

Managing Asthma in Connecticut Child Care Facilities

A Resource Guide



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Ardell A. Wilson, DDS, MPH
Bureau Chief, Community Health
Connecticut Department of Public Health

Renee D. Coleman-Mitchell, MPH
Director, Office of Asthma and Childhood Lead
Connecticut Department of Public Health

Workgroup Members

Michalene Bedard, MS
Director, Windham/Willimantic Child Care and
Family Development Program, Inc.

Valerie Bryan, RN
Supervising Nurse Consultant
Department of Public Health

Carol Brzezson, CDA
CT Family Day Care Associations Network

Marijane Carey, MSW, MPH
Carey Consulting

Devon Conover, MS
Division of Community Based Regulation
Connecticut Department of Public Health

Christine Fallon, BA
MCH Specialist
United Way of Connecticut/Infoline

Michelle Friedberg, MPH
MCH Specialist
United Way of Connecticut/Infoline

Ann Gionet
Family Advocate
Connecticut Department of Public Health

Judy Goldfarb, BA
Hartford Area Child Care Collaborative

Dawn Grodzki, BS
VP, Maternal and Children's Health Services
United Way of Connecticut/Infoline

Claudette Hinds, BS
Healthy Child Care Connecticut
Project Coordinator

Jennifer Kertanis, MPH
Executive Director
CT Association of Directors of Health

Kathleen Lovanio, RN
Nurse Consultant
Connecticut Department of Public Health

Maureen Mulroy, MS, PhD
University of Connecticut
Associate Professor, School of Family Studies

Joan Simpson, MSPH
Asthma Education and Intervention Specialist
Connecticut Department of Public Health

Joyce Staples, MEd
School Readiness Program Manager
Connecticut State Department of Education

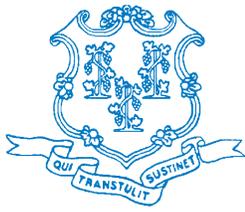
Marsha Stevenson, RN
Child Care Association of Connecticut

Patti Strout, LPN
New Opportunities Child Care Division
Head Start

Barbara M. Tacchi, MS
Waterbury School Readiness Council

Erica Uhlmann, MPH
MCH Specialist
United Way of Connecticut/Infoline

Susan Yates, RN, CS, MSN, PNP
Healthy Child Care Connecticut
Training Consultant



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Dear Colleague:

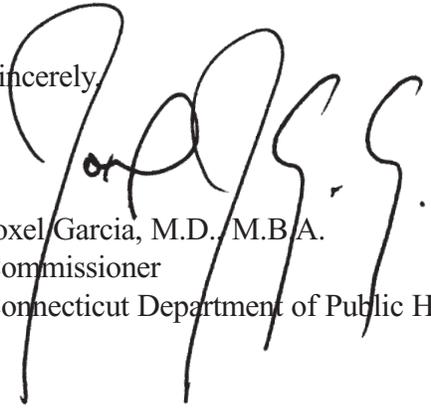
As a child care provider, you play a major role in the health and safety of the children in your care. This is an especially important time for children with asthma who may need additional support and attention. In a child care facility of 50 children between the ages of birth and five, it is estimated that three of these children will have asthma. Furthermore, you may be caring for very young children who have yet to be diagnosed with asthma, but are displaying symptoms.

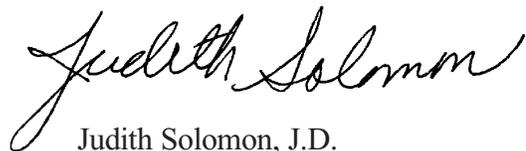
Over the past two decades, the number of children with asthma has increased dramatically, particularly in children less than five years old. Asthma is the most common chronic disease among children and is responsible for a major proportion of pediatric emergency department visits and hospital admissions.

By providing you with this resource packet developed by the Connecticut Department of Public Health in collaboration with Healthy Child Care Connecticut, we are recommending that you support asthma management in your center. It has been designed to be a quick reference to help you better understand asthma, minimize triggers in your center or home, and respond to an asthma episode. For additional information, please contact the Child Care Infoline at 211. There is also information on statewide asthma training sessions for child care providers included in this packet.

Effective management of asthma is critical for the well-being of children with this disease. We thank you for your efforts to ensure that children with asthma can lead active lives and participate in everyday activities.

Sincerely,


Joxel Garcia, M.D., M.B.A.
Commissioner
Connecticut Department of Public Health



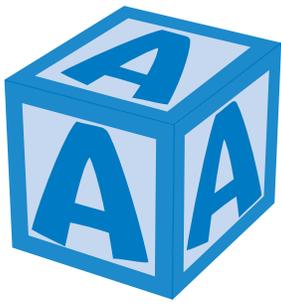
Judith Solomon, J.D.
Chair
Healthy Child Care Connecticut





Asthma Information





Asthma: What You Need to Know



What is Asthma?

- An inflammatory lung disease.
- During an asthma attack, the airways in the lungs become swollen and cause coughing, wheezing, chest tightness, and/or trouble breathing.
- The most common chronic illness among children.

What Causes Asthma?

