/health insurance coverage considerations
- The asthma education required for the patient/family to understand and be able to carry out the plan

* See CT Day Care Regulations Section – page 23 of this document

A copy of the plan is kept in the medical record so other providers can refer to it if needed. The original copy is given to the patient/family that can make copies for anyone else who also provides care for that child, such as a divorced parent, relative, daycare provider and/or school nurse. The IPC/AAP identifies what to do for asthma symptoms, including what medications to take, and when to call for help.

Although there are different versions of IPC/AAPs, the basic components they should all contain include:

- Demographic and contact information (patient and provider’s)
- Asthma severity classification
- Patient-specific asthma triggers and allergens
- 3 zones that are usually color coded like a traffic light
- Each zone has the asthma symptoms that are used to determine what medication should be used

- **Green Zone – Go!**

- No asthma symptoms
- Take daily control medication according to plan

- **Yellow Zone – Caution!**

- Early asthma signs and symptoms
- Continue daily control medications AND
- Add quick-relief (rescue) medication
- Update the parent on child’s condition that day

- **Red Zone- Emergency!**

- For serious signs of an “asthma attack”
- Take quick-relief (rescue) medication as written by authorized prescribers
- Children experiencing emergency signs of asthma require urgent medical help from their PCP or an Emergency Room
- Call 911, notify parent/guardian



6. Asthma Triggers

Asthma triggers is a general term used to describe anything that can make someone's asthma worse. Some triggers can cause asthma symptoms quickly, while some triggers cause someone's asthma to slowly and steadily worsen. Different types of asthma triggers and steps that can be done to decrease exposure are listed below:

Key Point!

Most asthma triggers can be reduced or avoided. This is an essential step in improving asthma control and avoiding the need for emergency asthma treatment!

Airway Irritants

Airway irritants are anything in the air that can cause a reaction in the lungs, making it more difficult to breathe. Irritants can cause problems for anyone, but young children with asthma have lungs that are especially sensitive.

[*See CT Day Care Regulations – page 25](#)

Environmental tobacco smoke is the single most important airway irritant to avoid. Secondhand smoke from a cigarette, cigar, or pipe contains hundreds of chemicals that are poisons and dozens of cancer causing substances.

Key Points!

- There is no safe amount of secondhand smoke
- You can breathe in the smoke chemicals long after you can no longer see the smoke
- Each year secondhand smoke:
 - Causes more than 25,000 children to develop asthma
 - Causes asthma to be worsened in thousands of children, many requiring emergency treatment and hospitalization
 - Causes thousands of children without asthma to get more serious respiratory (cold) viruses and ear infections

What to do:

- ✓ **Never smoke in any part of a home or a car where a child with asthma is going to be – even if they are not there at the time**
- ✓ **Encourage people to quit smoking. The CT Tobacco Quit Line is: 1-800- QUIT-NOW**
- ✓ **If someone does smoke, always go outside and wear a coat or shirt you can take off before going back in, so the smoke particles don't come inside**





Other important airway irritants include:

- Air Pollution and car exhaust
- Perfumes
- Cleaning products
- Paint/wood staining products
- Art supplies
- Aerosol sprays
- Wood burning stoves or fireplaces
- Brand new carpet or furniture with odors

What to do:

- Close windows if near high traffic area
- Don't let cars idle more than 3 minutes (CT law)
- Use Green Cleaning supplies
- Clean, paint and do certain home projects when children not around
- Don't use perfumes, hairsprays, air fresheners, art supplies, or anything with a strong scent around children
- Don't burn wood, leaves, or garbage

Pest Control

The body parts and dropping of rodents and cockroaches can cause an allergic reaction that makes asthma worse. An additional concern is that the pesticides and sprays that many people use to control pests can be serious airway irritants, especially to young children and those with asthma.

Key Point:

The most important part of pest control is prevention by eliminating pest access, food and water source



What to Do:

- ✓ Clean up dishes, food, grease, crumbs, and spills quickly
- ✓ Keep food stored in tight, sealed containers, including pet foods
- ✓ Keep all garbage in sealed containers and take out frequently
- ✓ Repair leaky pipes and dripping faucets; pests need water
- ✓ Clean up clutter like excess cardboard and newspapers
- ✓ Seal cracks in walls, baseboards, windows, and doors
- ✓ Use bait traps only if they are out of reach of children
- ✓ Never use pesticide sprays when children are around
- ✓ If using sprays, avoid widespread application by spraying small amounts only where needed and not on same day children will be present
- ✓ Store sprays in a safe place where children cannot touch them

*** See CT Day Care Regulations Section – page 24**



Cleaning Products

[*See CT Day Care Regulations Section – page 24](#)

Cleaning products are necessary for maintaining attractive and healthful conditions in the home and workplace. In addition to the obvious aesthetic benefits of cleaning, the removal of dust, allergens, and infectious agents is crucial to maintaining a healthful indoor environment. Cleaning products can present several health and environmental concerns however. They may contain chemicals associated with eye, skin, or respiratory irritation, or other human



health issues. Additionally, the concentrated forms of some commercial cleaning products are classified as hazardous, creating potential handling, storage, and disposal issues for users.

Green Cleaning is an approach to using cleaning products that have less irritating fumes and safer chemicals that still do the job of cleaning. Green cleaning products are now available for:

- ✓ general purpose cleaners
- ✓ bathroom cleaners
- ✓ glass cleaners
- ✓ floor finishes and strippers
- ✓ hand cleansers and soaps.

Look for a label with the Eco Logo or Green Seal label

See Appendices of Sample of Green Cleaning Recipes

Key Point!

Something doesn't have to "smell clean" to be clean. In fact, that "clean smell" (think of bleach and ammonia) can be very irritating to the airways, especially for young children.

Allergies

An allergy is an abnormally sensitive response to a substance that is harmless for most people. Environmental allergens are in the air, can be breathed in, and are what causes reactions for people with allergies. These reactions can occur quickly or over a period of time, and usually cause swelling and mucus production anywhere in the airway from the nose to the lungs. Most people with asthma are allergic to something in the environment (indoor or outdoor) that can occur all year or seasonally. Some people have mild allergies, but for others, allergies can have a very serious effect on asthma. Allergy testing by a health care provider is the best way to determine exactly what allergens an individual is allergic to and the severity of each allergy.

Key Point!

The more you know about how to identify what causes allergies for the children you care for, the more you will be able to reduce them and help keep their asthma under control.



Dust mites are tiny bugs that you can't see. They live and multiply in carpets, cloth furniture, curtains, stuffed animals, pillows, bedding, and mattresses. They live best in moderate temperatures and humid conditions. Dust mites are the most common allergic trigger for people with asthma.

Key Point!

Rooms where most time is spent are most important, especially the bedroom, sleeping, and play areas



What to Do:

- ✓ If pillows are old – get new ones (hypoallergenic are best)
- ✓ Cover pillows, mattress and box spring with allergy covers
 - Don't use pillows that can't be covered
 - Minimize stuffed animals, especially if non-washable
- ✓ Wash bedding in hot water (at least 130°) weekly and dry completely
 - If bedding too big to wash, put in hot dryer for 20 min.
- ✓ Try to keep room humidity less than 50% using air conditioning or a dehumidifier, especially during warm weather
- ✓ Remove as much carpet as possible
 - Dust mites stick to carpet fibers
- ✓ Use a vacuum with an allergy (or HEPA) bag and filter
 - Vacuum when the child is not present
- ✓ Check if furnace or air conditioning filters need to be cleaned or changed
- ✓ Wet clean washable surfaces to decrease dust in the air

Mold grows where there is wetness (visible) or moisture (humidity). Mold can be visible in showers, on walls and ceilings. It can also be under carpets, wallpaper, or paneling where it may not be visible. Any room that has high humidity (bathroom, kitchen or basement) or has had any water damage is more likely to have mold.

Key Points!

Mold seldom requires professional testing. A very practical guideline to go by is: if you smell mold or see mold, there is mold. Mold will always recur if the source of wetness or moisture is not fixed.

What to Do:

- ✓ Clean visible mold on hard surfaces with a green cleaning solution
 - Do not use cleaners with strong scents or fumes when children are around
- ✓ Fix all sources of water leaks
- ✓ Use a dehumidifier, especially in the basement
 - Be sure to empty when tank is filled
- ✓ Inspect walls and ceilings for discolored mold stains
 - Repair or replace
- ✓ Carpets that get wet for longer than 48 hours will usually grow mold
 - Consider removing or replacing
- ✓ Adequate ventilation, especially in the bathroom and kitchen helps keep moisture controlled
- ✓ Avoid outdoor molds in piles of leaves, grass, or compost



Cats, dogs, birds and other furry animals cause allergies with their flaking skin (dander), urine, and their saliva – not their fur. Dander is small and sticky and can be carried around from one building to another on blankets, clothes, and coats. Dander can stay in a house for months after an animal is no longer there.

Key Point!

There is no such thing as a completely “hypoallergenic” cat or dog – some are just less allergenic to individual people than others

What to Do:

- ✓ If someone has a pet allergy, keep pets outside or find the pet a new home if possible
- ✓ If the pet must stay in the home:
 - Keep pets out of the bedroom and off carpets and upholstered furniture
 - Avoid touching, holding, or petting and don't hold close to the child's face of the child with asthma
- ✓ If you have a child in your home with asthma, new pets should not be introduced without first checking with the health care provider
- ✓ A high-efficiency particulate air (HEPA) room air cleaner might be helpful

Pollen, trees, flowers, grass and weeds are seasonal allergens that can be difficult to avoid.

Key Point!

Seasonal peaks of pollens:

Trees – March, April, and May

Grass – June and July

Weeds – August, September, and October

What to Do:

- ✓ Try to keep windows closed so pollen doesn't blow into the home, especially the bedroom or where the child sleeps
- ✓ Wash hair nightly so pollen doesn't get on pillow or bed
- ✓ Check pollen counts and avoid outdoor activities in the early morning or afternoon when pollen counts are the highest
- ✓ Do not dry clothes outdoors





7. Asthma Medication

After a child's asthma is assessed by a health care provider, the child's individual triggers and allergies are identified and steps are taken to reduce or eliminate exposure to these triggers. The next step is to identify what medication will be needed to help with their asthma management. The primary medication used to treat asthma is unique in that it is the only medication that children need to learn how to inhale. Proper inhalation technique is one of the most important steps to successful asthma management. This section will discuss different types of asthma medication, as well as steps and tips to ensure proper inhalation technique.

