

Asthma-Friendly Childcare Centers Resource Toolkit

2015



Georgia Asthma Control Program

GEORGIA ASTHMA-FRIENDLY CHILDCARE CENTER TOOLKIT

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Introduction

Asthma is a high priority health condition among Georgia children (0-17 years) with a prevalence rate of 10.8 percent. Sixteen percent of children in Georgia have been told by a health professional that they have asthma. Asthma is more prevalent among boys (12.6 percent) than girls (8.9 percent); non-Hispanic black children (15.6 percent) compared to non-Hispanic white children (8.2 percent); and among children in households with income less than \$25,000, lower levels of education and homes with known environmental triggers. In 2013, there were 3,075 asthma-related hospitalizations among children 0-17 years of age in Georgia. The total cost of asthma-related hospitalizations among Georgia children exceeded \$31 million. Children aged 0-4 have the highest rate of emergency room visits due to asthma. Many of Georgia's children aged 0-4 spend most of their day in a childcare setting. Early child care providers are in a unique position to contribute to the reduction in emergency room visits in this age group by understanding asthma and asthma management in order to address asthma-related illnesses and emergencies. In Georgia, there is a current lack of targeted, evidenced based asthma education programs designed for and effectively disseminated to early child care and Kindergarten providers.

Purpose

This guide is provided as a resource to complement the information provided in the Asthma-Friendly Childcare Center training for center administrators and staff. The training and guide are meant to help childcare providers give the best possible care for children with asthma. Your participation in the training will pay off by helping to prevent episodes and by ensuring you are prepared when they do occur. After participating in the training, you will be able to:

- Recognize the signs and symptoms of an asthma episode
- Identify different types of asthma treatments and medications
- Identify the physical changes in the lungs of someone with asthma
- Understand components of an Asthma Action Plan
- Identify, manage and control asthma triggers in the childcare setting
- Understand the components of an Asthma-Friendly Childcare Center
- Become familiar with the Georgia Asthma Friendly Childcare Center recognition process

The training is available in person according to the dates on the Georgia Asthma Control Program's website: <http://dph.georgia.gov/asthma-friendly-childcare-settings>

Background

As a childcare provider, you have been entrusted by parents with their most valuable asset: their children. You are already aware of the important role you play in providing care for their children. In addition to protecting a child's safety, you also have the opportunity to help improve their overall health and well-being. For children with asthma, an inflammatory lung disease, your role can be lifesaving!

Young children usually have the most difficulty with the disease. There are several reasons for this:

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- The airways of younger children are smaller, so swelling or mucus blocks their airways more easily.
- Upper respiratory tract infections, a major asthma trigger, occur in young children more frequently.
- Young children are less able to identify and communicate asthma symptoms, making observation by caregivers the primary means for identifying and treating asthma.
- Most children under 5 cannot use a peak flow meter to monitor an asthma episode.
- Some parents of children with asthma may not have learned an effective method of tracking the course of an asthma episode.

Because of these challenges, children with asthma need support in childcare settings to keep their asthma under control. By partnering with parents, you can help improve the quality of life for a child with asthma and help achieve the following goals of asthma management:

- Reduced need to limit physical activities
- Decreased coughing, wheezing, and shortness of breath
- Reduced nighttime symptoms
- Limited need for quick-relief (rescue) inhaler (albuterol)
- No need for emergency room visits or admission to the hospital
- No missed day care or school days from asthma

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About Asthma

What is Asthma?

Asthma is a disease that affects the lungs. It is one of the most common chronic diseases in children, but adults have asthma too. Asthma causes repeated episodes of wheezing, breathlessness, chest tightness and coughing. If someone has asthma, then they will have it all the time; however, they will have asthma episodes or attacks only when something aggravates their lungs. In most cases we do not know what causes asthma, and we do not know how to cure it. We do know that asthma tends to run in families.

There are various levels of asthma severity in children and adults. Asthma in infants and toddlers is often episodic. Some young children with mild asthma may have long stretches with little or no symptoms, and then develop symptoms requiring acute treatment. For this reason, it is especially important that childcare center staff are prepared by having an **asthma action plan** and **rescue medications** at the center should an episode begin while the child is in your care. Even children with “mild” asthma can have severe exacerbations that can be life threatening.

Asthma can be controlled and episodes can be avoided by knowing the warning signs of an episode, staying away from things that trigger an episode, and following the advice of a doctor or other medical professional. When asthma is controlled an individual:

- will not have symptoms such as wheezing or coughing,
- will sleep better,
- will not miss work or school,
- can take part in all physical activities, and
- will not have to go to the hospital or emergency department.

How Is Asthma Diagnosed?

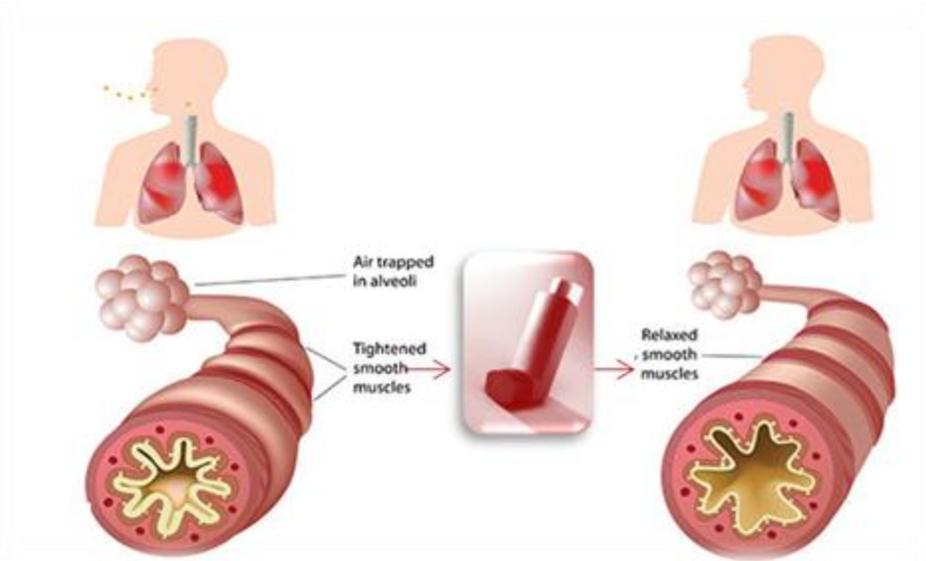
Asthma can be hard to diagnose, especially in children younger than 5 years of age. Regular physical checkups that include checking lung function and checking for allergies can help doctors or other medical professionals make the right diagnosis.