- The specific cause(s) of asthma is unknown. However, asthma symptoms can be made worse by **respiratory infections, emotions, food allergies, and environmental risk factors**, such as:
 - **Tobacco smoke**
 - **Molds**
 - **Pets (furry, hairy)**
 - **Pollen**
 - **Pests (cockroaches)**
 - **Strong smells**

Children with asthma should be able to play, run, and participate in all activities when their asthma is well managed.

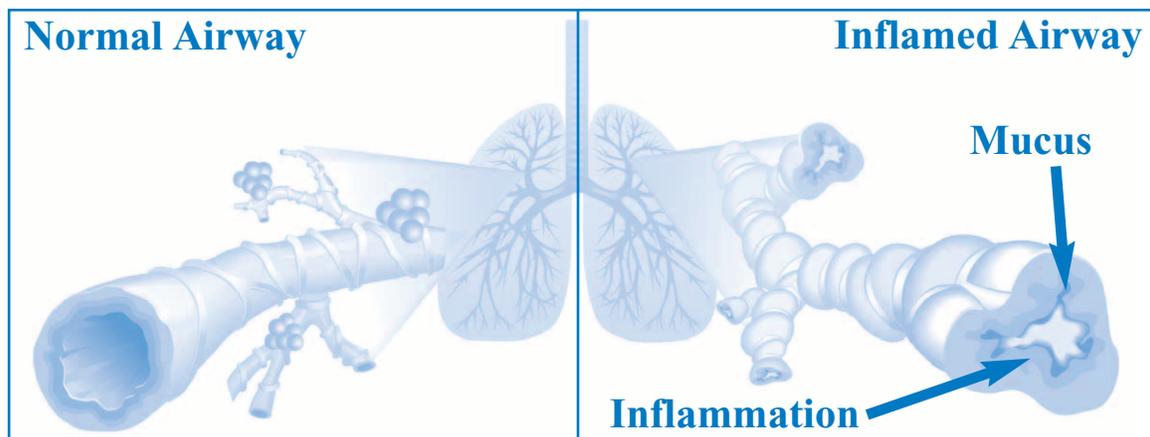
Why Do I Need To Know About Asthma?

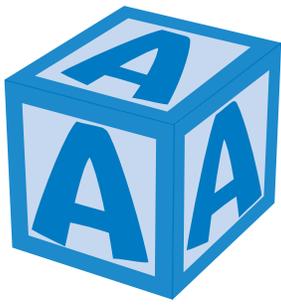
- You are a partner, along with parents and health care providers, who can help manage a child's asthma so that he/she has fewer attacks.
- Asthma affects each child differently.
- Most children's asthma attacks are triggered by ordinary things around them.
- If you are equipped with some knowledge, it will make your job easier when caring for children with asthma.

What Can I Do To Help Children With Asthma In My Care?

In order to effectively address asthma management in the child care setting, there must be collaboration among staff, families, and health care providers. This includes open communication to ensure that everyone understands and recognizes asthma and is able to manage the care of a child with asthma.

The Asthma Action Plan (AAP), included in this packet, can help support communication. It includes specific information on the child's medications and instructions for decision-making during an asthma attack. As a child care provider, it is *extremely* important that you have this information readily available for any child diagnosed with asthma.





Action Steps to Reduce Asthma Triggers

Triggers are activities, conditions, or substances that cause the airways to react and asthma symptoms to occur.

Not all children with asthma are affected by the same things. It is important to determine what the triggers are in your facility and to take action to reduce exposure to them. Clear the environment of triggers that may cause asthma attacks.

- **Dust Mites** - Too small to see, they live in pillows, sheets, clothes, stuffed animals, and carpets.
 - ➡ Protect mattresses and pillows with dust-proof covers. Remove stuffed animals and upholstered furniture. Do not use humidifiers. Do not let children lie on the floor/carpet with face exposed to the floor. Be sure to vacuum frequently (when the children are not present).
- **Mold** - Molds grow in damp environments. Moisture control is the key to reducing mold.
 - ➡ Clean up mildew by washing mold off hard surfaces with a bleach solution and allowing them to dry completely. Stop using humidifiers. Fix leaky plumbing. Keep drip pans in air conditioners and refrigerators clean and dry.
- **Tobacco Smoke** - People who have asthma can be affected by a burning cigarette, pipe, cigar, or smoke being exhaled by a smoker.
 - ➡ Provide a smoke-free child care environment. Do not smoke at home, in the child care center, or anywhere around a child.
- **Pets** - Animals' dander, urine, and saliva can cause asthma attacks. Dander can become airborne and settle on children, furniture, or toys.
 - ➡ It is best to get rid of all furry and feathered pets. Otherwise, keep the pets outdoors, and off of furniture and carpet at all times.
- **Respiratory Infections** - Colds, the flu, and bronchitis can all be asthma triggers.
 - ➡ Wash hands regularly, especially during the cold and flu season to reduce transmission of disease. Avoid people with colds. Get a yearly flu shot. Encourage parents to keep children home when they have a cold.

- **Air Pollution** - Poor air quality, particularly on hot summer days when ozone pollution is high, can cause asthma attacks.
 - Limit outdoor activity on poor air quality days. Watch for these warnings on TV and in the newspaper. Do not open windows. Use an air conditioner, if possible (be sure air conditioner filters are cleaned regularly).