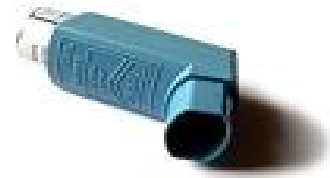
There are two main categories of asthma medication that are part of a child's IPC/AAP:

Quick-relief (rescue) medication is used to treat increased asthma symptoms and improve breathing by reducing coughing and wheezing within minutes after inhaling.

- This medication provides temporary relief by relaxing the muscles that are wrapped around the airways
- It is important to use this medication when asthma symptoms first occur and not wait until the child actually looks like they are having difficulty breathing or sound like they are wheezing
- If the asthma symptoms worsen or don't improve after giving this medication, check the IPC/AAP for guidance to repeat doses
 - If no improvement call 911 and notify parent/guardian

Side Effects:

Used as prescribed, the side effects are not considered serious and include mild tremors, pounding heart, nervousness and restlessness



Key Point!

If this medication needs to be used on a frequent or recurring basis, an assessment by the health care provider may be indicated to determine asthma control and if changes are needed to the asthma plan

A simple guideline is if quick-relief medication is needed more than 2x/week for 4 weeks, asthma control needs to be re-assessed by the health care provider

**See Flu Shot Requirements for Day Care – page 25*



Daily control (maintenance) medication is used every day even when feeling well

Control Medication:

- Reduces the swelling (inflammation) inside the airways
- Helps prevent acute, uncontrolled asthma episodes (“asthma attacks”)
- Needs to be used every day, even when not having any asthma symptoms or problems
- Families unsure if daily control medication is still necessary should be encouraged to discuss options with their health care provider
- The most common and effective daily control medications are inhaled steroids

Side Effects:

- Used as prescribed and with proper inhalation technique, these medications do not have the serious side effects of other types of steroids.
- The common side effects include:
 - Hoarse voice
 - Thrush (throat infection-white patches in the mouth)

Key Point!

Inhaled steroids or any daily control medication should never be used to treat acute asthma symptoms – they work slowly over a long period of time

Key Point!

Proper inhalation and rinsing mouth out after using can usually prevent side effects – brushing teeth is ideal

Names of Common Asthma Medication for Children

Quick-relief (rescue)			Daily Control (maintenance)		
Brand Name	Generic Name	Delivery Device	Brand Name	Generic Name	Delivery Device
Ventolin HFA	Albuterol	MDI	Flovent HFA	Fluticasone	MDI
ProAir HFA	Albuterol	MDI	Q-Var HFA	Beclomethasone	MDI
Proventil HFA	Albuterol	MDI	Pulmicort Respules	Budesonide	Nebulizer
Albuterol solution	Albuterol	Nebulizer	Pulmicort Flexhaler	Budesonide	DPI
Xopenex	Levalbuterol	Nebulizer	Asmanex Twisthaler	Mometasone	DPI
Xopenex HFA	Levalbuterol	MDI	Symbicort (Pulmicort + Foradil)	Budesonide + Formoterol	MDI
MDI = Metered Dose Inhaler DPI = Dry Powder Inhaler Nebulizer = an air compressor machine that turns liquid medication into a mist			Advair Diskus (Flovent + Serevent)	Fluticasone + Salmeterol	DPI
			Advair HFA (Flovent + Serevent)	Fluticasone + Salmeterol	MDI

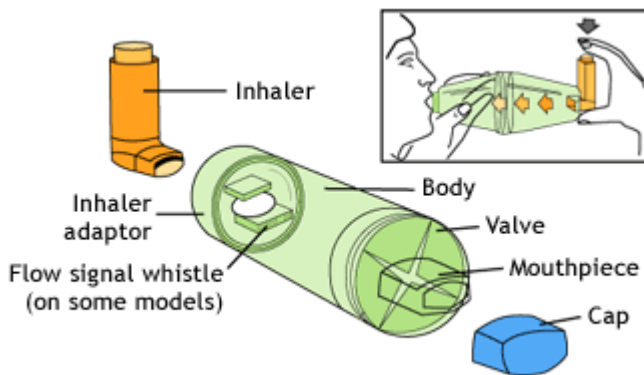


Medication Delivery Devices

There are a number of different ways children can inhale their asthma medication. The choice of which one to use is based on what works best for an individual child. The two most important considerations are:

- What is the best asthma medicine for the child
- What device can be used with the child that gets the most asthma medicine into their lungs

Metered dose inhaler (MDI) is the most common and practical medication device for young children. The MDI is a small pressurized metal canister filled with asthma medication that is suspended in a propellant. When the canister is pushed down in its plastic holder, a dose of medication is “puffed” out.



Key Point!

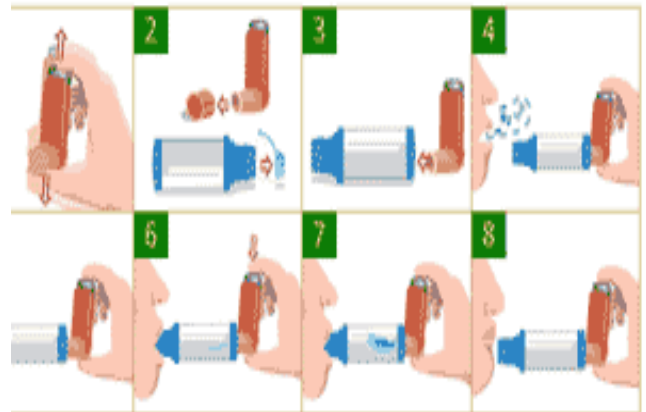
Even very young children can use a MDI; however, all children (and adults) should use a spacer/holding chamber with their MDI because it:

- Leaves less medicine in the mouth and throat
- Gets more medicine into the lungs where it needs to go to work
- Decreases the chance of side effects, especially from inhaled steroids

The spacer is a tube that allows the puff of medication to be breathed in more effectively. Some spacers have face masks to use with different aged children. When a child is able to hold a spacer in their mouth, the face mask is no longer needed.

To Use a Spacer:

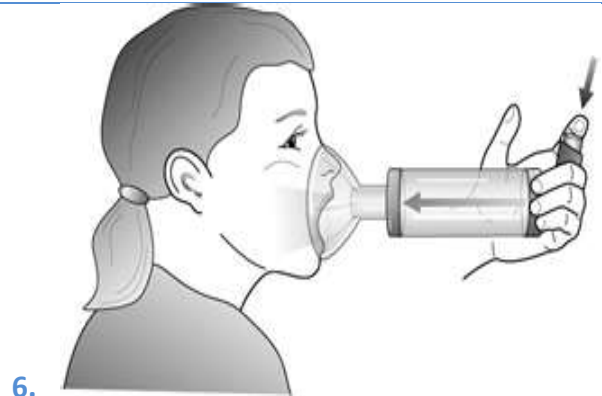
1. Shake the inhaler well before use (3-4 shakes)
2. Remove the cap from your inhaler and from your spacer, if it has one
3. Put the inhaler into the spacer
4. Breathe out, away from the spacer
5. Bring the spacer to your mouth, put the mouthpiece between your teeth and close your lips around it
6. Press the top of your inhaler once
7. Breathe in very slowly until you have taken a full breath. If you hear a whistle sound, you are breathing in too fast. Slowly breathe in.
8. Hold your breath for about ten seconds and then breathe out.





Spacer with Mask

1. Follow steps 1-3
2. Hold the spacer with mask to the face so that both the nose and mouth are covered. It is important to make a good seal between the face and mask so that all the medicine gets breathed in through the spacer
3. Press the top of your inhaler once
4. Hold the mask firmly in place while the child takes 4-6 breaths
5. Remove the mask from the face and repeat if more than one puff is prescribed



Important Reminders About Spacers and MDIs

- Always follow the instructions that come with your spacer and MDI (inhaler)
- Only use your spacer with a MDI, not with a dry-powder inhaler
- When the MDI is new or hasn't been used for a while, it's a good idea to "prime" it by puffing a dose out into the air (away from anyone) to make sure it is working properly
- Spray only one puff into a spacer at a time.
- Use your spacer as soon as you've sprayed a puff into it
- It is very important that you consult your doctor, asthma educator or other healthcare professional to review proper inhaler technique
- Never let anyone else use your spacer
- Keep your spacer away from heat sources
- If your spacer has a valve that is damaged, or if any other part of the spacer is damaged, do not use it, the spacer will have to be replaced
- Some spacers have a whistle. Your technique is fine if you do not hear the whistle. If you hear the whistle, you should slow your breath down

To clean your spacer (once a week) Follow the instructions that come with it. Most will advise you to:

1. Take the spacer apart.
2. Gently move the parts back and forth in warm water using a mild soap. Never use high-pressure or boiling hot water, rubbing alcohol or disinfectant.
3. Rinse the parts well in clean water.
4. Do not dry inside of the spacer with a towel as it will cause static. Instead, let the parts air dry (for example, leave them out overnight).
5. Put the spacer back together.

To cleaning your MDI (every 2-3 days of use)

1. Take the metal canister out of the plastic holder
2. Never put the metal canister in water or wash it
3. Rinse only the plastic holder under warm water
4. Let air dry
5. Replace metal canister and "prime" a dose before using again

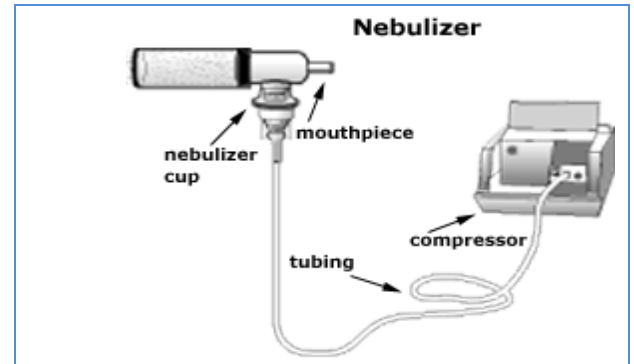


Medication Delivery Devices

is a machine that works like an air compressor, converting liquid medication into a fine mist that can be breathed in. It requires a matching face mask, or a mouth piece held in the mouth and usually requires 10 – 15 minutes to administer.