During a checkup, the doctor or other medical professional will ask questions to determine if the patient coughs a lot, especially at night, and whether breathing problems are worse after physical activity or during a particular time of year. Doctors will also ask about other symptoms, such as chest tightness, wheezing and colds that last more than 10 days. They will ask whether individuals in the patient’s family have or have had asthma, allergies or other breathing problems, and they will ask questions about the home. The doctor will also ask about missing school or work and whether the patient has any trouble doing certain activities.

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What Is An Asthma Episode or Attack?

An asthma episode (sometimes called an attack) can occur when an individual is exposed to asthma triggers, including certain things in the environment such as house dust mites and tobacco smoke. An asthma episode happens in the body's airways, which are the paths that carry air to the lungs. As the air moves through the lungs, the airways become smaller, like the branches of a tree are smaller than the tree trunk. During an asthma episode, the sides of the airways in the lungs swell and the air passages narrow. Less air gets in and out of the lungs, and mucus secreted into the airways clogs up the airways even more.



The episode may include coughing, chest tightness, wheezing, and difficulty breathing. Usually we expect wheezing to be audible, but often times it can only be heard through a stethoscope. Also, as an episode worsens, the wheezing sound may disappear because the airways are so constricted that there is not enough air moving through them to make a wheezing sound. Other signs that asthma is worsening include rapid breathing and retractions (pulling-in of the skin) around the neck, above the collar bone, between and under the ribs. The child may also begin “belly breathing” because the child is relying on the use of abdominal muscles more than normal. Other signs include grunting and nasal flaring.

It is important not to underestimate the severity of an exacerbation. Severe exacerbations can be life threatening and can occur in patients with any level of asthma severity, i.e. intermittent, or mild, moderate or severe persistent asthma. **Follow the asthma action plan at the first sign of an asthma episode, and NEVER leave a child experiencing asthma symptoms alone.**

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Asthma Medications and Delivery Devices

Always follow the instructions on the child's asthma action plan and from the parent or caregiver when dealing with asthma medication. Asthma medications are broken down into two main categories: "**Quick-relief**" and "**Long-term Control.**"

Childcare staff and parents should be aware that medical professionals often have different terms for these two categories. The different names are discussed below. There are also several different types of delivery devices for asthma medications, which are also discussed below.

Medications

Quick-Relief Medicines (Also Called: Rescue Meds, Relievers, Quick-Relievers, Bronchodilators.)

(Common Names / Brands: Albuterol, Combivent, Ventolin, Proventil, Pro-Air, Xopenex, Levalbuterol)

- **Purpose:** Quick-relief medications relieve the part of asthma the child feels—the broncho-constrictions or muscle squeezing around the airways.
- **Use:** Quick-relief medication is only used for relief of symptoms and is the first choice for sudden episodes.
- **Time to effectiveness:** The medication usually begins working within 5-10 minutes of administering, and can last for 4-6 hours.
- **Side effects:** rapid heart rate, shaky hands and jitters.

Long-Term Control Medicines (Also called: Control Meds, Preventers, Controllers, etc.)

(Common Names / Brands: Advair, Flovent, Q-var)

- **Purpose:** Long-term control medicines work on the parts of asthma that is not felt—the inflammation— and are usually inhaled corticosteroids
- **Use:** Used daily to prevent symptoms and episodes and help establish long-term asthma control.
- **Time to effectiveness:** These medications work slowly.
- **Side effects:** Thrush or a yeast infection in the mouth

Medicine Delivery Devices

There are several different types of delivery devices for asthma.

- **Dry-powdered inhalers (DPIs)**

DPIs are "effort dependent." This means they require the child to be able to take in a long, deep breath and are only recommended for children greater than 4 years old. DPIs should not be kept in the bathroom because they contain a powdered medication, and the humidity in bathrooms can cause the powder to become clogged.

- **Metered-dose inhalers (MDIs)**

MDIs are how most of the quick-relief inhalers are sold. When used with proper technique and equipment MDIs can be given to children of ALL AGES, including babies. In adults and older children, it requires a slow, deep inhalation. These should be

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used with a device called a spacer with a one-way valve (valved holding chamber). Spacers are especially necessary for children less than 5 years of age. More information is provided below.

- **Spacers with a one-way valve (also called: valved holding chambers)**

Spacers with a one-way valve are used with metered-dose inhalers to deliver medication more easily and effectively. A spacer/valved holding chamber helps coordinate better delivery of medication to the airways. It takes away the need to coordinate spraying and breathing at the same time, something that can be very difficult for a small child to do. Spacers with a proper fitting mask can be used in infants and toddlers. Spray the MDI dose into the spacer while the mask is sealed well around the nose and mouth. The child should breathe in and out normally for 10-15 seconds. Masks are available in all sizes but most infants and toddlers require a size medium. The National Asthma Education and Prevention Program recommends rinsing the plastic valved holding chambers once a month with low concentration of liquid household dishwashing detergent (1:5,000 or 1-2 drops per cup of water) and let drip dry.

- **Nebulizers**

A nebulizer is a device used to administer medication in the form of a mist inhaled into the lungs. Nebulizers use oxygen, compressed air, or ultrasonic power to break up medicines into small aerosol droplets that can be directly inhaled from the mouthpiece of the device. When an inhaler is used with a good technique (including a spacer/valved holding chamber), studies show it is as effective as a nebulizer treatment. However, some people prefer a nebulizer. In order to get a full dose of the prescribed medication when using a nebulizer, the child needs to wear a face mask for the entire 5-15 minute duration of administration. Simply blowing the medication toward the child's nose and mouth gives only a fraction of the proper dose. When helping a child in need of nebulizer treatment, be sure to follow the instructions provided by the physician and the manufacturer. The manufacturer's instructions should also be followed for cleaning the nebulizer.

What Are Common Asthma Triggers and How Can They be Managed?