- **Pollen** - High pollen counts in the fall and spring season are known to be problematic outdoor allergens.
 - Limit outdoor activity on high pollen days. Do not open windows or doors on high pollen days. Use an air conditioner, if possible (be sure air conditioner filters are cleaned regularly).

- **Pests** - Droppings and/or body parts of pests such as rodents or cockroaches can start asthma attacks.
 - Do not leave food or garbage out. Store food in airtight containers. Restrict food to one or two areas. Keep trash lids on tightly.

- **Exercise** - Asthma attacks can be triggered by exercise, especially when it leads to overexertion or when exposed to extreme temperatures (both hot and cold).
 - Warm up for 6–10 minutes before exercising. Limit outdoor exercise when pollen count and pollution are high. For children negatively affected by exercise, ask parents about the need to give medication before activities.

- **Changes in Temperature** – Cold, dry air, very hot weather, change in seasons, or a sudden fluctuation in weather can lead to asthma attacks.
 - Cover the child’s nose and mouth on cold or windy days. Use an air conditioner, if possible (be sure air conditioner filters are cleaned regularly). Be aware of weather forecasts, and avoid too much activity during extremely hot or cold weather.

- **Emotions** - Fear, anger, frustration, crying, or laughing can be an asthma trigger.
 - Tell the child to try to relax by taking deep breaths. Find a quiet activity that the child enjoys, such as coloring, reading, or playing with dolls or blocks.

- **Sprays and Strong Odors** – Cleaning products, perfumes, aerosol sprays, and room deodorizers can trigger asthma attacks.
 - Try not to use perfume, talcum powder, paint, and hair spray. Do not use strong-smelling cleaning agents.

Early Signs

of an Asthma Episode

A child may exhibit one or more of these signs during the initial phase of an asthma episode:

■ Changes in Breathing

- Coughing
- Wheezing
- Breathing through the mouth
- Shortness of breath
- Rapid breathing



■ Verbal Complaints

- “My chest is tight.”
- “My chest hurts.”
- “My neck feels funny.”
- “My mouth is dry.”
- “I don’t feel well.”
- “I can’t catch my breath.”

Often a child who is familiar with asthma will know that an episode is about to happen.

■ Other signs

- Itchy chin or neck
- “Clipped” speech (very short, choppy sentences)

Adapted from: Managing Asthma: A Guide for Schools, National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health, US Department of Health and Human Services and the Fund for the Improvement and Reform of Schools and Teaching, Office of Educational Research and Improvement (OERI), US Department of Education, September 1991. NIH Publication No. 91-2650



Asthma Triggers

in the Child Care Environment



Chalk Dust



Exercise



Environmental Tobacco Smoke



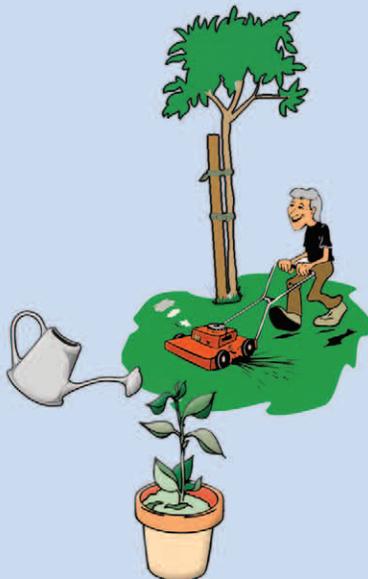
Colds, Flu, Bronchitis and other Upper Respiratory Infections