Key Point!

The medication mist from a nebulizer must be in direct contact with the child's mouth using a mask or mouthpiece – mist held any distance away from the mouth wastes most of the medication and very little of it is actually inhaled



To Use a Nebulizer

1. Set up and plug in the nebulizer machine in a location where the power source is close to a comfortable location for the medication to be administered
2. Follow the directions for the specific brand of nebulizer machine and cup
3. Most nebulizer cups unscrew from the top
4. Most nebulized medication comes packaged in a unit-dose format, requiring the entire contents to be squirted into the bottom half of the nebulizer cup
5. Screw the top of the cup back on and attach the tubing from the cup to the nebulizer machine and the cup onto the facemask or mouthpiece
6. Place either the facemask on the child or the mouthpiece in their mouth and turn on the machine – a mist of medication should rapidly appear
7. Instruct the child to take normal slow deep breaths
8. The cup may require some tapping on the sides toward the end of the treatment to get all the medicine completed
9. The treatment is complete when there is no more mist from the cup
10. Always unplug the machine after each use and store in a clean dry place



Cleaning a nebulizer cup

1. After each treatment, rinse the nebulizer cup with warm water, shake off excess water and let it air dry.
2. At the end of each day, the nebulizer cup, mask, or mouthpiece should be washed in warm, soapy water using a mild detergent, rinsed thoroughly, and allowed to air dry.
 - ✓ **Note: There is no need to clean the tubing that connects the nebulizer to the air compressor**
 - ✓ **Do not put these parts in the dishwasher**
3. Every third day, after washing your equipment, disinfect the equipment using a vinegar/water solution or the disinfectant solution your supplier suggests.
4. To use the vinegar solution, mix 1/2 cup white vinegar with 1-1/2 cups of water. Soak the equipment for 30 minutes and rinse well under a steady stream of water. Shake off the excess water and allow to air dry on a paper towel. Always allow the equipment to completely dry before storing in a plastic, zipper storage bag.



Dry Powder Inhaler (DPI) is a breath activated device that delivers medicine in the form of a fine powder. The person using a DPI has to be able to seal their lips around it and breathe in fast and deep. Dry powder inhalers come in different shapes and sizes – each one requires specific instruction on proper use.

1. Hold the DISKUS[®] in one hand. Place the thumb of the other hand on the grip. Push away from you, until the mouthpiece appears and snaps into place.
2. Hold the DISKUS[®] level. Slide the lever away from you as far as it will go. You should hear a click. Breathe out as far as is comfortable. (Never breathe out into the DISKUS[®]).
3. Put the mouthpiece to your lips. Breathe in quickly and deeply through the DISKUS[®].
4. Hold your breath for about 10 seconds. Breathe out. Then CLOSE the DISKUS[®].

lder



Step 1



Step 2



Step 3

Proper Storage of Asthma Medications

- Shall be stored in a safe manner, inaccessible to children, allow for quick access in an emergency
- Always read the package inserts of each medication and follow specific instructions for storage and use
- Always check the expiration date and do not use after the last day of the month printed on the medicine
- Store inhalers (MDIs) at room temperature
- Liquid medication for nebulizers should not be refrigerated
 - ✓ Caution: liquid nebulizer solution should look like water and should never be ingested by mouth
 - ✓ Never use liquid nebulizer medicine that is cloudy, discolored, or crystallized
- Store medications away from direct sunlight
- If transporting medications on any type of field trip, be careful to keep them from getting too hot or too cold
 - ✓ Do not leave any medications in a car that might get extremely hot or cold
- Foil pouches may contain medication. Once opened, date and use before expiration and store in the pouch



Allergy medication

Since allergies can be such an important trigger for some children’s asthma and not all allergies can be avoided, allergy medication is often used as part of the IPC/AAP. These medications come in many forms including: pills, liquid, chewable tablets and nose sprays.

Key Point!

Some allergy medication needs to be taken every day as part of the control medication in the green zone of the IPC/AAP, while other allergy medication is used seasonally or as needed

Emergency Allergy Medication

Some children with asthma also have life-threatening allergies. The most common ones are: peanuts, tree nuts, shellfish, fish, milk, and insect stings. Only a health care provider can determine if an allergy is potentially life-threatening, can causing an anaphylactic reaction and/or require a prescription for an emergency medication commonly known as an EpiPen or EpiPen Jr. An EpiPen is a pre-filled injection device that automatically injects epinephrine. Caregivers for children with known life-threatening allergies must be trained in the signs and symptoms of anaphylaxis and how to administer an EpiPen. These children should all have emergency allergy plans that explain what to do.

Key Point!

Most anaphylactic allergy reactions can be prevented by avoiding accidental contact or ingestion with a known allergen. Carefully reading food labels and restricting the presence of food that you know a child is allergic to are essential to preventing emergency allergy reactions.

Symptoms of LIFE-THREATENING anaphylaxis:

Usually occurs within minutes, but may occur up to 2 hours after exposure

<ul style="list-style-type: none"> • Facial, lips, tongue swelling 	<ul style="list-style-type: none"> • Itchy skin, hives
<ul style="list-style-type: none"> • Chest tightness, wheezing, cough, shortness of breath 	<ul style="list-style-type: none"> • Difficulty swallowing, tightness in throat
<ul style="list-style-type: none"> • Dizziness, fainting, “feeling of impending doom” 	<ul style="list-style-type: none"> • Abdominal cramping, nausea, vomiting



How to use an EpiPen or EpiPen Jr

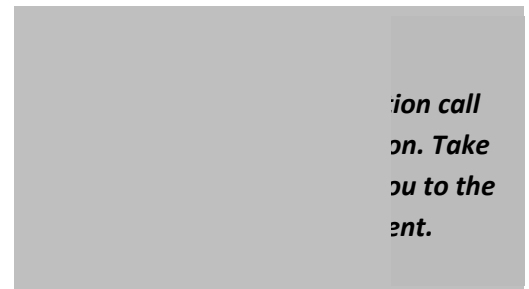
1. Flip open the yellow cap of the EpiPen or the green cap of the EpiPen Jr carrier tube.
2. Remove by tipping and sliding it out of the carrier tube.
3. Grasp the carrier tube with the orange tip pointing downward by forming a fist around the tube.
4. With other hand pull out the blue safety release.
5. Hold the orange tip near the outer thigh.



6. Swing and firmly push against outer thigh until it clicks. The injector should be at a 90 degree angle to the thigh.
7. Hold firmly against the thigh for approximately 10 seconds to deliver the medication.



8. Remove needle and massage injection area for 10 seconds.



***See Resources Section for Information on Medications Administration Training on page 30**



8. Day Care Regulations and Statutes



Administration of Medications in Day Cares

19a-79-9a. Administration of Medications

School District: _____ School: _____ Grade: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL
Connecticut State Law and Regulations 19a-79-9a require a written medication order from an authorized prescriber. Physicians should document patient response to or physician's assistant and parent/guardian written authorization. In the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____
 Address: _____
 Condition for which drug is being administered: _____
 Drug Name: _____ Dose: _____ Route: _____
 Type of Administration: _____ If PRN, frequency: _____
 Relevant side effects: None expected Specify: _____
 ALLERGIES: NO YES (specify): _____
 Medication shall be administered from: _____ to _____
 (Month / Day / Year) (Month / Day / Year)
 Prescriber's Name/Title: _____ (Type or print)
 Telephone: _____ Fax: _____
 Address: _____
 Prescriber's Signature: _____ Date: _____
 (Use for Prescriber's Stamp)

PARENT/GUARDIAN AUTHORIZATION
I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 30 day supply of medication. I understand that this medication will be changed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date: _____
 Parent's Home Phone #: _____ Work #: _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL
Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board Order.

Prescriber's authorization for self administration: Yes No Signature: _____ Date: _____
 Parent/Guardian authorization for self administration: Yes No Signature: _____ Date: _____
 School nurse approval for self administration: Yes No Signature: _____ Date: _____

19C-1-16a(100)

***See Appendices for Sample Form**

Key Point!

State Day Care Licensing requires an Individual Plan of Care in addition to a medication authorization.

***See Appendices for sample of Individual Plan of Care form**

A group day care home or child day care center shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

(b) Administration of Medications Other Than Nonprescription Topical Medications

(C) The facility shall have staff trained in the administration of inhalant medication used to treat asthma on site during all hours when a child who has a diagnosis of asthma and who has a prescription for an inhalant medication to treat asthma is on-site.

(D) The facility shall have staff trained in the use of an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction on site during all hours when a child with a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction is on-site.

(3) Order From An Authorized Prescriber/Parent's Permission

(A) Except for nonprescription topical medications described in section 19a-79-9a (a) (1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two (2) years after the child is no longer attending the program.

(5) Storage and Labeling

(A) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

- (i) the child's name;
- (ii) the name of the medication;
- (iii) directions for the medication's administration; and
- (iv) the date of the prescription.



Cleaning and Disinfecting

19a-79-7a. Physical Plant Toilet and Washing Facilities

19a-79-10. Physical Plant Linens and Clothing and Bedding

19a-79-10. Toys and Other Objects

Sanitizers and Disinfectants for Day Cares

*Use the Environmental Protection Agencies definition and list of approved products at: <http://www.epa.gov/>



(G) (5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable.

(2) All children's linens shall be washed at least weekly and as needed.
(4) When cribs and cots are shared, they must be washed and disinfected and linens changed between children.

(1) Toys used for infants shall be kept separate, washed and disinfected at least daily. Toys for toddlers, including floor and riding toys, shall be washed and disinfected at least weekly and as needed.

Key Point!

Sanitizer – A sanitizer reduces but does not necessarily eliminate microorganisms on a treated surface to levels that are considered acceptable according to current health codes or regulations. EPA registers food-contact surface sanitizers for surfaces such as sanitizing rinses for dishes, utensils and food processing equipment, and non-food-contact surface sanitizers.

Disinfectant – A disinfectant destroys or irreversibly inactivates microorganisms, but not necessarily their spores, on hard, inanimate surfaces and objects. EPA registers three types of disinfectants based on the type of efficacy data submitted: Limited, General (or Broad-spectrum), and Hospital.