Asthma triggers can be very different for each person with asthma. Nonetheless, in every case it is important to avoid triggers to minimize airway inflammation and to reduce episodes. Childcare center staff should be aware of what triggers episodes so that those triggers can be avoided whenever possible. Here are some tips:

- **Environmental Tobacco Smoke** (Secondhand Smoke & Third-hand Smoke):

Environmental tobacco smoke from cigarettes, cigars, smokeless tobacco and e-cigarettes is often called secondhand smoke because the smoke created by a smoker is breathed in by a second person nearby. Third-hand smoke, the residue that remains on clothing, hair, furniture, walls and carpeting after a cigarette has been smoked, can also trigger an asthma episode. Parents, friends, relatives and caretakers of children with asthma should try to stop

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smoking and should never smoke around a person with asthma. If smoking is necessary, they should only smoke outdoors. Smokers should wear a special jacket just for smoking outside that can be removed and kept away from children. Smokers should also wash their hands and brush their teeth after smoking.

- **Dust Mites:** Dust mites may be a trigger for an episode. Dust mites are in almost all schools and homes, but they do not cause everybody to have asthma episodes. To help prevent asthma episodes, use special mattress covers and pillowcase covers that create a barrier between dust mites and the child. Do not use down-filled pillows, quilts or comforters. Remove stuffed animals and clutter from sleeping areas.
- **Outdoor Air Pollution:** Pollution caused by industrial emissions and automobile exhaust can cause an asthma episode. Pay attention to air quality forecasts on the radio, television and Internet. Plan outdoor activities for when air pollution levels will be low. Have a plan for inside activities when air quality is poor.
- **Cockroach Allergen:** Cockroaches and their droppings may trigger an asthma episode. Cockroaches are usually found where food is eaten and crumbs are left behind. At least every 2 to 3 days, vacuum or sweep areas that might attract cockroaches. To eliminate cockroaches, you can also use roach traps or gels to decrease the number of cockroaches in your childcare setting. Sometimes professional services may be needed to eliminate the problem.
- **Pets:** Furry pets, such as cats and dogs, may trigger an asthma episode. When a furry pet is suspected of causing asthma episodes, one could choose to find the pet another home. If pet owners are too attached to their pets or are unable to locate a safe, new home for the pet, then they should keep the pet out of the bedroom of the person with asthma. Pets should be bathed weekly and kept outside as much as possible. People with asthma are not allergic to the pet's fur but rather to its skin flakes, urine, and/or saliva, so trimming your pet's fur will not reduce the risk of an asthma episode. If you have a furry pet, vacuum often to clean up anything that could cause an asthma episode. Families may also want to consider using animal shampoo that reduces pet dander. If your floors have a hard surface, such as wood or tile, then damp mop them every week.
- **Mold:** Inhaling or breathing in mold can cause an asthma episode, so getting rid of mold can help control asthma episodes. Georgia is a humid climate where air conditioners and dehumidifiers can help control indoor mold. Fix water leaks to keep mold from growing behind walls and under floors.
- **Other Triggers:** Strenuous physical exercise; some medicines; bad weather, such as thunderstorms, high humidity or freezing temperatures; smoke from burning wood, grass or other vegetation; and some foods and food additives can trigger an asthma episode. Strong emotions such as fear or anxiety can also lead to hyperventilation and an asthma episode. Learn what triggers your episodes so that you can avoid the triggers whenever possible.

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When a trigger cannot be avoided, remain alert for a possible episode. Regardless of the trigger, children with asthma still should not be discouraged from playing or engaging in physical activities.

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Childcare Learning Centers – Rules and Regulations

Georgia's Department of Early Care and Learning (DECAL) has established rules and regulations for child care learning centers to address the following items.

Children's Health

When a child shows symptoms of illness during the day, the child shall be moved to a quiet area away from other children where the child shall be supervised and provided the necessary attention. Parents must be notified of a child's illness or injury, and when/if a medical emergency arises involving a child, the center staff shall seek prompt emergency medical treatment.

Children's Records

A center must maintain a file for each child while the child is in care at the center, which must contain the following information: identifying information about the child, the parents, emergency contacts, primary care provider information, immunization records and statements regarding any known allergies, physical, mental or developmental disabilities.

Equipment and Toys

Toys and equipment should be kept clean and free from hazardous substances, such as toxic paint. Toys for children under the age of three (3) should be non-toxic, lead-free, free of rust and easily cleaned with disinfectant daily.

Hygiene

Staff and children should wash their hands thoroughly (a) immediately upon arrival; (b) before and after meals and snacks; (c) after toileting and diapering, playing in sand, touching animals or pets; and (d) after contamination by any other means.

Physical Plant

A center shall be maintained at a temperature range of 65 degrees Fahrenheit to 85 degrees Fahrenheit depending upon the season and ventilated either by mechanical or natural means to provide fresh air and control unpleasant odors. Facilities which do not have a functioning central heating and air conditioning system shall make 50 percent of all required windows operable for ventilation. Any openings used for ventilation shall be screened.

Prohibited Substances

Smoking is prohibited on the premises of a center during the hours of operation and no smoking signs must be posted. Smoking is also prohibited in any vehicle used to transport children during the hours that the center is in operation.

Staff Training

- Prior to assignment to children or task, all Employees and Provisional Employees must receive initial orientation on the following subjects: (a) The Center's policies and procedures; (b) The portions of these rules dealing with the care, health and safety of children; (c) The Employee's assigned duties and responsibilities; (d) Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases and serious injuries; (e) Emergency weather plans; (f) Childhood injury control; (g) The administration of medicine; (h)

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Reducing the risk of Sudden Infant Death Syndrome (SIDS); (i) Hand washing; (j) Fire Safety; (k) Water Safety; (l) Prevention of HIV/Aids and blood borne pathogens.

- Within the first year of employment, all staff who provide any direct care to children, except independent contractors, Students-in-Training and volunteers, shall obtain ten (10) clock hours of training or instruction in child care issues from an accredited school or Department-approved source. At least six (6) of the clock hours must be divided as follows: (a) Four (4) clock hours of training in any of the following topics: disease control, cleanliness, basic hygiene, illness detection, illness disposition and childhood injury control. (b) Two (2) clock hours of training in identifying, reporting and meeting the needs of abused, neglected or deprived children.