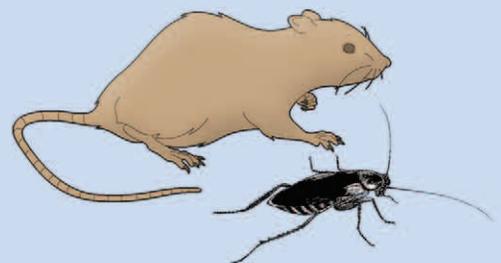
Cleaning Agents



Dander from Furry or Feathery Animals



Cut Grass, Trees, Plants and Pollen

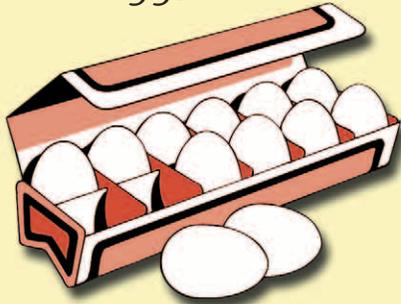


Cockroach Particles, Mouse Droppings

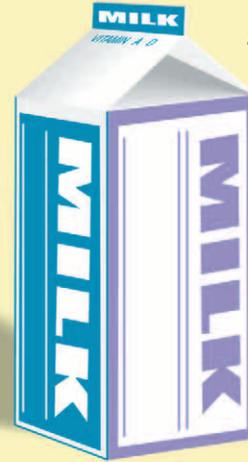
Major Causes of Food Allergies

these eight foods account for 90% of all allergic reactions

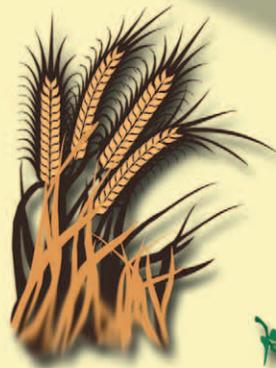
Eggs



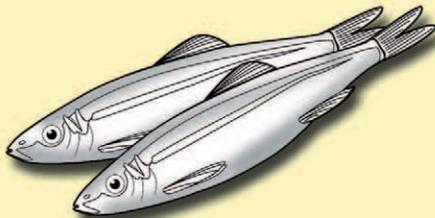
Milk



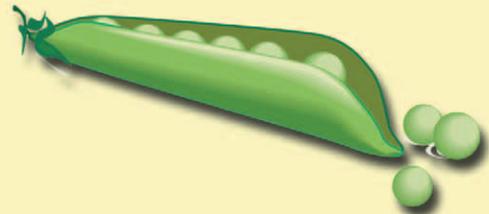
Wheat



Fish



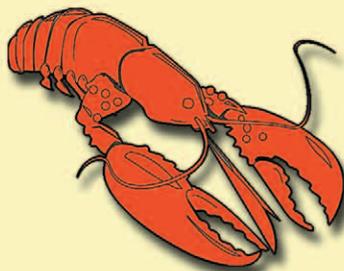
Soy



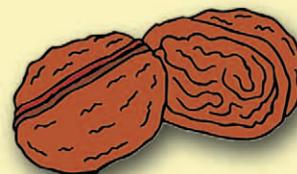
Peanuts*



Shellfish



Tree nuts
(Walnuts, Pecans)



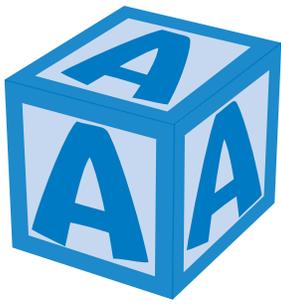
**Peanuts are the leading cause of severe allergic reactions.*

From The Food Allergy Network



Managing asthma





About the Asthma Action Plan



If you have a child diagnosed with asthma in your center, you should know what to do in case of an asthma attack or emergency. It is important to have a conversation with the child's parents about managing the child's asthma and having a protocol to follow in the case of an emergency. This communication is much more effective if a child with asthma has an Asthma Action Plan (AAP). Having a completed, up-to-date Asthma Action Plan onsite ensures that you have detailed instructions for decision-making during an asthma attack. A sample of one type of AAP is included in your packet.

The Asthma Action Plan is developed by the child's family and primary care provider and clearly describes steps to take if a child with asthma is experiencing any symptoms. Depending on how serious the child's symptoms are, the Asthma Action Plan provides guidance to help manage the child's asthma. The plan is usually in triplicate with a copy for the parent, the health care provider and the school or childcare provider. (Childcare facilities should use their existing medication authorization form and not the one on the back of the sample form provided.) The AAP should be kept on file and be easily accessible.

The Asthma Action Plan is tailored for each child and is color-coded into three sections: the green, yellow, and red zones. This plan will help you understand what you can do to help manage a child's asthma by outlining medication administration, triggers to avoid, and what to do based on the child's condition at a given time. Parents should review the AAP with the child care provider.

The Asthma Action Plan describes the asthma symptoms that match each zone.

Green Zone – You're Doing Well!

If the child's breathing is good, the child is in the Green Zone, then everything is OK. He/she can continue playing, laughing, and doing other activities.

Yellow Zone – Slow Down!

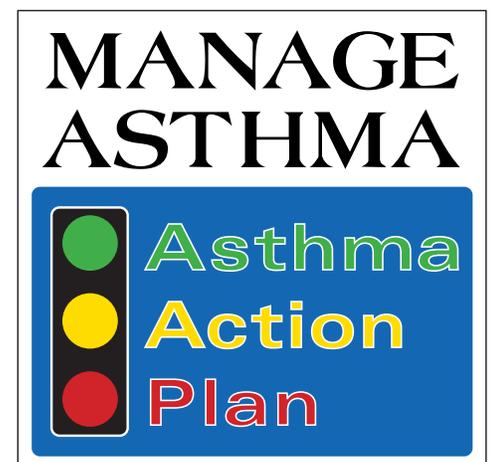
If the child starts having more frequent and severe asthma symptoms, he/she is entering the Yellow Zone. If the child is in the Yellow Zone, then he/she needs to be careful and aware of activities that can worsen his/her asthma. You may need to increase medications given to the child when the child is in the Yellow Zone according to the directions of the Asthma Action Plan. If you are not trained in medication administration, then call the child's parents immediately.

Red Zone – Get Help!

If the child is having extreme difficulty breathing, then he/she is in the Red Zone. If a child is in the Red Zone, it is an emergency. Follow the Asthma Action Plan. It is time to: get help immediately from the child's health care provider, call 911, or go to the hospital.¹

If you are interested in receiving copies of the Asthma Action Plan, please call the American Lung Association of Connecticut at (860) 289-5401 or 1-800-LUNG-USA. Please specify the quantity of English and/or Spanish.

¹Adapted from *The Asthma Solutions Handbook: A Guide for Developing Asthma Partnership Programs with Child Care Centers and Parents of Preschool Children*. Columbia University, New York City: 2002.