Environment

19a-79a. Pesticide Applications at Day Care Facilities

*Public Act No. 99-165, Sec. 2 Pesticide Applications at Schools and Day Care Centers. This is in addition to what is in the State Licensing Day Care Regulations.

(b) No application of pesticide may be made in any building or on the grounds of any child day care center, group day care home or family day care home, each as described in section 19a-77, during regular business hours except that an emergency application may be made to eliminate an immediate threat to human health if (1) it is necessary to make the application during regular business hours, and (2) such emergency application does not involve a restricted use pesticide, as defined in section 22a-47. No child enrolled at such center or home may enter an area where pesticides have been applied until it is safe to do so according to the provisions on the pesticide label.

*Sec. 2. (NEW) On and after July 1, 2000, no person, other than a pesticide applicator with supervisory certification may apply pesticide



Smoking

19a-79-7a Physical Plant



(9) Smoking is prohibited in all child day care centers or group day care homes and outdoor areas except in designated smoking areas, provided these areas are separate, properly ventilated and enclosed away from any children present at the facility. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited except in designated areas. Matches and lighters shall be inaccessible to children at all times.

Flu Shot Requirements for Day Cares

***Flu Guidance changes each season to ensure you have the most up-to-date flu information visit:**

<http://www.flu.gov/professional/school/>

In accordance with Connecticut General Statutes (CGS) 19a-7f (Standard of Care for Immunization of Children in Connecticut), children who are enrolled or are enrolling in a licensed family day care home, a licensed child day care center or a licensed group day care home are required to show proof of immunity to influenza.

By January 1, 2011 and each January 1 thereafter, children aged 6–59 months attending a child day care center, group day care home, or family day care home shall receive at least one dose of influenza vaccine between September 1 and December 31 of the preceding year. If children are vaccinated during August with the upcoming seasonal flu vaccine, these vaccinations will be accepted and count toward the mandate requirement. All children aged 6–59 months who have not received vaccination against influenza previously shall receive 2 doses of vaccine the first influenza season that they are vaccinated. Children enrolling between January 1 and March 31 shall receive influenza vaccine prior to daycare entry. Children enrolling after March 31 during any given year are not mandated to meet the influenza vaccine requirement until the following January, as the influenza season has generally passed by this date and vaccine may no longer be available.



9. Nurse Consultant

Role of the Consultant in Day Cares

Connecticut General Statutes require all licensed child day care facilities must have a written plan for consultant services. The written plan should be clear and understood by both parties on the responsibility and duties of the consultant. A copy of the consultant agreement is required by the Department of Public Health Daycare Licensing Unit within ten days after the execution of the agreement.

Minimum Consultant Requirements

<ul style="list-style-type: none">✓ Annual review of written policies, plans and procedures✓ Acts as a resource person to staff and parents✓ Documentation of activities in a consultation log kept on file at the facility	<ul style="list-style-type: none">✓ Available in person and by telephone for program issues that may arise✓ Annual review of education programs✓ Consultation with staff and administration
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Health consultants are required to perform additional services that pertain to the health of the children attending an early childhood or daycare facility. Quarterly site visits are required to facilities that serve children three years of age and older. Site visits are made during customary business hours when the children are present at the facility.

Additional Requirements

<ul style="list-style-type: none">✓ Assist in the review of Individual Care Plans for children with special health care needs (includes children with asthma) or children with disabilities, as needed✓ Observe children's general health and development	<ul style="list-style-type: none">✓ Review the policies, procedures and required documentation for the administration of medications✓ Observe the indoor and outdoor environment for health and safety
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10. Handouts and Forms



Sample Forms

1. Asthma Action Plan
2. Asthma Friendly Child Care Checklist for Parents and Providers
3. Daily Asthma/Allergy Communication (English/Spanish)
4. Individual Plan of Care Form
5. Medication Consent Form


Flyers & Brochures

1. Asthma Triggers in the Child Care Environment
2. CDC Flu Guidelines
3. Green Cleaning Recipes
4. How do I Know if my Child Should go to Child Care Today (English/Spanish)
5. CT Nurses Association-Medication Training
6. Major Causes of Food Allergies
7. Quit Line-Smoking Cessation
8. Tips for Families who have Children with Asthma (English/Spanish)




11. Resources

Children's Resources

<p>Kids Health</p> <p>American Academy of Allergy, Asthma and Immunology</p> <p>Body and Mind (BAM)</p> 	<p>Asthma information designed for children. http://kidshealth.org</p> <p>Games, puzzles, videos and more to help you learn about managing your allergies and asthma. http://www.aaaai.org/patients/just4kids/default.stm</p> <p>Designed to answer kids' questions on asthma and recommends ways to make their bodies and minds healthier, stronger, and safer. The site was created by the Centers for Disease Control and Prevention (CDC) http://www.bam.gov/</p>
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Educational Materials

<p>American Academy of Allergy, Asthma and Immunology</p> <p>Allergy & Asthma Network Mothers of Asthmatics</p> <p>Asthma and Allergy Foundation of America</p>	<p>The American Academy of Allergy, Asthma & Immunology is the largest professional medical organization in the United States devoted to the allergy/immunology specialty. The AAAAI has developed an extensive library of information to help you learn more about allergic disease. http://www.aaaai.org/</p> <p>Resources for parents and teachers on keeping kids with allergies and asthma safe at school. http://www.aanma.org/schoolhouse</p> <p>The Asthma and Allergy Foundation of America (AAFA) is the premier patient organization dedicated to improving the quality of life for people with asthma and allergies and their caregivers, through education, advocacy and research. http://www.aafa.org</p> 
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Government Agencies

<p>Connecticut Department of Public Health Asthma Program Webpage</p>	<p>Provides the latest information and education for child care providers, children, and, parents Contact the Asthma Program at (860) 509-8251 www.ct.gov/dph/asthma</p>
<p>Connecticut Department of Public Health Daycare Licensing Program</p>	<p>Provides the latest information and education for child care providers The Child Day Care Licensing Help Desk is covered each day during customary business hours to assist you with general questions concerning the licensing regulations and requirements, the child day care licensing program's policies and procedures, verify staff approval or other general information. Contact the Daycare Program at (860)-509-8045 http://www.ct.gov/dph/</p>
<p>Connecticut Department of Public Health Tobacco Program Webpage</p>	<p>Provides education information for the general public and parents of children regarding smoke exposure and other topics related to smoking as well as smoking cessation programs. Contact the Tobacco Program at (860) 509-8251 http://www.ct.gov/dph/tobacco</p>

Parents

<p>Asthma Moms</p>	<p>A network of concerned parents of children with asthma. Provides extensive lists of links to asthma-related information for families, including resources about asthma triggers, medications, legislation, medical literature, statistics, initiatives, and camps. Information in Spanish is available. www.asthmamoms.com</p>
<p>You Can Control Asthma: A Book for the Family and You Can Control Asthma: A Book for Kids</p>	<p>A set of easy-to-read books in both Spanish and English. One book is for the family and the other is for children ages 6-12 to help learn everything about asthma. Order by telephone 800-7-ASTHMA. (<i>Asthma and Allergy Foundation of America</i>)</p>
<p>The Family Doctor</p>	<p>Asthma related health information for the whole family by the American Academy of Family Physicians. http://familydoctor.org/online/famdocen/home/common/asthma/basics/014.html</p>





Trainings

<p>Day Care Staff: American Lung Association</p>	<p>A is For Asthma A preschool educational program designed for childcare professionals in English and Spanish. It was developed by Children's Television Workshop and funded by the Prudential Foundation for the American Lung Association. The fully bi-lingual package includes: a 15-minute video, a <i>Caregiver Guide</i> to share with other adults in your childcare program and a poster that reinforces the video's important messages. To order, please call the American Lung Association of Connecticut at (860) 289-5401 or the national number at 800-LUNG USA.</p>
<p>Day Care Staff: Connecticut Nurses Association</p> <p>Day Care Nurse Consultants: Train-the-trainer curriculum for licensed medical consultants</p>	<p>Medication Administration Training http://www.ctnurses.org/</p> <p>Connecticut Medication Administration in Early Education and Child Care Settings http://www.ct.train.org</p>



12. Glossary of Terms

Allergen	A foreign substance that leads to an allergic reaction. Examples are dust, molds and pollens.
Allergic Reaction	An acquired abnormal immune response to a substance (allergen) that does not normally cause a reaction.
Anti-inflammatory Medication	A medicine that reduces the symptoms and signs of inflammation in the lungs by reducing the swelling of the airways. It helps control asthma over the long term. Corticosteroids are examples of anti-inflammatory medications.
Asthma	A chronic inflammatory lung disease that affects the airways in the lungs causing difficulty with breathing. Asthma attacks are triggered by allergens, infections, exercise, cold air and other factors.
Asthma Management Plan (also called an Individual Plan of Care, Asthma Action Plan)	A written document developed by the physician in conjunction with the person with asthma and his/her family that outlines exactly what the person with asthma needs to do depending on how they are feeling. An Asthma Action Plan can be used as an Individual Plan of care.
Auto-injector Epinephrine/Epi Pen	A syringe that is pre filled with the medication epinephrine that relaxes the muscles in the airways making it easier to breathe and tighten the blood vessels to reduce swelling. This injection is made into the thigh to treat life threatening allergic reactions.
Bronchodilator Medications	A group of drugs that widen the airways in the lungs, providing quick relief. These are known as “rescue” medications.
Cleaner	An agent that removes visible dust, dirt and debris on a surface.
Control Medications	These medications work over the long-term to reduce inflammation of the airways associated with asthma, thus reducing the risk of an asthma attack.
Corticosteroid Drugs	A group of anti-inflammatory drugs that reduce the swelling of the airways.
Dander	Small scales from animal skin. This is a common allergen.
Disinfectant	An agent that kills common fungi, bacteria and viruses on a surface.
Inflammation	Redness and swelling in a body tissue such as the nose, lung or skin due to chemical or physical injury, infection, or exposure to an allergen.
Inhaled Steroids	Medicines that prevent the occurrence of asthma symptoms if taken regularly at adequate doses. The medicine is taken via inhaler only.