The complete list of Rules and Regulations can be found here:

<http://dec.al.ga.gov/ChildCareServices/RulesAndRegulations.aspx>

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Asthma Management in the Childcare Setting

There are several simple things that every childcare center provider can do to help a child with asthma. This section describes the tools and resources that can be used in the childcare center to support children with asthma.

Staff Training

Staff training is critical for effective asthma management in a childcare setting. Pursuant to Georgia Department of Early Care and Learning's Rule 591-1-1-.33, staff training is a requirement of all employees who provide care to children. There are many free and low cost training opportunities for childcare center administrators and staff, including those listed below. The complete list of rules and regulations can be found here:

<http://dec.al.ga.gov/ChildCareServices/RulesAndRegulations.aspx>.

Georgia Asthma Management Education in Childcare Settings (GAME-CS): a series of training courses created by the Georgia Asthma Control Program, delivered in person. Participants can earn up to 8 Early Care Education (ECE) credits for completing this training. Visit the following website for more information: <http://dph.georgia.gov/asthma-friendly-childcare-settings>

Asthma Action Plans

- An **Asthma Action Plan** is a written plan to help control asthma. It is developed by the doctor or healthcare provider with the parents. **All** children with asthma should have an Asthma Action Plan on file at the childcare center and all staff interacting with the child should receive a copy. The Asthma Action Plan shows the child's daily treatment plan, such as what kind of medicines the child should take and when s/he should take them. If a doctor prescribed medicine for the child to take every day, it is because the child's asthma symptoms happen too often. The child must take it every day to stay well, even if they are not experiencing any symptoms that day. Daily medicines won't prevent every asthma episode, but if they are used **everyday**, the child won't get sick as often. The Asthma Action Plan should also describe the child's asthma triggers and provide instructions for how to handle worsening asthma symptoms or episodes - including when to call the parents and when to call 911!
- Some childcare centers face challenges when trying to obtain Asthma Action Plans from health care providers. Childcare center staff can encourage parents to advocate for themselves and their children by calling their doctor and requesting a written plan. It may also help to have copies of blank asthma action plans on file at the center that parents can take with them to the doctor's office during routine visits, as well as a part of the new student registration packet.
- A sample Symptoms-Based Asthma Action Plan developed by Georgia Asthma Control Program is provided in [Appendix A](#). In addition, the Regional Asthma Management and Prevention (RAMP) developed an Asthma Action Plan that includes instructions for

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health care providers, and is available in several languages through the following link: <http://www.rampasthma.org/info-resources/asthma-action-plans/>

Medication Storage System

- **Medications should always be kept** in original containers with the child's name, medication name and dosing instructions clearly stated. Medications should be placed in individual plastic bags and kept in a locked cabinet out of reach of children. Staff should have easy access to the locked cabinet in case of emergencies.
- Having a medication management system is also important. You may have to administer prescription asthma medication if needed during school or childcare hours. Therefore, it is important for childcare center staff to be aware of how to store and provide medications.
- Always be sure to ask the parent for instructions on how to administer the medication and how to care for delivery devices.

It is recommended that parents document their child's asthma status upon enrollment into your facility. Your list of children with asthma can be used by staff as a check list to collect and file an Asthma Action Plan for each child with asthma. It is also important to check in with parents at least twice a year to ensure there have not been any changes to the child's Asthma Action Plan. Be sure that childcare center staff has the appropriate rescue medications at the center for each child who may require it.

Parent and Childcare Provider Asthma Communication

Managing asthma takes teamwork. It is essential that there is good communication between ALL childcare providers, parents and medical professionals. As discussed above, center staff should check in with parents and family members at least twice a year to get updates to the child's medication or treatment as described in the Asthma Action Plan. Talk with the parents and caregivers to learn about the child's unique triggers and signs and symptoms of an asthma episode. Knowing the child's unique signs and symptoms is helpful because some look very similar to signs and symptoms for other health issues. In addition, childcare providers and parents are strongly encouraged to use the **daily communication forms** included as [Appendices B and C](#) to ensure good communication between parents/guardians and the provider about asthma symptoms and treatment. One form is designed for the childcare provider to give to the parent and one is for the parent to give to the childcare provider. Parents should provide the form in the morning when the child is dropped off and center staff should provide the form to the parent when the child is picked up. The forms can be used every day or only as needed. All necessary staff should be informed of the information provided by the parent on the form, and the form should be kept on file at the center as needed.

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Monitoring and Managing Environmental Triggers

The **Environmental Triggers Checklist**, provided as [Appendix D](#), is an excellent tool for assessing your childcare setting to be sure it is a safe and healthy environment for children. Common asthma triggers are allergens such as dust mites, cockroaches, animal dander, mold, pollens and irritants such as smoke, smells, or very cold air. Asthma can also be triggered by exercise or an upper respiratory infection. Use of preventative medications and avoiding asthma triggers is key to overall control of asthma. Each child's asthma is different, so it is important to know and manage the asthma triggers of each individual child.

Posters for the Childcare Center

Posters serve as easy reminders to staff, parents and children in a childcare center. Be sure to post them in an area that is frequently visited by the target audiences. Consider posting near parent pick-up areas in addition to other high-traffic areas in the center. The following posters are included as [Appendices E, F and G](#).

1. **Steps to Follow for an Asthma Episode in a Childcare Setting:** An asthma episode can be a very scary situation that may cause you to forget some key rules. This poster was designed to serve as a reminder of “what to do” in an emergency asthma situation.
2. **Common Asthma Triggers:** Children, parents and childcare center staff must keep in mind the importance of preventing exposure to asthma triggers. This poster was designed to serve as a reminder about the most common asthma triggers in the childcare setting.
3. **Top Ten Actions to Reduce Asthma Triggers:** Reducing asthma triggers requires ongoing monitoring and action. This poster can serve as a reminder about the most important actions for reducing asthma triggers in a childcare environment.

Brochures and Information for Parents

Childcare center staff have an important educational relationship with parents. You can help empower parents to learn more about asthma by distributing brochures and health education materials at least once a year. The following brochures can be downloaded and printed or ordered for free from the Environmental Protection Agency's website www.epa.gov.