Asthma Action Plan

Name:		Date:
Birth Date:	Provider Name:	Provider Phone #
Patient Goal:		Parent/Guardian Phone #
Important! Avoid things that make your asthma worse:		



The colors of a traffic light will help you use your asthma medicines.

Green means Go Zone!
Use controller medicine.

Yellow means Caution Zone!
Add quick-relief medicine.

Red means Danger Zone!
Get help from a provider.

Personal Best Peak Flow: _____

GO — You're Doing Well! ➔ Use these daily controller medicines:

You have **all** of these:

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



Peak flow from _____ to _____

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN

CAUTION – Slow Down! ➔ Continue with green zone medicine and add:

You have **any** of these:

- First signs of a cold
- Cough
- Mild wheeze
- Tight Chest
- Coughing at night



Peak flow from _____ to _____

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN

CALL YOUR PRIMARY CARE PROVIDER: _____

DANGER – Get Help! ➔ Take these medicines and call your provider now.

Your asthma is getting worse fast:

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



Peak flow from _____ to _____

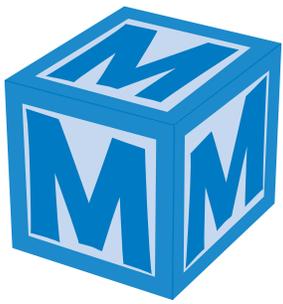
MEDICINE	HOW MUCH	HOW OFTEN/ WHEN

Get help from a provider now! Do not be afraid of causing a fuss. Your provider will want to see you right away. It's important! If you cannot contact your provider, go directly to the emergency room and bring this form with you. DO NOT WAIT.
Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Provider Signature: _____ Date: _____

I, _____ (parent/guardian name-please print) give permission to the school nurse and/or the school-based health clinic to exchange information and otherwise assist in the asthma management of my child including direct communication with my child's primary care provider. _____ Date: _____
(signature)

****Please refer to the back of the school copy for the Medication Authorization form.**



Managing Asthma in the Child Care Setting

If a child exhibits any one of these signs:

- Cough when the child has no cold
- Mild wheeze
- Complains of a tight chest
- Unexplained irritability if too young to talk
- First signs of a cold

Then:

1. Stop, sit and calm child.
2. Follow the child's Asthma Action Plan or individual physician plan.
3. If no improvement after 15–20 minutes, call parents.

If symptoms progress to:

If a child exhibits any one of these signs:

- Breathing hard and fast
- Nostrils flared
- Ribs show
- Difficulty talking
- Lips or fingernails turn gray or blue

Then: **Call 911 and notify parent.**

Follow emergency instructions on Asthma Action Plan or individual physician plan.

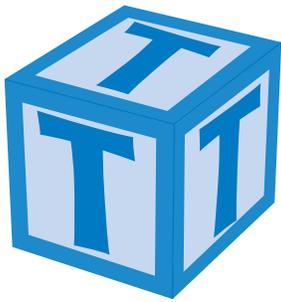


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La Familia

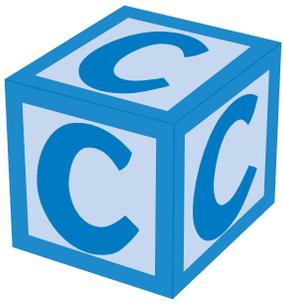




Tips for Families Who Have Children with Asthma



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



Consejos para Familias que Tienen Niños con Asma



- ✓ Háglele saber al proveedor de cuidado infantil que su hijo tiene asma.
- ✓ Determine si el proveedor de cuidado infantil administrará medicamentos o no.
- ✓ Háglele saber al proveedor de cuidado infantil:
 - Qué es lo que desencadena el asma en su niño
 - Si su niño está tomando algún medicamento
 - Los síntomas que su niño tiene habitualmente antes de un ataque
- ✓ Entréguele al proveedor una copia del Plan de Acción contra el Asma de su hijo. Si su niño no tiene un Plan de Acción contra el Asma (Asthma Action Plan - AAP), hable con su proveedor de cuidado de la salud para obtener uno. El AAP describe los pasos a seguir si un niño con asma está experimentando algún síntoma de asma.
- ✓ Asegúrese de que tanto usted como el proveedor entiendan el AAP y lleguen a un acuerdo sobre los pasos a seguir. Si su niño no tiene un AAP, asegúrese de discutir los pasos a seguir en caso de un ataque de asma.
- ✓ Si su niño necesita medicamentos para el asma, asegúrese de darle al proveedor de cuidado infantil los medicamentos en envases por separado con etiquetas de la farmacia en las que se lea claramente el nombre del niño, el nombre del proveedor de cuidado de la salud, nombre del medicamento, dosis, instrucciones y fecha de vencimiento. Los medicamentos deben estar siempre acompañados por un Formulario de Autorización para Medicamentos completado por el proveedor de cuidado de la salud del niño.
- ✓ Hable a menudo con el proveedor de cuidado infantil de su niño acerca del asma del mismo. Es una buena idea que padres y proveedores se comuniquen acerca de los signos o síntomas de asma del niño a diario. (ver el Formulario de Comunicación Diaria sobre Asma/Alergias)
- ✓ Asegúrese de que la información de contacto que le da al proveedor de cuidado infantil **esté disponible y actualizada**. Esto es muy importante, para que se lo pueda ubicar en caso de emergencia.