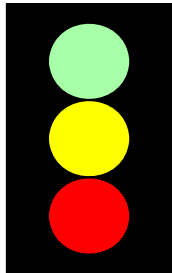
Inhaler	A device for administering medications by inhalation.
Nebulizer	A machine that pumps air through a liquid medicine making the medicine bubble until a fine mist is formed that is breathed in. It is usually used in the hospital or at the doctor's office.
Peak Flow Meter	A small tube-like hand-held device used to measure the speed at which a person can push air out of their lungs. Monitoring peak flow can tell how well asthma is being controlled even before symptoms appear.
Relief (Rescue) Medications	Short term medications that provide immediate relief to the airways during an asthma attack.
Respiratory System	The group of organs responsible for breathing. This includes the nose, throat, airways, and the lungs.
Sanitizer	An agent reduces the amount of bacteria on a surface.
Spacer	A device that attaches to an inhaler that helps direct the medication into the lungs. These are useful for very young children who have difficulty getting adequate medicine into their lungs with an inhaler alone.
Symptoms	Physical changes or feelings expressed that show a disease or condition exists. For asthma, these may be coughing, wheezing, breathing difficulty, or a tightness in the chest.
Triggers	Activities, conditions, or substances that cause the airways to react and asthma symptoms to occur. Some examples of possible asthma triggers are dust mites, mold, changes in temperature, tobacco smoke, and furry pets. Triggers are different for each person.



Asthma Action Plan Ages 0 – 11 Years

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
www.ct.gov/dph/asthma

Name:	Birth Date:	Date:
Parent/Guardian Phone #'s:	Provider Phone #: Fax #: (or stamp)	
Important! Things that make your asthma worse (Triggers): <input checked="" type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust <input type="checkbox"/> tree/grass/weed pollen <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> seasons: other:		



Severity Classification: Severe Persistent Moderate Persistent Mild Persistent Intermittent

GO – You're Doing Well! USE THESE MEDICINES EVERY DAY TO PREVENT SYMPTOMS

You have ***all*** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



CONTROLLER MEDICINE DIRECTIONS

If your child usually has symptoms with exercise then give:

☺ Inhalers work better with spacers. Always use with a mask when prescribed.

Peak Flow may be useful for some kids.

CAUTION – Slow Down! Continue with Green Zone Medicine and Add:

You have ***any*** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night



RESCUE MEDICINE DIRECTIONS

Then: Wait **20 minutes** and see if the treatment(s) helped

- If you are **GETTING WORSE** or **NOT IMPROVING** after the treatment(s) **GO TO RED ZONE**
- If you are **BETTER**, continue treatments every 4 to 6 hours as needed for 24 to 48 hours

Then: If you still have symptoms after 24 hours, **CALL YOUR DOCTOR** and if he/she agrees:

- Start: _____

If rescue medication is needed more than 2 times a week, call your doctor at: _____

DANGER – Get Help! TAKE THESE MEDICINES AND SEEK MEDICAL HELP NOW!

Your asthma is **getting worse fast:**

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



RESCUE MEDICINE DIRECTIONS

Then: Wait 15 minutes and see if treatment helped

- If **GETTING WORSE** or **NOT IMPROVING**, go to the hospital or **call 911**
- If you are getting **BETTER**, continue treatments every 4 to 6 hours and call your doctor – **say you are having an asthma attack and need to be seen TODAY!**

Then: If your doctor agrees, start: _____

✓ Make an appointment with your primary care provider within two days of an emergency visit, hospitalization, or anytime for **ANY** problem or question with asthma

School Nurse: Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

Parents: Call your doctor for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

HEALTHCARE PROVIDER SCHOOL MEDICATION AUTHORIZATION **REQUIRED** FOR _____ as stated in accordance with CT State Law and Regulations 10-212a

Self-Administration: This student **is** capable to safely and properly self-administer this medication OR This student **is not** approved to self-administer this medication

Signature: _____ Provider Printed Name: _____ Date: _____ For use from _____ to _____

Parent/Guardian Consent: **REQUIRED**

I authorize this medication to be administered by school personnel OR I authorize the student to possess and self-administer medication.

I also authorize communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based clinic providers necessary for asthma management and administration of this medication.

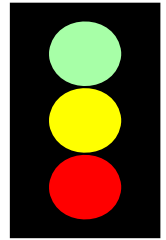
Parent/Guardian Signature: _____ Date: _____

Bring asthma meds and spacer to all visits

Plan de Acción Contra el Asma

Niños 0 – 11 años

Nombre de paciente:	Fecha de nacimiento:	Fecha:
# teléfono del Padre/Guardián:	# teléfono del Médico:	# fax:
¡Importante! Cosas que hace peor el asma: <input type="checkbox"/> humo <input type="checkbox"/> mascotas <input type="checkbox"/> moho <input type="checkbox"/> polvo <input type="checkbox"/> polen de árbol/hierba <input type="checkbox"/> resfriado/virus <input type="checkbox"/> ejercicio <input type="checkbox"/> cambio de clima: <input type="checkbox"/> otras cosas:		



Clasificación de Severidad: Severo persistente Moderado persistente Leve persistente Leve Intermitente

Proceda – ¡Está haciendo bien! **USE ESTAS MEDICINAS CADA DÍA PARA PREVENIR SÍNTOMAS**

Usted tiene **todos** estos síntomas:

- Respira bien
- No hay tos o sibilancias
- Duerme toda la noche
- Puede trabajar y jugar



MEDICINA DE CONTROL

COMO DEBERÍA TOMARLA

Si por lo general su niño tiene síntomas de asma durante el ejercicio, déle:

☺ Inhaladores funciona mejor con un espaciador.
Siempre use con el espaciador con mascarilla o boquilla.

Información sobre flujo máximo podría ser útil para niños que no perciben bien sus síntomas.

PRECAUCIÓN – ¡Detengase! **Continúe con medicina de la Zona Verde y Añade:**

Si tiene estos síntomas:

- Síntomas iniciales del resfriado
- Contacto con alguna cosa que provoca asma
- Tos
- Sibilancia
- Pecho apretado
- Tos por la noche



MEDICINA DE RESCATE

COMO DEBERÍA TOMARLA

Entonces: Espere 20 minutos y evalúe si el tratamiento ayudó

- Si **ESTÁ EMPEORANDO** o **NO HAY MEJORÍA** después del tratamiento, **PROCEDA A LA ZONA ROJA**
- Si **HAY MEJORÍA**, continúe con la medicina en dosis indicada cada 4 a 6 horas como necesario durante 24 a 48 horas

Entonces: Si todavía tiene síntomas después de 24 horas, LLAME A SU MÉDICO. Si él/ella está de acuerdo:

- Empiece: _____

Si necesita medicina de rescate más que dos veces en una semana, llame a su médico: _____

PELIGRO – ¡Obtenga ayuda! **TOME ÉSTAS MEDICINAS Y COJA AYUDA MEDICA AHORA MISMO!**

Rápidamente, su asma está empeorando:

- La medicina no le ayuda
- Respiración es difícil y rápido
- Las fosas nasales se abre ancha
- No puede hablar bien
- Se pone nervioso



MEDICINA DE RESCATE

COMO DEBERÍA TOMARLA

Entonces: Espere 15 minutos y evalúe si el tratamiento ayudó

- Si **ESTÁ EMPEORANDO** o **NO HAY MEJORÍA**, vaya al hospital o llame 911
- Si **HAY MEJORÍA**, continúe con la medicina en dosis indicada cada 4 a 6 horas y llame a su médico – **Dígale que está teniendo un ataque de asma y necesita una cita HOY!**

Entonces: Si él/ella está de acuerdo, empiece: _____

✓ Haga una cita con su proveedor de cuidado primario dentro de dos días a partir de una visita al ED o una hospitalización, o en cualquier momento para cualquier problema o pregunta sobre asma.

School Nurse: Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

Padre/Guardián: Llame al médico para discutir preguntas sobre control del asma o si uso de medicina de rescate es más que 2 veces/semana

HEALTHCARE PROVIDER SCHOOL MEDICATION AUTHORIZATION **REQUIRED** FOR _____ as stated in accordance with CT State Law and Regulations 10-212a

Self-Administration: This student is capable to safely and properly self-administer this medication OR This student is not approved to self-administer this medication

Signature: _____ Provider Printed Name: _____ Date: _____ For use from _____ to _____

Padre/Guardián: **OBLIGATORIO**

Autorizo al empleados medicos de la escuela para dar estas medicinas a mi niño/a O Autorizo al estudiante para tener estas medicinas y tomárselas a si mismo

Autorizo también la comunicación, entre el médico que prescribe las medicinas, la enfermera escolar, el consejero médico escolar, y profesionales de clínica basados en la escuela que es necesario para el manejo de asma y administración de estas medicinas.

Firma del Padre/Guardián: _____ Fecha: _____ **Traiga medicinas para asma y espaciador a todas citas.**

TIPS for PARENTS with 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 your child usually exhibits before an attack
- Provide a copy of your child's Asthma Action Plan. Make sure both you and the provider understand the Asthma Action Plan and agree on the steps to follow. The AAP describes steps to take if a child with asthma is experiencing any asthma symptoms.
- If your child does not have an Asthma Action Plan (AAP), talk to your health care provider about getting one. Be sure to discuss steps to take in the event of the asthma attack, if your child doesn't have an Asthma Action Plan.
- If your child requires asthma medication, be sure to give the child care provider medication in the original pharmacy container. Medication must **always** be accompanied by a Medication Authorization Form completed by the child's health care provider.
- Talk to your 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.
- 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.



How Do I Know if My Child Should Go to Child Care Today?