- **Info Graphic – Asthma Among Georgia Children, for Parents and Caregivers**
<http://dph.georgia.gov/asthma-friendly-childcare-settings>
- **Help Your Child Gain Control Over Asthma:**
http://www.epa.gov/asthma/pdfs/ll_asthma_brochure.pdf
- **Asthma and Outdoor Air Pollution:**
http://www.epa.gov/airnow/health-prof/Asthma_Flyer_Final.pdf
- **Dusty the Asthma Goldfish and His Asthma Triggers Funbook:**
This educational activity book helps children learn more about asthma triggers.
http://www.epa.gov/asthma/pdfs/dustythegoldfish_en.pdf

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- **Asthma Prevention Tri-fold:**
http://www.epa.gov/asthma/pdfs/asthma_prevention_trifold_en.pdf
- **Why Is Coco Orange? Coco and his friends solve the mystery as they learn about air quality:**
<http://www.epa.gov/airnow/picturebook/koko's-orange-day-web.pdf>
- **You Can Control Your Asthma:**
http://www.cdc.gov/asthma/pdfs/asthma_brochure.pdf
- **Asthma Home Environment Checklist:**
This checklist guides home care visitors in identifying environmental asthma triggers most commonly found in homes. It includes sections on the building, home interior and room interior and provides low-cost action steps for remediation.
http://www.epa.gov/asthma/pdfs/home_environment_checklist.pdf
- **Clearing the Air: 10 Steps to Making your Home Asthma-Friendly**
This one page, simple to follow guidance document lists recommended actions to help control asthma triggers in the home.
http://www.epa.gov/asthma/pdfs/10_steps_en.pdf

Teaching Resources for Children

The following resources can be downloaded and printed or ordered for free from the Georgia Asthma Control Program's website and the Environmental Protection Agency's website.

- **“A” is for Asthma Toolkits**
<http://www.sesamestreet.org/parents/topicsandactivities/toolkits/asthma#75d731ce-0166-4c99-8292-51a1c1c388dd>
- **Dusty the Asthma Goldfish and His Asthma Triggers Funbook:**
This educational activity book helps children learn more about asthma triggers.
http://www.epa.gov/asthma/pdfs/dustythegoldfish_en.pdf
- **Asthma—How to Use Your Inhaler**
<http://dph.georgia.gov/asthma-friendly-childcare-settings>

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Asthma-Friendly Childcare Center Recognition

Making your childcare center asthma friendly is easier than you may think! Centers should have systems in place to ensure that:

- Staff are knowledgeable about asthma and prepared to deal with an asthma emergency.
- Children with asthma are identified and that communication with parents about the child's asthma symptoms and management is ongoing. This includes having Asthma Action Plans on file and rescue medications easily accessible.
- A healthy center environment is maintained.
- Educational opportunities are provided to parents and new staff.

The Georgia Asthma Control Program offers a recognition opportunity for childcare centers that demonstrate actions to create an asthma friendly Childcare Center. There are four levels of recognition: bronze, silver, gold, and platinum. The steps for achieving each level are described below under "Getting Started." Once these steps are complete, applying for recognition is simple. Additional information is provided in the following pages under "Applying for Recognition."

Getting Started

This section provides simple steps for completing the criteria needed to achieve recognition. Activities do not necessarily need to be completed in this order. Technical assistance is available through the Georgia Asthma Control Program by emailing dph-asthmaprogram@dph.ga.gov.

1. Bronze Recognition

The first recommended step is establishing a small asthma leadership team for the center. The team can be made up of center staff and parents. Include public health practitioners, nurses or health care providers from the community when possible. The purpose of the team is to help assess, improve and monitor asthma management activities at the center. Once a team is in place, it's helpful to let the parents know about your efforts to improve asthma management. This is a good time to distribute the brochures suggested in the resource guide to parents. It is also a good time to post the suggested posters in high-traffic areas of the center.

Childcare providers and members of the leadership team should complete the Asthma-Friendly Childcare Center on-line training early in the process. The training provides an excellent foundation for implementing a comprehensive asthma management program. At least 60 percent of staff need to receive a certificate of completion for the *Foundations of Asthma Management* course each year in order to qualify for the recognition.

Another important component of this process is compiling a list of all children in the center that have asthma and ensuring that Asthma Action Plans are on file. Centers may

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want to ask all parents to indicate if the child has asthma upon registration. If plans are not already on file, childcare center staff should connect with parents in person, on the phone or through a letter home asking for their assistance in obtaining the Asthma Action Plan. In some instances, the center staff may consider requesting authorization from the parent to contact the child's health care provider directly. Keep in mind that confidentiality laws require authorization from the parent be in writing and kept on file with the child's records. Once children are identified, provide parents of children with copies of the Daily Asthma/Allergy Communication: Family to the Childcare Provider form and encourage them to use the document on days when they need to communicate symptoms or instructions regarding their child's asthma. At this time, staff should begin using the form for childcare providers to the family as needed to inform parents about asthma symptoms or medication provided at the center.

2. Silver Recognition

In addition to completing the activities above for bronze level recognition, centers are encouraged to take extra steps to achieve silver recognition status. These steps include providing additional educational opportunities to parents and having the Asthma Leadership Team complete the Understanding Medications and Devices course.

The center's asthma leadership team should also complete the Environmental Triggers Checklist ([Appendix D](#)) early in the process. Items needing improvement should be addressed as soon as possible. For recognition, the center must be able to respond "O.K." to at least 80 percent of the items on the list and a copy of the completed checklist must be submitted with the recognition application.

Child care providers should offer training to their staff. At least 80 percent of staff have received a certificate of completion for the Foundations of Asthma Management course. Free or low cost trainings are available through the Georgia Asthma Control Program, which can be reached by calling (404) 651-7324, or by e-mailing dph-asthmaprogram@dph.ga.gov. Additional training and educational opportunities for parents should also be offered. Free or low cost trainings are available through the American Lung Association's Asthma 101 course (call 1-800- LUNGUSA to reach your local office), or the Georgia Asthma Control Program, which can be reached by e-mailing dph-asthmaprogram@dph.ga.gov.

3. Gold Recognition

Achieving gold level recognition requires designating staff to receive air quality alerts from www.Airnow.gov. A plan must be in place to ensure children have indoor play activities on days when the air quality is poor. The center must provide documentation that action has been taken to improve indoor air quality. More information about asthma and outdoor air quality can be found on the following fact sheet: Asthma and Outdoor Air Pollution: http://www.epa.gov/airnow/health-prof/Asthma_Flyer_Final.pdf.