How do I Know if my Child Should go to Child Care Today?

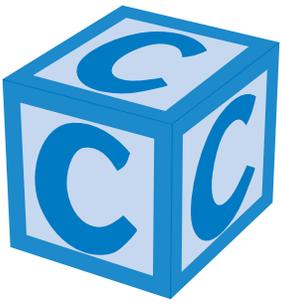
May attend child care if:

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

The child should not attend child care if:

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

Adapted from: Illinois Department of Human Services



¿Cómo Sé si mi Hijo Debería ir a Cuidado Infantil Hoy?

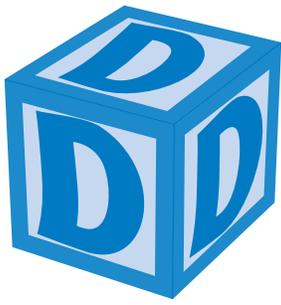
Podría ir cuidado infantil si:

- ☺ El flujo pico está en la Zona Verde.
- ☺ El niño tiene la nariz tapada, pero no sibilancias.
- ☺ El niño tiene sibilancias que desaparecen luego de tomar el medicamento.
- ☺ El niño puede realizar actividades habituales (vestirse, comer) sin hacer un esfuerzo extra para respirar.

El niño no debería ir a cuidado infantil si:

- ☹ La medida del flujo pico está por debajo del 75% de su mejor registro personal.
- ☹ Las sibilancias o la tos continúan después del tratamiento.
- ☹ El niño tiene problemas para respirar o está respirando rápido.
- ☹ El niño tiene fiebre de más de 100 grados.
- ☹ El niño está demasiado débil o cansado para tomar parte en actividades habituales (vestirse, comer).

Adaptado de: Illinois Department of Human Services (Departamento de Servicios Humanos de Illinois)



Daily Asthma/Allergy Communication Family to the Child Care Provider

Child's Name _____ Date _____

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"/> 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: _____ |

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 _____

Last peak flow reading: _____ Please check peak flow at: _____

Other information: _____

Activity level for today:

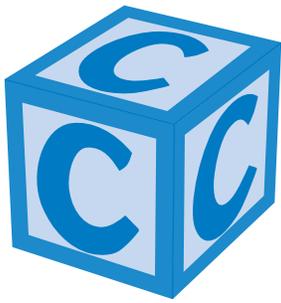
- Normal activity (running and active play)
- Outdoor activity with no running
- Quiet indoor activity only

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 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 De la Familia al Proveedor del Cuidado Infantil

Nombre del Niño _____ Fecha _____

Dónde se me puede encontrar hoy: _____

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: _____

Medicamentos:

Medicamentos para Asma/Alergia dados **en casa** (durante las últimas 24 horas)

Qué _____ Cuánto _____ Cuándo _____

Información para el Padre/Tutor

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

Qué _____ Cuánto _____ Cuándo _____

Última medición de flujo pico: _____ Por favor, verifique el flujo pico a: _____

Otra información: _____

Nivel de actividad hoy:

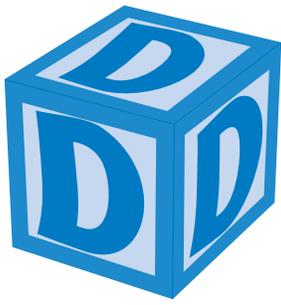
- Actividad normal (correr y juego activo)
 Actividad al aire libre sin correr
 Sólo actividad tranquila bajo techo

RECORDATORIO

Todos los medicamentos administrados requieren una orden de una persona autorizado para hacer recetas así como el permiso de los padres

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).



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: _____

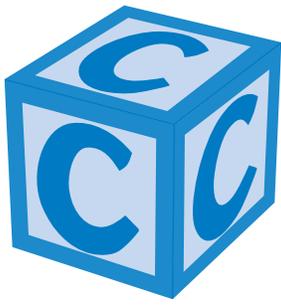
Other information:

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

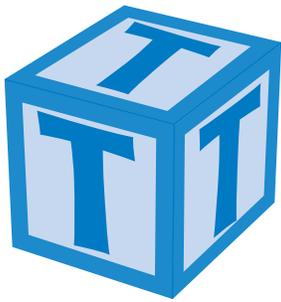
Nota: Este formulario se brinda como herramienta para facilitar las comunicaciones diarias entre padres/tutores y proveedores de cuidado infantil. Por favor consulte el Plan de Acción contra el Asma del niño para el plan de cuidado de rutina.

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 Resources





Training Opportunities for Child Care Professionals



Healthy Child Care Connecticut is currently offering the following courses for child care professionals. These comprehensive, affordable classes are being held in various sites throughout the state.

Managing Asthma In The Child Care Setting

This 3 hour workshop on managing asthma in the child care setting uses the widely acclaimed *Asthma & Allergy Foundation of America (AAFA)* curriculum to better equip professionals in identifying, controlling, and responding to episodes of asthma in their children. Classes are taught by specially trained nurses. This course will increase child care professionals' ability to respond to this important health issue, obtain valuable resource information, and earn continuing education hours.