May attend child care if:



- ☺ 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

The child should not attend child care if:

- ☹ 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)



State of Connecticut Department of Public Health
Community Health and Prevention
Asthma Program
410 Capitol Avenue, MS#11HLS, PO Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-8251, Fax: (860) 509-7854
<http://www.ct.gov/dph/asthma>

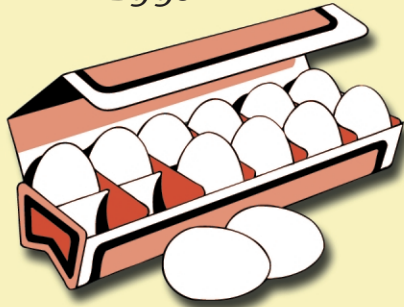
Adapted from: Illinois Department of Human Services



Major Causes of Food Allergies

these eight foods account for 90% of all allergic reactions

Eggs



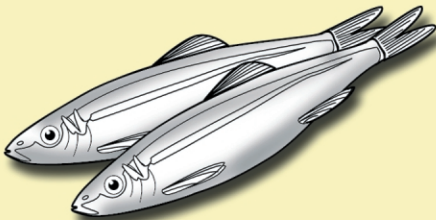
Milk



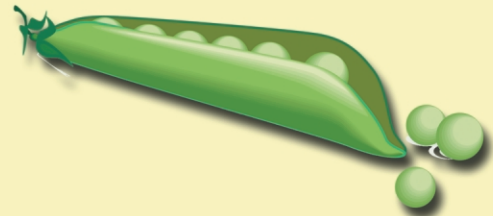
Wheat



Fish



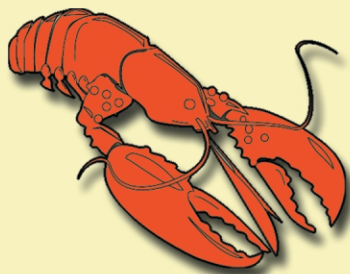
Soy



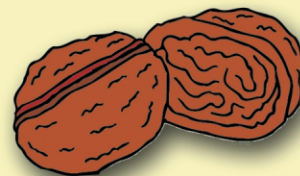
Peanuts*



Shellfish



Tree Nuts
(Walnuts, Pecans)



**Peanuts are the leading cause of severe allergic reactions.*

From The Food Allergy Network

Breathe Easy While Cleaning

Hazardous chemicals can often be found in common cleaning products. For example, products containing ammonia or chlorine bleach are highly irritating to the lungs and are harmful to the environment if disposed improperly. Companies are not required to list ingredients so you may not be able to tell if hazardous chemicals are in the product. **Protect yourself by looking for the signal word on product labels.** Below is a chart to help you understand what the signal words mean. Look for environmentally-friendly, healthier cleaning products that are now available in most stores or you can make your own.

Hazard Level	Signal Word	What the Label Means
MOST DANGEROUS	POISON	Highly toxic
	DANGER	Extremely flammable, corrosive or highly toxic
	WARNING	Moderate hazard
LEAST DANGEROUS	CAUTION	Mild or moderate hazard

CAUTION: HARMFUL IF SWALLOWED. EYE IRRITANT. VAPOR MAY BE HARMFUL. DO NOT MIX WITH OTHER HOUSEHOLD CHEMICALS OR BLEACH AS TOXIC FUMES MAY RESULT. DO NOT REUSE EMPTY BOTTLE. Use in well ventilated area. In case of contact with skin or eyes, flush with cool water for 15 minutes. Call physician if irritation continues. If swallowed, do not induce vomiting; drink a glass of water followed with milk. Call a physician immediately. Contains Water, Lactic Acid, Gluconic Acid, Lauramide Oxide, 1-Butoxy-2-propanol.

PELIGRO: DANINO SI SE INGIERE. IRRITANTE DE LOS OJOS. EL VAPOR PUEDE SER PERJUDICIAL. NO MEZCLE CON OTRAS SUSTANCIAS QUÍMICAS DOMÉSTICAS NI CON BLANQUEADOR YA QUE SE PODRIAN PRODUCIR VAPORES TÓXICOS. NO VUELVA A UTILIZAR LA BOTELLA VACÍA. MANTENGA FUERA DEL ALCANCE DE NIÑOS. Use en un área bien ventilada. En caso de contacto con la piel o los ojos, enjuague con agua fría durante 15 minutos. Llame al médico si la irritación persiste. Si se ingiere no induzca el vómito; beba un vaso de agua seguido de leche. Llame inmediatamente al médico. Contiene Agua, Ácido Láctico, Ácido Glucónico, Óxido de Lauramín, 1-Butoxy-2-propanol.



For more information and recipes (such as furniture polish and drain cleaner), visit www.ct.gov/deep/greencleaning.
 CT Department of Environmental Protection, 79 Elm St., Hartford, CT 06106-5127, (860) 424-3297. Revised 03/2012

Recipes for Healthy Cleaners

All Purpose Cleaner - Pour 3 Tablespoons vinegar, 1 teaspoon borax and 2 cups hot water into a spray bottle. Shake until dissolved. Then add 1 teaspoon liquid soap (or dishwashing liquid) to the bottle and shake it again. Spray on surface and then wipe clean. For tough dirt, leave cleaner on for a few minutes and then wipe off.



Glass Cleaner - Pour 2 Tablespoons of vinegar and 2 cups of water into a spray bottle. Add 2 drops of liquid soap (or dishwashing liquid) and shake to mix. Spray on glass and wipe with lint-free cloth. Dry off with a second lint-free cloth.

Sink, Tub and Tile Cleaner - Sprinkle on baking soda, rub with wet sponge or scrub cloth and rinse.

For mineral deposits, soak a cloth in vinegar and leave it on the deposit for about an hour and then clean off area. For soap scum deposits, spread liquid soap or clarifying shampoo on the surface and leave it for about an hour. The deposits will be softened and then can be cleaned away with a scrub cloth or a brush. For mold or mildew, make a paste of borax and water and put it on the surface to be cleaned. Leave paste on the area for about an hour and then scrub it off.



Toilet Bowl Cleaner - Squirt vinegar from squeeze bottle under the rim. Pour about ½ cup borax into the toilet and use a toilet brush to clean the bowl. For mineral deposits, leave mixture in toilet for at least an hour. Then use the brush again to clean. Use the all-purpose cleaner and a sponge or scrub cloth to clean the seat and outside of the bowl.

Oven Cleaner - Make sure oven is turned off. Make a paste of baking soda and water and put on the sides and bottom of the oven. Let it set overnight. Scoop out baking soda and then wipe clean with damp cloth. Use scouring pad for tough spots.





Tobacco Use Cessation Programs in Connecticut



Birmingham Group Health Services, Inc. ***
435 East Main Street
Ansonia, CT 06401
Attn: Pamela Mautte
203-736-8566

Harbor Health Services***
14 Sycamore Way
Branford, CT 06405
Attn: Maggie Goodwin
203-483-2630 Ext. 241

Bridgeport Hospital QuitSmart
267 Grant Street
Bridgeport, CT 06610
Attn: Gretchen May Fendo
203-336-7375

St. Vincent's Medical Center Foundation
Teen Smoke Stoppers Program
2800 Main Street
Bridgeport, CT 06606
Attn: Mary Ellen Bolcer
203-576-5451

Mountainside Treatment Center
Nicotine Anonymous
P.O. Box 717
Canaan, CT 06018
Attn: Matt Eikan
800-762-5433

Danbury Hospital
Quit Now Smoking Cessation Program
24 Hospital Avenue
Danbury, CT 06810
Attn: Marianne Mitchell
203-739-8161

United Services, Inc. ***
1007 North Main Street
PO Box 839
Dayville, CT 06241
Attn: Earl Henrichon
860-774-2020

American Lung Assoc. Helpline
45 Ash Street
East Hartford, CT 06108
Attn: Michelle Marichal
860-838-4370

Intercommunity, Inc. ***
281 Main Street
East Hartford, CT 06118
Attn: Jessica LeRoy
860-690-1707

Town of Fairfield
725 Old Post Road
Fairfield, CT 06824
Attn: Sarah Levy
203-256-3150

Uconn Health Center
Smoking Cessation
263 Farmington Ave
Farmington, CT 06032
Attn: Peter Krzykowski
860-679-3136
Attn: Karen
860-372-8418

Greenwich Hospital
Community Health Smoke Stoppers
5 Perryridge Road
Greenwich, CT 06830
Attn: Diane DeMain
203-863-3786

Ledge Light Health District
943 North Road
Groton, CT 06340
Attn: Kerensa Mansfield
860-448-4882

Town of Guilford Health Dept. *
VNA Community Healthcare
50 Boston Street
Guilford, CT 06437
Attn: Kathy Hand
203-458-4239

Hartford Behavioral Health ***
One Main Street
Hartford, CT 06106
Attn: Judith Vazquez
860-727-8703

Hartford Hospital
80 Seymour Street
Hartford, CT 06102
Attn: Jeremy Barbagallo
860-545-3127

St. Francis Hospital & Medical
Center
Break Free From Smoking
114 Woodland Street
Hartford, CT 06105
Attn: Sally Lerman
877-783-7262

Rushford Center ***
883 Paddock Avenue
Meriden, CT 06450
Attn: Melissa Hall
203-630-5280

City of Meriden **
Dept. of Health and Human
Services
165 Miller Street
Meriden, CT 06450
Attn: Geralyn Laut
203-630-4003

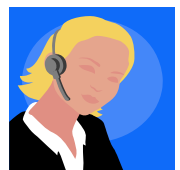
Life Changes LLC
193 Main Street
Middletown, CT. 06457
Attn: Andrew Degling
860-944-1171

Middlesex Hospital Center for
Chronic Care Management **
80 South Main Streets
Middletown, CT 06457
Attn: Beth Roberts
860-358-3003

Bridges: A Community Support
System ***
949 Bridgeport Avenue
Milford, CT 06460
Attn: Jane Skolnick
203-878-6365



Connecticut Quitline
Telephone Tobacco Use Cessation Assistance available 7 days a week
1-800-QUIT-NOW, or 1-800-784-8669



Milford Hospital Education
Dept, Freedom From Smoking
300 Seaside Avenue
Milford, CT 06460
Attn: Diane Frankel Gramelis
203-876-4003

AIDS Project New Haven, Inc.
1302 Chapel Street
New Haven, CT 06511
Attn: Seph Mayo
203-624-0947 Ext. 227

Fair Haven Community Health
Clinic, Inc.
374 Grand Ave
New Haven, CT 06513
Attn: Anne Somsel
203-777-7411

Fellowship Place***
441 Elm Street
New Haven, CT 06511
Attn: Carol Legmen
203-401-4227 Ext. 127

Hospital of Saint Raphael **
Haelen Center
1450 Chapel Street
New Haven, CT 06511
Attn: Doreen DeCerbo
203-789-4146

Yale School of Medicine
50 York Street
New Haven, CT 06511
Attn: Susan Neveu
203-974-7588

VA CT Healthcare System
Smoking Cessation Treatment
555 Willard Avenue
Newington, CT 06111
Attn: Regina Gilbert
860-594-6302