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4. Platinum Recognition

Achieving platinum level recognition involves establishing policies and procedures that incorporate the criteria in previous levels of recognition. The center must also adopt comprehensive Asthma Friendly Childcare Center Policies. Policies must ensure that criteria included on the Asthma-Friendly Childcare Center Recognition Signature Form actually occur and are monitored at least annually. A copy of the center's policy or procedures document(s) must be submitted with the application for recognition.

Applying for Recognition

Seeking recognition for your hard work is easy once asthma management processes are complete and in place. All of the criteria are listed on the Asthma-Friendly Childcare Center Recognition Signature Form, [Appendix H](#). To complete the form, the childcare center administrator must identify the criteria that have been achieved and provide his or her signature where indicated for verification. The date each criterion was achieved is also required on the form. A copy of the completed environmental triggers checklist is required for all levels of recognition. For gold recognition, a copy of the center's asthma policy or procedure is required. Submit the completed signature form with the needed attachments by fax to (404-657-4338) or email to (dph-asthmaprogram@dph.ga.gov).

Your form will be reviewed by members of the Georgia Asthma Control Program and you may be contacted to answer questions about your activities. A member of the Georgia Asthma Control Program may also schedule an on-site visit to review the center's signature form with center staff in person. Once it is verified that the criteria have been achieved, a recognition certificate will be mailed to you and your childcare center will be listed on the Georgia Asthma Control Program's website. If you have questions about the recognition process, please feel free to e-mail dph-asthmaprogram@dph.ga.gov.

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Appendix A: Asthma Action Plan

GREEN	<p>GREEN ZONE: No cough, wheeze, breathing faster or sucking in of the chest skin.</p> <ul style="list-style-type: none"> Fully active. <p>Quick relief medicine (med) _____ : <u>1 or 2</u> puffs 15 minutes before exercise.</p> <ul style="list-style-type: none"> Medicine (med) to be taken every day: <p>Inhaled steroid _____ : _____ puffs _____ times a day using a holding chamber with mask OR _____ ampules _____ times a day by mist machine.</p> <p>Other _____.</p>	<p>Action Plan based on total score of all 4 signs:</p> <p>Cough:</p> <table> <tr><td>None</td><td>0</td></tr> <tr><td>Less than 1 per minute</td><td>1</td></tr> <tr><td>1 - 4 per minute</td><td>2</td></tr> <tr><td>More than 4 per minute</td><td>3</td></tr> </table> <p>Wheeze:</p> <table> <tr><td>None</td><td>0</td></tr> <tr><td>End of exhale</td><td>1</td></tr> <tr><td>Throughout exhale</td><td>3</td></tr> <tr><td>Inhale and exhale</td><td>5</td></tr> </table>	None	0	Less than 1 per minute	1	1 - 4 per minute	2	More than 4 per minute	3	None	0	End of exhale	1	Throughout exhale	3	Inhale and exhale	5
None	0																	
Less than 1 per minute	1																	
1 - 4 per minute	2																	
More than 4 per minute	3																	
None	0																	
End of exhale	1																	
Throughout exhale	3																	
Inhale and exhale	5																	
HIGH YELLOW	<p>HIGH YELLOW ZONE: Total asthma sign score 1 to 4. Measure this before giving quick relief medicine.</p> <ul style="list-style-type: none"> Avoid triggers. No hard exercise. Meds to be taken: <p>Quick relief med: _____. Give _____ puffs _____ to times in 24 hours.*</p> <p>Keep treating with Green Zone meds as above.</p> <p>Add: _____ : _____.</p> <p>*Start the Low Yellow Zone plan if you need to give quick relief med six times in a day.</p>	<p>Sucking in the chest skin:</p> <table> <tr><td>None</td><td>0</td></tr> <tr><td>Can hardly see</td><td>1</td></tr> <tr><td>Easy to see</td><td>3</td></tr> <tr><td>Severe</td><td>5</td></tr> </table> <p>Breathing faster:</p> <table> <tr><td>None*</td><td>0</td></tr> <tr><td>A little</td><td>1</td></tr> <tr><td>Some</td><td>2</td></tr> <tr><td>Double usual rate</td><td>3</td></tr> </table> <p>*Use 25 breaths per minute until you learn your child's normal rate.</p>	None	0	Can hardly see	1	Easy to see	3	Severe	5	None*	0	A little	1	Some	2	Double usual rate	3
None	0																	
Can hardly see	1																	
Easy to see	3																	
Severe	5																	
None*	0																	
A little	1																	
Some	2																	
Double usual rate	3																	
LOW YELLOW	<p>LOW YELLOW ZONE: Total asthma sign score 5 to 8.</p> <ul style="list-style-type: none"> Give quick relief med _____ puffs using a holding chamber with mask OR one ampule by mist machine. Check your child's total signs score again after 10 minutes. If it reaches the High Yellow Zone, follow that plan. <p>Check the signs score every 1 to 2 hours.</p> <p>If the score stays in the Low Yellow Zone, or falls back into it in less than 4 hours, add:</p> <p>Oral steroid _____ mg, _____ cc right away. Give once daily until signs score, when not taking quick relief med, is _____ for at least 24 hours.</p> <p>Add: _____ : _____.</p> <p align="center">Please call the office before starting oral steroid.</p> <p>Your child should improve within two days and reach the green zone within five days. See your doctor if your child's progress is slower.</p>																	
RED	<p>RED ZONE: Total asthma sign score 9 or more.</p> <ul style="list-style-type: none"> Give quick relief med _____ puffs using a holding chamber with mask OR one ampule by mist machine. Give oral steroid _____ mg, _____ cc right away. Check your child's total asthma signs score again in 10 minutes. If your child reaches the Low Yellow Zone, follow that plan. Check signs scores every 1 to 2 hours. If your child is still in the Red Zone, or falls back into it in less than 4 hours, visit your doctor OR GO TO THE E.R. RIGHT AWAY. 																	