The cost of this course ranges from \$10.00 – \$20.00. Classes are limited to 20 – 25 participants, so early registration is suggested.

Medication Administration

This comprehensive course includes all of the training components mandated by the State's licensing regulations for the administration of oral, topical, inhalant and automatic injectable medications (commonly referred to as the Epipen). Classes are being taught by a variety of health professionals, all of whom comply with State requirements. Participants who complete this course will receive a manual of the training to use as a reference tool as well as skills they can share at their center.

The cost of this course is \$25.00. Classes are limited to 12 participants, so early registration is suggested.

For more information on trainings scheduled in your community, or to arrange for a class at your center, please contact:

HEALTHY CHILD CARE CONNECTICUT

The toll free number is 1-888-608-7830.



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 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.

Bronchodilator Medications - A group of drugs that widen the airways in the lungs, providing quick relief. These are known as “rescue” medications.

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.

Immune System - The system within the body that identifies harmful foreign substances and works to get rid of them before they make you sick.

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.

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 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 - FRIENDLY CHILD CARE

A Checklist for Parents and Providers



ASTHMA & ALLERGY FOUNDATION OF AMERICA/New England Chapter,
with funding from the U.S. Environmental Protection Agency, Region I



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.

	Needs Improvement	O.K.
Avoiding or Controlling Allergens		
<i>Dust mites</i>		
Surfaces are wiped with a damp cloth often. (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 carpeting can’t be avoided, children are prevented from putting their faces, nap mats, blankets or fabric toys directly on the carpet.	<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 special allergy-proof covers.	<input type="checkbox"/>	<input type="checkbox"/>
Curtains, drapes, fabric wall hangings 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 shade or blinds 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, covered boxes, or plastic bins.	<input type="checkbox"/>	<input type="checkbox"/>
Supplies and materials are stored in closed cabinets; piles of paper and other clutter that may collect dust are avoided.	<input type="checkbox"/>	<input type="checkbox"/>
 <i>Animal substances: (both pets and pests shed dander, droppings, and other proteins which cause allergic responses and trigger asthma symptoms)</i>		
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 (see “Cleaning and Maintenance,” page 3).	<input type="checkbox"/>	<input type="checkbox"/>
Feather-stuffed furnishings, pillows or toys are not used.	<input type="checkbox"/>	<input type="checkbox"/>

Needs Improvement O.K.

Mold and mildew:

- 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 pollens and mold spores:

- 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 clear of fallen leaves, compost piles, and cut grass.

Latex: (products made with natural rubber)

- Avoid latex gloves. If gloves are used, use only non-powdered, non-latex gloves.
- Avoid latex balloons, pacifiers, koosh balls and other latex products (if child or staff member has latex sensitivity).

Ideas for improvement: _____

Avoiding or Controlling Irritants

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

- Smoking is not allowed anywhere on the premises. This rule is strictly enforced.
- Staff and parents are encouraged to participate in smoking cessation programs, and given referrals and assistance.

Chemical Fumes, Fragrances, and other Strong Odors:

- 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 “fragrance-free” products.)
- 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 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., photocopiers) are in vented areas away from the children.

Other Irritants:

- Fireplaces and wood or coal stoves are not used.

Ideas for improvement: _____

Needs Improvement **O.K.**

Policies and Practices

Asthma Management and Care:

- 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, spacers, and peak flow meters.
- Staff takes medications and emergency action plans on field trips and to other off-site locations.
- Parents and providers communicate regularly about the child’s asthma status.
- Outdoor time is adjusted for cold-sensitive or pollen-sensitive children, and alternative indoor activities are offered. (After an asthma episode or viral infection, they are also more sensitive.)
- Staff and children wash hands frequently; toys and surfaces are wiped often, to prevent the spread of viral infections that can trigger asthma.

General Physical Site/Space:

- 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.
- Heating or cooling ducts are professionally cleaned once a year.
- 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 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; keep below 50%.)
- Wet boots and clothing are removed and stored where they don’t track wetness into activity space.
- Doormats are placed outside all entrances, to reduce tracking in of allergens.

Cleaning and Maintenance:

- If rugs or carpets must be used, they are vacuumed frequently (every day or two).
- High efficiency vacuum cleaner (ideally with a “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 airtight 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.

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 or 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.

For more information:

Asthma & Allergy Foundation of America/New England Chapter

220 Boylston Street, Chestnut Hill, MA 02467 Tel. (617)965-7771 Toll-free: 1-877-2-ASTHMA

- Single copies of free brochures: “Asthma Basics,” “Allergy Basics,” “Tobacco Smoke: It Takes Our Breath Away,” “Child Care Asthma Action Card,” and others.
- Copies of this checklist are also available in Spanish, Portuguese, and Haitian Creole,
- Resource List: a catalog of books, videos, and educational materials for all ages. Highlights include:
 - *You Can Control Asthma*, an easy-to-read workbook on all aspects of asthma management. (\$5.50 each, or \$9.00 for a set of “Family” and “Child” versions)(also available in Spanish)
 - *Taming Asthma and Allergy by Controlling Your Environment* by Robert Wood, M.D., which clearly explains why and how to avoid allergens and irritants. (paperback book, \$15.00)
 - *Household Allergies: Dust, Mold, Pets, and Cockroaches* (booklet, \$1.50)

Connecticut Department of Public Health

410 Capitol Ave., P.O. Box 340308, MS#11EOH, Hartford, CT 06134

- Information about asthma and resources in Connecticut are available at (860)509-7742 or on the CT DPH website: www.dph.state.ct.us.