New Milford Hospital Freshstart
21 Elm Street
New Milford, CT 06776
Attn: Dorothy Christman
203-794-5429

Newtown Health District *
3 Primrose Street
Newtown, CT 06470
Attn: Donna Culbert
203-270-4291

Girl Scouts of Connecticut
20 Washington Avenue
North Haven, CT 06473
Attn: Cathy Monckton
203-239-2922 Ext 3342

Norwalk Hospital Stop Smoking
34 Maple Street
Norwalk, CT 06856
Attn: Margaret Haggerty
203-852-2484

Day Kimball Hospital
Wellness Program
320 Pomfret Street
Putnam, CT 06260
Judith Hansen
860-928-6541 Ext. 2015

The Stamford Hospital
Tully Health Care Center
32 Strawberry Hill Court
Stamford, CT 06904
Attn: Mary Judge
203-276-7875

Charlotte Hungerford Hospital
Pulmonary Education (FFS)
780 Litchfield Street
Torrington, CT 06790
Attn: Sandy Markus
860-738-6661

Heart Center of Greater
Waterbury
Freedom from Smoking
1075 Chase Parkway
Waterbury, CT 06722
Attn: Mary Hallenbeck
203-575-1992

Generations Family Health
Center
Healthcare Access & Promotions
1315 Main Street
Willimantic, CT 06226
Attn: Giselle Lopez
860-450-7456

Community Health Resources***
995 Day Hill Road
Windsor CT. 06095
Attn: Malike Jonas
860-646-3888

National Cancer Institute
U.S. National Institutes of Health
800-4-cancer (800-422-6237)
www.cancer.gov

* Program funded from 7/1/11-6/30/12 by DPH with funding from the Preventive Health Block Grant

** These community-based programs are funded from 11/01/11 to 10/31/13 by DPH through Tobacco and Health Trust Funds

*** These tobacco use cessation services target individuals with mental illness, funded by DPH through Tobacco and Health Trust Funding for the period from 9/1/09 to 12/31/2012

**Tobacco Use Prevention & Control
Program**
410 Capitol Avenue
Hartford, CT 06134
860-509-8251
www.ct.gov/dph/tobacco



BecomeAnEX.org
Re-learn Life Without Cigarettes
National Alliance for Tobacco Cessation





Daily Asthma/Allergy Communication Child Care Provider to the Family

Child's Name _____ Date _____

Child's Current Physical – Emotional Status (Check or circle those that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Tired | <input type="checkbox"/> Restless/fussy | <input type="checkbox"/> Hyperactive/agitated |
| <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Trouble feeding (sucking) | <input type="checkbox"/> Needs extra attention |
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Other: _____ | |

Current Symptoms (Check or circle those that apply)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Upset stomach |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Congested | <input type="checkbox"/> Nauseated |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Itching: _____ | <input type="checkbox"/> Other: _____ |

Factors that may have triggered these symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Exposure to _____ |
| <input type="checkbox"/> Insect sting | <input type="checkbox"/> Other: _____ |

Information for Parent/Guardian

In **addition** to the **normal daily** medications, the following were given to your child today:

What _____ How Much _____ When _____

Peak flow readings today were: _____

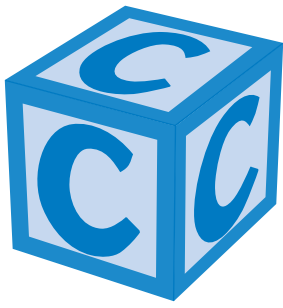
Other information:

Activity level for today:

- | | |
|--|---|
| <input type="checkbox"/> Normal activity (running and active play) | <input type="checkbox"/> Quiet indoor activity only |
| <input type="checkbox"/> Outdoor activity with no running | |

Note: This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child's Asthma Action Plan for the routine plan of care.

Adapted from: Asthma & Allergy Essentials for Child Care Providers. Asthma and Allergy Foundation of America (AAFA).



Comunicación Diaria sobre Asma/Alergias Del Proveedor del Cuidado Infantil a la Familia

Nombre del Niño _____ Fecha _____

Estado Físico-Emocional Actual del Niño (Marque o haga un círculo en los que apliquen)

- Cansado Inquieto/molesto Hiperactivo/agitado
 Apetito aumentado Problemas para alimentarse (chupar) Necesita atención extra
 Apetito disminuido Otro: _____

Síntomas Actuales (Marque o haga un círculo en los que apliquen)

- Tos Sibilancias Descompostura estomacal
 Nariz coriza Congestionado Con náuseas
 Estornudos Picazón: _____ Otro: _____

Factores que pueden haber desencadenado estos síntomas:

- Actividad Física Exposición a _____
 Picadura de insecto Otro: _____

Información para el Padre/Tutor

Además de los medicamentos **diarios normales**, se le dieron los siguientes a su niño hoy:

Qué _____ Cuánto _____ Cuándo _____

Los valores de flujo pico hoy fueron: _____

Otra información:

Nivel de actividad hoy:

- Actividad normal (correr y juego activo) Sólo actividad tranquila bajo techo
 Actividad al aire libre sin correr

Nota: Este formulario se brinda como herramienta para facilitar las comunicaciones diarias entre padres/tutores y proveedores de cuidado infantil. Por favor consulte el Plan de Acción contra el Asma del niño para el plan de cuidado de rutina.

Adaptado de: Asthma & Allergy Essentials for Child Care Providers. Asthma and Allergy Foundation of America (AAFA). (Conceptos Esenciales de Asma y Alergias para Proveedores de Cuidado Infantil. Fundación de Asma y Alergias de (Estados Unidos de) América.

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"/>

Ideas for improvement: _____

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"/>



Ideas for improvement: _____

FAMILY DAY-CARE: Special Concerns

When children are cared for in "family day-care" settings, they are exposed to things that are part of daily life in that household, some of which may be harmful for children with asthma. Parents and providers need to have honest discussions about these issues, which may involve sensitive matters. For example:

- members of the provider's family may smoke cigarettes in the home, or use strong smelling perfumes or lotions;
- the family may have pets, or acquire new pets, to which the asthmatic child is allergic;
- the home may have a wood stove, fireplace or space heater that produces particles or fumes that irritate sensitive airways;
- home furnishings are likely to include upholstered chairs and sofas that contain dust mite allergen;
- hobbies or home repairs may produce fumes strong odors.

The habits and activities of a child care provider's family may need to be adjusted, in order to provide a healthy environment for all children who spend time in the household. Parents of children with asthma need to find out whether asthma triggers are present. In some circumstances, they may need to make other child care arrangements. Child care centers housed in public or private buildings may also have limits on their ability to improve their indoor air quality and remove all asthma triggers.

	<p>This checklist was developed by the Asthma & 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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For more information:

Asthma & Allergy Foundation of America - New England Chapter
109 Highland Avenue, Needham, MA 02494 781-444-7778 (Toll Free: 1-877-2-ASTHMA)
Web-site: www.asthmaandallergies.org.

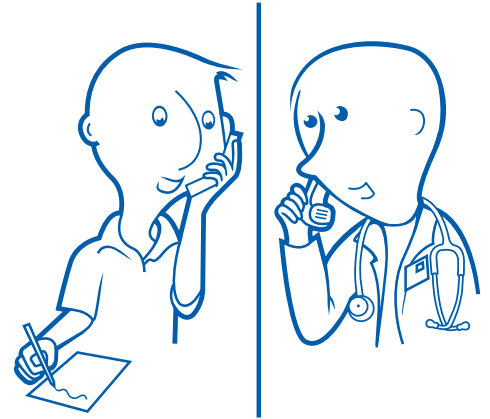
National Resource Center for Health & Safety in Child Care
www.nrckids.org; 800-598-KIDS

Qué hacer si su niño contrae la influenza

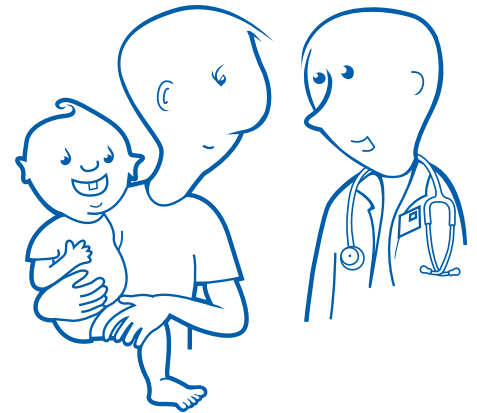
Los niños menores de 5 años corren mayor riesgo de desarrollar problemas graves a causa de la influenza. Los niños que tienen una enfermedad crónica como el asma o la diabetes, por ejemplo, también corren mayores riesgos de desarrollar problemas graves de influenza.

Si su hijo tiene menos de 5 años o padece de una enfermedad crónica (como el asma o la diabetes) y presenta con síntomas de influenza, puede correr el riesgo de desarrollar complicaciones graves a causa de esta enfermedad.

Si es necesario consulte a un médico para que examine a su hijo.

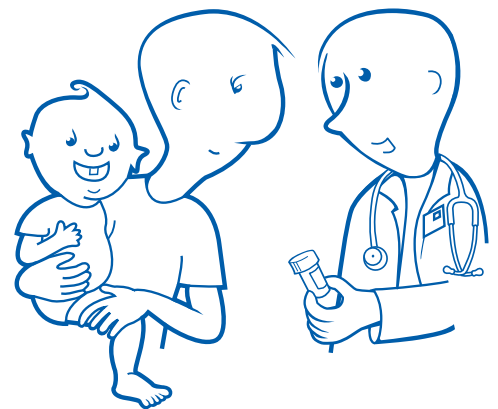


La mayoría de los niños mejorarán sin tener que acudir a un médico, pero algunos niños pueden enfermarse gravemente con la influenza. No importa la edad que tengan: los niños con síntomas graves de influenza deben consultar al médico.



Los medicamentos antivirales para tratar la influenza dan mejores resultados si se administran dentro de los primeros 2 días (48 horas) de contraer la enfermedad.