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Appendix B: Daily Asthma/Allergy Communication - Childcare Provider to Family



Daily Asthma/Allergy Communication Childcare Provider to the Family

Child's Name _____ Date _____

Name of Person Completing Form _____

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"/> Congestion | <input type="checkbox"/> Nausea |
| <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 _____

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 communications between parents/guardians and childcare providers. Please refer to the child's Asthma Action Plan for the routine plan of care.

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Appendix C: Daily Asthma/Allergy Communication - Family to Childcare Provider



Daily Asthma/Allergy Communication Family to the Childcare Provider

Child's Name _____ Date _____

My Name _____ Relationship to Child _____

Where I can be reached today: _____

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"/> Congestion | <input type="checkbox"/> Nausea |
| <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: _____ |

Medications:

Asthma/Allergy medications given **at home** (during last 24 hours)

What _____ How Much _____ When _____

Instructions for Child Care Provider

In **addition** to the **normal daily** medications, please give the following:

What _____ How Much _____ When _____

Other information: _____

Activity level for today:

- Normal activity (running and active play)
- Outdoor activity with no running
- Quiet indoor activity only

REMINDER

All medication administered requires an order from an authorized prescriber in addition to parental permission

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

Adapted from: Florida Asthma Coalition. (2015). The Asthma Friendly Childcare Center Recognition Application Guide. Retrieved from <https://flasthma.files.wordpress.com/2015/01/2015-asthma-friendly-child-care-center-application-guide.pdf>

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Appendix D: Environmental Triggers Checklist

**Georgia Asthma Friendly Childcare
Environmental Triggers Checklist**

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.

Avoiding or Controlling Allergens

Dust Mites		
	Yes	No
Surfaces, including furniture, are wiped with a damp disposable cloth daily. (No aerosol "dusting" sprays are used.)		
Floors are cleaned with a damp mop daily.		
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.)		
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.		
Children's bed linens, personal blankets and toys, are washed weekly in hot water.		
Fabric items (stuffed toys or "dress up" clothes) are washed weekly in hot water, to kill dust mites		
Soft mattresses and upholstered furniture are avoided.		
Beds and pillows that children sleep or rest on are encased in allergy-proof covers.		
Curtains, drapes, fabric wall hanging and other "dust catchers" are not hung in child care areas.		
If light curtains are used they are washed regularly in hot water.		
If window shades are used, they are wiped often with a damp disposable cloth.		
Books, magazines and toys are stored in enclosed bookcases, closed boxes, or plastic bags.		

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Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided.		
Animal substances: (both pets and pests shed dander, droppings and other proteins which cause allergic responses and trigger asthma symptoms)		
	Yes	No
Furry or feathered pets are not allowed anywhere on the premises (cats, dogs, gerbils, hamsters, birds, etc.).		
Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods.		
Feather-stuffed furnishings, pillows or toys are not used.		
Mold and mildew:		
	Yes	No
Exhaust fans are used in bathrooms, kitchens and basement areas to help remove humidity		
Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.		
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)		
Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water		
Indoor houseplants and foam pillows, which can develop mold growth, are not used.		
Outdoor pollen and mold spores:		
	Yes	No
If ventilation is adequate, windows are kept closed during periods of high pollen count		
Air conditioners with clean filters are used during warm seasons, if possible.		
Outdoor yard and play areas are kept clean of fallen leaves, compost piles, and cut grass.		

Avoiding or Controlling Irritants

Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication)		
	Yes	No
Staff and parents are encouraged to participate in smoking cessation programs, and given referrals and assistance.		
Staff takes measures to reduce third-hand smoke exposure such as changing shirts or pulling hair back upon returning from breaks.		
Chemical Fumes, Fragrances, and Other Strong Odors:		
	Yes	No
Arts and crafts materials with fragrances or fumes are avoided (e.g., markers, paints, adhesives). If they are used, extra ventilation is provided.		
Staff does not wear perfume or other scented personal products. (Use products labeled "fragrance-free" whenever possible.)		
Personal care products (such as hair spray, nail polish, powders) are not used around the children.		
Air fragrance sprays, incense, and "air fresheners" are not used. (Open the		

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windows and/or use exhaust fans instead.)		
New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes, and aired out before installation.		
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.		
Office equipment that emits fumes (e.g., photocopy) are in vented areas away from children.		
Other Irritants:		
	Yes	No
Fireplaces and wood or coal stoves are not used.		

Policies & Procedures: Asthma Management and Care

	Yes	No
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.		
Every child with asthma has a written plan on file, listing allergies and asthma triggers, medication schedule, and emergency instructions.		
Staff is trained to administer medication, and in the use and care of nebulizers, inhalers, spacer and peak flow meters.		
Parents and providers communicate regularly about child's asthma status.		
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.)		
Staff and children should wash hands frequently; toys and surfaces are wiped often, to prevent the spread of viral infections that can trigger asthma.		

General Physical Site/Space

Physical Site / Space:		
	Yes	No
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.		
Heating or cooling system filters are properly installed and changed often; other service guidelines and routine maintenance procedures are followed.		
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.		
The building is checked periodically for water leaks and areas of standing water		
Plumbing leaks are fixed promptly		
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.)		
Wet boots and clothing are removed and stored where they don't track		

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wetness into activity space.		
Doormats are placed outside all entrances, to reduce tracking in of allergens.		
Cleaning and Maintenance:		
	Yes	No
If rugs or carpets must be used, they are vacuumed frequently (every day or two).		
High efficiency vacuum cleaner (ideally with the "HEPA" filter) is used. (Others blow tiny particles back into the air.)		
Dusting is done often, with a damp cloth, to avoid stirring up the dust.		
Vacuuming and other cleaning is done when children are not present.		
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).		
Pesticides are applied properly, with adequate ventilation, when children are not present.		
Garbage is kept in tightly covered containers, and removed promptly to outdoor enclosed trash area that is not accessible to children.		
Painting, repairs or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors and fumes.		
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.		

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 mites;
- 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.

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. Minor modifications have been made by the Georgia Asthma Control Program for use in Georgia.