National Resource Center for Health & Safety in Child Care Check website (<http://nrcc.uchsc.edu>) or call 800-598-KIDS for a wealth of information, including *Smoke-Free Child Care* materials for parents and kids.



Resources



The following organizations, websites, videos, and books are a sample of the national and local resources available on asthma for child care providers. *This list is not an all-inclusive list.*

CONNECTICUT

Connecticut Department of Public Health

(860) 509-7751

www.dph.state.ct.us

Website provides education information for the general public and parents of children with asthma.

American Lung Association of Connecticut

860-289-5401 or 1-800-LUNG-USA

www.alact.org

Website provides comprehensive asthma information as well as programs and activities in Connecticut. It also includes information on the Asthma Information Center.

NATIONAL

Allergy and Asthma Network/Mothers of Asthmatics, Inc.

1-800-878-4403 or 703-641-9595

www.aanma.org

Comprehensive website which includes a section on child care, information about pets, keeping kids healthy at school, games and activities for children, information on asthma medication and devices, and legal and legislative resources.

American Academy of Allergy, Asthma, and Immunology

1-800-822-2762

www.aaaai.org

Section for patients and consumers includes fun links for children in English and Spanish, news updates, links to pollen counts across the country, and resources.

American College of Allergy, Asthma, and Immunology

1-800-842-7777

www.allergy.mcg.edu

Contains asthma information for the general public including asthma questionnaires for all ages, glossary of terms, press releases and news bulletins.

Asthma and Allergy Foundation of America, New England Chapter

1-877-2-ASTHMA

www.asthmaandallergies.org

Includes a section specifically for child care providers. Website is comprised of frequently asked questions, information on how to control asthma triggers at home, child care and school, links to find your local pollen count and other asthma information.

Food Allergy Network

1-800-929-4040

www.foodallergy.org

Includes helpful information on food allergies and anaphylaxis. The website has featured topics, research, advocacy, and frequently asked questions.

National Jewish Medical and Research Center (Lung Line)

1-800-222-5864

www.njc.org/wizard/wizard.html

Excellent website for teaching children about asthma. “The Asthma Wizard” is a fun, interactive educational program for children in English and Spanish.

www.njc.org/interactive.html

Personal interactive diary to help track symptoms, medicines and quality of life.

www.asthmamoms.com

AsthmaMoms is 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.asthmalearninglab.com. Good website for providers to share with families. Includes basic asthma information, information on how to talk to your doctor, recent health news and an interactive program for children and parents.

www.pedipress.com Website contains asthma education materials for both patients and professionals.

Learning Kit



A is For Asthma (American Lung Association): 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 *Caregiver Guide* 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 1-800-LUNG USA. The cost is \$25, including shipping and handling.

Books

The following books may be helpful when teaching children about asthma. They are meant to inform and entertain.

You Can Control Asthma: A Book for the Family

You Can Control Asthma: A Book for Kids (Asthma and Allergy Foundation of America)

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. Information is provided about how to prevent asthma attacks, what to do when an attack occurs, and how to use peak flow meters, spacers, and inhalers. Kids have their own workbook that helps them to make choices and to feel more comfortable with their asthma. Order by telephone at 1-800-7-ASTHMA.

The ABC's of Asthma

by Kim Gosselin

Very easy ABC book. Provides basic information about asthma.

I'm Tougher Than Asthma

by Alden R. Carter and Siri M. Carter

Written by a young girl with asthma and her mother. Includes photos of the girl and her family and a resource section.

Kids Breathe Free: A Parent's Guide for Treating Children with Asthma

Pritchett & Hull Associates, Inc.

Written for parents, but the simple text and cartoon pictures make it a good book to share with children. Includes charts, treatment plans, and resources

The Lion Who Had Asthma

by Jonathan London

Written for the young child with asthma. Sean loves to pretend he is a lion, but must first cope with his asthma. Easy text and colorful pictures.

Luke Has Asthma, Too

by Alison Rogers

Luke has an older cousin who teaches him some aspects of asthma management and serves as a general role model.

Zooallergy

by Kim Gosselin

Story of a trip to the allergist and then a trip to the zoo. Asthma triggers are found and fun is had by all.

Publications developed specifically for child care providers and parents:

The Asthma Solutions Handbook

A Guide for Developing Asthma Partnership Programs with Child Care Centers and Parents of Preschool Children

And

Helping Your Child Live With Asthma

A Parents' Handbook

These comprehensive asthma handbooks provide information on managing asthma, handling asthma emergencies, incorporating asthma education into the child care setting, and teaching children about asthma through creative, hands-on activities and games. Both publications were developed by Columbia University, School of Public Health, in collaboration with Asthma Basics For Children and the Northern Manhattan Community Voices Asthma Initiative. For ordering and cost information, contact (212) 304-5790.