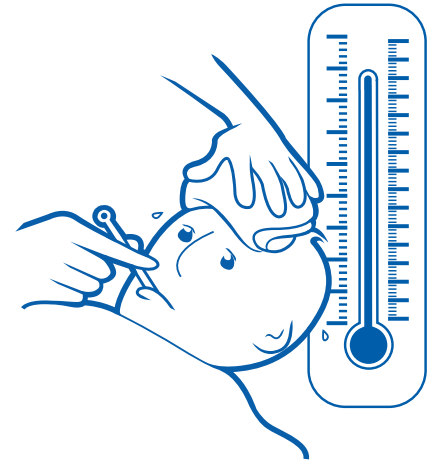
Es posible que el médico le recete medicamentos antivirales a su hijo incluso después de las 48 horas desde que comenzaron los síntomas de la influenza, en especial si su hijo está hospitalizado o tiene más posibilidades de desarrollar enfermedades graves a causa de la influenza.



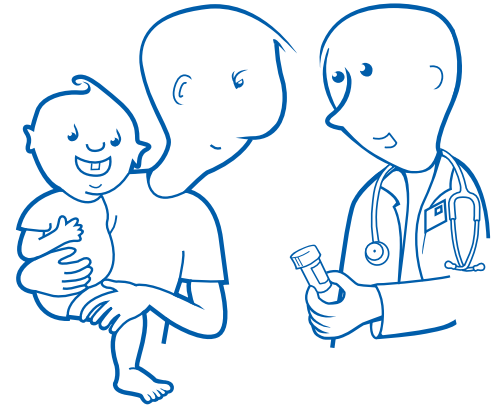
INFLUENZA (GRIPE)

Si su niño contrae la influenza

Las personas tienen fiebre cuando su temperatura es igual o mayor de los 100 grados Fahrenheit (37.8 grados Celsius). Si no tiene un termómetro, toque la cara de su niño. Si la cara está más caliente de lo normal, enrojecida, sudando o si el niño tiene escalofríos, es posible que tenga fiebre.



Si su hijo tiene fiebre, hay medicamentos que pueden ayudar a bajarla. Estos se venden en tiendas (sin receta) y se pueden comprar sin dificultad. Otros requieren una receta del médico. Hable con su médico para averiguar que medicamento es indicado según la edad de su niño.



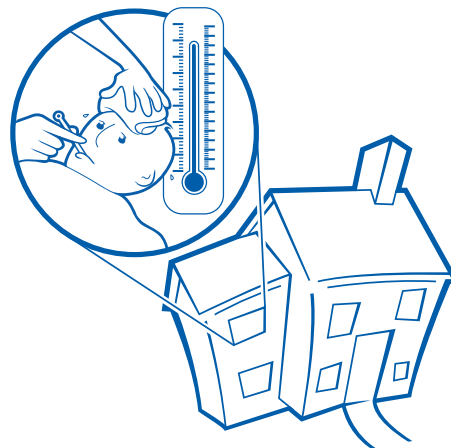
Existen medicamentos que se venden en tiendas (sin receta) que pueden aliviar los síntomas de la influenza en los niños. Consulte con su médico para averiguar cuáles de estos medicamentos son los adecuados para su hijo. Tenga en cuenta que nunca debe darle aspirina a los niños que puedan tener influenza.



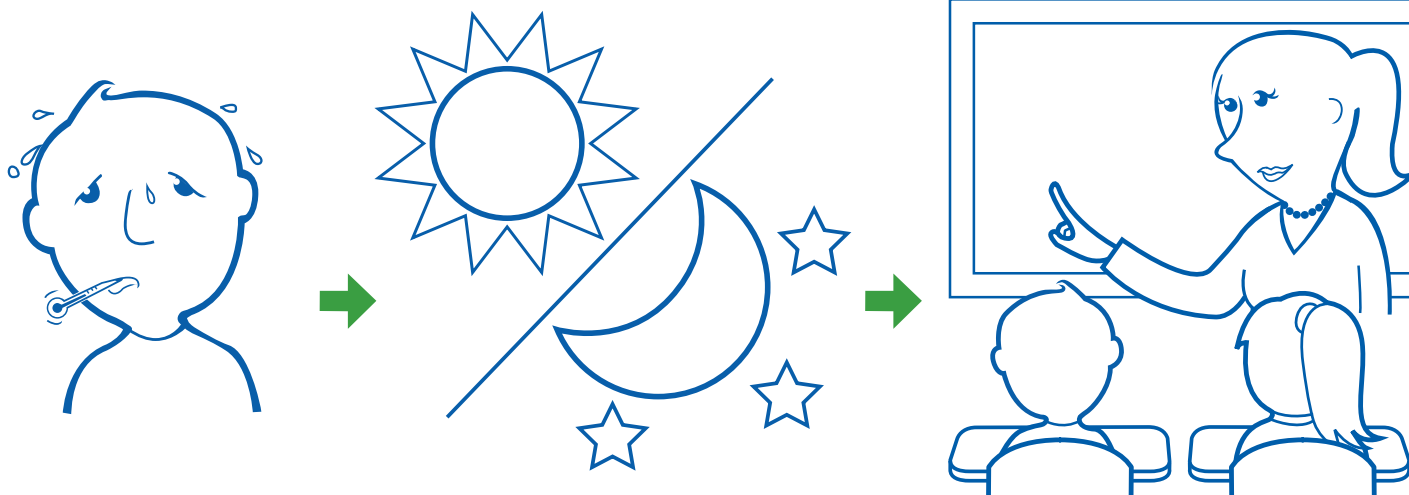
INFLUENZA (GRIPE)

Si su niño contrae la influenza

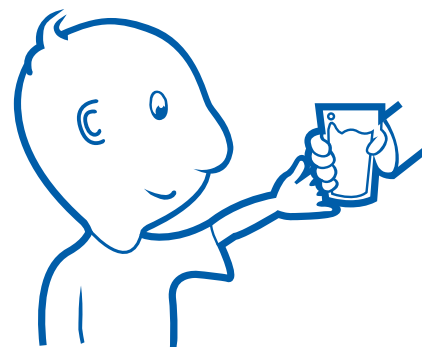
Para reducir el contagio de la influenza, su hijo debe permanecer en su casa al menos 24 horas después de que la fiebre desaparezca, excepto para recibir atención médica.



Los niños pueden regresar a la escuela 24 horas después de que la fiebre desaparezca SIN el uso de medicamentos antifebriles.

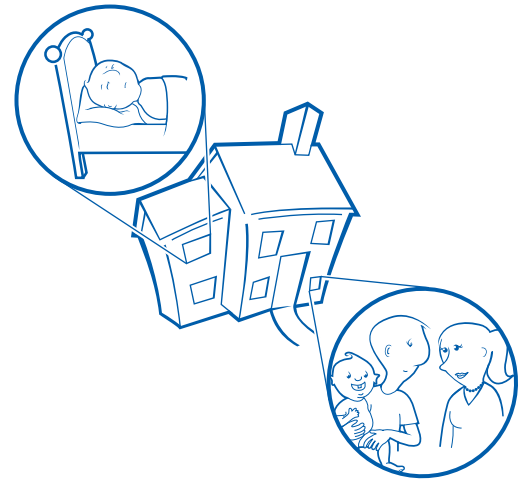


Mientras su hijo está enfermo, asegúrese de que descansa bien y beba líquidos transparentes (como agua, caldo, bebidas para deportistas, bebidas electrolíticas para bebés, Pedialyte®) a fin de evitar la deshidratación.



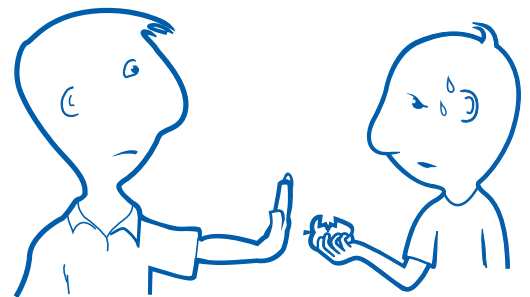
Cosas que hacer en el hogar para evitar el contagio de la influenza:

Mantenga al niño enfermo en una habitación apartada el mayor tiempo posible para limitar el contacto con las demás personas del hogar que no están enfermas.



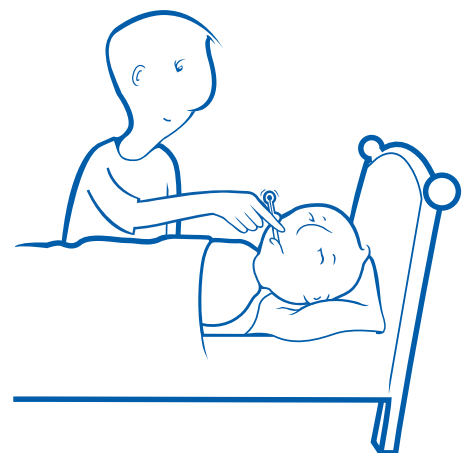
.....

No permita que su hijo comparta alimentos o bebidas con otras personas.



.....

Trate de que sea solo una persona la que cuide principalmente al niño enfermo. En lo posible, la persona encargada de la atención no debe ser alguien que corra un alto riesgo de sufrir complicaciones graves a causa de la influenza, como mujeres embarazadas o personas con enfermedades crónicas como el asma o la diabetes.



Para obtener información, llame los CDC al 1-800-CDC-INFO (232-4636) o visite www.cdc.gov/flu.

Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

I request that medication be self-administered to my child as described and directed above.

Name of Day Care Program _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Childcare Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

Person Accepting Medication (print name) _____ Date ____/____/____

INDIVIDUALIZED HEALTH CARE PLAN

NAME: _____ DOB: _____ SEX: ____ ALLERGIES: _____ PHYSICIAN _____		
RELEVANT DIAGNOSIS (ES): _____		
DIET: _____ MOBILITY: _____ EQUIPMENT: _____		
MEDICAL HISTORY: _____		
MEDICATION/TREATMENT: _____		
SIGNATURE: _____ (parent)	SIGNATURE: _____ (student)	SIGNATURE: _____ (School Nurse)

HEALTH CARE GOAL

DATE	HEALTH PROBLEM/ NURSING DIAGNOSIS	STUDENT OBJECTIVES	INTERVENTION AND RESPONSIBLE PERSON	EVALUATION AND TIMELINE

NAME: _____

DATE	HEALTH PROBLEM/ NURSING DIAGNOSIS	STUDENT OBJECTIVES	INTERVENTION AND RESPONSIBLE PERSON	EVALUATION AND TIMELINE

Adapted from Hartford Public Schools for use in Connecticut Department of Education Guidelines for Students with Special Health Care Needs.