Appendix E: Steps to Follow for an Asthma Episode Poster

Steps to Follow for an Asthma Episode in the Child Care Setting

EARLY WARNING SIGNS

- Cough, chest hurts, wheezing
- Changes in behavior: unusually tired, not wanting to play, restlessness, trouble sleeping
- An inhaled rescue/reliever drug causes no improvement
- Exposure to known triggers that result in symptoms

ACTIONS TO TAKE

- 1** Stop activity
Help child to an UPRIGHT position
Remove from trigger if possible 
- 2** Follow Asthma Action Plan or health care provider's instructions for use of rescue/reliever medication 
- 3** Look for improvement 
- 4** Document in Medication Record 
- 5** Contact the family 
- 6** Watch for **Late Warning Signs** as listed below 

LATE WARNING SIGNS of an emergency

- Chest/neck muscles are working hard
- Struggling to breathe
- Trouble walking or talking
- Breathing does not improve or is worse after treatment
- Lips/fingernails are gray or blue

CALL 911 IMMEDIATELY

- Follow the Actions to Take listed above
- Watch the child until help arrives

****NEVER LEAVE A CHILD WITH ASTHMA SYMPTOMS UNATTENDED****

COMMON ASTHMA TRIGGERS

An asthma trigger is something that causes an asthma attack or episode. Asthma triggers are different from person to person. Triggers include:

<p>Dust, Mold, and Pollen</p> 	<p>Exercise</p> 	<p>Extreme Emotions (laughing, crying)</p> 
<p>Feathered and Furry Animals and Stuffed Dolls and Toys</p> 	<p>Food Allergies</p> 	
<p>Fumes, Odors, and Strong Scents</p> 	<p>Illness</p> 	<p>Pests and Pesticides</p> 
<p>Pollen</p> 	<p>Tobacco Smoke</p> 	<p>Weather and Air Pollution</p> 

Top Ten Actions to Reduce Asthma Triggers in the Child Care Setting



- 1) Dust often with a clean, damp disposable cloth when children are not present



- 2) Encourage the use of allergen impermeable nap mats or crib/mattress covers and wash bedding in hot water weekly



- 3) Prohibit pets (particularly furred or feathered pets)



- 4) Prohibit smoking inside the facility and on the playground



- 5) Discourage the use of perfumes, scented cleaning products and other fumes



- 6) Quickly fix leaky plumbing or other sources of excess water



- 7) Ensure frequent vacuuming of carpet and upholstered furniture at times when the children are not present



- 8) Store all food in airtight containers, cleaning up all food crumbs or spilled liquids, and properly disposing of garbage and trash



- 9) Use integrated pest management techniques to get rid of pests (use the least hazardous treatments first and progress to more toxic treatments only as necessary)



- 10) Keep children indoors when local weather forecasts predict unhealthy air quality. For Florida air quality information, visit: airnow.gov

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Appendix H: Asthma Friendly Childcare Center Recognition Application

Georgia Asthma Control Program Asthma-Friendly Childcare Center Recognition Signature Form

To complete this form, the center administrator's signature is required on all items. Please FAX or Scan and Email completed form to 404-657-4338 or dph-asthmaprogram@dph.ga.gov.

Center Name:		County:	
Address:		City:	Zip:
Phone:	Fax:	Number of Children:	Number of Staff:

Recognition Level	Recognition Requirement	Signature of Person Certifying Completion	Date Completed
BRONZE	1. Asthma Leadership Team: Childcare center/ Head Start has a small team to assess, improve, and monitor asthma management activities. Team must include Center Director	(Administrator's Signature)	
	2. Staff Training: 60% of staff <i>and</i> at least one administrator received a certificate of completion for the Foundations of Asthma Management course (Covers asthma basics and practices for operating an asthma-friendly childcare center) <i>Total number of staff</i> _____ <i>Number that participated</i> _____	(Administrator's Signature)	
	3. Asthma Action Plans and Parent Communication: At least 70% of children with asthma at the center have an Asthma Action Plan on-file. <i>Number with Asthma</i> ___ <i>Number with Asthma Action Plan</i> _____	(Administrator's Signature)	
	4. Childcare providers use daily communication tools to communicate asthma symptoms with parents as needed.	(Administrator's Signature)	
	5. Staff Awareness: The following posters are displayed at center. 1. Steps to follow for an Asthma Episode in a Childcare Center 2. Common Asthma Triggers 3. Top Ten Actions to Reduce Asthma Triggers	(Administrator's Signature)	
SILVER	6. Additional Education: Asthma Leadership team has received a certificate of completion for the Understanding Medications and Devices course (Cover recognition of asthma medications and proper use of asthma spacers, metered dose inhalers, nebulizers and other devices). <i>Number on Asthma Leadership Team that participated:</i> _____ <i>out of</i> _____ (total # on team)	(Administrator's Signature)	
	7. Environmental Monitoring: Center staff completed the Environmental Triggers Assessment, with at least 80% of items checked "O.K.". [Submit original copy with this form]	(Administrator's Signature)	
	8. Additional Staff Training: At least 80% staff at the center received a certificate of completion for the Foundations of Asthma Management course (Covers asthma basics and practices for operating an asthma-friendly childcare center) <i>Total number of staff</i> _____ <i>Number that participated</i> _____	(Administrator's Signature)	
	9. Parent training: Educational opportunities offered to parents on asthma awareness and management.	(Administrator's Signature)	
GOLD	10. Air Quality Plan and Practices: Contingency plans have been documented to address days when air quality is poor. [Submit a copy of protocol]	(Administrator's Signature)	
	11. Air Quality communication: Center staff receives alerts about local air quality (ie. www.Airnow.gov) and has a documented protocol (ie. Air Quality Flag Program) to communicate air quality throughout the center. [Submit summary of communication plan]	(Administrator's Signature)	
	12. Additional actions: Center has taken have been taken to improve indoor air quality. [Submit description of actions taken]	(Administrator's Signature)	
	13. Additional Education: Asthma Leadership team has received a certificate of completion for the Creating an Asthma Friendly Environment course (Cover recognition of asthma medications and proper use of asthma spacers, metered dose inhalers, nebulizers and other devices). <i>Number on Asthma Leadership Team that participated:</i> _____ <i>out of</i> _____ (total # on team)		
PLATINUM	14. Asthma Policy / Procedure: Center adopted policies or procedures incorporating annual requirements for all items listed above (at minimum). 15. Additional Policies: Center has adopted comprehensive Asthma Friendly Childcare Center Policies. [Submit a copy of your center's policy and practices document with this form]	(Administrator's Signature)	

